

# PERHOUSE

Personal and household services in Central and Eastern European Countries: Improving working conditions and services through industrial relations

## National report for Slovenia

### Authors:

**Branko Bembič and Jožica Čehovin Zajc**

**Faculty of Social Sciences, University of Ljubljana**



**FDV**

**UNIVERSITY OF LJUBLJANA**  
**Faculty of Social Sciences**

**External quality assurance advisor: Majda Hrženjak, Peace Institute**



*The project is funded by the European Union; Ref. 101052340.*

*Funded by the European Union. The views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.*

*Part of the consortium*



## Table of Content

LIST OF ABBREVIATIONS .....	2
LIST OF FIGURES .....	4
<b>EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>INTRODUCTION .....</b>	<b>6</b>
<b>1. CURRENT STATE OF PERSONAL AND HOUSEHOLD SERVICES IN SLOVENIA.....</b>	<b>7</b>
1.1. CHARACTERISTICS OF THE SECTOR .....	7
1.2. SUPPLY AND DEMAND OF PERSONAL AND HOUSEHOLD SERVICES .....	10
1.3. REGULATIONS AND GOVERNANCE .....	15
1.4. JOB QUALITY IN PERSONAL AND HOUSEHOLD SERVICES .....	16
1.5. SUMMARY – THE MAIN CHALLENGES IN PERSONAL AND HOUSEHOLD SERVICES.....	25
<b>2. THE ROLE OF SOCIAL DIALOGUE IN PERSONAL AND HOUSEHOLD SERVICES .....</b>	<b>27</b>
2.1. SOCIAL ACTORS IN PHS (STATE, SOCIAL PARTNERS, SOCIAL ACTORS) .....	27
2.2. SOCIAL DIALOGUE RELATED TO PERSONAL AND HOUSEHOLD SERVICES .....	29
2.3. ADDRESSING THE CHALLENGES IN PHS BY SOCIAL DIALOGUE .....	33
2.4. INTERRELATION WITH EU-LEVEL SOCIAL PARTNERS .....	38
2.5. SUMMARY OF THE ROLE OF SOCIAL DIALOGUE IN PHS.....	39
<b>3. CONCLUSIONS AND POLICY IMPLICATIONS.....</b>	<b>40</b>
<b>REFERENCES .....</b>	<b>42</b>
<b>ANNEXES 47</b>	
<i>Sample of the survey on the demand for personal and household services .....</i>	<i>47</i>
<i>Sample of the social dialogue survey.....</i>	<i>47</i>
<i>List of interviews with national stakeholders .....</i>	<i>48</i>
<i>Description of the focus groups (FGs).....</i>	<i>49</i>

## List of Abbreviations

<b>Abbreviation</b>	<b>Full text</b>
CEE	Central and Eastern Europe / Srednja in Vzhodna Evropa
EURAG Europe	European Federation of Older Persons / Evropska federacija starejših oseb
ESC	Economic and Social Council / Ekonomsko Socialni Svet
ETUCE	European Trade Union Committee for Education / Evropski sindikalni odbor za izobraževanje
ETUF	European Trade Union Federations / Evropska federacija sindikatov
EFCI	European Cleaning and Facility Services Industry / Evropska čistilna in storitvena industrija za vzdrževanje objektov
GZS	Chamber of Commerce and Industry of Slovenia /Gospodarska zbornica Slovenije
IRRSV	Inštitut Republike Slovenije za socialno varstvo
ISCO	The International Standard Classification of Occupations / Mednarodna standardna klasifikacija poklicev
KSJS	Confederation of Public Sector Trade Unions of Slovenia / Konfederacija sindikatov javnega sektorja Slovenije
MDDSZ	Ministry of Labour, Family, Social Affairs and Equal Opportunities / Ministrstvo za delo, družino, socialne zadeve in enake možnosti
MJU	Ministry of Public Administration/ Ministrstvo za javno upravo Republike Slovenije
MSP	Ministry of Solidary-Based Future, Republic of Slovenia / Ministrstvo za solidarno prihodnost Republike Slovenije
NACE	Statistical Classification of Economic Activities in the European Community (fr. Nomenclature statistique des Activites economiques dans la Communaute Europeenne) / Standardna klasifikacija dejavnosti SKD
NIJZ	National Institute of Public Health / Nacionalni inštitut za javno zdravje
NPK	National vocation qualification /Nacionalna poklicna kvalifikacija
ODD	Personal supplementary work / Osebno dopolnilno delo
OZS	The Chamber of Craft and Small Business of Slovenia / Obrtno-podjetniška zbornica Slovenije
PHS/OGS	Personal and household services / Osebne in gospodinjske storitve
SOA	Union of Personal Assistants / Sindikat osebne asistence

SOJ	Public relations consultant / Svetovalka za odnose z javnostmi
Sonček	Sonček – Cerebral Palsy Association of Slovenia / Sonček – Zveza društev za cerebralno paralizo
SOPS	Trade Union of Crafts and Entrepreneurship of Slovenia /Sindikata obrti in podjetništva
SURS	Statistical Office of the Republic of Slovenia / Statistični urad Republike Slovenije
SVIZ	Education, Science and Culture Trade Union of Slovenia – ESTUS / Sindikat vzgoje, izobraževanja, znanosti in kulture Slovenije
SZSSS	Trade Union of Health and Social Care of Slovenia /Sindikata zdravstva in socialnega skrbstva Slovenije
SZSVS	Trade Union of Health and Social Welfare of Slovenia / Sindikat zdravstva in socialnega varstva Slovenije
TU	Trade union /Sindikata
VIR	Trade Union of Workers in Educational and Research Activities of Slovenia /Sindikata delavcev v vzgojni, izobraževalni in raziskovalni dejavnosti Slovenije
YHD	Association YHD. Association for the Theory and Culture of Handicap /Društvo YHD. Društvo za teorijo in kulturo hendikepa.
ZDOPS	Association of Employers in Craft and Small Business of Slovenia / Združenje delodajalcev obrti in podjetnikov Slovenije)
ZDUS	Slovenian Federation of Pensioners' Associations / Zveza društev upokojencev Slovenije)
ZOD	(Public) Institute for Home Care / (Javni)Zavod za oskrbo na domu
ZZZS	Health Insurance Institute of Slovenia / Zavod za zdravstveno zavarovanje Slovenije

## List of Figures

Figure 1: Shares (%) of 'PHS sectors' Q88 and T97 in total employment, 2022 (Sources: EUROSTAT, SURS (2022a, own calculations).....	11
Figure 2: Share (%) of children in formal childcare, less than 3 years, 30 hours or more weekly, 2019. (Source: Eurostat, 2019a).....	12
Figure 3: Long-term care beds in nursing and residential care facilities per hundred thousand inhabitants, 2019 (Source: Eurostat, 2019b).....	12
Figure 4: Share of “assistance for a dependant or elderly person” in total self-reported purchases of services based on undeclared work. (Source: Eurobarometer, 2020). ....	13
Figure 5: Number of PHS workers in the main segments of the sector. Sources: IRSSV, MDDSZ, NIJZ and Eurostat. ....	14
Figure 6: Shares (%) of respondents that paid for services including undeclared work by types of services, Slovenia. (Source: Eurobarometer, 2020.).....	15

## Executive summary

The personal and household services (PHS) sector in Slovenia is characterised by a diverse range of services, funding, and working conditions. This report examines three key segments of the sector: care for the elderly and persons with disabilities, childcare and household support services – home cleaning. While publicly funded services offer some accessibility, many PHS sector challenges are linked to affordability issues, especially in household support services. Job quality across the analysed PHS is poor, and is mainly denoted by low pay, informal employment, and poor working conditions.

**The core characteristics of PHS include a particularly heterogeneous sector with various services provided under different financial and institutional arrangements.** Care for the elderly and persons with disabilities is publicly funded to some extent, although there is insufficient provision of public services and a substantial portion of social needs remains unsatisfied, as most acutely felt by unpaid informal carers, mostly family members, that compensate for the bulk of the care provision. PHS in childcare are much less developed since care is defamilised in this segment due to the high quality and relatively affordable institutional public preschool education system, which means there is low demand for PHS services, which are chiefly provided informally. PHS in the household support services segment are mainly provided by the market and generally only accessible to people with higher incomes while the needs of a large share of the population are unsatisfied, which notably affects the parents of small children, especially women who constitute the bulk of care and household work, and who may additionally provide care to their elderly relatives.

**The biggest challenges concerning PHS in terms of job quality include the low pay and poor working conditions found in all PHS sectors.** Informal employment and the lack of social security are prevalent in childcare and home cleaning. In care for the elderly and persons with disabilities, there are challenges of long working hours, unpredictable schedules along with health and safety risks at work. It is essential to address these challenges so as to overcome the challenge of labour shortages that is already impairing the quality and accessibility of service, particularly in the area of care for the elderly and persons with disabilities.

**The key actors in social dialogue in the PHS sector are government ministries and public sector trade unions in the area of care PHS. In the household support services segment where PHS are largely provided by small businesses, the employers' side is well organised whereas the capacities of the trade unions must be strengthened and an extension of the collective agreement needs to be reconsidered.** In terms of addressing the challenges in the PHS sector via social dialogue, collective agreements in the care sector have addressed issues like labour shortages and wage increases. The lack of social dialogue in certain areas, such as personal assistance where both government and formal provider organisations are reluctant to assume the role of social partners and enter collective bargaining, hinders progress in improving working conditions. This means that extending the public sector collective agreements to cover all publicly financed workplaces is a crucial step. Most challenges in the area of service quality and accessibility as well as wages and working conditions are interrelated and boil down to the problem of (in)adequate public funding and organising of the public service.

**Although the social partners and other organisations related to the PHS sector are (or at least were) generally associated with EU-level organisations,** they are mostly not well acquainted with trends and influences from the EU level in the PHS area. Their influence and engagement in the social dialogue on the EU level is virtually non-existent.

## Introduction

The PERHOUSE project seeks to analyse the current characteristics and challenges to do with the provision of *personal and household services* (PHS) and the working conditions of PHS in Central and Eastern European (CEE) countries. For the purposes of the project, PHS refer to a wide range of services, such as childcare and care for the elderly and persons with disabilities, cleaning, small repairs and other domestic work provided in and for households. The project aims to explore the working conditions and deepen the analysis of industrial relations and social dialogue potential in PHS in the CEE region, as well as to explore the link with social dialogue structures on the EU level. This report seeks to answer two research questions related to the context in Slovenia: RQ1: What is the current state and structure of the provision of PHS and what are the working conditions in the PHS sector? RQ2: What role does social dialogue play in regulating and improving work patterns in the PHS sector of domestic workers?

This report relies on contextual data obtained from secondary research (consisting of a literature review in the field of PHS and existing national and international survey data); and primary data collected as part of the PERHOUSE project. A mixed methods design was employed to gain deep insights into the working conditions and social dialogue opportunities in the PHS sector from the perspective of workers, employers, social partners and other relevant stakeholders in Slovenia. Two online surveys as part of the PERHOUSE project were conducted between June 2023 and February 2024, namely: a survey on PHS use among a non-representative sample of 54 residents in Slovenia, and a survey on social dialogue among 14 stakeholders in Slovenia (where 4 were from the same organisation and 1 was non-identifiable). Descriptive analyses were used to analyse the data. The quantitative approach was combined with a qualitative approach in which we arranged focus groups and interviews with PHS workers together with in-depth interviews with stakeholders.

To gain insights into working conditions in the PHS sector, we held focus groups and interviews with PHS workers in three areas: Childcare, Care for Elderly, and Persons with Disabilities and Cleaning. Data were gathered between December 2023 and February 2024. Our first focus group with five PHS childcare workers was conducted online via Zoom. Despite the small sample, data saturation was reached. The sample was heterogeneous in terms of living/working location (both the capital city and rural areas in Slovenia), gender (one male and four female participants) and age (between 28 and 57 years).<sup>1</sup> When organising the focus group with PHS workers in care for elderly and persons with disabilities, we faced a significant last-minute reduction in attendance (from the 11 confirmed to 4 attendees) due to health-related issues affecting both workers and their clients or co-workers. An additional four individual interviews were conducted, resulting in a total of eight interviewees (seven women, one man). Their ages ranged from 27 to 58. Four of the interviewees were working in elderly care, three were caring for persons with disabilities, and one was providing physiotherapy services. With cleaners in the PHS sector, we encountered challenges in the recruitment and scheduling of a focus group. A hybrid focus group (Zoom and in-person) was supplemented by interviews via Zoom and phone calls. The five interviewees were all female, aged between 40 and 65, and came from both rural and urban areas. We were unable to interview any standardly employed cleaner working at a client's home.

To gain a structural insight into the PHS sector and the possibilities of social dialogue in Slovenia, 10 in-depth interviews were conducted with 11 stakeholders. Namely, we interviewed a Slovenian government representative, three trade unions (two of which organise health and social welfare, including personal assistance; and the other education, science and culture), the Chamber of Craft and Small Business of Slovenia (for the cleaning and electrical sections), two associations (for elderly and persons with disabilities) and two employer representatives (one public, one private). All interviews and focus groups were audio-recorded, transcribed and content analysed using Excel for coding. Preliminary results were presented at a national workshop in January 2024 where stakeholders provided feedback, which is considered in this report. The report is divided into two main sections. First, we present the current state of PHS in Slovenia

---

<sup>1</sup> Unlike Humer and Hrženjak (2016, 54-55), whose interviewees were mainly pensioners and students, none of our childcare FG participants was from either of these two groups, although two of them had worked in the area of childcare already during their student years.

while in the second section we present the role of social dialogue in PHS in Slovenia. The report concludes with the main results and policy implications.

## 1. Current state of personal and household services in Slovenia

This chapter describes the main segments of the PHS sector in Slovenia in terms of employment and working conditions. We first outline the core types of services provided in the three segments of PHS before proceeding with a brief discussion on the size of the sector, including the drivers of its expansion on the supply and demand sides, and concluding with analysis of the working conditions in the three segments of PHS.

### 1.1. Characteristics of the sector

Given the great variability of national definitions and the fact that there is no common statistical category focused on the PHS sector (European Commission, 2013), this report concentrates on two important subsectors of care-related PHS, care for elderly and persons with disabilities and childcare, as well as on the cleaning segment of household support PHS. Other segments of PHS in Slovenia include activities like domestic maintenance, gardening, remedial classes, dog walking etc., which are not dealt with specifically in this report.

#### **PHS in care for the elderly and persons with disabilities**

Probably the most important, regulated and also supported by public funds area of PHS is the segment of elderly care and care for persons with disabilities. Various formal institutional arrangements can be found in this segment, the key ones being *home-based care* (pomoč na domu), *personal assistance* (osebna asistenca), *family assistant* (družinski pomočnik), which is currently being transformed into *carer of a family member* (oskrbovalec družinskega člana), and the *community nursing* (patronažna služba). However, elderly care is familiarised to a large extent in Slovenia (Hrženjak, 2016) with the bulk of care being provided by family members and other unpaid informal carers (Hlebec et al., 2014). Besides unpaid informal care, the main pillar of care for the elderly in Slovenia is institutional care (Hrženjak & Breznik, 2023: 88).

**Home-based care** is primarily intended for elderly and persons with disabilities living in their own home who cannot fully care for themselves nor can their relatives or neighbours provide care to a sufficient extent. The arrangement allows care recipients to live in the home environment for as long as possible instead of moving into institutional care (MDDSZ, 2023a). The types of services rendered include activities of daily living, basic housework tasks and help with maintaining social contacts; the particular service mix involved is adjusted to the needs of the care recipient (*idem*). The municipalities organise provision and must ensure the network of public service in their respective territories by means of a concession agreement with one or more service providers (IRSSV, 2023: 14). There is a range of service providers such as residential care homes (private or public), special social care homes, social work centres, special institutions for providing home-based care, and private concessionaires (*idem*: 15). The service is co-financed by municipality at least to the level of 50 per cent, although on average municipalities co-finance around 70 per cent of the economic price of the service, the rest being paid by the user (MDDSZ, 2023a) which on average amounted from EUR 6.02 per hour for workdays to EUR 8.38 per hour for national holidays (IRSSV, 2023, 6). However, the high variation in the share of co-financing means the affordability of *home-based care* might differ considerably between municipalities (IRRSV, 2023, 26-28). Direct providers of *home-based care* are *home carers*, which is a regulated occupation, requiring certain educational qualifications (see section 1.4 below). A large majority (some 96 per cent) of *home carers* are women (IRRSV, 2023: 35).

**Personal assistance** enables persons with disabilities who need everyday help to lead independent, higher quality lives. The service is tailored to the needs, expectations, abilities and living conditions of individual users (MDDSZ, 2023b). Personal assistance recipients are all citizens and permanent residents aged between 18 and 65 who need assistance with activities related to an independent life, integration into the environment, education and employment for more than 30 hours a week and do not live in institutional care facilities, regardless of their income level (*idem*). Although originally intended to enhance the independence and self-determination of persons with disabilities, after the *Personal Assistance Act* (ZOA-B, 2017/2021) was adopted in 2019 it soon became clear that many family members of persons with disabilities



– largely unemployed women on low incomes who provided unpaid care before the law was adopted – would become personal assistants by establishing sole proprietorships as service providers. Hence, in some cases person with disabilities had three family members as personal assistants who were at the same time their legal guardians, which caused a certain role conflict and was incompatible with the principles of independent living, creating a kind of “family institutionalisation” and refamilisation of care (Zaviršek & Fischbach, 2023, 105 and 110; INT. 4). Amendments to the law in 2021 limited the number of members to two and excluded sole proprietors from obtaining the status of providers of personal assistance (Data, 2021). Personal assistance is financed from the government budget and today organised by organisations that provide a service for a minimum of 10 users (MDDSZ, 2023b) and typically employ workers or contract services to self-employed workers (B. R., 25. 5. 2023). The occupation of personal assistant is not regulated, requiring only a short training course (Rules on personal assistance, 2022/2024). We were unable to obtain data on the relative shares of female and male workers among personal assistants, although it is estimated that the number of males in this occupation is not very small (Leskošek, 2018, 133).

**Community nursing** is principally dedicated to preventive activity and curative care for the most vulnerable groups. The aim of community nursing is to actively take care of the health of residents in a given territory, to develop health promotion programmes and encourage insured persons to become responsible for their own health and the health of their families (NIJZ, 2022). Its advantage is that it most quickly recognises the health-related changes and risks of individuals and families and responds accordingly (NIJZ, 2023). It is focused on those particularly at risk due to their biological characteristics or certain diseases in the environment (*idem*). Community nursing is part of healthcare provision and organised on the level of primary healthcare either as an independent service, an organisational unit of the community health centres or private contractors holding a concession for the provision of community nursing (NIJZ, 2023). The service is financed by the health insurance, but entitlement is universal (NIJZ, 2022). The direct providers of *community nursing* are typically registered nurses (NIJZ, 2023), which requires a university degree. There are no data on the sex composition of workers in *community nursing*, but the share of women among registered nurses that predominate in this area was 87 per cent in 2020 (NIJZ).

**Family assistant** is a *hybrid employment status* designed as an alternative to institutional care. It is promoted as an arrangement that offers care recipients more “intimacy, individuality, solidarity, personal communication, homeliness and warmth” (MDDSZ, 2023c). Only persons who left the labour market, have the same residential address and are members of the care recipient’s family are eligible to become a family assistant.<sup>2</sup> According to the legislation, persons with a severe intellectual developmental disorder or persons with severely impaired mobility are entitled to a family assistant (*idem*). A family assistant is, however, not considered to be an employment relationship and does not provide employment rights (e.g., sick leave, annual leave, various allowances etc.), albeit it carries certain social rights, namely, the payment of social contributions and partial compensation for lost income, amounting to EUR 751.77 (*idem*). Family assistants are financed by the municipality. However, the user must refund the municipality according to the level of their solvency and the municipality has the right to make the notice against user’s property (Leskošek, 2018: 126-127). With the new *Long-Term Care Act* (ZDOsk, 2021/2023), the family assistant is to be replaced by an arrangement called **caregiver of a family member** in 2024. The biggest changes are higher compensation (1.2 times the minimum wage or approximately EUR 1,500 gross per month in 2024 when caring for one user and 1.8 times the minimum wage, equivalent to EUR 2,250 in 2024 when caring for two family members) and 21 days of “planned absence” (annual leave) during which substitute care is provided to the user (MSP, 2024). Further, up until 2028 the caregiver of the family member will be financed from long-term care insurance without out-of-pocket payments (MSP, 2023). Importantly, while only persons with disabilities had the right to the family assistant, the caregiver of a family member extends the hybrid employment arrangement to elderly care. Given the basic similarity of the two arrangements, one could expect the institution of the caregiver of a family member to reproduce the precariousness associated with its predecessor (see Hrženjak, 2018), such as the burnout and social isolation due to being exempted from

---

<sup>2</sup> Insofar as women dominate among family carers, these conditions appear as a clear case of the re-domestication of women.

basic labour rights (e.g., right to rest) and undefined working time; as well as its gender-segregated nature and class dimension, forcing low-waged working class women out of formal employment.

Lacking in the provision of accessible, publicly funded care services, elderly care is largely familialised in Slovenia, which – given the relatively high employment rate of women (74.3 per cent with only 12 per cent part-time in 2022 according to Eurostat) who account for the largest proportion of unpaid informal carers within the family (Šadl & Hflebec, 2018: 736 and passim) – underpins the expansion of the informal market for such care (Hrženjak, 2016: 1496). This expansion of the market for **undeclared care work**<sup>3</sup> is further stimulated by the **assistance and attendance allowance** (dodatek za pomoč in postrežbo), which is a cash-for-care benefit that partly compensates for the insufficient publicly funded care services by supporting the families who must rely on the black market (idem: 1497-1498). The new ZDOsk replaced assistance and attendance allowance with another cash-for care benefit, the so-called **benefit in cash** (denarni prejemek).

### Childcare PHS

There is much less to report on PHS in the segment of childcare. Several reasons explain this deficiency:

- 1) In contrast to elderly care and care for persons with disabilities, childcare is largely *defamilised* in Slovenia by means of the almost universal provision of high quality and quite accessible public services. Until a child is 11 months old, care is provided within the family (parental leave is paid at the level of 100 per cent of a full salary). After that, a wide network of public kindergartens is available at subsidised prices (the price varies according to income per family member and is free of charge for the second child). Up to the child's eleventh year of age (from grades 1–5), the elementary school is responsible for the provision of after-school classes, morning care is provided for pupils in the 1st grade of elementary school (E-Uprava, n.d.). Finally, one of the parents has the right to reduced working hours with paid social contributions up to the child's third year of age or up to the first class of elementary school of the youngest child in case of families with several children (MDDSZ, 2024; Hrženjak, 2016, 1489-1491). In these circumstances, market provision and undeclared work plays a very limited role (idem: 1495) – be it in the segment of PHS or otherwise.
- 2) Moreover, the national regulation of preschool education leaves hardly any room for the development of personal and household services as it virtually excludes any continuous provision in this form. *The Kindergartens Act* (ZVrt-UPB2, 2005, Article a24.a) thus only allows for “occasional child care at their home [...] which is carried out in accordance with the regulations governing *personal supplemental work* and occasional child care at their home, which is performed by legal entities as a gainful activity”.
- 3) Another factor inhibiting the demand for childcare PHS in Slovenia may be the reliance on the intergenerational solidarity of grandparents (Humer & Hrženjak, 2016, 60).

With publicly funded, affordable and high-quality childcare which is also relatively accessible (see the next section) and the somewhat restrictive approach to regulation, the market for personal and household services in this area remains quite limited in Slovenia. In fact, private childcare services appear confined to private babysitting in the realm of undeclared work which, however, is not very extensive (Hrženjak, 2016, 1489). The large majority of undeclared paid child-carers in Slovenia are women of Slovenian ethnic background (Humer & Hrženjak, 2016, 55).

### Household support PHS

A wide array of services is offered in the household support PHS segment in Slovenia. They are often performed by small companies and sole proprietors. Some platforms are also active in Slovenia, offering both household support services, such as services related to electrical installations, plumbing, wall painting, on-site assembly, cleaning gardening and repair as well as care services.

---

<sup>3</sup> For the purposes of this project, we define undeclared work as any paid work that is lawful with regard to the content, but is not declared to public authorities (when it should be). Various types of undeclared work and further issues relevant to this phenomenon are explored in Holubova et al. (2024).

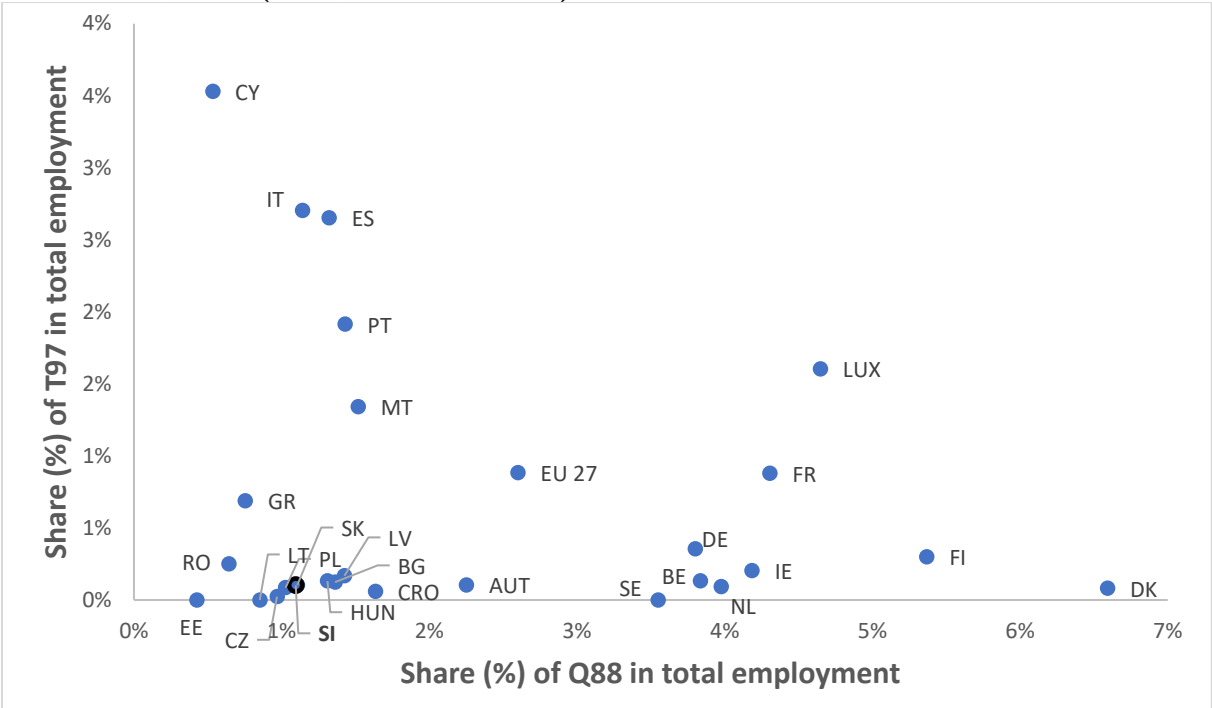
Small repairs of home appliances, repair of electro installations etc. are clearly among the most important given the share of demand for these services (see the next section). According to the interviews (INT2), they are mostly provided by smaller companies or sole proprietors while larger companies tend to do more business with other corporations. A considerable share of these services, such as repair of electrical installations, air-conditioning and other services associated with electrical appliances is quite highly regulated as special qualifications and/or educational requirements apply to the workers performing them (idem). However, a considerable share of these services – according to the interviews up to around 70 per cent for work on electrical installations yet even larger for small repairs of home appliances – is purchased on the black market and thus based on undeclared work (idem). In fact, the share of undeclared work increases with the decline in the costs of materials and other goods used to perform a service because VAT reclamation on these can only be made when an invoice is issued (idem). A substantial part of undeclared work in this area is performed by skilled workers employed in large electricity distribution companies and maintenance workers on their own account (idem).

Home cleaning is another important segment of household support PHS in Slovenia (see the next section). Services in the household support segment of the PHS sector are performed by self-employed workers who, according to the interviews (INT9) tend to predominate, and those employed by companies offering cleaning services to households. In addition, individual workers may perform some work under a formal arrangement of personal supplemental work, but probably much more goes undeclared, which poses a serious challenge of unfair competition to formal service providers (INT5). In contrast to the services related to electrical installations and repairs and on-site assembly of electrical appliances, home cleaner is an unregulated profession, which further adds pressure to cost competition, including unfair competition from undeclared providers (idem). Nevertheless, a national vocation qualification was recently established for cleaners (NPK, 2023; INT5). Women constituted a large majority (87 per cent) of regular employment in home cleaning in Slovenia in 2022 (SURS, 2022b).

## 1.2. Supply and demand of personal and household services

Measuring the size and extent of the PHS sector, an admittedly rough estimate can be made by looking at the level of employment in two NACE rev. 2 categories. The first is *Activities of households as employers of domestic personnel* (NACE rev. 2 code T97) that quite neatly captures workers directly employed by the household, while the other is *Social work activities without accommodation* (NACE rev. 2 code Q88) where most PHS provider organisations are registered (European Commission, 2013).

**Figure 1: Shares (%) of ‘PHS sectors’ Q88 and T97 in total employment, 2022 (Sources: EUROSTAT, SURS (2022a, own calculations))**



*Note: Data for T97 for Slovenia obtained from SURS (2022a), the rest are from Eurostat (2023); T97 data for Slovakia from 2020, for Hungary from 2019, for Latvia from 2016 and for Croatia from 2018*

As Figure 1 shows, neither the model of direct employment nor the model where workers are directly employed by the organisations providing PHS is very developed in Slovenia, according to this estimate. Still, a caveat is in order given that many providers of care PHS are not registered under NACE code Q88 in Slovenia. For instance, in most municipalities *home-based care* is organised by homes for the elderly that chiefly provide institutional care and are thus registered under NACE code Q87, *Residential care activities* (IRSSV, 2023: 14-15) while many *personal assistance* providers are registered under *Activity of membership organisations for disabled persons* (NACE code S94.991). Similarly, much of *community nursing* is provided by community health centres registered under NACE code Q86.210, *General medical practice activities*.

Various factors that explain the small size of the PHS sector can be put forward. First, the range of paid domestic work is influenced by the care policies of the state (Humer & Hrženjak, 2015, 52). Hence, with institutional care provision being relatively well developed in both main segments of care provision in Slovenia (childcare and care for the elderly), one can expect PHS to have a less prominent role in these areas. As mentioned above, childcare provided by the institutions (kindergartens) is high in quality, accessible and affordable. The share of children below 3 years of age included in formal childcare for 30 hours or more is among the highest in Europe (Figure 2), which satisfies the needs for childcare relatively well and thereby reduces the need for other arrangements that are also financially less attractive than publicly financed kindergartens.

Figure 2: Share (%) of children in formal childcare, less than 3 years, 30 hours or more weekly, 2019. (Source: Eurostat, 2019a).

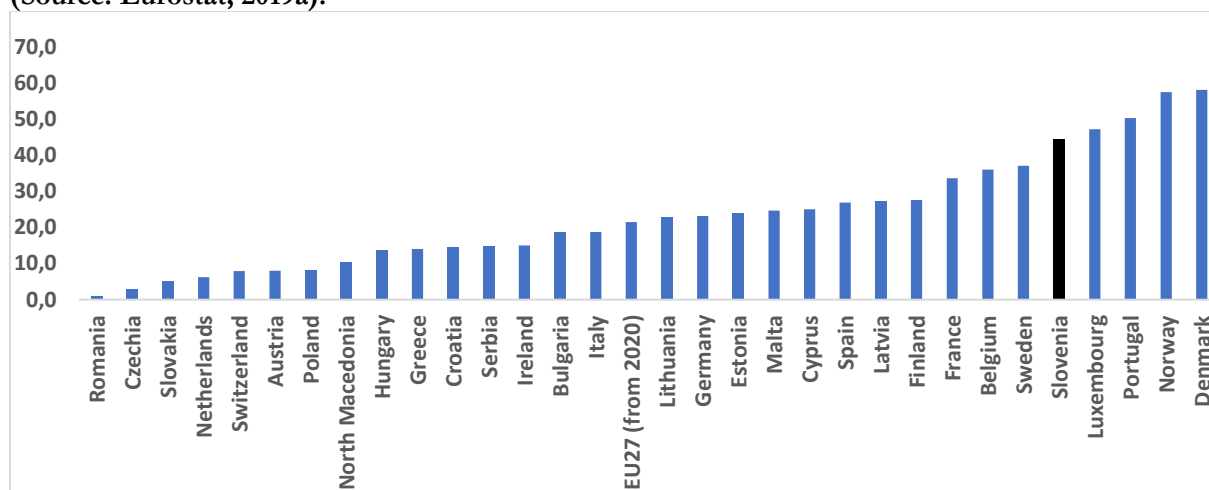
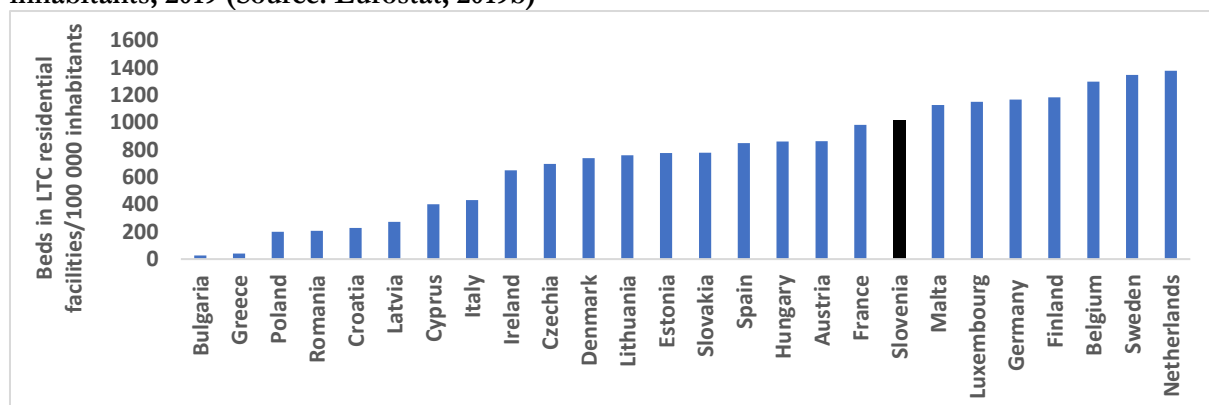


Figure 3: Long-term care beds in nursing and residential care facilities per hundred thousand inhabitants, 2019 (Source: Eurostat, 2019b)

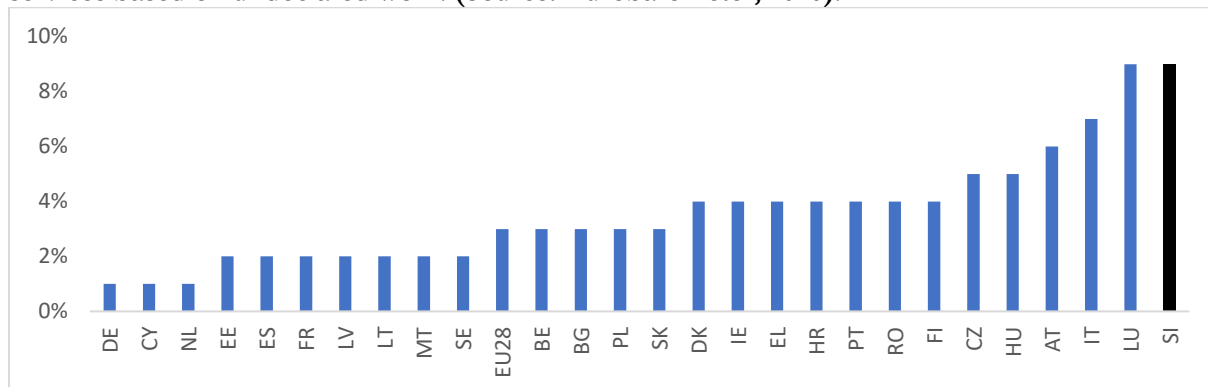


The bulk of long-term care in Slovenia is provided by unpaid informal carers, mostly family members (Hlebec et al., 2014, 15; INT8), predominantly women (Šadl & Hlebec, 2018). Institutional long-term care is quite well developed in Slovenia, with a relatively high number of beds in nursing and care facilities per 100,000 inhabitants (Figure 3), with data for 2007 showing that a comparably large share of Slovenians perceives institutional care to be the best solution for their dependent family members (Hlebec et al., 2014, 14). Yet, in contrast to childcare, a considerable portion of needs remains unsatisfied here as some 700 beds of capacity in homes for the elderly remained empty in 2023 due to labour shortages while some 16,000 people were on the waiting lists (Terlep, 2023). Not only needs for institutional care, but also needs for care at home, such as *home-based care*, are left unsatisfied. One of the central reasons for the deficient satisfaction of needs in *home-based care* is the financial affordability of services (IRSSV, 2023: 51). That is, even though the service is subsidised, many users who would require more help are unable to afford it, which is probably largely due to the low incomes of the elderly in Slovenia (Hlebec et al., 2014: 91, 97-98). Further, while the number of users rose continually from 5,328 in 2006 to 8,668 by the end of 2022 (IRSSV, 2023: 40), the demand for services has grown ever faster, which has led to an increasing number of potential users being placed on the waiting list (idem: 52). This situation is the direst in central Slovenia (Ljubljana) where needs go unmet chiefly due to labour shortages (INT8; Hlebec et al., 2014, 72), such that some 218 persons were on the waiting list for home-based care by the end of 2022 (idem: 53) while at the time of interviews this number was hovering around 500 (INT8). This lack of subsidised provision is all the more pressing as *home-based care* typically performs a supplementary role in Slovenia (Hlebec et al., 2014, 89 and passim) and is often sought only when the resources of informal carers within the family have already been exhausted:

*The most typical [situation] is like this: the spouses, husband and wife weaken. [...] The wife calls: 'I need help, I can't handle my husband anymore. [...] My daughter helps me with some housework, with bathing, but she can't do it anymore, I can't burden her. My son brings me something from the store, takes me somewhere, but I would need someone to come every day and help me with my husband.' This is a typical situation. [...] She can't do it anymore, she's tired, it's too hard for her physically. She also wants some help from the outside. [...] Of course, she's already drowning, she's already exhausted. Usually, her daughter also demanded that she call someone for help, because this is too much for everyone. Well, this is a very typical situation. (INT8)*

It is at this point that the demand for undeclared care work comes into play (INT8) as users or their relatives start searching for solutions and the prices of services obtained on the regular market are prohibitive. In fact, the demand for *assistants for a dependant or elderly person* is a more important driver of undeclared work in Slovenia than in any other EU country, except Luxemburg (Figure 4). On the supply side, the driver of undeclared work may also be found in low wages as regularly employed workers try to make a living by working for private households (INT8), although many report that they are simply too tired to take on additional work (FgSO1; FgSO2). Further, Hrženjak (2015, 85) reports that in 2009 almost half (44.2 per cent) of all undeclared workers in cleaning, care for the elderly, and childcare in Slovenia were retired women, which may be explained by the low level of pensions and high risk of poverty in this demographic group.

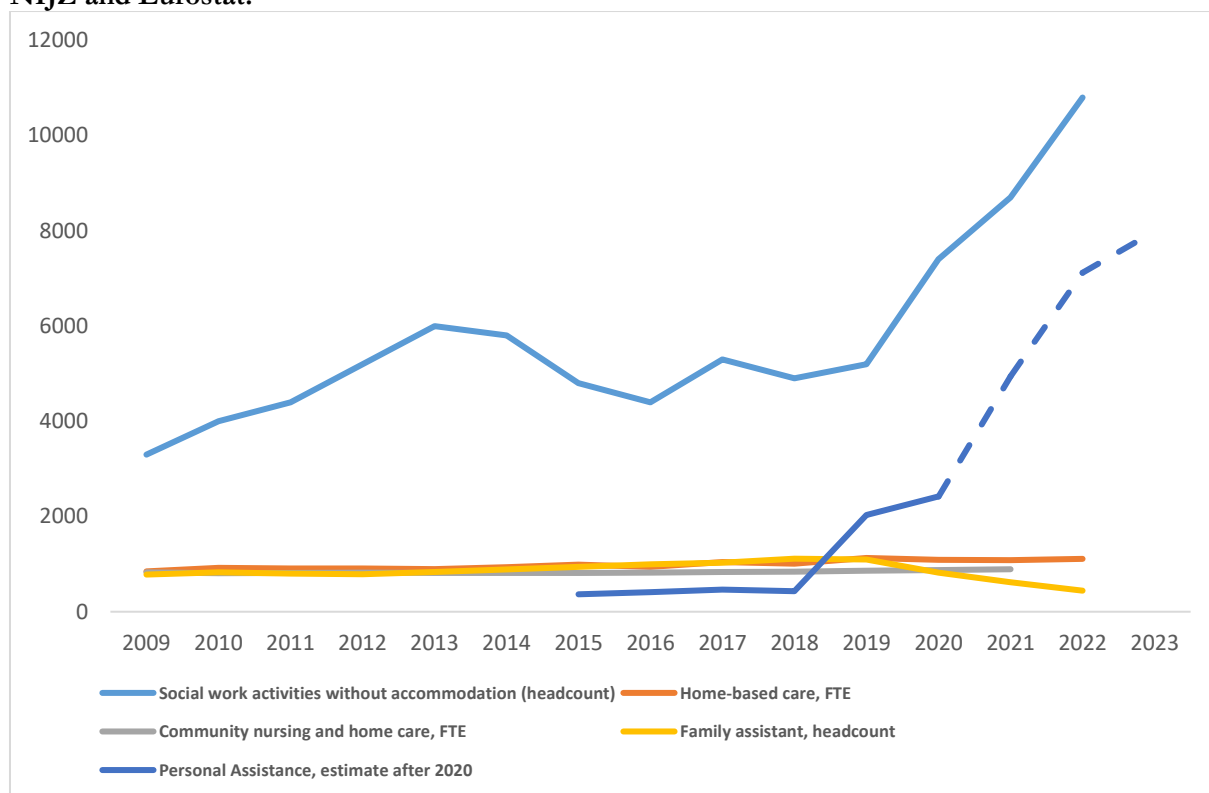
**Figure 4: Share of “assistance for a dependant or elderly person” in total self-reported purchases of services based on undeclared work. (Source: Eurobarometer, 2020).**



On the other hand, there is no indication that the acceptance of undeclared work in general (cf. European Commission, 2013: 24) is a very important obstacle to the development of formal PHS in Slovenia – the share of Slovenian respondents who find the undeclared hiring of a worker by a household unacceptable is about the same as the EU average (Figure A1). Similarly, the actual self-reported purchasing of goods and services based on undeclared work in Slovenia only slightly exceeds the EU average (Figure A2).

The number of workers in PHS for the elderly and persons with disabilities has grown rapidly over the past few years (Figure 5). The upward trend is especially discernible after 2018, when employment in *Social work activities without accommodation* (NACE rev. 2 code Q88) more than doubled in the relatively short time span of 4 years (Figure 5). As it appears, the break in the trend derives almost exclusively from the sharp increase in the number of personal assistants after the *Personal Assistance Act* (ZOA-B, 2017/2021) established the right to personal assistance and provided funding from the government budget which in turn caused a sharp increase in the number of users and the associated costs (IRSSV, 2020: 36-37; Kajzer, 2023: 12). This increase in turn affected the two other forms of home care provision: home-based care and family assistants. The former decreased slightly in employment terms during the same period, which was at least partly due to some home carers leaving for jobs in personal assistance that were paying somewhat higher wages at the time (INT8). Similarly, the number of family assistants declined steeply by 60 per cent between 2019 and 2022 when many family members switched from this hybrid employment arrangement that only carries meagre compensation to personal assistants who are better paid and also provides employment rights (Hočevcar, 2021; Marovt, 2019).

**Figure 5: Number of PHS workers in the main segments of the sector. Sources: IRSSV, MDDSZ, NIJZ and Eurostat.**

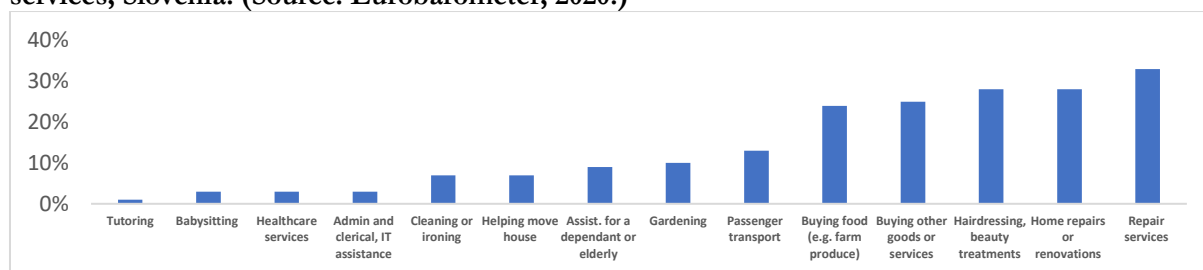


*Note: the number of personal assistants in 2020 refers to September of that year as given by IRSSV (2020: 31) while estimates for 2021–2023 are based on data provided by MDDSZ on users in January for a given year.*

The size of the **household support services segment** of PHS is much more difficult to estimate since there are no special economic activities within the NACE classification that could be associated with PHS. There are, however, certain professions that we could, following SURS's description, place in the PHS sector, such as Domestic housekeepers (ISCO code 5152), Companions and valets (ISCO code 5162) and Domestic cleaners and helpers (ISCO code 9111). Nevertheless, these are quite small groups that altogether accounted for some 1,100 persons in 2022, the largest being the group of 706 cleaners (SURS, 2022b).

The respondents to our demand survey, however, most frequently reported purchasing small repair and maintenance services in and around the house (PERHOUSE, 2023), followed by cleaning services, indicating the importance of household support PHS for our respondents. A Eurobarometer survey from 2020 shows that the most widespread services bought on the black market in Slovenia are household support services, many of which clearly pertain to the PHS sector (Figure 6). Further, most respondents to our survey had purchased PHS without any formal contract (PERHOUSE, 2023). This is consistent with the interviews with employers' representatives (INT 2, INT 5, INT 8), indicating that undeclared work is quite widespread in PHS. All of this suggests, first, that formal employment accounts for a relatively limited segment of PHS and, second, that the largest share of undeclared work in the PHS sectors pertains to the segment of household support services.

**Figure 6: Shares (%) of respondents that paid for services including undeclared work by types of services, Slovenia. (Source: Eurobarometer, 2020.)**



Finally, a major factor inhibiting the development of the market for privately provided PHS could be their class character. Namely, an important driver of the development of private PHS is their affordability, that is, a low price, which is probably largely conditioned by the low wages, and demand from social groups with high incomes (European Commission, 2013, 23). One may thus surmise that the relatively equal income distribution in Slovenia (as well as in some other CEE countries like Czech Republic and Slovakia) might hinder the development of the market for PHS.

Still, an undeveloped PHS sector does not mean that there is no need for such services. Quite the contrary, previous research (Hrženjak, 2007, 107) as well as the stakeholders present at the national workshop (PERHOUSE, 2024b), argued that there is an unsatisfied social need for affordable PHS, particularly among unpaid informal carers who work full-time jobs, such as the parents of small children, especially women who make up the bulk of care (they may also provide care to their elderly relatives) and other domestic work in households.

### 1.3. Regulations and governance

In Slovenia, the general conditions of employment relationships, including the rights held by workers and employers, are determined by the *Employment Relationships Act* (ZDR-1, 2013/2023) while the minimum wage is determined by the *Minimum Wage Act* (ZMinP, 2010/2018). For employees in the public sector, the *Collective Agreement for the Public Sector* (KPJS, 2008/2022) establishes salary grades.

Home-care PHS services, mostly related to **care for elderly and persons with disabilities**, are the responsibility of municipalities, which select providers within the public service network (see also Vrhovnik, 2020; Hlebec et al. 2014, Hrženjak, 2016), regulated by the following legal acts. *The Social Assistance Act* (ZSV, 1992/2023) defines social rights and benefits, the organisation of home-based care, which falls under the jurisdiction of the municipality, and is offered to beneficiaries, persons with disabilities, old age or other reasons instead of admission to institutional social care.

The beneficiaries of services, services, and the conditions for workers (professional workers, professional associates, lay workers) are defined in greater detail by the *Rulebook on Standards and Norms of Social Welfare Services* (2019/2024). Workers without an education in the field of social work or nursing can work after having completed training and obtaining a national vocational qualification (NPK) in the field of social care at home, according to a programme verified by the Social Chamber. The prices and eligible costs of services for home care are regulated by the *Rules on social services price formation methodology* (2006/2012). Exemptions from payments for social welfare services within the framework of the public service and method of their implementation are defined in the *Decree on the criteria for determining exemptions from the payment of social assistance services* (2004/2015). *The Collective Agreement for the Health Care and Social Protection Sector* (1994/2023) applies to all institutions, employers and workers in health and social care activities in Slovenia.

Regarding PHS **care for persons with disabilities**, the *Personal Assistance Act* (ZOA-B, 2017/2021) regulates the right to personal assistance and the method of exercising it, with the aim of enabling an individual with long-term physical, mental, intellectual or sensory impairments to participate fully and effectively in the same way as others in society in all areas of life, equal opportunities, greater independence, activity and equal inclusion in society, in line with the provisions of the *Convention on the Rights of Persons with Disabilities* (CRDP, 2018). The method for exercising the rights to personal assistance, communication allowance, the coordinator, the implementation of personal assistance, personal assistance providers,



training, internal documents of personal assistance providers, reporting and methodology for calculating the price of an hour of personal assistance service are regulated in more detail by the *Rules on Personal Assistance* (2022/2024).

A novelty in the Slovenian welfare system is the Long-Term Care Act (ZDOsk-1; 2023) that regulates the system, rights and obligations as well as financing in the area of long-term care for persons with chronic diseases, persons with disabilities, and the elderly. Long-term care is defined as a public service, where the implementation is not for profit. On 1 January 2024, the right to a caregiver of a family member came into force (but is not yet implemented in practice), based on which relatives who take care of persons with disabilities will be able to receive a salary (1.2 times the minimum wage if taking care of one, or 1.8 times if taking care of two family members) and will be entitled to 21 days of paid holiday leave. On 1 July 2025, the right to long-term care at home and e-care will also come into force.

Pursuant to the *Prevention of Undeclared Work and Employment Act* (ZPDZC-1, 2014/2023), which determines measures to prevent undeclared work, and the *Rules on Personal Supplementary Work* (2014/2023), a household legalises the purchase of services by purchasing vouchers that provide for a certain (low) degree of social security. The work performed under this arrangement is called personal and supplementary work (ODD), which is only allowed for the *occasional* provision of PHS, such as cleaning, maintenance of residential or outdoor areas, agricultural work, occasional child care, assistance to the elderly, sick or persons with disabilities as well as remedial classes. The employment relationship in ODD is strictly bilateral, that is, between the household as the direct employer and the employee, excluding work for the organisation as a service provider. The income from ODD in a given half-year must not exceed three net average monthly wages in Slovenia in the previous calendar year (SPOI, 2024). ODD de facto legitimises the privatised market solutions and absolves the state from any responsibility for the protection of workers and service quality (Hrženjak, 2015: 85-86). Given the limited inclusion in social insurance and income limitations, ODD is akin to the German mini-jobs scheme (*idem*).

In terms of **child-care PHS**, the *Kindergartens Act* (ZVrt-UPB2, 2005) regulates pre-school education provided by public and private kindergartens, and allows occasional child care at their home by personal supplemental work (ODD). Regarding **household support PHS**, cleaning services and gardening are covered by the *Collective Agreement for Public Utility Services* (KPKD, 2021/2023) as the agreement applies to employers that perform the main activities in the area of general cleaning of buildings (NACE code N81.2), other building and industrial cleaning activities (NACE code N81.22), and landscape service activities (NACE code N81). Small employers, who typically provide the majority of household support PHS, are also covered by the *Collective Agreement for Crafts and Entrepreneurship* (2023), although neither of the mentioned collective agreements has extended validity.

#### 1.4. Job quality in personal and household services

Job quality in PHS in Slovenia is as heterogeneous as the content of the services pertaining to the sector. Nonetheless, certain common characteristics appear within the segments of PHS studied for this report. First, as mentioned there is a high incidence of undeclared work and, second, of low pay which often does not assure the normal reproduction of labour power. The low pay is at times ‘compensated’ by factors related to the relationships between workers and users of services and an attitude of workers to their work that often transcends a mere instrumental orientation – a set of phenomena<sup>4</sup> in this report broadly related to as ‘affective relations’. The social security, job security, training provision and wages are better in regular employment, which appears to be more the case in care for the elderly and persons with disabilities,

---

<sup>4</sup> Here we are not only referring to aspects of caring which “can never be simply reduced to ‘a kind of domestic labour performed on people’ since it is always encompassed with emotional bonds” (Finch & Groves, 1983/2022, 4; see also Graham, 1983/2022, 27), to *caring about* in the sense of feeling of affection toward the cared-for – as distinct from *caring for*, that is, practical and time-consuming tasks of care (Ungerson, 1983/2022, 31-32) – that may be engendered by regular, repeated face-to-face interaction which often tends to “develop into a relationship”, enabling employers to appeal to workers’ “finer feelings” as a substitute for monetary compensation (Anderson, 2006, 232-233); but also to quasi familial, highly personalised and asymmetrical relations between employers and workers in paid domestic service as encapsulated in the phrase “one of the family” that mask work relations as familial obligations (Bakan & Stasiulis, 1997, 10-18).

especially where services are provided in the form of a public service. Working time arrangements, however, appear more favourable in childcare and even more so in cleaning.

### **Job quality in PHS: Care for the elderly and persons with disabilities**

Working conditions in the segment of care for the elderly and for persons with disabilities vary considerably according to the service performed and type of financing (public or private, out-of-pocket financing). As regards **earnings**, our research corroborates the findings of previous studies (Nagode & Hlebec, 2013, 20; Hlebec et al., 2014, 128 and 134; Vrhovnik, 2020, 58) that highlighted the problem of low pay among home carers. Wages are regulated by the public sector collective agreement (KPJS, 2008/2022) and are quite low as they slightly exceed the minimum wage (EUR 1,253.90 gross<sup>5</sup> in 2024) for most workers in *home-based care* and in *personal assistance*. Most workers interviewed indicate there is a significant in-work regulatory gap because the work does not provide a living wage and thus they must rely on other sources of income, such as help from relatives, house ownership etc.:

*I'm lucky that I'm in an apartment where I don't have to pay rent, it's my mother's apartment. And even considering that my daughter lives with me, my mother pays most of our bills. Basically, I would say we live somehow normally with my salary, which only goes on food and toiletries. (FgOA1)*

*With this wage, I don't know how people manage to survive. I have the transport and lunch allowance included. [...] Basically, because I have my own house with almost no expenses, yes, it works. (FgSO1)*

Wages in *home-based care* increased recently along with changes to the collective agreement since 2018 (IRSSV, 2023, 36), but these increases have been insufficient to prevent the labour shortages in care for elderly and persons with disabilities. Some employers in *home-based care* are accordingly looking for ways to increase the wages set in the collective agreement by paying performance-related bonuses (povečan obseg dela) or by putting workers into higher pay grades in order to ameliorate the labour shortages and reduce the high rates of labour fluctuation (INT8; FgSO2). Yet, others, such as one of the biggest employers in *personal assistance*, claimed that the wages are adequate when considering that the work only requires low skills, and would prefer to address the problem of labour shortages by relying on migrant workers (INT4). Workers in *community nursing* are mostly registered nurses who earn considerably better wages than those in *personal assistance* or *home-based care*, with starting wages set by the collective agreement at the 37th pay grade, which amounted to EUR 1,888 in 2023, and during their career could reach up to 47th pay grade, that represented EUR 2,795.64 in 2024 (Annex to the Collective Agreement for the Health Care and Social Protection Sector, 2021; MJU, 2023).

Self-employed private providers of care for elderly and persons with disabilities whose services are not publicly funded (FgFT; FgGP) also report quite low net incomes around the level of the minimum wage that only afford them to eke out a meagre existence. Their incomes are not determined by collective agreement but only by the prices they are able to charge. The latter are, however, limited by the incomes of their users, which are relatively low: “I can't charge people large sums of money because they simply don't have it” (FgGP). One interviewee, a Slovenian national who was working as an undeclared live-in worker assisting a person suffering from dementia reports that her wages were quite high in absolute terms, probably double the level of the minimum wage in net terms at the time, but the hourly rate was relatively low as she was on duty practically 24 hours a day (FGLI).

Besides low pay previous research has also indicated the relatively high share of fixed-term employment and the corresponding low **job security**. However, the latter has improved quite substantially during the past decade or so in *home-based care*, as *the financing of these services from active labour market policies has declined* (Hlebec et al., 2014, 134 and 118). While only some 66 per cent of home carers were employed in standard employment arrangements in 2011 (IRSSV, 2017, 42), this share had risen to some 83 per cent in 2022 (IRSSV, 2023, 35).

---

<sup>5</sup> In this report, all wages of regularly employed workers (contracts of employment) are reported in gross terms if not stated otherwise.

No precise data are available on employment forms of personal assistants, although the law states that they are either persons employed based on an employment contract with the provider of *personal assistance* or are self-employed. Civil law contracts (podjemna pogodba), student work or temporary and occasional work of pensioners are only permitted for a shorter period by way of the replacement of regularly employed *personal assistants* (ZOA-B, 2017/2021). According to an analysis of the *Ministry of Labour, Family, Social Affairs and Equal Opportunities* (MDDSZ SOJ, personal communication, 21 February 2024), there were 1,195 self-employed *personal assistants* in March 2022 who carried out 159,796 out of the total 1,063,496 hours of *personal assistance* during that month, thus accounting for some 15% of the total. All of our interviewees working as *personal assistants* (FgOA1; FgOA2; FgOA3) had open-ended employment contracts, but claimed that even the standard employment contract is relatively unstable in *personal assistance* since the choice of assistant lies in the hands of the user and when the latter passes away or wants to change the assistant, their employment may be terminated (FgOA1; FgOA3). As aptly described by an assistant, quoted in the IRSSV report:

*The biggest problem in assistance is that there is no permanent job, everything is only on paper. The user can play with your employment as he pleases, when he doesn't want you anymore, he just calls the contractor and you fly away from work. (IRSSV, 2020, 88)*

This claim was countered by an employer in personal assistance who claimed that the job security of personal assistants is no less than in other areas of employment, such as cleaning agencies, and that the stability of their employment can be strengthened by shifting to other users in case of the death of the user (INT4). Dependence on a particular user may in turn force the assistant into compromises and concessions regarding other working conditions (FgOA1). The job security of self-employed workers in elderly care is of course quite low compared to *home-based care* or *personal assistance*, although they feel that insofar as they keep prices competitive, they can attain a reasonable level of income stability (FgGP). Self-employed workers in both elderly care and care for persons with disabilities also admitted that a considerable part of the work they perform is undeclared, with a self-employed private provider of home-based care estimating that undeclared work accounts for between 20 and 30 per cent of the services she provides (FgGP).

Besides occasional complications with the provision of annual leave (INT1), **social security** is at a relatively high level in both *home-based care* and *personal assistance*. Social contributions are paid regularly and workers report no difficulties with taking annual leave or going on sick leave (FgOA1; FgOA2; FgSO1; FgSO2). Yet, one worker in *home-based care* stated that she often goes to work even when she is in pain as there are not enough workers to replace her and she feels she holds a responsibility towards the users (FgSO2). In addition, a *personal assistant* who provides care for a user from the same household reported being constrained in relation to annual leave as well as sick leave since she is at her workplace even when she is at home (FgOA3).

In contrast, the self-employed private providers of care for the elderly and persons with disabilities are seriously constrained when it comes to annual leave or sick leave as this means a loss of income for them (FgFT; FgGP). One solution is to save for bleak days: "I've learned that you always have to have some savings, some reserves" (FgFT). The other is to simply go without sick leave and work even when they are ill or injured: "[I take] medicines or, I don't know ... if it were something like that you just have to grit your teeth" (FgGP). The replacement of solo self-employed workers may also constitute a problem as some users need care on a daily basis, which one of our interviewees tries to solve by arranging with the relatives to take over during her absence (FgDP). Both self-employed care workers also reported that they only pay the lowest possible rate of social contributions (corresponding to the level of the minimum wage), a practice that is widespread among sole proprietors in Slovenia (FgFT; FgGP). Social security was by far the worst in the case of an undeclared live-in worker who not only had no social contributions paid but was also the most heavily constrained with respect to annual leave:

*There was no annual leave there. [...] Well, I worked for, say, 3 months and then I said that I couldn't do it anymore, that they should do something about it. Well, then this relative came and took care of him for about 3 days, so that I could disconnect a little and go home. (FGLI)*

The organisation of **working time** entails many disadvantages for workers in *home-based care* and in *personal assistance* due to the shift work and work on weekends and national holidays (INT6; INT 8). Workers in

*home-based care* usually start at 6 AM and work until 2 PM, but every few weeks workers are on standby in the morning and have regular work assignments in the afternoon so that should the need arise they work split shifts, visiting some users in the morning and returning to work in the afternoon (FgSO2). In general, working time is quite predictable as the schedules are known a week in advance. However, in *home-based care* often and sometimes also in *personal assistance* there may be last minute changes when workers are asked to stay at work for another hour or two, which under the law should count as overtime, but workers report that this is often not the case, which constitutes a breach of law as some employers only offer compensation with free time (INT1; FgSO1; FgOA1). Similarly, there are cases in *home-based care*, although also in *community nursing*, when users cancel the service at the last minute, yet some employers do not count this ‘free time’ as working time, which is also a breach of the law (INT1). Travel between users is, on the other hand, consistently counted as working time (FgSO1). Given that *home-based care* is seriously understaffed, workers are often asked to work overtime, which leads to long working hours – our interviewees report working up to 9 or even 10 hours quite frequently (FgSO1; FgSO2). Workers in *home-based care* report that in principle they are able to decline requests to stay overtime (FgSO2) even though some admit that they mostly accept them (FgSO1).

One of the self-employed private providers of care for the elderly and persons with disabilities also indicated that she works very long hours, up to 11 or 12 hours a day, but generally does not work on weekends (FgGP). Both self-employed workers also reported that the working hours are in principle quite predictable as they have quite regular customers, albeit unexpected events when they have to adjust their working hours do occur (FgGP; FgFT). One of them, however, underscored that she often has to adjust her working hours to the needs of users, even though this may mean working unsocial hours when she would prefer to stay home (FgFT). Further, travel between users does not count as working time with the self-employed workers and they do not charge higher hourly rates when they stay with the user longer than initially agreed (FgGP; FgFT). Again, the undeclared live-in carer had the most unfavourable working time arrangement as she was practically on duty non-stop: “[I was there] constantly. I didn't get any replacement, so it was tiring” (FGLI).

Working in *home-based care* carries high risks associated with **health and safety at work**, especially when it comes to musculoskeletal diseases, which explains the high rates of absenteeism (INT8). Indeed, many workers in *home care* report health risks, notably back pain and heavy physical exertion (FgSO2; FgGP; INT9; see also Nagode & Hlebec, 2013, 24; Hlebec et al., 2014, 122 and 134). In order to ameliorate the risks related to the lifting of heavy weights the condition for service provision is that the user avails herself of specialised equipment that is regularly provided by health insurance (INT8; FgGP). Still, the problem of understaffing further aggravates the risks to health and safety at work as moving users would require work in pairs, a demand that is met due to the lack of workers:

*No, currently we do not work doubles. But we had one gentleman when we had to go in pairs because he was really heavy. Right now, there are not enough of us, it would be nice to do it with many others, but we are alone. Alone, yes.* (FgSO2)

These risks may be even higher in *personal assistance* since personal assistants never work in pairs, are usually alone with users, and carry out similar tasks as nursing assistants, but are not trained appropriately (see below) and thus they often hurt themselves. Moreover, even when they do get training, it is often predicated on the assumption of the work being done in pairs (INT6). What is worse, in personal assistance the user determines how to perform a specific task, even though they may be unaware of the risks to the personal assistant that actually carries it out:

*Users who are otherwise perfectly capable of actively living, working and so on, have no idea of what is dangerous for an assistant. That is, basically the instructions that the assistant gets can be very harmful to him, physically.* (INT6)

The other major risk is psychological in nature. Workers providing care at a user’s home may find themselves in very stressful and demanding situations such as work with users suffering from dementia or deteriorating health and the death of users despite their best efforts (FgGP; Vrhovnik, 2020, 63-64):

*Maybe I should point out that it is mentally more exhausting [than physically] [...] I mean, the quality of the relationship is very important here. It's hard to be in a bad mood, people do notice that. So that there is very little room for manoeuvre. [...] Mentally maybe almost more than physically exhausting. (FgGP)*

The highest level of psychological stress was endured by the undeclared live-in worker who reported that she was starting to experience burnout due to the continuity of work and lack of rest periods (FGLI). Poor working conditions in the area of health and safety are often caused by high **workloads** and **work intensity**. One obvious reason for high workloads in *home-based care* is the problem of understaffing (FgSO2) that is further aggravated by high absenteeism. In *personal assistance*, workloads sometimes increase due to an extension of the scope of work:

*There are many of these smaller things that grow out of proportion. I know assistants who are actually withering away. All day they do everything possible from painting to fixing the fence, everything. Basically, they are home craftsmen, 'house boys'. (INT6)*

Their situation is made worse by the fact that their employment security depends on a particular user, which makes them quite vulnerable to extortion (FgSO1; FgSO2). A self-employed private physiotherapist reports that she is prompted to do extra work for a variety of reasons, one being competitive pressures that are always in the back of her mind (FgFT). Yet she also does it because she wants to help her users and make them feel better:

*In principle, I shouldn't be doing that. But it has often happened to me that I come, and then [...] I see ... I don't know, I give him some exercises and I see that there is, I don't know, something that needs to be done like watering the flowers or washing some dishes or I'd clean something, I've done everything possible, I've already cleaned the drain too. Just because it intrigues me, because you see how miserable this person is in everyday life. How much frustration this causes for him and how much I know that things can move on after that. (FgFT)*

This kind of **affective relations** seem pervasive not only with respect to workloads and extensions of working tasks, but also with respect to the willingness of workers to put up with the low pay or to continue working despite feeling pain due to physical injuries (e.g., FgSO2). Such an attitude that transcends a mere instrumental relation to work and a professional relation to users was clearly visible in answers that workers in care for the elderly and persons with disabilities gave when asked about the advantages and disadvantages of their work. While virtually all of them cited low pay among the disadvantages, most also claimed that they enjoy their work and helping others, pointing to the pleasurable feeling of being able to contribute to society and making their users happy (FgFT; FgSO1; FgGP; FgSO2; FgOA3, FgLI). Previous research also found that workers are most dissatisfied with their wages, but are very much motivated by the satisfaction of users and their relatives, followed by recognition of their work, approval etc. (Nagode & Hlebec, 2013, 24; Vrhovnik, 2020, 61). These attitudes are perhaps most intensive with those *personal assistants* who are close relatives of their users. In such a setting, it is practically impossible to establish boundaries between paid work and informal care. One of our interviewees caring for a close relative even reports that not only does she feel morally obliged to care, but also to make up for the lack of involvement on the part of her daughters:

*As it is now, my daughters are both in Ljubljana. They simply do not provide care. Now they are still students, but ... [...] if they don't [provide it], well, then I have to do it instead of them. I feel obliged. (FgSO3)*

The employers are well aware of these attitudes on the part of workers and adjust their human relations strategies accordingly. As succinctly described by one interviewee, the representative of a major employer in the area of *personal assistance*, while commenting on the employment of relatives as personal assistants:

*We have clearly stated that the purpose of the law should be followed, the autonomous independent life of adults with disabilities. This means that family members are not the best suited to do this job. It is true, however, that family members are the most reliable, because all other full-time personal assistants will go on sick leave. Parents and family members will do everything that is absolutely necessary for a person with a disability, even with a fever of 40[°C]. (INT4)*

These attitudes are, however, by no means confined to relatives. When comparing care work with other jobs, such as factory work or work in retail trade, where the wages are higher than in care, the representative of a major employer in the area of *home-based care* acknowledges that organisational climate and especially the sense of doing meaningful work and a feeling of recognition are strong factors in the recruitment of workers and policies of labour retention:

[H]ere they find work more meaningful, that it makes sense. That's a labour of love. [...] This factor is very [...], it is very strong. [...] They feel useful, they feel wanted, how should I say, their work has meaning. Maybe they don't see it as meaningful in some factory or some office. [...] They prefer to do the kind of work where you are useful, where people are happy to see you come, they thank you with a smile, and you get a piece of chocolate every so often. I mean, people, the users, are actually happy when the carers come. (INT8)

Obviously, it is very difficult to set boundaries between work and personal relations in a PHS setting. These aspects of work that make for a very important aspect of PHS nevertheless appear to be quite weakly represented in the area of **education and training**. As regards *personal assistance*, there are no educational requirements for the job and initial mandatory training only entails a very short course that lasts 6 hours, while continuous training comprises a 6-hour course per year (Rules on personal assistance, 2022/2024). These provisions are clearly inadequate since without proper training *personal assistants* may endanger themselves as well as their users:

They actually throw you into the water – and now you swim. And the user doesn't know either, and you often have to figure it out. [...] When you meet an elevator for the first time, you just carry it out and hope that he [the user] doesn't fall on the floor. (FgSO1)

According to the TU representative, training courses for *personal assistants* are deficient and should be supplemented at least with specific topics concerning health and safety at care work, similar to the training of nursing assistants or *home carers* (INT6). Further, *personal assistants* should receive training on boundary setting in relation to the user who manages the labour process in the specific setting of *personal assistance* (idem). These elements of training and education for *personal assistants* are already being developed and put into practice with some providers, most notably YHD, according to the representative of the *Personal Assistance Trade Union* (INT6).

In contrast to *personal assistance*, there are formal educational requirements in *home-based care*. Educational qualification requirements for *home carers* entail completed upper secondary vocational school in social work or health care or a national vocational qualification in home-based care and a special training course verified by the Social Chamber of Slovenia (*Rulebook on standards and norms of social welfare services*, 2010/2024). In order to overcome labour shortages, a major provider of *home-based care* in central Slovenia is financing educational courses for prospective workers (INT8). With regard to continuous vocational training, *The Collective Agreement for the Health Care and Social Protection Sector* stipulates days of training that the employer must provide within a given time span (*Collective Agreement for the Health Care and Social Protection Sector*, 1994/2023). Workers report that they have one or more training courses per year at which they learn and rehearse reanimation procedures, the lifting of persons etc., and become acquainted with new medical equipment (FgSO1; FgSO2).

Both of our self-employed interviewees are professionals in their respective fields – one is a physiotherapist and the other is a healthcare assistant. Both reported doing a lot of training in order to keep abreast with new developments and to stay competitive (FgFT; FgGP). The undeclared live-in worker went without any initial training and had to rely on experience from other workplaces (FGLI).

### **Job quality in PHS: Childcare**

Given that opportunities for PHS in childcare are relatively slim in Slovenia (see above), most services are most likely performed in two forms of employment: either as undeclared work or lightly regulated personal supplementary work. All of our interviewees reported that they perform childcare PHS in the form of undeclared work, which means that **job security** is relatively low. Most of them worked as childminders, except for one who used to be a children's birthday animator.

**Earnings** from childcare PHS was one of several sources of income for all but one of our focus group participants, who stated that it is her main source of income. In general, their incomes are quite meagre and only afford very modest living. Their hourly rates are around EUR 10 (FgVD2; FgVD3; FgVD4). Some of them, however, reported having recently worked full-time jobs for a single family, which enabled them to earn a net income at about the level of the net minimum wage in Slovenia (FgVD1; FgVD4). Given the low pay, some of them combine the money earned from childcare with other sources of income, generally the social assistance benefit in cash (FgAN; FgVD3):

*Then I realised that I can apply for social assistance and since then I have had social assistance benefits in cash. Now, since I have a daughter, it's not only 300, 400 euros, and it was enough to survive. Anything in excess of that was great. And there was always something, I was always working. (FgVD4)*

Another participant was doing childcare so as to supplement earnings from her regular job (FgVD2). In any case, earnings from childcare at the homes of clients were hardly enough to make a living. Further, since none of them had a regular job in childcare PHS and all of their work in this area was undeclared, **job security** was virtually non-existent. Still, one of them reported that she was recently offered a regular job with a family which she intended to accept, even though she saw it as a double-edged sword, offering greater security on one hand but also dependence and thus vulnerability on the other (FgVD2). Another worker we interviewed had also been offered continuous employment with a single family, but she refused even though such an arrangement would have increased the stability of her income, since this would have prevented her from pursuing other activities (FgVD3).

Given that the dominant form of employment is undeclared work, **social security** is also an issue in childcare PHS. In regard to social contributions, some of our focus group participants report that they pay their health insurance, but not pension insurance (FgVD1; FgVD3). The oldest participant, however, warned that tolerance for low levels of social security decreases with age:

*Well, if I look at all of you who are here today, who are with me, and your thoughts, [...] I'm going to be smart about it a little now, you must forgive me, I'm the oldest. And I lived like that too. But in 20 or 30 years from now, your peers will also ask you when you are going to retire and then you will be there with no pensionable service or whatever. I used to think the same way at your age, but then come the years when everyone else retires. (FgVD2)*

Unsurprisingly, most also reported having problems with sick leave, as this means a loss of income: “If you get sick, you don't work. When you don't work, there is no income” (FgVD1). Some tried to surmount difficulties linked to the loss of income during sickness or when taking annual leave by relying on social assistance (FgAN; FgVD4), while others felt quite constrained about annual leave (FgVD1).

Childcare workers in PHS report that **working time** can be quite unpredictable due to unforeseen events, such as the sickness of a child or need to work overtime due to the late arrival of the child's parents or guardians (FgVD1), with one even claiming that they actually worked on call (FgVD2). Yet, some (FgVD1; FgVD3) also claimed that they have some control over their working time as the schedules are only rarely determined unilaterally by the clients and can be readily negotiated: “I adjust my working time to others, but also in my own way” (FgVD1). Workers' answers about the advantages of the job also suggest that working time flexibility is not one-sided as most of them listed working time flexibility among the positive aspects of their work (FgAN; FgVD1; FgVD3; FgVD4). Indeed, one worker put a very high value on working time flexibility, which allows her much more freedom with respect to taking time off work than she could afford in a regular job:

*Since I arranged my own schedule, I could sometimes easily make it so that I had the feeling that it was on a vacation if I had, I don't know, 4 or 5 days off. I went to the hills and stayed in a cabin for a couple of days or whatever and it already felt like a vacation. I was never able to do that when I held a permanent job. (FgVD3)*

Workers in childcare PHS participating in the focus group did not raise the issue of **health and safety**, except for one who offered a positive assessment of the working environment in childcare, considering the provision of food and staying in warm places, protected from adverse weather conditions (FgVD3). Nor did they consider **workloads** and **work intensity** to be excessive in childcare PHS, even though there may

be several additional tasks they were performing while babysitting, such as preparing meals and doing other housework (FgVD1).

Similarly to workers in care for the elderly and persons with disabilities, workers in childcare PHS also emphasised their positive attitudes to work. Virtually all of them complained about the meagre incomes they are able to earn in childcare PHS, yet at the same time said they love to work with children (FgAN; FgVD1; FgVD3; FgVD4). Once again, it was the oldest worker who also cautioned against excessive enthusiasm and warned about the downsides of this kind of **affective relations** towards their work:

*Strengths and weaknesses can overlap a lot. This flexibility can be both an advantage and a disadvantage. And also, that you enjoy your work, that you do what you like the most and that you are somehow ... a mission, especially for women, can then also have a negative impact. Because then it's not paid like [it should be]. It's yours, you enjoy it. So, you don't enjoy ironing shirts and cleaning toilets and bathrooms, but you do enjoy playing with a child so much that you don't need to be paid that much because you enjoy it anyway. (FgVD2)*

Many of our focus group participants were professional childcare workers, some holding a university degree in preschool education or a similar field, such as pedagogics (FgVD3; FgVD4), while one had a national vocational qualification for a childminder (FgVD2). Since they find their work appealing, they are very much involved in continuous **training and education** which, however, they must provide for themselves (FgVD2; FgVD3; FgVD4). Nonetheless, some thought that the skills required for childcare are related to innate talents, which improve with experience and on-the-job learning rather than with education and training (FgAN; FgVD1).

### **Job quality in PHS: Household support services (cleaning)**

Reporting on a study of paid work at home (PHS), Hrženjak (2010, 167-168) suggests that in contrast to care for the elderly and persons with disabilities and childcare, which are seen as important and necessary work that also requires certain skills, cleaning is not only socially perceived as unskilled, but is also characterised by the very asymmetric power relations in which relatively well-off individuals hire female workers whose existence depends on this work. This asymmetry is reflected in humiliations, nationalist insults against workers who often come from ex-Yugoslavian republics, low wages and high workloads (idem: 168).

The participants in our focus group that we complemented with individual interviews were Slovenian nationals, between 55 and 65 years old, except for one aged 40. Most of them had started to work as cleaners at home after they lost their regular, full-time jobs as assembly workers, accountants, designers etc. Their **earnings** are relatively low, with hourly rates of between EUR 7 and EUR 10 (FgCD1; FgCD2; FgCD3; FgCD5), which is lower than the rates for childminding. There is one exception, however, where the transaction takes the form of barter as 8 hours of work per month are compensated with the worker's use of the employer's second home by the sea for some 3 weeks a year (FgCD4). Another common feature shared by virtually all of our interviewees is the supplementary nature of their incomes from cleaning work:

*In general, I'm fine, it's extra income, but it's great. [...] But this is occasional. When I have free time, I quickly tick off and go clean and that's it. Why would I hang out at home if I can get 30 euros to drive somewhere and do some cleaning for 4 hours. (FgCD2)*

Except for one worker who was self-employed and worked through a platform, the form of employment of our interviewees in household support PHS was either personal supplementary work (FgCD1; FgCD3) or they worked as undeclared workers (FgCD5) or both (FgCD5), meaning that their **job security** is very low. This lack of any formal employment protection was, however, mitigated by two factors. First, except for the platform worker, despite the informality of the job, all of our interviewees had long-term relationships with their “employers” (FgCD1), sometimes spanning over more than a decade (FgCD3; FgCD5). Second, one worker reported that the demand was so high that she could choose the customers that most suited her needs:

*They called me, I just put the ad in, less than an hour passed, and I already had a [call]: Hello, yes, could you ...? So I chose them, I basically chose them. I had written down beforehand what I would like, that is, that it is close,*



*that I don't have to drive somewhere really far. That, for example, I can come by bus, that they have everything I need to clean there, so that I don't have to drive there and carry all these things. (FgCD1)*

Obviously, such a high level of demand greatly improved her position and made her largely independent of individual employers.

The flip side of casual work and supplementary nature of income was that the **social security** of most of our interviewees depended on other members of their households, typically their husbands (FgCD1; FgCD3; FgCD5), other activities, such as sole-proprietorship in non-PHS (FgCD2), or a combination of various sources of income, e.g., a widow's pension and subsistence farming (FgCD4). Since in this setting sick leave is inevitably associated with a loss of income, they either try to avoid it (FgCD1; FgCD2) or simply shift the cleaning to a later date (FgCD4). Similar constraints were observed with regard to annual leave, as some claimed that they have to save in order to make up for income lost during periods of inactivity (FgCD1) or that as sole proprietors they only rarely go on vacations (FgCD2) while others simply rearranged the working schedules in agreement with their employers (FgCD4; FgCD5).

Among all three groups of workers we studied, **working time** was probably the most regular and predictable in cleaning. Most workers were able to organise their schedules in such a manner that they worked for each client on a specific day of the week and only changed these arrangements in mutual agreement with their employers (FgCD1; FgCD3; FgCD4; FgCD5). Moreover, two workers obviously had the working time firmly under their control (FgCD1; FgCD5), as the following quotation shows:

*I set my own working hours. Essentially, when they called, I told them that I prefer to work in the morning if that's okay with them. If not, the conversation was over. So I basically made arrangements with those who wanted me to come in the morning. (FgCD1)*

Again, this kind of control on the part of the worker was only possible because during the period she was referring to the demand for cleaning services far outstripped the supply and she was able to pick those clients she preferred (FgCD1). In fact, all workers reported working in the morning hours (FgCD1; FgCD3; FgCD4; FgCD5), except for the platform worker who said that she simply marks the dates she is available and then chooses the clients she wants to serve (FgCD2). No worker recalled any working of overtime, although the platform worker stated that in case the client cancels the service on the last day she gets EUR 10 by way of compensation (FgCD2). Unsurprisingly, four out of the five cleaning workers we interviewed (FgCD1; FgCD2; FgCD3; FgCD5) mentioned control over the working time as one of the greatest advantages of their work.

Workers identified few risks in the area of **health and safety** at work. They mostly referred to the danger of falling from a height while performing specific tasks like window cleaning, or slipping on wet terrain (FgCD1, FgCD4; FgCD5). The platform worker, however, claimed that the platform strictly prohibits any hazardous practices, such as climbing on a chair or ladder, lifting heavy weights or reaching out of the window to clean the outer side of it, which in turn enables her to refuse any such demands made by clients (FgCD2). On the other hand, another worker stressed the absence of any insurance against being injured at work (FgCD1). Still, three out of the five cleaning workers we interviewed also stressed the absence of any psychological pressures and friendly relations with their employers as one of the advantages of their work (FgCD1; FgCD3; FgCD5).

This appreciation of the absence of psychological stress and stable relationships with their employer on the side of workers is quite understandable given that many of them took cleaning jobs after turbulent periods in which they lost their jobs:

*Yes, I will say that if you work with pleasure, that it is not a burden on you, that is the biggest advantage for me. Because you know, when I lost my job, everyone was asking me: 'Ma'am, what year [of birth] are you, what year are you? Yes, we will call you.' But then I saw that no one needed me. And this was very painful [...] My husband was in hospital for a long time, I was without a job and writing [job] applications. [...] And then, at that time I was 46 years old and I felt that no one needed me. Nobody needs my hands or my work habits. [...] Well, that's why I enjoy it here, I don't know, I just like it. (FgCD4)*

Yet, as aptly pointed out by the literature on domestic work (Anderson, 2006, 234; Hrženjak, 2007, 45) this enjoyment of work and cosy, long-term relationships with employers in which the worker becomes ‘one of the family’, often conceal asymmetric power relations and expectations that the worker will perform her duties with the same feeling of devotion and commitment as when she cares for her own family. Despite cleaning often being viewed as a non-care occupation, this kind of **affective relation** is precisely what our interviewees described:

*Basically, once you start going to someone's place, it kind of gives you that ... you kind of become part of the family or something [happens] in that contact. And I just thought ... not that I thought, but I got such a feeling: 'Now you have to take care of it, you have to take care of this place, you have to take care of this garden because ...'. (FgCD1)*

In addition, this close relationship between home cleaning workers clearly interfered with their employment relationship and influenced the level of compensation in favour of the employers. For instance, one worker we interviewed described how she drives some 50 km to work without receiving any compensation for traveling costs, but she has nonetheless never thought about finding work nearer to her home and abandoning her employers, because they “became friends” (FgCD3). In the same vein, two workers argued that they found it difficult to ask for an increase in the hourly rate due to the long-term relationship they had formed with their employers:

*I think I said it last year, when everything went up in price: Now I'm going to 8 euros. [...] I don't know, you have this feeling that ... Although I've been telling myself for some time that now, I don't know, now everyone charges that much ... Yes, it's just embarrassing. [...] I waited a bit, maybe if she would come up with this herself, but she didn't. So it was a little ... Well, I'm the kind of guy who just waits and waits and doesn't hope for anything. OK. But then it had to be said. (FgCD5)*

There is no provision of **training and education** by individual employers in the case of undeclared workers or those whose employment is based on personal supplementary work (FgCd2; FgCD3; FgCD5). Among our interviewees, it was only the self-employed platform worker who had received some online training on what needs to be cleaned, how to dress and how to talk to clients while working through the platform, what to do in case the worker breaks something at the client’s premises etc. (FgCD2). The others claimed that they work in the same manner as they do at home (FgCD3; FgCD5).

### 1.5. Summary – the main challenges in personal and household services

The PHS sector in Slovenia is highly heterogeneous, featuring a large range of services financed and provided under a host of very diverse financial and institutional arrangements and performed in a variety of working conditions.

A number of services are provided in the care for the elderly and persons with disabilities – home-based care, personal assistance, community nursing. Further, part of the care provision by family members is arranged in hybrid employment forms, the family assistant and the caregiver of the family member. Most of these services are publicly financed or even provided by the public sector. However, there is a dearth of PHS as well as insufficient provision of institutional care in this area. A large portion of needs remains unsatisfied and the bulk of care is provided by unpaid informal carers, generally female family members and undeclared workers. In contrast, there are few (largely informally provided) childcare PHS, but the demand in this area is relatively weak due to the high quality and relatively affordable publicly funded institutional preschool education. While the segment of household support services is internally very diverse, it is largely privately provided with most services based on undeclared work and the rest being provided mainly by small businesses.

The size of the PHS sector in Slovenia is relatively small with few workers employed directly by the households and most of the (formally organised) services provided by workers employed with organisations. The reasons for the small size of formal PHS in Slovenia may be found in the developed institutional care provision and considerable share of undeclared work, especially in the care for the elderly and persons with

disabilities, driven by the insufficient provision of public services on the demand side and low wages on the supply side. Moreover, the class character of privately provided and financed household support PHS may inhibit the development of the market for PHS in an environment of relatively equal income distribution.

A common feature of job quality in all three segments of PHS we studied is low pay – work does not provide a living wage for a large share of PHS in Slovenia. Further, women constitute a large majority in all three of the segments of PHS studied here. Another common element revealed by our research is that personal relations with users that largely transcend a mere instrumental attitude to work exert a notable influence on pay in favour of the employers who may even integrate this element (which we loosely denoted as ‘affective relations’) in their human resource management strategies. Receiving only modest incomes, workers apply various survival strategies that appear to differ between segments of PHS but are quite similar for workers within any given segment. Thus, most workers in care for the elderly and persons with disabilities report that they can only make ends meet because they do not have to pay rent for their dwellings, childcare workers mostly combine various jobs to make it through the month, while (female) cleaning workers are largely economically dependent on their husbands.

Regular employment forms an important or even dominant share of employment only in the care for the elderly and persons with disabilities segment of the PHS, while childcare and cleaning work appear largely in the form of lightly regulated personal supplementary work (ODD) or, most commonly, as undeclared work. This means it is fair to say that the former affords substantially higher levels of job security than the latter two. However, there are important differences between various services. For instance, the job security provided by an open-ended contract of employment in home-based care is substantially higher than the same legal arrangement in personal assistance, and for the self-employed carers there is no formal employment protection whatsoever. On the other hand, even though no formal job security is afforded to cleaning workers whose employment is based on ODD or even work without any formal arrangement, the long-term relationships with their employers bear witness to relatively stable employment patterns.

Undeclared work (or ODD) in childcare and home cleaning is closely related to the low level of social security, which is considerably higher in the care for the elderly and persons with disabilities, insofar as workers there are regularly employed. Like with the case of earnings, cleaning workers were mostly dependent on their husbands for social security. Undeclared workers in childcare PHS, on the other hand, have a very low level of social security, as also reflected in the fact that they encounter several constraints while taking annual leave or sick leave. Similar constraints certainly apply to the self-employed in care for the elderly and persons with disabilities and, most acutely, to live-in carers and paid carers of family members.

Working time is one of the rare areas of working conditions where workers in childcare and particularly those in home cleaning report greater control and higher satisfaction than those in the area of care for the elderly and persons with disabilities. The two self-employed in the latter area, followed by workers in home-based care where the high incidence of working overtime is due to labour shortages, reported the longest working hours. Workers in home-based care also appear to have the most unpredictable working times, followed by those in childcare PHS where, however, workers are often able to negotiate changes in working time schedules. Undefined working time, the absence of clearly delimited rest periods, and long hours not limited to a 40-hours working week in cases of live-in care workers and personal assistants providing care to a family member make these arrangements the most extreme cases of precariousness related to working time.

Health and safety conditions also appear to be the most challenging in the area of care for elderly and persons with disabilities due to frequent lifting of heavy weights and psychically demanding work. The risks are further aggravated in the area of personal assistance due to the insufficient training. Training and education are virtually absent in home cleaning, but regularly provided by employers in the care for the elderly and persons with disabilities, with workers in childcare reporting relatively strong interest in further training which, however, they must provide by themselves.

All in all, it appears that development of PHS in Slovenia has reached a certain level only to the extent that is provided as a public service, the rest being largely inaccessible and unaffordable except for those with

relatively high incomes. The same divide runs through the sphere of working conditions that seem much better in publicly financed workplaces while left to the grey zone of undeclared work or lightly regulated ODD, self-employment and platform work where private initiative prevails. Thus, the biggest challenge appears to be the lack of high quality affordable public services with corresponding working conditions. To be sure, even working conditions in the PHS provided as public services leave a lot to be desired, with the closely connected problems of wage levels and labour shortages being the two most demanding challenges. Finally, the most extreme cases of precariousness appear when paid care-PHS are provided by persons living in the same household, when personal assistance is provided by family members, and when the paid care of family members is provided in hybrid employment arrangements and live-in arrangements.

## 2. The role of social dialogue in personal and household services

### 2.1. Social actors in PHS (state, social partners, social actors)

A multitude of actors is engaged in regulating PHS in Slovenia. Still, no organisation deals specifically with this heterogeneous sector and only a few organisations, such as the *Personal Assistance Trade Union*, are dedicated to a specific segment of PHS. Most regulation in the area of employment and social security is discussed and often negotiated in the national tripartite institution, the *Economic and Social Council* (ESC) which, however, has frequently been blocked since 2021 following the withdrawal of either the trade unions or the employers (see below). On the sectoral level, there are several collective agreements that may also impact working conditions in the PHS sector. Finally, there is a host of organisations that are not social partners but are able to influence the regulation in the area of PHS through the so-called civil dialogue by participating in the public discussion or by their membership in working groups that the ministries establish during the process of preparing specific legislation.

#### **Social partners in PHS: Care for the elderly and persons with disabilities**

In the segment of care for the elderly and persons with disabilities, the main social partners on the part of labour on the sectoral level are the *Health and Social Care Trade Union of Slovenia* (SZSVS) and the *Trade Union of Health and Social Care of Slovenia* (SZSSS) and other trade unions representing the sector. The main social partners representing the side of employers are the *Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities* and the *Medical Chamber of Slovenia*, which are considered as one party in the sectoral collective bargaining. Both parties are signatories of the *Collective Agreement for the Health Care and Social Protection Sector that covers both public sector organisations as well as concessionaires*. Another important stakeholder on the side of the government is the *Ministry of a Solidarity-Based Future*.

The only<sup>6</sup> trade union dedicated to the organisation of workers in a specific segment of PHS is the *Trade Union of Personal Assistants* (SOA), mainly organising personal assistants, although it is open to the organisation of other workers (INT6). SOA is a relatively small trade union that is currently trying to increase its membership in order to boost its bargaining power (INT6; FgOA3).

Besides *personal assistants*, the sectoral trade union SZSVS organises *home carers* and *community nurses*. According to the SZSVS representative, the union would also consider organising hybrid forms of employment, such as *caregivers of a family member* introduced by the new *Long-Term Care Act* (ZDOsk-1, 2023) if these workers would ever want to organise in a trade union (INT1). Moreover, as this act introduces long-term care at home carried out by a special team that *inter alia* includes a physiotherapist and a physician, the trade union would also represent these occupations in PHS (INT1).

Several organisations included in the civil dialogue and lobbying on legislation that regulates PHS in the area of care for the elderly and persons with disabilities, such as the *Social Chamber of Slovenia*, the *Social Protection Institute of the Republic of Slovenia*, major employers and nongovernmental organisations representing users of PHS, for instance the *Association for the theory and culture of handicap* (YHD), the *Cerebral Palsy Association of Slovenia – Sonček* one of the largest employers in the area of *personal assistance*, the *Institute for Home Care Ljubljana*

---

<sup>6</sup> While the *Trade Union of Home Carers* (SSOS) was formally established in 2012, it appears that it is not very active (no accessible website, no one answering the telephone, latest posts on social media in early 2020).

(ZOD) that is a major employer in the area of *home-based care*, the *Slovenian Federation of Pensioner's Associations* (ZDUS), the *Association of Social Institutions of Slovenia* etc. One of these organisations, ZDUS, is also seeking to become more closely involved in the social dialogue and consequently also a member of the ESC, despite it being an organisation of PHS users (INT3). Others, for instance *Sonček*, are not keen on being involved in the social dialogue with workers' representatives on the sectoral level, despite being one of the main employers in *personal assistance* (INT4; see below). Many of these organisations, although they are included in various ways in the social and civil dialogue, also have extensive informal contacts with the government which, according to our interviews, are also quite an effective channel for influencing policies and regulation in the area of PHS (INT1; INT3; INT6).

### **Social partners in PHS: Childcare**

The main social partners in the Slovenian preschool education are the *Education, Science and Culture Trade Union of Slovenia* (SVIZ) and the *Trade Union of Workers in Educational and Research Activities of Slovenia* (VIR) on the side of trade unions and the *Government of the Republic of Slovenia*, especially the *Ministry of Education*, on the side of employers. Much like in care for the elderly and persons with disabilities, other organisations which are not social partners are involved in the regulation of preschool education, for example the *Association of Kindergartens of Slovenia*, the *Association of Private Kindergartens*, the *Faculty of Education* etc. (see, e.g., MVI, 2024) and may thus indirectly influence the regulation of PHS in the area of childcare.

The largest union in preschool education, SVIZ, does not organise childcare workers in PHS. There are at least two reasons for this. The first is that childcare in PHS is not very developed in Slovenia since in the presence of highly developed, publicly subsidised, quite accessible and affordable institutional childcare there is low demand for such services (see above). In fact, the sectoral trade union representative (INT7) has never detected any interest in organising PHS childcare from the potential membership working in this sector:

*Due to the high level of development and participation of children in institutional forms of preschool education, there is little to no need to offer childcare in their homes, and thus the trade union's lack of interest in bringing together these workers and representing them. (PERHOUSE, 2024a)*

The other reason for the lack of interest on the part of SVIZ in organising childcare PHS is that the very development of these services is not well aligned with the trade union's strategic orientation. Namely, not only is the trade union committed to the development of high-quality preschool education within the public sector, but it also underscores the benefits of institutional care from the point of view of socialisation and equality of children from different backgrounds that is, according to the trade union, hardly achievable in the PHS setting:

*Now, I will say, from the point of view of SVIZ as such, which always has certain general positions and guidelines adopted at congresses, these always go in the direction of strengthening quality public education. So that any kind of broader meaning or implementation outside some, not only public institutions, but at home, I think it is not within the aim of the union. Even more broadly, as a society [...] and also purely from an educational, professional point of view [...] it's completely different to learn or educate in groups – [I mean especially] this group aspect, the socialisation aspect. That there is a school here as such or a kindergarten, an institution, that it is public, and that it can and should provide this. At the same time, also from the point of view of bridging differences in knowledge. Also maybe generationally, from the point of view of income, wealth, inequality. So, from this point of view, it seems to me that we would not support any expansion of implementation, activities or liberalisation in some smaller groups, some quasi-education at home. Because we support work in institutions, especially public institutions. (INT7)*

To be clear, this does not mean that SVIZ is in any way opposed to the organisation of workers in PHS, but that it is opposed to the expansion of PHS in the area of childcare or, more precisely, preschool education. Yet, in case childcare PHS were to expand significantly, SVIZ would consider possible approaches to the employment regulation and workers' organisation in order to ensure good working conditions in this area (INT7).

Participants in our focus group on childcare were split on their views of trade unions as actors in the childcare segment of the PHS. Some outright rejected any idea of trade union organisation, claiming their

distrust in organised labour (FgVD1; FgVD2). Others, however, saw several opportunities for improvements in working conditions, for example the establishment of some kind of accident insurance or some organisation of precarious childcare workers that could be achieved through trade union organisation (FgVD3).

### **Social partners in PHS: Household support PHS**

Given that the household support PHS or at least their most important segments (e.g., small repairs) are generally provided by smaller companies or sole proprietors, the most important employers' organisation in household support PHS is probably *the Chamber of Craft and Small Business of Slovenia* (OZS) followed by *the Association of Employers in Craft and Small Business of Slovenia* (ZDOPS). Their social partner on the trade union side is *the Trade Union of Crafts and Entrepreneurship of Slovenia* (SOPS) that, together with ZDOPS, is a signatory of *the Collective agreement for crafts and entrepreneurship* (2023). The Collective Agreement for Craft and Entrepreneurship is not extended to the whole sector, but only covers workers employed by members of ZDOPS.

In relation to organising enterprises that operate within the PHS sector, the most important sections of OZS are probably the *Electricians Section*, *Building Cleaners Section*, *Cosmeticians Section*, *Painting and Paperhanging Section* etc. However, even in these sections only a limited proportion of their members performs services within households – in the *Electricians Section*, this share is estimated at around 30 per cent (INT2) while in the *Building Cleaners Section* it is even lower, at around 10–15 per cent of the membership (INT5).

Since the trade union organising small business is not (yet) involved in any activities related specifically to PHS (Expert service of the Lead Committee of SOPS, personal communication, 14 December 2023), it is impossible to establish which occupations are represented within the segment of household support of this sector.

Not one of the cleaning workers we interviewed was a member of the trade union while working in the PHS, but some had quite positive experiences with the trade unions when they had worked in other jobs (FgCD1; FgCD3; FgCD5). These workers also found trade unions to be an appropriate form of organisation for representing the interests of workers in PHS (FgCD1; FgCD3), especially those in an employment relationship with an employer offering PHS to households (FgCD5).

## **2.2. Social dialogue related to personal and household services**

### **Overall context of the social dialogue in Slovenia**

By developing a neo-corporatist system of industrial relations (Bohle & Greskovits, 2012), Slovenia was long considered an exception among the Central and Eastern European countries. Since around the mid-2000s, the neo-corporatist system of industrial relations came under increasing strain and underwent a process of neo-liberalisation that, however, took place in a gradual and organised manner (Stanojević, 2018). The (net) unionisation rate dropped steeply from levels around 50 per cent just before entering the EU and stabilised at around 25 per cent after 2015 while the collective bargaining coverage rate fell from almost universal in 2004 to some 70 per cent in 2016, stabilising thereafter (Bembič, 2023).

The deunionisation process has been quite uneven. Union density rates in the public sector consistently exceed density rates in the private sector, the former going down from some 69 per cent to 42 per cent between 2003 and 2015 while the unionisation rate in the private sector declined from 45 to around 13 per cent in the same period (Stanojević, Poje and Broder, 2023). Neither was the process uniform in the private sector as deunionisation proceeded faster and further in private services, such as food retail or hospitality, while it was somehow slower in the industrial sector (*idem*).

The collective bargaining coverage rate has also declined since mid-2004, but much less intensively than the unionisation rate. Until the mid-2000s, collective bargaining in Slovenia was highly centralised with two central collective agreements, the *Collective Agreement for the Public Sector* (KPJS, (2008/2022) and the so-called *General Collective Agreement for the Business Sector* (1994/2005), but the latter was cancelled in 2005 by the

employers' organisations with the tacit consent of the trade unions. Another important development happened in 2006 when the centre-right government changed the status of the main employers' organisation the *Chamber of Commerce and Industry of Slovenia* (GZS) from mandatory to voluntary. This change prompted GZS to radicalise its positions, bringing them closer to the interests of its potential constituencies, and adopt a much more adversarial stance on trade unions in the collective bargaining in order to stem the membership decline and attract new members (Stanojević & Klarič, 2013: 222).

After the abolition of the central collective agreement for the business sector the system of collective bargaining was reorganised following adoption of the new *Collective Agreements Act* (ZKolP, 2006) in 2006. The new law ensured a high coverage of collective bargaining by providing for the mechanism for extending collective agreements to companies that are not members of the employers' organisations and thus the system retained a relatively high level of regulatory capacity (Stanojević & Klarič, 2013; Stanojević, Poje and Broder, 2023). Besides the extension mechanism, another element supporting the relatively high coverage of collective bargaining in the private sector are provisions in the *Employment Relationships Act* (ZDR-1, 2013/2023) that allow for certain deviations to be negotiated in collective agreements, often only on the sectoral level (see Bembič, 2018). While these provisions already existed in the 2002 law, they were extended with the labour market reform that was negotiated at the height of the post-2008 crisis in 2013 which, combined with the declining power of the trade unions, led to an increase in concession bargaining (Stanojević, Poje and Broder, 2023).

There are no databases on collective bargaining at the company level, but at least in large and medium sized companies bargaining takes place fairly systematically. Typically, company-level bargaining improves on standards and conditions agreed on the sectoral level (Stanojević & Klarič, 2013).

Centralised collective bargaining was maintained in the public sector. In 2008 a unified *Salary System in the Public Sector* was adopted and collective bargaining in this sector can now take place exclusively within the confines of this system (Stanojević, Poje and Broder, 2023). The representative sectoral trade unions organising the public sector (and not their confederation) negotiate and sign the general collective agreement – *the Collective Agreement for the Public Sector* – which is followed by bargaining and the signing of collective agreements for particular branches of the public sector, such as the *Collective Agreement for the Health Care and Social Protection Sector*, *Collective Agreement for the Education Sector* etc.

At the national level, the representative trade union confederations, employers' organisations and government representatives are involved in the tripartite social dialogue, the most important being the *Economic and Social Council* (ESC). National policies and legislation in the social and economic area, such as the pension system, issues pertaining to social insurance, employment and labour relations as well as taxation and public finances are regularly discussed and negotiated in the ESC (Stanojević, Poje and Broder, 2023). Still, the role of the ESC has been sporadically marginalised, including in the past few years. During the COVID-19 pandemic, the trade unions withdrew from the ESC, claiming that the centre-right government was only coming to the ESC to inform them about new draft legislative without first negotiating and consulting with them, thereby effectively excluding them from the tripartite social dialogue (Al. Ma. & M. Z., 2021). It was only with the change in government in 2022 that the ESC became operational again. Nevertheless, after a single year of functioning, the ESC once again stumbled in July 2023. This time, it was the employers' organisations to withdraw from the tripartite body, castigating the centre-left government for breaching the agreed rules of social dialogue and ignoring most of their demands and proposals (M. Z. & G. K., 21.7.2023).

Finally, both the trade unions and employers' organisations are together with the government represented in the bodies managing the welfare institutions, for example, in the *Pension and Disability Insurance Institute of Slovenia*, the *Health Insurance Institute of Slovenia* (ZZZS), the board of the *Employment Service* etc. (Stanojević, Poje and Broder, 2023).

### **Social dialogue in sectors related to PHS: Care for the elderly and persons with disabilities**

The most important area of social dialogue in care for the elderly and persons with disabilities is sectoral collective bargaining in healthcare and social work. Among others, the collective agreement contains provisions on worker participation in institute management, conditions for the operation of the trade unions

on the level of the organisation, the process of hiring new employees, criteria for the deployment of workers to other assignments, redundancies and notice periods, working time, annual leave and other paid as well as unpaid absences from work, training and education, health and safety at work and wages as well as various wage supplements, salary and wage compensations, severance pay upon retirement and solidarity aid, and reimbursement of work-related expenses (Collective Agreement for the Health Care and Social Protection Sector, 1994/2023).

In the process of collective bargaining trade unions mostly focus on wages and improvements in working conditions. According to the trade union (SZSVS) representative, a crucial aspect of working conditions are the standards and norms that determine the staffing levels needed for a service at a given level of quality (INT1). Standards and norms establish work methods, educational qualification requirements for workers, the tasks performed, the provision of training and education as well as supervision, and the staffing normative of the service, such as the number of professional workers per user, number of coordinators per worker and number of hours effectively spent by a worker on direct work with users in the case of *home carers* (Rulebook on standards and norms of social welfare services, 2010/2024). Standards and norms thus directly influence the work organisation and workloads of workers in PHS. The collective agreement does not include standards and norms. Yet, the collective agreement spells out the procedure for establishing them, authorising representative trade unions to both propose norms and standards and their updates as well as participate in the working groups that evaluate the proposals (Collective Agreement for the Health Care and Social Protection Sector, 1994/2023).

When negotiating the collective agreement, SZSVS does not necessarily have to deal with specific occupations pertaining to the PHS sector because some are already part of larger groups of occupations focused on different stages of collective bargaining (INT1). However, the trade union needs to prepare arguments for each occupation or group of occupations in advance in order to present them when needed. Thus, during the COVID-19 pandemic the specifics of work at people's homes were presented using a case of *community nurses* while *home carers* were treated within a larger group of occupations (INT1). On the other hand, there are also certain occupational specifics that need special attention. For instance, the number of hours effectively spent on direct work with users is currently set at 110 hours per month (Rulebook on standards and norms of social welfare services, 2010/2024), the rest being lunch breaks, driving between users, official meetings, training and education, medical examinations, administrative tasks etc. Nevertheless, conditions for fulfilling these uniform norms are very uneven across the country, an aspect the trade union wants the Ministry to take account of:

*Here are many specifics. We have home carers who work in very hard-to-reach areas, where you need an hour, maybe three-quarters of an hour from one user to another. [The conditions here] are very, very different. Or in Ljubljana, where home carers look for a parking space for 15 minutes or more. Or they get stuck in some kind of [traffic] jam and then it's really not easy to achieve the norm [on effective time]. At the same time, there is the issue of these cancellations just before now, service cancellations and so on, and then that doesn't count either [as effective time]. We still have some work to do here. The Ministry avoids this area a little, but we devote attention to it. Here, of course, we also have meetings specifically dedicated to individual professions. (INT1)*

The trade union also pays close attention to the specifics of PHS when legislation related to this area is being negotiated in the ESC. For example, in the case of the recently adopted *Personal Assistance Act* (ZOA-B, 2017/2021) the trade union raised questions about labour shortages, educational qualification requirements and the adequacy of national vocational qualifications and the like (INT1).

Beside these highly formalised and institutionalised exchanges, the trade union representative reports that many problems can most easily be resolved by informal contacts. There is an unwritten rule that the every newly appointed minister invites the representative trade unions upon taking office, the main actors have each other's contacts and regularly interact informally during breaks at official meetings etc., which gives them an opportunity to present their views to each other in an informal and understandable manner (INT1).

The *Trade Union of Personal Assistants* (SOA) is much more circumscribed when it comes to collective bargaining. Since *personal assistance* is formally not part of the public sector, even though the service is financed from the government budget, the *Ministry of Labour, Family, Social Affairs and Equal Opportunities*



(MDDSZ) refuses to assume the role of a social partner (INT6). Yet, employers in the area of *personal assistance* also seem to have no intention of becoming organised in an employers' association and negotiate with the workers' representatives. The representative of a major employer we interviewed claimed that there is not much to be achieved on this level since the most important elements structuring employment and working conditions, like wages and health and safety regulations, are determined by the government:

*I don't know what this social dialogue could bring. Improving working conditions? We do not need a social dialogue for this. We already have [legal] regulations for this, which determine the conditions for safe work, which we must respect. [...] It is then a matter for the state what it will do about recruiting and acquiring additional personnel. [...] In addition, considering that the price of the hourly rate is standardised by the state, that the salary of personal assistants is standardised by the state, more or less everything is determined. (INT4)*

In other words, SOA is caught in an awkward position. The Ministry of Labour that effectively establishes the terms of employment, working conditions and wages of *personal assistants* is formally not an employer and technically cannot perform the role of a social partner. On the other hand, however, the formal employers have little control over the circumstances in which they employ *personal assistants* and thus they also refuse to play the role of a social partner, pointing their fingers to the state. As it appears, under the present arrangement, while being financed from the government budget *personal assistance* is *de facto* outsourced to the private sector.

Some actors in care for the elderly and persons with disabilities PHS that are not involved in the official social dialogue nonetheless influence the regulation and quality of services by participating in a broadly understood civil dialogue. Being a major employer with long-time experience and acquiring competencies by participating in various projects, ZOD has developed extensive expertise in the area of *home-based care*, which is appreciated by the Ministry of Labour that often invites the organisation's representatives to present their views on given topics and includes them in *ad hoc* working groups when regulation is being adopted (INT8). Further, ZOD also frequently sends various statements and letters to government ministries, presenting its views and inviting them to discussions etc. and extensive informal contacts have been developed with the staff at the various ministries, which enable the organisation's representatives to exert a certain influence on regulation in PHS. In addition, ZOD is able to influence regulation through its membership in the *Social Chamber of Slovenia*. Importantly, ZOD's representatives participate in the preparation of the knowledge catalogues required for occupations in *home-based care*. Finally, ZOD is often asked to form opinions that the City of Ljubljana presents at the *Association of Urban Municipalities of Slovenia* (INT8). Another major employer in the area of PHS, *Sonček*, is also involved in working groups for the preparation of various acts and regulations in the area of *personal assistance* (INT4) while the *Association for the Theory and Culture of Handicap* (YHD) with its several-decades-long record of fighting for independent living was the major force behind the establishing of personal assistance as a publicly financed service.

Organisations representing potential users have their own channels to influence regulation and policies in the area of PHS. For example, ZDUS as an influential association of pensioners' organisations regularly reacts to various legislative proposals. It has managed to establish direct access to the prime minister's office and access to the ministries that regulate PHS in the area of care for the elderly and persons with disabilities such as the *Ministry of Labour* (MDDSZ) and the *Ministry of a Solidarity-Based Future* (MSP). Lobbying political parties is quite effective, according to the interview with the ZDUS representative (INT3). In this respect, the organisation mostly relies on extensive contacts with seniors' organisations of leading political parties as well as members of the European Parliament (INT3).

### **Social dialogue in sectors related to PHS: Childcare**

As explained above, SVIZ does not organise workers in the childcare segment of PHS since there seems to be little interest in becoming organised on the part of workers and also because the trade union is focused on developing high quality institutional preschool education within the public sector which, according to the union's representative, cannot and should not be replaced by childcare at people's homes (see above). Consequently, SVIZ does not raise any issues pertaining to PHS in the process of sectoral collective bargaining.

However, since SVIZ is an important member of the *Confederation of Public Sector Trade Unions of Slovenia* (KSJS), its representatives are involved in the negotiation process concerning employment regulation on the national level that take place in the ESC. Thus, they also participated in discussions about the introduction of personal supplementary work that took place in the mid-2010s at which the ministry assured them that this regulation would not affect the development and quality of institutional preschool education in the public sector (INT7).

### **Social dialogue in sectors related to PHS: Household support PHS**

*The Chamber of Craft and Small Business of Slovenia* (OZS), including the sections most closely involved in PHS, has several channels for influencing the regulation of employment, working conditions and wages in the sector. OZS was involved in negotiations on the *Collective Agreement for Crafts and Entrepreneurship* and contributed comments and suggestions even though it had not yet decided to accede to the agreement. Still, representatives of the two OZS sections, the *Electricians Section* and *Building Cleaners Section*, expressed an interest in continuing the bipartite social dialogue and signing a collective agreement that could also more specifically regulate aspects of PHS (INT2; INT5). The *Electricians Section* made several appeals to the Chamber's leadership to find some common ground with the trade union (INT2). Further, the *Electricians Section* also sends its representatives to the collective bargaining as part of the *Collective Agreement for Slovenia's Electrical Industry* (INT2) that mainly concern large-scale industry, but could also impact PHS. The section is also represented in the *Electrotechnical Association of Slovenia* (INT2), a professional association in the area of electrical engineering that is active in standard setting and their legalisation in the area of electrical engineering, which may also be relevant for service quality generally and in particular the safety of electrical installations in households.

Moreover, OZS is part of the ESC, although it has not recently participated in dialogue after it withdrew from the tripartite body on the national level together with other employers' organisations. Direct relations have also been established between the chamber and various ministries that regularly consult OZS before adopting new legislation on economic and employment issues. OZS then collects comments and demands for various adjustments from membership of its sections and presents them in negotiations with the relevant government ministries (INT5).

Yet another channel for influencing the regulation of work and employment in PHS is the participation of various sections of OZS in the preparation of knowledge catalogues for various educational programmes, including the national vocational qualification (INT5). The *Electricians Section* also plays an educational role in the area that may be relevant for PHS as it organises different courses, seminars and certification exams for electricians that often perform their services in the households (INT2).

### **2.3. Addressing the challenges in PHS by social dialogue**

On the *general level*, representatives of organisations involved in the social dialogue or, more broadly, civil dialogue, listed the problem of the inadequately low investment level and budget for public services as the most pressing challenges facing the PHS sector. Another concern expressed by the stakeholders is the lack of appropriate regulations, followed by problems of weak social dialogue and weak compliance with the existing regulations. Some also listed problems of care drain and the related labour shortages as well as undeclared work (PERHOUSE, 2024a).

The stakeholders responding to our survey almost unanimously recognised the problem of low wages as a major challenge in the area of *working conditions*. The problem of financing the services in the sector and the large share of vulnerable workers also featured high on the list of challenges in this area, followed by problems with high workloads, working time arrangements, bogus self-employment and the fact that most of the work carried out in the PHS sector is often not recognised as work. Still, only a few respondents indicated their concerns regarding the lack of social security and issues of health and safety at work (PERHOUSE, 2024a).

Finally, all the respondents agreed that labour shortages are the single-most pressing challenge related to *service quality*. This was followed by the problem of the lack of services on offer, while some also mentioned the considerable administrative burden and high labour costs (PERHOUSE, 2024a).

The most important *measures for addressing the challenges* listed above are, according to the respondents of our stakeholder survey, to improve regulations and compliance and to subsidise services, closely followed by allowing deductions of costs from taxes. Some stakeholders also consider the professionalisation of the workforce, the better representation of certain occupations along with social dialogue and collective bargaining as important measures in this respect (PERHOUSE, 2024a).

These survey data, however valuable, conceal important specifics related to various areas of PHS to which we now turn.

### **Addressing the challenges in PHS: Care for the elderly and persons with disabilities**

In the area of *home-based care*, there are two closely related challenges on the top of the list of the trade union (SZSVS) and the major employer (ZOD), that is, the fact that the work does not afford a living wage, which adds to the problem of labour shortages by making recruiting much more difficult (INT7, INT1, National workshop). This common concern led the two actors to join forces and put pressure on the ministry:

*We cooperated quite well with the union of health and social care regarding various salary allowances. We are very coordinated with them here. Sometimes we formulated together certain proposals and sent them [...] to the ministry, let's say for a wage allowance. We both agree that it would be reasonable to introduce an allowance for working with people with dementia. For home carers who don't have one, those who work in the field. [...] They also support us in this fight of ours, so that some regulations ... so that the regulations, norms and standards would be changed, so that there would be smaller workloads on our social carers. (INT7)*

Such a good practice where both employers and workers' representatives agree on the need to improve working conditions and wages and take action has much to do with the broad consensus among the key stakeholders about the close correlation between working conditions on one hand and the quality of the service on the other. As succinctly explained by the representative of the organisation of users: "That is to say, if we have good working conditions, the quality of services will also rise significantly" (INT3).

Following this broad consensus that also included the Ministry (INT10), and due to the burning need to address the problem of labour shortages, the government and the sectoral trade unions signed the *Agreement on Emergency Measures in the Field of Salaries in the Health and Social Protection Activity and Continuation of Negotiations* (2021) and Annexes to the Collective Agreement for Persons Employed in Health Care (2021) and for the Health Care and Social Protection Sector (2021) that increased the wages of *home carers* by four pay grades (see also IRSSV, 2023, 36). Yet, despite these efforts, the problem of labour shortages and low pay seems to persist, as our research on working conditions has shown.

Several challenges, such as the problem of 'effective hours' mentioned above, however, remain open and must be addressed in the collective bargaining (INT1). Other challenges, for instance the problem of shifting the risk of service cancellations to the worker by not counting it as working time, the payment of overtime and other issues that call for effective enforcement of the existing regulation are generally dealt with by the union representatives within the organisations (PERHOUSE, 2024b).

Ultimately, these challenges, including breaches of existing regulation, have to be assessed vis-à-vis the most important issue, namely, the problem of the financing of services, which has a decisive impact on both the working conditions and service quality:

*I mean, funding in social care is problematic anyway. Because it is largely financed by the users [...] Now, with home-based care the situation is that, as you know, it is subsidised by the municipality, but otherwise the users are the ones who are the financiers. And when the funds run out, the price of the service must be raised, which is an unpopular measure for every employer. And then it is better to squeeze the workers than to squeeze the users and risk some service cancellation and so on. And it is similar in the institutions as well. Raising the price of maintenance is the last measure used by the employer. Instead, they try to economise. (INT1)*

The funding problem is most glaringly visible in the area of *personal assistance*. Providers of *personal assistance* are not formally part of the public sector, but the *Rules on personal assistance* from 2020 (UL RS 128/20)

contained a provision referring to the *Collective Agreement for the Health Care and Social Protection Sector* for the determination of wage supplements and other work-related expenses. Yet, in order to cut costs (INT6) the Ministry deleted this provision from the *Rules* in 2022 (UL RS 26/2022) and in turn deregulated the area of *personal assistance*:

*All these things that directly concern and hold direct consequences for personal assistants are in the Rules [on personal assistance]. The Rules are a by-law that the Ministry can change at any time, in any way. And so, when they eliminated referrals to the collective agreement for the public sector and for the health and social protection, they basically deregulated the area and set it up to adapt to the financial situation. (INT6)*

This move was countered by the *Committee for the Interpretation of the Collective Agreement for the Healthcare and Social Protection of Slovenia* in November 2023 with a decision that the collective sectoral agreement also covers *personal assistance* (Interpretation of the Collective Agreement for the Health Care and Social Protection Sector, 2023). However, the Ministry of Labour MDDSZ is loath to accept this ruling (PERHOUSE, 2024b).

The issue here is obviously one of establishing (bipartite) social dialogue as such. While neither the Ministry of Labour that effectively controls the conditions of employment nor the organisations providing *personal assistance* wish to enter social dialogue with the trade union, the minister has promised to push the organisations providing personal assistance to organise themselves into an employers' organisation capable of social dialogue with the workers' representative. Yet, this promise went sour (National workshop, 2024). Thus, the trade union demands that the provision of personal assistance be shifted from the non-profit sector to the public sector:

*They still emphasise that we are not social partners. And one of the promises made by the minister is that he will try to organise a social partner for us. And that is why it would be necessary in some way to force all contractors to join an association. [...] It would probably really be necessary to establish an association or the state should force the operators to organise themselves into a common body, to be social partners. This will be very difficult. [...] In our opinion, this is a totally screwed system. It should be established from the beginning as a public institution, which could then of course have local branches and ... Who are we still proposing to do this. That the current contractors simply become branches of the public institution. [...] Look, this is something that ought to be a public service. (INT6)*

In April 2024, the Ministry of Labour itself proposed a new Law on Personal Assistance that prescribes the establishment of a public institution for personal assistance (ZOA24-JO, 2. 4. 2024). The need to organise PHS as a public service was a common theme the social partners advocated in the interviews (INT6; INT1) and at the national workshop (PERHOUSE, 2024b). Even in the survey on the use of PHS, one of the respondents underscored the idea that PHS services should be provided as a public service (PERHOUSE, 2023). Some interviewees and stakeholders also rejected the idea of vouchers, claiming that private providers too often forget about the public interest (INT1) while others noted that there are substantial differences between the public and private sector, with one participant citing the area of *personal assistance* as a case of poor working conditions under a voucher scheme with non-profit organisations as service providers (PERHOUSE, 2024b).

Being unable to enter any kind of social dialogue to regulate working conditions and wages, SOA's activities revolve around the provision of services to individual members, mostly legal assistance, and threatening employers in the area of *personal assistance* with legal action etc. On the other hand, the trade union also tries to influence legislation by commenting on the government's legislative proposals and strives to gain a seat at the bargaining table when legal regulation concerning *personal assistance* is being adopted, in which they were partially successful after the change in government (INT6). Trying to apply pressure to the government and force it to adopt the required regulation, in May 2023 SOA also organised a strike and a protest in front of the Ministry of Labour (Al. Ma. & M. Z., 13. 5. 2021; INT6) which, however, failed to bring any tangible results (FgOA3).

Civil dialogue involving actors not considered to be social partners may also be effective, but mostly in relation to the service quality and accessibility and only marginally, if at all, touches on issues of working conditions and wages. For example, the representative of the major employer in *personal assistance* reports

that labour-related issues were not on the agenda of the various working groups at the ministry they were invited to, except for the issue of family members being employed as *personal assistants* (INT4). An example of a good practice related to service quality is the pensioners' association successful lobbying of the government via the ruling party's senior organisation (INT3) that ensured the continuation of the availability of E-Care free of charge after the end of the EU's financing of the project (Telekom Slovenije, 2023).

### **Addressing the challenges in PHS: Childcare**

As mentioned, the main trade union in preschool education (SVIZ) does not organise workers in PHS nor raise issues related to PHS in sectoral collective bargaining. The only action related to PHS within the social dialogue involving SVIZ we were able to identify is the general level of employment regulation on the national level. More precisely, SVIZ was engaged in tripartite social dialogue on the regulation of ODD in 2014 when this regulation was being adopted (INT7).

Discussion at ODD that took place in the mid-2010s was not specifically about childcare. However, childcare was listed among the activities allowed to be carried out by individuals in this employment arrangement. As recalled by the trade union representative (INT7) who was then involved in negotiations at the ESC, the government's aim was to regulate and formalise PHS so that work could be performed legally, bring tax revenues to the state and also provide for some control in that area. The central interest of the trade union in this respect was to restrict the scale as well as the scope of ODD. The position of the trade union was based on two arguments. First, the trade union wanted to avoid the danger of the conversion of jobs from regular employment to a deregulated form of temporary and casual low-paid work, ODD (INT7). The second reason for restricting ODD was that the trade union sought to prevent the development of a parallel system of childcare at home competing with the established system of preschool education organised as a public service: "If this ODD is a small market that does not interfere with the public system, that is still OK, but anything else beyond that is not" (PERHOUSE, 2024b).

The latter is one reason for the trade union's scepticism concerning the possibility of introducing a voucher system in the area of childcare PHS as this would mean the public funding of demand for a parallel system that would compete with the established system of preschool education organised as a public service (INT7). Again, the trade unions are loath to see the voucher system introduced in the area of childcare in order not to destabilise the public system of preschool education. In fact, a quite broad consensus among trade unions from various sectors has emerged about the undesirability of a voucher system in the childcare segment, as was clearly discernible at the national workshop:

*The system of vouchers for children is out of the question because it destroys the system of public kindergartens, which is good. (PERHOUSE, 2024b)*

*I wouldn't add anything about vouchers for preschool children – it should never happen [...] If there is a black market somewhere that we want to regulate, vouchers are a last resort. (PERHOUSE, 2024b)*

In addition, there were objections that a voucher system, even if introduced on a limited scale, because this would largely subsidise those already well off who can afford to provide childcare PHS for themselves (INT7).

### **Addressing the challenges in PHS: Household support services**

OZS as the main social partner in the sector of small business and craft, which provides most of the PHS, is currently not a signatory of the collective agreement nor engaged in the tripartite social dialogue on the national level as it withdrew from the ESCSS in mid-2023. However, OZS and its sections are involved in regulation of the sector in various ways.

Two main challenges were identified by the representatives of the *Building Cleaners Section* at OZS. The first challenge is linked to the prospective deregulation of the transnational provision of services, which the section representatives find unacceptable. Deregulation that would allow companies and self-employed workers from other EU countries to access the Slovenian market for services without certain conditions

poses the danger of unfair competition, which could negatively impact the working conditions of workers, including PHS workers (INT5). To be clear, unfair competition is not associated exclusively with the transnational provision of services, but also with underbidding in open public tenders that results in low quality and poor working conditions (INT5)

In order to address the challenge of unfair competition in the area of cleaning services, the section proposes various measures that could also be of some use in the regulation of PHS. The first measure the Building Cleaners Section uses mainly in order to regulate the market prices on a voluntary basis is the *informative price list*, which largely aims at companies and bidders in the public sector, but could also be used in the PHS sector, especially if providers were obliged to observe it:

*Basically, we set up the informative price list mainly to regulate the prices somehow. Because there is a lot of unfair competition, which sets abnormally low prices, and then the services are not well provided. And this casts a bad light on all companies involved in cleaning. (INT5)*

The list is interesting because the prices calculated represent the lowest possible prices

*on the condition that the contractor respects and observes the applicable legislation in the Republic of Slovenia. [Including] labour costs [...] safety at work, periodic medical examinations of employees, regular professional training [...] payment of social contributions and duties. (Sekcija čistilcev objektov pri OZS, 2023)*

An even more important measure against unfair competition suggested by the *Building cleaners section* is occupational regulation by means of educational qualification requirements (INT5). As mentioned above, a national vocational qualification was recently adopted for cleaners. The *Building cleaners section* contributed to the development of the knowledge catalogue for the vocational qualification. However, it has not yet achieved the goal of making the national vocational qualification an educational requirement for the occupation of cleaner, which could also improve the quality of service:

*I think that if there were a requirement that someone who establishes a [sole proprietorship] for example, someone who is engaged in cleaning personal households and so on, and then has to obtain NVC [national vocational qualification], which he must have, would be quite a thing. Because then there at least to some extent it can be shown that he knows how to use the correct cleaners, the correct use of cloths, the correct procedures, that at least somehow this is regulated and that it is verified. (INT5)*

Occupational regulation is another of the areas the section's representatives deem suitable for joint action with the trade unions and for the improvement of social dialogue (INT5).

The other case of unfair competition is undeclared work (INT5). According to the representatives of the section, occupational regulation could also be used to address this challenge. A voucher system would also constitute an effective measure against the unfair competition of undeclared work by making formally performed cleaning services more attractive in comparison with undeclared work (INT5).

The representative of the *Electricians Section* at OZS also lists undeclared work as one of the core challenges in PHS (INT2). As mentioned, the *Electricians Section* representative estimates that some 70 per cent of new electrical equipment is installed by undeclared work and this share is even higher with small repairs (idem). In a similar fashion as representatives of the *Building Cleaners Section*, the representative of the *Electricians Section* also supports the introduction of a voucher system, which could be achieved in a joint action with the trade unions within the tripartite dialogue with the government:

*That would be absolutely welcome. Because these vouchers are then more or less registered and you would not be able to pay [with vouchers] for the undeclared work and you would have to take the craftsman, because then he must have proof of where he spent it. [...] First, we should agree with the unions. if the unions agree and the employers agree [...] there are better conditions for negotiations. (INT2)*

The other measure proposed by the representative of the *Electricians Section* is to introduce the formal condition for households to produce a receipt issued by a licensed electrician for electrical installations and

repairs when collecting insurance money for damages to electrical and electronic devices (INT2). This is becoming increasingly relevant with the growing incidence of adverse weather conditions that may damage electrical installations (INT2).

Unlike the home cleaning sector, the occupations in the segment of electrical installations are highly regulated, with educational qualifications required to perform specific tasks, which provides for a high quality of service (INT2). Yet, the challenge here is that only formal providers observe these standards, while undeclared workers may perform services without adequate training. The representative of the *Electricians section* thus argued for stricter control by means of inspections (INT2).

The representative of the *Electricians sections* also suggested that the introduction of mini-jobs akin to the Austrian model would presumably help in overcoming labour shortages as well as formalise some of the undeclared work.

#### 2.4. Interrelation with EU-level social partners

Social partners and other organisations related to the PHS sector are (or at least were) largely associated with EU-level organisations, but they mostly perceive the influence from the EU level as relatively weak, and their influence on the EU level as virtually non-existent. They have little expectations of EU regulations and are not well acquainted with trends and influences from the EU in the area of PHS.

In the area of **care for the elderly and persons with disabilities**, most of the social partners are associated with respective EU organisations. The largest trade union in the sector (SZSVS) was at the time of the interview still contemplating whether to affiliate itself with one of the ETUFs. Increasing interest in the EU-level organisation is relatively recent in origin, noting that the current president took office about 4 years ago (INT1). The trade union deems the EU-level social dialogue and potential influence on EU-level regulation important. Presently, SZSVS is only engaged on the EU-level through the confederation's (KSJS) representative in the *European Economic and Social Council* and is not involved in any actions in the area of PHS on the EU level (INT1).

The other trade union (SOA) is more engaged on the EU level. SOA is a member of *Uni Care Europa* and involved in some of its campaigns. The representative is broadly acquainted with EU developments as well as the activities and achievements of *Uni Care Europa*. The representative acknowledged that there is a gradual shift at the EU level away from the neoliberal policy orientation which he sees as beneficial (INT6).

One of the employers (*Sonček*) we interviewed as part of our research is a member of the *European Association of Service Providers for Persons with Disabilities* (EASPD), but was not involved in any activities regarding PHS on that level, nor do they feel any need to be more strongly involved as they have their own expertise on *personal assistance* which they rely on (INT4). As regards the EU's policies, the representative finds them quite loose such that they leave considerable autonomy to the national-level actors (INT4). The other employer (ZOD) is not affiliated with any EU-level organisation, but is sometimes consulted by the European Commission about implementation of the *Long-Term Care Act* in Slovenia since ZOD is one of the providers of services as set out in the law (INT8).

ZDUS is a member of several organisations on the European level: *European Federation of Older Persons* (EURAG), *Eurocarers* and *AGE Platform Europe*. The priorities of these organisations as well as general policy trends at the EU level in the area of PHS are broadly consistent with ZDUS' objectives (INT3). However, as seems to be the case for many other organisations included in our research, Slovenian actors in PHS generally use their respective European associations as a source of information, but have little influence on their policies, as was succinctly summarised by the ZDUS representative:

[Our representatives] *attend, they attend all these sessions that they have. This is also widely reported. Many times we are practically just listeners or carriers of the issues discussed there. But they still give you some direction. You feel what others are thinking. [...] Practically, I would say that there are no special benefits. Yet there are instructions for thinking ahead and how to prepare gradually. But you know, what is happening outside will be relevant [here] in five or ten years, or even earlier. And it's right that we are [represented there].* (INT3)

Nevertheless, the ZDUS representative reports that lobbying the European MEPs represents a more effective channel for exerting influence than membership in the organisations on the EU level does (INT3).

The trade union in preschool education (SVIZ) is affiliated with the ETUCE. However, except perhaps for the leadership, the trade union is not engaged with the association's activities in the area of **childcare** PHS on the European level (INT7).

With regard to **household support PHS**, OZS is a member of *SME United*, but neither the *Electricians Section* nor *Cleaning Section* are affiliated with their respective sectoral organisations at the European level. In fact, the *Building Cleaners Section* was affiliated with the *European Cleaning and Facility Services Industry* (EFCI), but ceased its membership in 2022 due to the imbalance between their low level of influence and the relatively high membership fees (INT5). The representatives of the section also emphasised that EU policies are not entirely consistent with their objectives, especially when it comes to the liberalisation of the transnational provision of services (INT5). The representative of the *Electricians Section*, on the other hand, finds the impact of the EU regulation of technical standards and policies in the area of electrical installations and repair quite useful and beneficial from the standpoint of service quality and user safety (INT2).

## 2.5. Summary of the role of social dialogue in PHS

A multitude of actors is engaged in regulating PHS in Slovenia, with some being social partners and others exerting a significant impact on employment and working conditions within the civil dialogue, including membership in various working groups set up by the ministry or participating in public discussion, lobbying the government etc. The social dialogue takes place both on the national level within the tripartite institution where social and economic policies and legislation are discussed and negotiated as well as on the sectoral level.

PHS workers are well represented in the segment of care for the elderly and persons with disabilities as they are organised by sectoral trade unions along with one occupational trade union. In addition, there is a host of nongovernmental organisations representing users, some of which also appear in the role of employers, especially in the area of *personal assistance*. In the segment of childcare, however, workers' representation is weak because PHS are not very developed in Slovenia in this area and because the development of these services is not well aligned with the strategic orientation of the trade union. Still, were childcare PHS to expand in the future, the main trade union organising preschool education would actively approach the regulation of working conditions and wages in this area. Finally, while workers in household support PHS are generally employed with small employers, they would probably be best organised by the *Trade Union of Crafts and Entrepreneurship of Slovenia* which, however, does not undertake any activities specifically aimed at PHS. This, in turn, makes it difficult to estimate the level of workers' representation in this area of PHS. Interestingly enough, many of the informal workers we interviewed in the childcare and home cleaning segments of PHS feel that trade unions could represent their interests.

Despite the considerable weakening of neo-corporatism since mid-2000s, industrial relations in Slovenia appear relatively highly organised compared to the rest of the CEE region, which among others is reflected in the main indicators, such as the unionisation rate and collective agreements coverage rate. Social dialogue in care for the elderly and persons with disabilities is conducted as part of sectoral collective bargaining in healthcare and social protection, where various issues specific to PHS workers are addressed when relevant. Yet this does not hold for *personal assistance*, which is publicly financed but provider organisations (i.e., employers) are not part of the public sector. The government thus refuses to negotiate since it is not a direct employer while formal employers claim that the government effectively regulates all of the relevant aspects and rejects the social dialogue as irrelevant. In childcare PHS, there is no social dialogue, except for the negotiations on the introduction of ODD, a specific form of employment mainly related to the PHS sector. In the household support services segment of PHS, there is a sectoral collective agreement for craft and small business, but it lacks *erga omnes* application. OZS sections also influence the service quality in PHS by regulating educational qualifications and technical standards.



The main challenges identified by the social partners vary considerably between various segments of PHS. In care for the elderly and persons with disabilities, the biggest challenges referred to by trade unions as well as some employers were the low pay and the associated problem of labour shortages, which in turn is tightly connected to the problem of financing. With a broad consensus on the need to address the problem of labour shortages in order to maintain the accessibility and level of quality of the service, the social partners signed the collective agreement that *inter alia* entailed a wage increase in some segments of PHS. Unfortunately, however, the increase was largely insufficient as the problem of labour shortages persists. Several other issues, including standards and norms, remain open while some may depend on enforcement within the provider organisations. The issue of funding heavily impacts the working conditions and social dialogue, as is most clearly visible in *personal assistance* where the government refuses to negotiate a collective agreement and has deregulated the area in order to adjust it to the austere financial situation. Trade unions as well as some employers strongly criticise the idea of any kind of voucher system either in the area of care for the elderly and persons with disabilities or in childcare. The only case of social dialogue discovered by our research in the area of childcare PHS took place in the tripartite negotiations when the trade union was able to prevent the expansion of the lightly regulated employment arrangement (ODD). Finally, for the employers' organisation in the household support services sector the main challenges in PHS relate to the unfair competition. In the area of home cleaning, there is potential competition from transnational providers of services and, much more importantly, from undeclared work. The measures they suggest for addressing these challenges are primarily occupational regulation by means of educational qualifications and a voucher system. Another measure suggested was the link between insurance collection and receipt of a licensed provider in the case of electrical installations.

### 3. Conclusions and policy implications

The PHS sector in Slovenia is particularly heterogeneous, featuring a large range of services that are financed and provided under a host of highly diverse financial and institutional arrangements and performed in a variety of working conditions. This report focuses on three important segments of the PHS sector: care for the elderly and persons with disabilities, childcare, and home cleaning as part of the larger area of the household support services segment. Each of these segments features specific working conditions and social dialogue, shaped as they are by the public provision of PHS services and institutional provision or lack thereof, levels of income inequality, the prevalence of undeclared work, employment regulation, social policies etc.

A variety of services is provided in the care for the elderly and persons with disabilities with a certain portion of care being provided by family members in hybrid employment forms. Most of these services are at least somewhat publicly funded or even provided by the public sector organisations. However, the central pillar of formal care for the elderly in Slovenia is institutional care while the bulk of care is provided by unpaid informal carers, mostly female family members. Due to poor accessibility of both institutional care as well as PHS, a large share of needs remains unsatisfied, which is acutely felt by users and unpaid informal carers and constitutes an important driver of the demand for undeclared work. The high level and relatively good accessibility of institutional preschool education means there are few childcare PHS that are largely informally provided. The segment of household support services is internally very diverse, but mainly offered by private providers on the market. This in turn means that household support services, for example, home cleaning and other housework are only available to those with higher incomes, while the needs of most others go unmet.

Formal PHS in Slovenia have reached a certain level of development only in the areas and to the extent that they are provided as a public service, the rest being largely inaccessible and unaffordable except for those on relatively high incomes. The users and unpaid informal carers, particularly women that make up the bulk of care provision while largely working full-time jobs, most acutely feel the inadequate provision of affordable PHS. Our first policy proposal is thus **to ensure the public funding of the provision of PHS in order to make them affordable either on a universal basis or according to the ability to pay.** The expansion of an affordable public service should also be considered as a replacement of the hybrid employment arrangements, such as a caregiver of a family member, that previous research has associated with troubling trends of the re-domestication of working-class women. Nonetheless, expansion of PHS that as a rule supplements rather than substitutes for the work of unpaid informal carers must not come as a

cost saving device for replacing institutional care which is well established in Slovenia, but rather as a genuine choice offered to the households.

A common feature of job quality in many PHS in Slovenia is that the work does not afford a living wage. Except for care for the elderly and persons with disabilities where most workers are employed in the standard form of employment (i.e., full-time and permanent jobs), many PHS services are based on lightly regulated personal supplementary work (ODD), self-employment or, most commonly, undeclared work. These precarious forms of employment then make for a low level of social security, especially in childcare and home cleaning. Workers in childcare and in home cleaning report having greater control over working time than those in the area of care for the elderly and persons with disabilities where working time may often be unpredictable while long and unsocial working hours are common. Health and safety conditions also appear to be the most challenging in the area of care for elderly and persons with disabilities due to the frequent lifting of heavy weights and psychically demanding work. Training and education are virtually absent in home cleaning, although they are regularly provided by employers in care for the elderly and persons with disabilities, while workers in childcare report relatively strong interest in further training which, however, they must provide by themselves.

The low pay and poor working conditions in PHS that could prove essential for improving the quality of life for a large share of the population are probably an important factor behind labour shortages that are one of the principal obstacles to the expansion of service accessibility and quality. The fact that women constitute an overwhelming majority of workers in the three segments of PHS studied in this report means the impact of the low pay and poor working conditions also exacerbate gender inequality.

Since labour shortages and the associated problem of low pay were identified as one of the biggest challenges by trade unions as well as some employers, particularly in care for the elderly and persons with disabilities, **wages need to be increased and working conditions improved**. In the areas where health and safety risks are especially pronounced, such as home care or personal assistance, additional benefits, especially **inclusion in the compulsory supplementary pension insurance** enabling workers an early retirement, should be considered.

Working conditions appear to be much better when PHS are provided as a public service. In contrast, when left to the competitive market provision they tend to be based on undeclared work or on casual work, such as ODD or self-employment. Undeclared work was also identified as one of the major challenges in household support PHS. However, there seems to be a relatively strong preference for the provision of PHS as a public service while several stakeholders rejected the idea of a voucher system. In order to tackle the issue of undeclared work and ensure better working conditions, it is necessary to **consider expanding the provision of PHS organised as a public service**.

A multitude of actors is engaged in regulating PHS in Slovenia. Workers from all three areas that we studied expressed the need for some kind of trade union representation. PHS workers are well represented in care for the elderly and persons with disabilities. Most occupations in this area are covered by the sectoral collective bargaining in healthcare and social protection. In the segment of childcare, however, workers' representation is weak because PHS is not very developed in Slovenia in this area, the prevailing employment arrangement is undeclared work, and workers here apparently lack any interest in unionisation. There is also a lack of effective workers' representation in the household support services sector as the main trade union organising small businesses does not undertake any activities specifically aimed at the PHS segment, while the employers' side is relatively well organised. **Trade unions' capacity thus should be strengthened in the area of household support PHS**, such as cleaning, and in childcare PHS in case of the expansion of service provision in this area.

The social dialogue in most segments of care for the elderly and persons with disabilities is well developed. However, this is not the case for personal assistance that is publicly financed, but provider organisations (i.e., employers) are not formally part of the public sector, which is the government's argument it uses when refusing social dialogue in this area, while formal employers claim that the government effectively regulates all of the relevant aspects and rejects social dialogue as irrelevant. In order to avoid such situations and

improve working conditions, it is necessary to **ensure that all publicly financed workplaces are covered by the public sector collective agreements**. In the household support services segment of PHS, there is a sectoral collective agreement for craft and small business, but it lacks *erga omnes* application. In order to regulate this segment, **improvements in the working conditions for household support PHS should be included in collective bargaining** and the **application of the extension mechanism to the collective agreement for craft and small business should be considered**.

Another challenge with respect to the service quality and working conditions in the household support services sector relates to the unfair competition from transnational providers of services and from undeclared work. To support the aim to improve the quality of service, acknowledge the skills needed and prevent downward competition in labour standards, it is necessary to consider **regulating the occupation of home cleaning by means of educational qualifications**.

## References

- Agreement on emergency measures in the field of salaries in the health and social protection activity and continuation of negotiations / Dogovor o nujnih ukrepih na področju plač v dejavnosti zdravstva in socialnega varstva in nadaljevanju pogajanj (2021). *Official Gazette of the Republic of Slovenia*, no. 181/2021. <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2021-01-3592/dogovor-o-nujnih-ukrepih-na-podrocju-plac-v-dejavnosti-zdravstva-in-socialnega-varstva-in-nadaljevanju-pogajanj>.
- Al. Ma. & M. Z. (13. 5. 2021). *Sindikalne centrale se umikajo iz Ekonomsko-socialnega sveta*. MMC RTV SLO. <https://www.rtvlo.si/slovenija/sindikalne-centrale-se-umikajo-iz-ekonomsko-socialnega-sveta/580017>
- Anderson, B. (2006). Doing the dirty work? The Global Politics of Domestic Labour. Chapter 18. In: Zimmerman, M. K., Litt, J. S., & Bose, C. E. (2006). *Global dimensions of gender and carework*, pp. 226 - 239. Stanford University Press.
- Annex to the Collective Agreement for Persons Employed in Health Care / Aneks h Kolektivni pogodbi za zaposlene v zdravstveni negi (2021). *Official Gazette of the Republic of Slovenia*, no. 181/2021. <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2021-01-3594/aneks-h-kolektivni-pogodbi-za-zaposlene-v-zdravstveni-negi>
- Annex to the Collective Agreement for the Health Care and Social Protection Sector/ Aneks h Kolektivni pogodbi za dejavnost zdravstva in socialnega varstva Slovenije. (2021). *Official Gazette of the Republic of Slovenia*, no. 181/2021. <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2021-01-3593?sop=2021-01-3593>
- B. R. (25. 5. 2023). *Sindikat osebnih asistentov s stavko opozarja na vse slabše delovne razmere*. MMC RTV SLO. <https://www.rtvlo.si/zdravje/sindikat-osebni-asistentov-s-stavko-opozarja-na-vse-slabse-delovne-razmere/669466>
- Bakan, A. B., & Stasiulis, D. (Eds.). (1997). Not one of the family: Foreign domestic workers in Canada. University of Toronto Press.
- Bembič, B. (2018). Changes in inequality outcomes alongside industrial relations transformation in Slovenia. In: D. Vaughan-Whitehead (Ed.). *Reducing inequalities in Europe: How industrial relations and labour policies can close the gap* (pp. 424-470). Edward Elgar Publishing.
- Bembič, B. (2023). Slovenia: From corporatism to localised conflict. Are Multinational Companies Good for Trade Unions, 25-49.
- Bohle, D., & Greskovits, B. (2019). *Capitalist diversity on Europe's periphery*. Cornell University Press.
- Collective agreement for crafts and entrepreneurship / Kolektivna pogodba za obrt in podjetništvo (2023). *Official Gazette of the Republic of Slovenia*, no. 46/23. <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-1364/kolektivna-pogodba-za-obrt-in-podjetnistvo>
- Collective agreement for the health care and social protection sector / Kolektivna pogodba za dejavnost zdravstva in socialnega varstva Slovenije (1994/2023). *Official Gazette of the Republic of Slovenia*, no. 15/94 , 18/94 – ZRPJZ, 57/95 , 19/96 , 56/98 , 76/98 , 39/99 – ZMPUPR, 102/ 00 , 62/01 , 43/06 – ZKOlP, 60/08 , 75/08 , 107/11 , 40/12 , 46/13 , 106/15 , 46/17 , 80/18 , 5/19 – cor. , 160/20 , 88/21

- , 181/21, 136/22, 165/22 and 21/23 – compr. <http://pisrs.si/Pis.web/pregledPredpisa?id=KOLP78#>
- CRPD - Convention on the Rights of Persons with Disabilities / Konvencija o pravicah invalidov. (2008). *Official Gazette of the Republic of Slovenia*, no. 10/08. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>; <https://www.gov.si/assets/ministrstva/MK/Zakonodaja-ki-ni-na-PISRS/Kulturna-raznolikost/1c24133420/Konvencija-o-pravicah-invalidov.pdf>
- DATA (29. 10. 2021) *Osebna asistenca – samostojni podjetniki je ne bodo mogli več izvajati!* <https://data.si/blog/osebna-asistenca-2/>
- Daugul, L. (25. 5. 2023). Morda je celo bolje, da je odnos bolj uraden, kot pa prijateljski. Ob stavki osebnih asistentov. MMC RTV SLO. <https://www.rtvlo.si/slovenija/morda-je-celo-bolje-da-je-odnos-bolj-uraden-kot-pa-prijateljski/669419>
- Decree on the criteria for determining exemptions from the payment of social assistance services / Uredba o merilih za določanje oprostitev pri plačilih socialno varstvenih storitev (2004/2015). *Official Gazette of the Republic of Slovenia*, no. 110/04, 124/04, 114/06 – ZUTPG, 62/10 – ZUPJS, – ZUPJS-C and 42/15. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED3348>
- E-Uprava (2.4.2024). ZOA24-JO - Predlog predpisa Zakon o osebni asistenci. Predlagatelj Ministrstvo za delo, družino in socialne zadeve in enake možnosti. Evidenca vladnega akta št. 2023-2611-0059. <https://e-uprava.gov.si/si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=15940>
- E-Uprava (n.d.). Osnovna šola – Jutranje varstvo in podaljšano bivanje. <https://e-uprava.gov.si/si/podrocja/izobrazevanje-kultura/osnovna-sola/jutranje-varstvo-in-podaljsano-bivanje.html>
- Eurobarometer (2020). Undeclared work in the European Union. [Data file]. [https://data.europa.eu/data/datasets/s2250\\_92\\_1\\_498\\_eng?locale=en](https://data.europa.eu/data/datasets/s2250_92_1_498_eng?locale=en)
- European Commission (2013). *Developing personal and household services in the EU: A focus on housework activities*. European Commission, Directorate-General for Employment, Social Affairs and Inclusion.
- Eurostat (2019a). Children in formal childcare or education by age group and duration – % over the population of each age group – EU-SILC survey. Eurostat Data Browser. [https://ec.europa.eu/eurostat/databrowser/view/ILC\\_CAINDFORMAL/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/ILC_CAINDFORMAL/default/table?lang=en)
- Eurostat (2019b). Long-term care beds in nursing and residential care facilities by NUTS 2 regions – historical data (1980–2021). Eurostat Data Browser.
- Eurostat (2023). Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level) - 1 000. [https://ec.europa.eu/eurostat/databrowser/view/lfsa\\_egan22d\\_\\_custom\\_9957156/default/table](https://ec.europa.eu/eurostat/databrowser/view/lfsa_egan22d__custom_9957156/default/table).
- Finch, J. & Groves D. (eds). (1983/2022). *A Labour of Love: Women, Work and Caring*. Routledge. [https://www.google.si/books/edition/A\\_Labour\\_of\\_Love/cHN4EAAAQBAJ?hl=sl&gbpv=1&dq=A+Labour+of+Love,+Finch+%26+Groves,+1983&printsec=frontcover](https://www.google.si/books/edition/A_Labour_of_Love/cHN4EAAAQBAJ?hl=sl&gbpv=1&dq=A+Labour+of+Love,+Finch+%26+Groves,+1983&printsec=frontcover)
- General collective agreement for the business sector /Splošna kolektivna pogodba za gospodarske dejavnosti (1994/2005 *Official Gazette of the Republic of Slovenia*, no. 40/97, 5/98, 39/99, 98/99, 98/99, 98/99, 10/00, 10/00, 10/00, 31/00, 31/00, 54/00, 64/00, 64/00, 62/01, 45/02, 113/02, 38/03 in 90/05. <https://pisrs.si/pregledPredpisa?id=DRUG493>
- Graham, H. (1983/2022). Caring: a labour of love. In: J. Finch, & D. Groves (eds). (1983/2022). *A Labour of Love: Women, Work and Caring*, pp. 13-30. Routledge. [https://www.google.si/books/edition/A\\_Labour\\_of\\_Love/cHN4EAAAQBAJ?hl=sl&gbpv=1&dq=A+Labour+of+Love,+Finch+%26+Groves,+1983&printsec=frontcover](https://www.google.si/books/edition/A_Labour_of_Love/cHN4EAAAQBAJ?hl=sl&gbpv=1&dq=A+Labour+of+Love,+Finch+%26+Groves,+1983&printsec=frontcover)
- Hlebec, V., Nagode, M., & Filipovič Hrast, M. (2014). Kakovost socialne oskrbe na domu: vrednotenje, podatki in priporočila. Založba FDV.
- Hočvar, B. (20. 10. 2021). *Bistvo je podpora za neodvisno življenje*. Delo. <https://www.delo.si/novice/slovenija/bistvo-je-podpora-za-neodvisno-zivljenje/>
- Holubova, B., Pavol B., & Martiškova, M. (2024). *D2.1. Working paper on the conceptualisation of the personal and household services sector in CEE*. Personal and household services in Central and Eastern European Countries: Improving working conditions and services through industrial relations. Project report.
- Hrženjak, M. & Breznik, M. (2023). Care migration in care homes for older people in the European Semi-periphery between Slovenia and former Yugoslav countries. In: Further discussion on labour mobility

- in the EU (pp. 79-102). Založba ZRC. <https://omp.zrc-sazu.si/zalozba/catalog/view/2084/8552/2210>
- Hrženjak, M. (2007). *Nevidno delo/Invisible work*. Ljubljana: Peace Institute. Institute for Contemporary Social and Political Studies
- Hrženjak, M. (2010). (Neformalno) skrbstveno delo in družbene neenakosti. *Teorija in praksa*, 47(1), 156-171.
- Hrženjak, M. (2015). Delo kot vsako drugo in hkrati kot nobeno drugo. *Socialno delo*, 54 (2), 79-88.
- Hrženjak, M. (2016). Primerjava sistemov skrbi za otroke in starejše v Sloveniji v kontekstu politik defamilizacije in refamilizacije. *Teorija in praksa*, 53(6), 1484–1501.
- Hrženjak, M. (2018). Precarious situations of care workers in home-based elder care in Slovenia. *New Solutions: A Journal of Environmental and Occupational Health Policy*, 27(4), 483-500.
- Humer, Ž. & Hrženjak, M. (2016). Socialization of childcare in Slovenia and its impact on informal care markets. *Laboratorium: russian review of social research*, 3, 52-67. <https://www.soclabo.org/index.php/laboratorium/article/view/648/1715>
- Interpretation of the Collective agreement for the health care and social protection sector of Slovenia regarding the provision of point 2 of Chapter I, which refers to the validity of the collective agreement, adopted at the 87th meeting on 13 October 2023 / Razlaga Kolektivne pogodbe za dejavnost zdravstva in socialnega varstva Slovenije glede določbe 2. točke I. poglavja, ki se nanaša na veljavnost kolektivne pogodbe, sprejeti na 87. seji dne 13. 10. 2023 (2023). *Official Gazette of the Republic of Slovenia*, no. 116/23. <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-3368/razlaga-kolektivne-pogodbe-za-dejavnost-zdravstva-in-socialnega-varstva-slovenije-glede-dolocbe-2--tocke-i--poglavja-ki-se-nanasa-na-veljavnost-kolektivne-pogodbe-sprejeti-na-87--seji-dne-13--10--2023>.
- IRSSV – Inštitut RS za socialno varstvo. (2017). *Spremljanje storitve pomoči za družino: storitev pomoč na domu Analiza stanja v letu 2016*. <https://irssv.si/wp-content/uploads/2023/10/Izvajanje-PND-za-letu-2016.pdf>
- IRSSV – Inštitut RS za socialno varstvo. (2020). *Evalvacija uvajanja zakona o osebni asistenci*. IRSSV. [https://irssv.si/wp-content/uploads/2023/10/EVA\\_OA\\_Dopolnjeno\\_koncno\\_porocilo.pdf](https://irssv.si/wp-content/uploads/2023/10/EVA_OA_Dopolnjeno_koncno_porocilo.pdf)
- IRSSV – Inštitut RS za socialno varstvo. (2023). *Spremljanje storitve pomoči za družino: storitev pomoč na domu Analiza stanja v letu 2022*. <https://irssv.si/wp-content/uploads/2023/10/Analiza-izvajanja-PND-v-2022.pdf>
- Kajzer A. (2023). *Stanje na področjih Strategije dolgožive družbe*. UMAR. [https://www.umar.gov.si/fileadmin/user\\_upload/publikacije/kratke\\_analize/2023\\_10\\_Kajzer/Stanje\\_na\\_podrocju\\_SDD.pdf](https://www.umar.gov.si/fileadmin/user_upload/publikacije/kratke_analize/2023_10_Kajzer/Stanje_na_podrocju_SDD.pdf)
- KPJS - Collective agreement for the public sector / Kolektivna pogodba za javni sektor (2008/2022). *Official Gazette of the Republic of Slovenia*, no. 57/08 , 23/09 , 91/09 , 89/10 , 89/10 , 40/12 , 46/13 , 95/14 , 91/15 , 21/ 17 , 46/17 , 69/17 , 80/18 and 136/22. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=KOLP234#>
- KPKD - Collective Agreement for Public Utility Services/ Kolektivna pogodba komunalnih dejavnosti (2021/2023). *Official Gazette of the Republic of Slovenia*, no. 105/21, 137/22 in 109/23. <https://pisrs.si/pregledPredpisa?id=KOLP577>
- Leskošek, V. (2018). Konceptualne razlike v izvajanju storitev osebne asistencije in družinskega pomočnika. V: M. Hrženjak et al. (eds.). *Razsežnosti skrbstvenega dela* (pp. 111-142). Ljubljana: Sophia.
- M. Z. & G. K. (21. 7. 2023). *Delodajalci začasno izstopajo iz ESS-ja. Mesec: Gre za taktično blokado sprememb*. MMC RTV SLO. <https://www.rtvlo.si/slovenija/delodajalci-zacasno-izstopajo-iz-ess-ja-mesec-gre-za-takticno-blokado-sprememb/675724>.
- Marovt, A. (26. 11. 2019). *Zaradi kaosa in preračunljivosti namesto 8 kar 32 milijonov evrov za osebno asistenco invalidov*. 24ur.com. <https://www.24ur.com/novice/slovenija/zaradi-kaosa-in-preracunljivosti-namesto-8-kar-32-milijonov-evrov-za-osebno-asistenco-invalidov.html>
- MDDSZ – Ministrstvo za delo, družino, socialne zadeve in enake možnosti (22. 2. 2023c). *Družinski pomočnik*. <https://www.gov.si teme/druzinski-pomocnik/>
- MDDSZ – Ministrstvo za delo, družino, socialne zadeve in enake možnosti (1. 3. 2024). *Pravice ob rojstvu otroka*. <https://www.gov.si teme/pravice-ob-rojstvu-otroka/>
- MDDSZ – Ministrstvo za delo, družino, socialne zadeve in enake možnosti (29. 11. 2023a). *Pomoč na domu*. <https://www.gov.si teme/pomoc-na-domu/>
- MDDSZ – Ministrstvo za delo, družino, socialne zadeve in enake možnosti (31. 3. 2023b). *Osebna asistenca*. <https://www.gov.si teme/osebna-asistenca/>

- MJU – Ministrstvo za javno upravo (2. 2. 2023). *Plačni sistem*. <https://www.gov.si teme/placni-sistem/>
- MSP – Ministrstvo za solidarno prihodnost (13. 11. 2023). *Financiranje dolgotrajne oskrbe*. <https://www.gov.si/zbirke/projekti-in-programi/dolgotrajna-oskrba/financiranje/>
- MSP – Ministrstvo za solidarno prihodnost (22. 4. 2024) *Pravice in storitve dolgotrajne oskrbe*. <https://www.gov.si/zbirke/projekti-in-programi/dolgotrajna-oskrba/pravice-in-storitve/>
- MVI – Ministrstvo za vzgojo in izobraževanje RS (6. 3. 2024). *Delovna skupina za pripravo Nacionalnega programa vzgoje in izobraževanja za obdobje 2023-2033*. <https://www.gov.si/zbirke/delovna-telesa/delovna-skupina-za-pripravo-nacionalnega-programa-vzgoje-in-izobrazevanja-za-obdobje-2023-2033/>
- Nagode, M., & Hlebec, V. (2013). Socialna oskrba z vidika socialnih oskrbovalk. *Socialno delo*, 52(1), 15-27.
- NIJZ – Nacionalni inštitut za javno zdravje. (2022). *Organiziranost patronažnega varstva*. <https://nijz.si/zivljenjski-slog/patronazno-varstvo/>
- NIJZ – Nacionalni inštitut za javno zdravje. (2023). *Zdravstveni statistični letopis 2021*. <https://nijz.si/publikacije/zdravstveni-statisticni-letopis-2021/>
- NPK – Nacionalna poklicna kvalifikacija. (2023). *Čistilec/čistilka prostorov*. <https://npk.si/katalogi/4182418/PERHOUSE>. (2023). Survey on the use of the personal and household services, Slovenia. [Data file].
- PERHOUSE. (2024a). Survey on social dialogue in the personal and household services, Slovenia. [Data file].
- PERHOUSE. (2024b). National workshop on the personal and household services in Slovenia. Ljubljana, Faculty of Social Sciences, 29. 1. 2024.
- Rulebook on standards and norms of social welfare services / Pravilnik o standardih in normativih socialnovarstvenih storitev. (2010/2024). *Official Gazette of the Republic of Slovenia*, no. 45/10, 28/11, 104/11, 111/13, 102/15, 76/17, 54/19, 81/19, 203/21, 54/22, 159/22 in 15/24. <https://pisrs.si/pregledPredpisa?id=PRAV10060>
- Rules on personal assistance/Pravilnik2024 o sebnici asistenci (2022/2024). *Official Gazette of the Republic of Slovenia*, no. 26/22, 27/23, 71/23 and 10/24. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV14498>
- Rules on personal supplementary work/Pravilnik o osebnem dopolnilnem delu. (2024). *Official Gazette of the Republic of Slovenia*, no. 94/14, 56/22 and 89/23. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV12251>
- Rules on social services price formation methodology /Pravilnik o metodologiji za oblikovanje cen socialno varstvenih storitev (2006/2012). *Official Gazette of the Republic of Slovenia*, no. 87/06, 127/06, 8/07, 51/08, 5/09 and 6/12. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV7728>
- Šadl, Z. & Hlebec, V. (2018). Družinska oskrba ostarelih staršev in spolne razlike v Sloveniji. *Teorija in praksa*, 55(4), 732-761.
- Sekcija čistilcev objektov pri OZS (2023). Informativni cenik 2023. <https://www.cistilci.si/ceniki>
- SPOT - Slovenska poslovna točka (2.4.2024). Osebno dopolnilno delo. <https://spot.gov.si/sl teme/osebno-dopolnilno-delo/>
- Stanojevic, M. (2018). Slovenia: neo-corporatism under the neo-liberal turn. *Employee Relations*, 40(4), 709-724.
- Stanojević, M., & Klarič, M. (2013). The impact of socio-economic shocks on social dialogue in Slovenia. *Transfer: European Review of Labour and Research*, 19(2), 217-226.
- Stanojević, M., Poje, A., & Broder, Ž. (2023). Slovenia: From strong trade union movement to uneven de-unionization (chapter 26) In: J. Waddington, T. Müller, T., & K. Vandaele (eds.). *Trade unions in the European Union* (pp. 979 - 1012). Peter Lang International Academic Publishers.
- SURS – (2022a). European Labour Force Survey, Slovenia: Activities of households as employers of domestic personnel. T97 and T98. [Data file]. (Additionally clarified and verified data in-detail via e-mail correspondence with SURS representative on 20. 2. 2024.)
- SURS (2022b). Persons in employment by occupational groups (SKP-08) and sex, Slovenia, annually. <https://pxweb.stat.si/SiStatData/pxweb/en/Data/-/0764803S.px/>
- Telekom Slovenije (2024) *E-oskrba (E-Care) available for eligible users until 30 June 2025 free of charge*. <https://www.telekom.si/en/about-us/press-releases/e-oskrba-e-care-available-for-eligible-users-until-30-june-2025-free-of-charge>
- Terlep, A. (12. 3. 2023) *Zaradi pomanjkanja kadra je v domovih za starejše praznih 700 postelj*. MMC. <https://www.rtv slo.si/slovenija/zaradi-pomanjkanja-kadra-je-v-domovih-za-starejse-praznih-700-postelj/660893>

- Ungerson, C. (1983/2022). Why do women care? In: J. Finch & D. Groves (eds). *A Labour of Love: Women, Work and Caring*, Pp. 31-32. Routledge.  
[https://www.google.si/books/edition/A\\_Labour\\_of\\_Love/cHN4EAAAQBAJ?hl=sl&gbpv=1&dq=A+Labour+of+Love,+Finch+%26+Groves,+1983&printsec=frontcover](https://www.google.si/books/edition/A_Labour_of_Love/cHN4EAAAQBAJ?hl=sl&gbpv=1&dq=A+Labour+of+Love,+Finch+%26+Groves,+1983&printsec=frontcover)
- Vrhovnik, A. (2020). Položaj socialnih oskrbovalk pri izvajanju storitev pomoči družini na domu v Socialnovarstvenem zavodu Taber. Magistrsko delo. Fakulteta za Socialno delo Univerza v Ljubljani.
- Zaviršek, D., & Fischbach, S. (2023). Independent Living in Post-Socialist Countries. *The International Journal of Disability and Social Justice*, 3(1), 96-113.
- ZDOsk-1 - Long-Term Care Act (2023). *Official Gazette of the Republic of Slovenia*, no. 84/23.  
<http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8819>
- ZDR-1 - Employment Relationships Act /Zakon o delovnih razmerjih. (2013/2023). *Official Gazette of the Republic of Slovenia*, no.. 21/13 , 78/13 - app . 19 – ZPosS, 81/19 , 203/20 – ZIUPOPVDVE, 119/21 – ZCmIS-A, 202/21 – odl. US, 15/22 , 54/22 – ZUPŠ-1, 114/23 and 136/23 – ZIUZDS.  
<http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5944>
- ZKolP - Collective Agreements Act /Zakon o kolektivnih pogodbah (2006/2008). *Official Gazette of the Republic of Slovenia*, no. 43/06 in 45/08 – ZArbit. <https://pisrs.si/pregledPredpisa?id=ZAKO4337>
- ZMinP - Minimum Wage Act /Zakon o minimalni plači. (2010). *Official Gazette of the Republic of Slovenia*, no. 13/10 , 92/15 and 83/18. <http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6765#>
- ZOA-B - Personal Assistance Act / Zakon o osebni asistenci (2017/2021). *Official Gazette of the Republic of Slovenia*, no.10/17 , 31/18 and 172/21. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7568>
- ZPDZC-1 - Prevention of Undeclared Work and Employment Act /Zakon o preprečevanju dela in zaposlovanja na črno. (2014/2023). *Official Gazette of the Republic of Slovenia*, no. 32/14 , 47/15 - ZZSDT, 43/19 , 121/21 - ZJN-3B and 78/23 – ZORR.  
<http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6765>
- ZSV - Social Assistance Act / Zakon o socialnem varstvu. (1992). *Official Gazette of the Republic of Slovenia*, no. 3/07 – official consolidated text, 23/07 – appr. , 41/07 – appr. , 61/10 – ZSVarPre, 62/10 – ZUPJS, 57/12 , 39 /16 , 52/16 – ZPPreb-1, 15/17 – DZ, 29/17 , 54/17 , 21/18 – ZNOrg, 31/18 – ZOA-A, 28/19 , 189/20 – ZFRO, 196 /21 – ZDOsk, 82/23 and 84/23 – ZDOsk-1.  
<http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO869>
- ZVrt-UPB2 - Kindergartens Act / Zakon o vrtcih (2005). *Official Gazette of the Republic of Slovenia*, no. 100/05.  
<https://pisrs.si/pregledPredpisa?id=ZAKO4589>

## Annexes

### Sample of the survey on the demand for personal and household services

Category	Number (N)	Percentage
Respondents	54	100%
<b>Gender</b>	<b>46</b>	<b>100%</b>
Female	36	78.3%
Male	10	21.7%
Other	0	0
<b>Age categories</b>	<b>46</b>	<b>100%</b>
Under 30	8	17.4%
31–50	27	58.7%
51 and over	11	23.9%
<b>Type of household</b>	<b>46</b>	<b>100%</b>
One-person household	3	6.5%
Household consisting of a couple without children	14	30.4%
Household consisting of a couple with children	17	37.0%
Single-parent household	7	15.2%
Household including extended	5	10.9%

### Sample of the social dialogue survey

Code of the stakeholder	Type of stakeholder	Name of the organisation
S1	Employers' organisation (private)	Centre for Integrative Care (Center Celostne Oskrbe - CCO)
S2	Trade union	Education, Science and Culture Trade Union of Slovenia – ESTUS (Sindikat vzgoje, izobraževanja, znanosti in kulture Slovenije – SVIZ)
S3	Research institute/university	University of Ljubljana, Faculty of Social Sciences UL FSS (Univerza v Ljubljani, Fakulteta za družbene vede UL FDV)
S4	Employers' organisation (public)	Institute for Home Care ZOD Ljubljana (Zavod za oskrbo na domu ZOD Ljubljana)
S5	Professional association	Association of Social Institutions of Slovenia (Skupnost socialnih zavodov Slovenije – SSZS)
S6	Nongovernmental organisation	Sonček – Cerebral Palsy Association (Sonček -Zveza društev za cerebralno paralizno Slovenije , so.p.)
S7	Nongovernmental organisation	The Association of Societies for Social Gerontology of Slovenia (Zveza društev za socialno gerontologijo Slovenije – ZDSGS)



S8	Trade union	Trade Union of Health and Social Welfare of Slovenia (Sindikat zdravstva in socialnega varstva Slovenije)
S9	Nongovernmental organisation	Slovenian Federation of Pensioners' Associations (Zveza društev upokojencev Slovenije – ZDUS)
S10	Nongovernmental organisation	Slovenian Federation of Pensioners' Associations (Zveza društev upokojencev Slovenije – ZDUS)
S11	Nongovernmental organisation	Slovenian Federation of Pensioners' Associations (Zveza društev upokojencev Slovenije – ZDUS)
S12		/ Not identified
S13	Professional association	Slovenian Chamber of Commerce (Obrtna zbornica Slovenije – OZS)
S14	Trade union	Trade Union of Personal Assistants (Sindikat osebnih asistentov – SOA)

### List of interviews with national stakeholders

Code	Type of stakeholder	Name of organisation	Date of interview
INT1	Trade union	Trade Union of Health and Social Welfare of Slovenia (Sindikat zdravstva in socialnega varstva Slovenije - SZSVS)	19.3.2023
INT2	Professional association	The Chamber of Craft and Small Business of Slovenia, Electrical Section (Obrtno-podjetniška zbornica Slovenije – OZS; sekcija električarjev)	27.7.2023
INT3	Nongovernmental organisation	Slovenian Federation of Pensioners Associations (Zveza društev upokojencev Slovenije - ZDUS)	28.7.2023
INT4	Nongovernmental organisation	Sonček – Cerebral Palsy Association of Slovenia (Sonček – Zveza društev za cerebralno paralizo)	11.9.2023
INT5	Professional association	The Chamber of Craft and Small Business of Slovenia, Cleaning Section (Obrtno-podjetniška zbornica Slovenije – OZS; sekcija čistilcev)	27.09.2023
INT6	Trade union	Trade Union of Personal Assistants (Sindikat osebnih asistentov – SOA)	29.09.2023
INT7	Trade union	Education, Science and Culture Trade Union of Slovenia – ESTUS (Sindikat vzgoje, izobraževanja, znanosti in kulture Slovenije – SVIZ)	23.1.2024
INT8	Employers' organisation (public)	Institute for Home Care (Zavod za oskrbo na domu – ZOD)	30.01.2024
INT9	Employers' organisation (private)	Centre for Integrative Care (Center Celostne Oskrbe – CCO)	12.02.2024

INT10	State organisation/agency	Ministry of a Solidary-Based Future, Republic of Slovenia (Ministrstvo za solidarno prihodnost)	16.02.2024
-------	---------------------------	---	------------

### Description of the focus groups (FGs)

Code	Type of PHS (childcare, adult/senior care, household support services)	No. of participants		Date of the FG
		Female	Male	
<b>FG1</b>	<b>Childcare</b>	<b>4</b>	<b>1</b>	<b>18.12.2023, online</b>
FgVD1	Focus group – babysitter 1 (fokusna skupina – varuška na domu 1)			
FgVD2	Focus group – babysitter 2 (fokusna skupina – varuška na domu 2)			
FgVD3	Focus group – babysitter 3 (fokusna skupina – varuška na domu 3)			
FgVD4	Focus group – babysitter 4 (fokusna skupina – varuška na domu 4)			
FgAN	Focus group – children’s birthday animator (fokusna skupina – animator otrok na rojstnodnevnih zabavah)			
<b>FG2</b>	<b>Adult/senior care</b>	<b>7</b>	<b>1</b>	<b>20.12.2024 (FG in person, 4 participants), 21.12.2024, 5.2.2024 and 6.2.2024 (2x) (4 individual interviews)</b>
FgSO1	Focus group – home carer 1 (fokusna skupina – socialna oskrbovalka 1)			
FgSO2	Focus group – home carer 2 (fokusna skupina – socialna oskrbovalka 2)			
FgOA1	Focus group – personal assistant 1 (fokusna skupina – osebni asistent ali osebna asistentka 1)			
FgOA2	Focus group – personal assistant 2 (fokusna skupina – osebni asistent ali osebna asistentka 2)			
FgOA3	Focus group – personal assistant 3 (fokusna skupina – osebni asistent ali osebna asistentka 3)			
FgFT	Focus group – physiotherapist (fokusna skupina – fizioterapevtka)			
FgGP	Focus group – domestic housekeeper (fokusna skupina – gospodinjska pomočnica)			
FgLI	Focus group – live-in caregiver (fokusna skupina – oskrbovalka, ki nudi pomoč na domu 24/7)			

<b>FG3</b>	<b>Household support services – cleaners</b>	<b>5</b>	<b>0</b>	<b>25.1.2024 (hybrid FG in person and online, 2 participants), + 3 individual interviews on 24.1.2024 and 25.1.2024</b>
FgCD1	Focus group – home cleaning 1 (fokusna skupina – čiščenje na domu 1)			
FgCD2	Focus group – home cleaning 2 (fokusna skupina – čiščenje na domu 2)			
FgCD3	Focus group – home cleaning 3 (fokusna skupina – čiščenje na domu 3)			
FgCD4	Focus group – home cleaning 4 (fokusna skupina – čiščenje na domu 4)			
FgCD5	Focus group –home cleaning 5 (fokusna skupina – čiščenje na domu 5)			