

Scottish Universities Insight Institute project



From competition to collaboration: the interface between informal and formal carers

Partner country profile: Slovenia

Context

On 21 July 2023, the National Assembly of the Republic of Slovenia adopted the Long-Term Care Act (ZDOsk-1). The aim of the Act is to regulate the field of long-term care, placing the individual in need of care at the centre of its consideration, aiming to preserve their independence and provide personalised care. The law describes, among other things, the right to home care, institutional care, option of an employed family member or a cash benefit, e-care services and services to maintain and enhance independence, which act as a preventive measure and enable the individual to remain in the home environment for as long as possible.

Implementation of the ZDOsk-1 started in 2024. The first introduced right is the institute of “Employed family member”.

Before the ZDOsk-1 law came into force, the institution of a Employed family member already existed in a similar form under other legislation (the Social Welfare Act). The Social Welfare Act referred to the institution of family assistant, but this did not constitute an employment relationship as regulated by labour law, and therefore the family assistant was not entitled to any rights under the employment relationship (regress, annual leave, paid sick leave, severance pay on retirement, etc.). The institution of family helper was re-classified to Employed family member with the entry into force of the ZDOsk-1 law.

Under certain conditions, an individual in need of care can also exercise the right to personal assistance (under the Personal Assistance Act), but this is exclusive of the rights mentioned in long-term care (ZDOsk-1).

It is important to note though, that all those definitions of informal carers are quite narrow in its essence, subjected to very specific conditions under which person can receive certain rights and thus cover just certain subgroups of informal carers. Furthermore, despite Long-term care act is offering better support for care recipients that decide to stay in their home environment, support for their informal carers and their recognition inside legislation is still lacking.

Workshop one (October 2023) Researcher

I was thinking what I can tell you about the interface. What we observe is three options. Starting from the middle we can have care workers and family care workers fighting for supremacy, thinking I know what is best for my relative or for my patient. There is often a lack of understanding behind that, being stuck in their own ideas or the set of rules they have or looking in the opposite direction, which is not good for anyone. Another

situation coexisting which is where each does their own work and they have this tactful understanding not to bother each other too much. Each does their part and they do that separately. They look in the same direction – they don't walk it – at least it is not destructive. Then we have also a lot of cases where there is help between each other.

Not long ago there was a formal carer that I talked with and she told me she was there with one family and she observed that they are not doing so well with the nursing, they were struggling a lot and she told me – you know what, I decided one day, I'll just sit down with them and try to ask when they have time. And I explained it all to them and they were so thankful. So she had a feeling of accomplishment, that she had done something good and it was a good situation for everybody.

Formal carers often know the situation, they know a lot. On the other side we spoke to family members and one family member they were satisfied with formal carers and told me from time to time I ask them when I am home a bit early to sit with me and have a coffee and we talk about my dad. I was thinking probably that's coffee, it is what helps them have this good relationship together and better care at the end of the day and maybe a bit less of the official things are done but on the other hand they are done better. So thinking about the three ways, there is this empathy solidarity and it is the same journey.

So we are talking about person centred care and for us there is always a question – how to do that on an organisational, systematic level. Training can be part of that. When we conduct training for informal carers we always invite formal carers to participate. So one of the meetings is conducted by the formal carer or community nurse. They hear each other and they share knowledge. Not long ago we trained formal carers in dementia because they don't always receive this knowledge. Another thing we still have a long way to go is encouraging innovation.

Workshop three (February 2024) Medical practitioner

Due to the nature of my work in emergencies my house visits are often short, and I have a rule to never take anything that is offered to me, be it food, drink, or something else. There was one time I broke this rule, though we visited an older lady that was in a lot of pain. Her husband and daughter were next to her, and as we were giving her treatment, her daughter started to prepare dinner for all, she was making pancakes in a very natural way. She also gave each of us one and since everybody, including my nurse and the lady who was in pain, looked very happy with the treat, I also took one. It was a good pancake, but what had stuck me more. It's how for a moment it seemed like our rolls blurred. For moment we became just 5 people eating pancakes.