

CARE BETWEEN LOVE AND MONEY: THE CASE OF THE FAMILY ASSISTANT

Abstract. The central theme of the article is the family assistant in Slovenia. This service was introduced in the legislation in 2004. The main research question is how policy framework influences a distribution of care in the family and what the implications of financial arrangements for carers are. A qualitative methodology was used, with data gathered through interviews that took place in the second half of 2015. The main results show that the service is gendered and that it contributes to the re-domestication of women and forces them out of the paid labour market. The social organisation of care is gender-blind and thus gender-biased, and as such influences precarious life courses.

Key words: family assistant, care regime, familialism, gendered welfare state, care allowance

Introduction

Social care and welfare services for people in need of care in Slovenia are still largely institutional. This is especially true of services for children and youth with learning and physical disabilities. At the same time, institutions for adults lack the space to accommodate demand, and there is a lack of small-scale accommodation and personalised services. The aim of changes made to social policy for people with long-term problems since the beginning of the new millennium was to facilitate the process of deinstitutionalisation and, to a certain extent, to marketise the supply of and demand for services (Zaviršek et al., 2015). The current care regime is directed as much towards personalised services as it is towards institutionalisation. New institutions were built for elderly, and some large institutions have been transformed into group homes that are supposed to offer better living conditions and greater participation for service users (Videmšek, 2012).

This article focuses on the personalised services. It discusses the family assistant service that was introduced in Slovenia in 2004 through a change in the Act Amending the Social Security Act (Official Gazette, 2/2004). The family assistant is a service provided by a family member or other person

* Vesna Leskošek, PhD, Associate Professor, Faculty of Social Work, University of Ljubljana.

that permanently resides with the disabled person. The aim is to keep disabled persons in their own homes and in the care of their relatives, who are most commonly parents, partners or children. To ensure that families will opt for the status of family assistant and the concomitant removal of the carer from the labour market and forfeiture by them of unemployment benefits, financial incentives need to be provided. The service is paid primarily by the municipality as partial payment for lost income, and amounts to slightly less than the minimum wage (734.15 per month, around 560 after compulsory insurance is paid).

Slovenian society can be considered traditional in its expectations that women naturalise care as part of traditional femininity. Policy makers could therefore assume that the family assistant service would be largely gendered. According to data from the Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia (MLFSA), as of 24 April 2016 there were 166 male and 711 female family carers in municipalities receiving funding from the Ministry (personal electronic communication).

The main research questions address the position of carers who decide to become family assistants: How does the policy construct care in the family? and What are the implications of the financial arrangements?

Methodology

Qualitative methods were used for data collection¹, and the semi-structured interview was created. The population consisted of formal and informal carers and users in the fields of disability, childcare and the elderly. Snowball sampling was used due to the sensitive nature of the research topic and the privacy of respondents, who were often hard to reach and less than forthcoming in their responses. Field work was conducted from July to December 2015. The researchers conducted 44 interviews with formal and informal carers, 10 interviews with service users and 11 interviews with employers. Three interviews were conducted with family assistants, two of whom were female and one of whom was male. The male carer's wife was present during the interview, and in one interview a female carer's husband was present. They have chosen different names in order to assure anonymity. Male carer is called Ivan, and his wife is Suzana. They live in a small village in Primorska region. Ivan cares for his disabled son, who is 20 years old. Female carer is called Mojca and her husband didn't want to choose a name, so he was named a 'husband'. They also live in a small remote village in

¹ Data were collected in the framework of the Care Work between Privatisation, Individualisation and Socialisation research project, which examined a wide range of persons active in the provision of care in Slovenia. The research is financed by the Slovene Research Agency and conducted by Peace institute as a main applicant and Faculty of social work as cooperating organisation.

Primorska region. She cares for her disabled daughter who is 22 years old. The last interviewee is called Valentina and she lives in a village in a Karst region and cares for her elderly disabled mother.

A thematic analysis was used to focus on particular themes, important for this article that is how policy framework influences distribution of care in families and what are the implication of financial arrangements for carers. The collected data were transcribed and coded. The normative framework of the service was also analysed² for this article.

Conceptual framework

The framework of the article rests on three interconnected but potentially conflicting concepts that frame the private and public spheres of care. The first is a care regime defined as a policy that regulates the relationship between the state and the family (Hobson et al., 2002; Bettio and Plantenga, 2004). Care regimes are built on normative assumptions about the social organisation of care; Javornik calls this policy conceptual logic (Javornik, 2014). The politics of care depend on assumptions about what care is, how it should be performed and who should manage it (Sevenhuijsen, 1998). Care is regulated in order to reduce the social and economic costs of dependency and to address social problems that might occur in situations of dependency. As a result of the shift in employment patterns towards the dual earner model (Daly, 2011), states try to redefine the division of care responsibilities in order “to establish a new balance among providers of care: the family, the market and the state” (Bettio and Plantenga, 2004: 86). Care regimes rely on the labour of women in the care professions, one of the fastest growing global markets. Welfare states do more than just reflect on relations of care that presumably exist within a society and culture; they choose policy combinations and create care regimes (Javornik, 2014). They are active agents in the social construction of care. The second concept, familialism, describes the importance of the family in care provision (Žakelj et al., 2013). Welfare states may support family members in their decision to provide care in the family under conditions which “secure an acceptable standard of living or not to provide unpaid care work and secure an acceptable standard of living via labour force participation” (Hammer and Österle, 2001: 3). The process of de-familialisation can unfold in a number of different ways, depending on states’ ideologies on the role of women in the family (Kreimer and Schiffbänker, 2005; Fraser, 1994). In last two decades,

² Analysis included Act Amending the Social Security Act, 2010 and 2016; Declaratory decision on assistance and attendance allowance rate, 2013 and web page of Ministry of Labour, Family, Social Affairs and Equal Opportunities.

the notion of the re-familialisation processes has gained ground in sociology and feminist theory. The term refers to a policy focus on motherhood and on expectations that women will assume their traditional roles as carers (Rune and Kildal, 2015). The third concept is the gendered welfare state (e.g. Sainsbury, 1994; Daly, 2000; Williams, 2010). It refers to the fact that care is gender-specific and understood as part of traditional femininity, while masculinity is constructed in terms of distance from care responsibilities (Hrženjak, 2013; Hanlon, 2012). Traditional gender scripts influence social policies that build on traditional norms instead of confronting them. This is significant not only for conservative welfare systems, but to an extent for social democratic or liberal ones as well (Daly, 2000).

Most often, care regimes are gender-specific and tend to regulate the relationship between women carers and those receiving care in line with historical and cultural gender scripts (Williams, 2010). Once it incorporates gender scripts, a welfare state cannot tailor gender-neutral social policy, even if it promotes a policy of gender equality. The contradiction persists due to the residual nature of equality policies that often fail to address structural causes of inequality and pursue goals through measures and programmes addressing a particular issue in society (Gardiner, 1997). The current rise in re-familialisation policies contradicts full employment strategies that promote inclusion in paid labour through equality policies that aim at securing women's financial independence.

An in-depth analysis of the gendered care regime in Slovenia is not possible due to a lack of data. Some data are available at the Statistical Office of the Republic of Slovenia for the year 2013. They show that the care regime in Slovenia is based on women's labour: 85% of all employees (5174 out of 6072) at social care institutions are women (SORS, social security). Professional care work in Slovenia can therefore be said to be gender segregated (Humer and Kuhar, 2010; Šadl, 2010). Nearly the same ratio can be found for family assistants, 81% of whom are women (MLFSA, personal communication).

Assisting the family: The normative framework

Policy makers constructed the family assistant as a professional accountable to the person in care and to the state. The Act Amending the Social Security Act (Official Gazette, 39/16) specifies the conditions under which the position is granted, maintained and expires:

- The Board of Examiners of Disability at the Pension and Disability Insurance Institute of Slovenia decides on an application for family assistant status (Article 18f).
- Social services decide on financial matters (they assess how much a

disabled person and other family members have to contribute to the payment and whether any property figures into the arrangement) (Article 18a).

- The disabled person may provide a written statement outlining the kind of services needed and how these services are to be performed (Article 18d).
- The home care assistant contributes to the adequate care or appropriate satisfaction of the wishes and needs of the person with the disability by carrying out the following tasks:
 - providing accommodation, care, appropriate nutrition and housework;
 - providing health care in collaboration with the family doctor;
 - ensuring participation at social, cultural, educational and other activities;
 - ensuring the active involvement of the legal guardian;
 - attending training for family assistants organised the by Social Chamber (Article 18j).
- The family assistant is regularly supervised and monitored by social services and has to submit a yearly report. The report is presented to the person in care, who has to approve it before it can be submitted (Article 18k).

Apart from legal conditions, other requirements are set by the MLFSA and listed on its web page (MLFSA, Home care assistant)

- A home care assistant³ providing care to a person with a disability in a domestic environment must have an appropriate attitude towards the person with the disability, and must have the skills to communicate and be qualified to work with such a person.
- The institution of home care assistant plays an important role in maintaining quality of life in the advanced years of persons with disabilities. It is primarily intended for persons with disabilities who believe that institutions cannot offer adequate intimacy, individuality, solidarity, personal communication, homeliness and heartiness.

It is evident, that the family assistant is an alternative to institutional care. Relatives of disabled persons who have opted against institutional care now have the opportunity to leave their job or only work part-time and take care of the dependent person. The basic intention of the policy maker in this case was to merge or meliorate the paternal care with the institutional

³ It is important to point to the language used in translation. In Slovene, the legal term *družinski pomočnik* is of the male grammatical gender; it literally translates to male family assistant. The official translation on the web site of the MLFSA is "home care assistant", which is incorrect. Equating "family" with "home" is yet another indication that the Slovenian care regime is traditional.

rules and with institutional standards and norms. Parents or relatives should attend training to improve skills and acquire knowledge on how to be a better carer and above all professionals, like medical doctors, social services or legal guardian, should supervise them. What was once informal care is thus transformed into formal care, and as such needs to be supervised and monitored in order to justify the investment. At the same time caregivers, mostly women, are expected to provide a service based on principles of individuality, solidarity, personal communication, homeliness and heartiness. They should also respect the intimacy and privacy of the cared-for person. As noted above, the service is supposed to be based on emotions, understanding and parental love, but also on standards of professional care.

Professionalism in state institutions is extensively regulated, both nationally and internationally, by numerous acts and documents due to the power imbalance inherent in the relationship between the caregiver and the dependent person. The priority of the policy maker is to ensure that the dependent persons will have their basic needs fulfilled in an attentive and emotional environment. Here professionalism can be seen as distance from emotional attachment; as such, it can be more conducive to abuse and violence. A good carer should have a good heart; as this value is also central to the traditional understanding of femininity (Hanlon, 2012; Humer and Kuhar, 2010; Sainsbury, 1994), it clearly steers the care regime in Slovenia towards re-familialisation.

We can complement findings with citations from our interviews. They are all stressing an emotional attachment to the person in care. Women also feel that they are carers by nature, so they feel obliged to take on care duties, they have no real choice to decide otherwise.

He is mine, this is my motivation. A mother is a mother and that is different. But I can do everything, nothing is difficult for me. (Ivan)

We women, we have greater empathy than men. We are mothers. (Valentina)

A mother is a mother. What I do must be perfect, and I put emotions into it. What's mine is mine. It is special. (Mojca) [...] A woman is much more suited to caring than a man is. Even if I help her, that is not the same. (Mojca's husband)

Citations are in line with the traditional understanding of gender roles in Slovenia. Even Ivan who took over the care for his son thinks that mother is irreplaceable but comes to a paradoxical position, because he says that he can do everything. He also states that his emotional attachment to his son

drives him to keep the status of a family assistant. While Mojca's husband distances himself from the care, she took over all responsibilities without any doubts. This is her mission as a woman and as a mother. Valentina's answer is also interesting, namely she does not have children at all and she cares for her elderly mother. She believes that women are carers by nature and have inner drives (so called maternal instinct) to care for the others.

To assess whether and how care regime incorporate this gender script, the sufficiency of the monthly payment received by family assistants will be discussed.

The financial and emotional arrangement of family assistance

Under the family assistant service, home care is a substitute for institutional care. There are substantial differences in the costs of both services. While the monthly cost of institutional care is roughly 1500–2000 (see Zaviršek et al., 2015), a family assistant receives a partial payment for lost income that, at a net amount of around 560⁴. The family assistant is not employed and does not have any rights from employment such as sick leave, paid rest and meal breaks, holidays, etc. Payment comes from the municipality, which also covers the costs of compulsory insurance for the assistant. The municipality has the right to claim the estate upon the death of the person in care if the deceased owned any property. It also has a right to claim an assistance and attendance allowance, which is then included in the monthly payment. The person in care must agree to this arrangement; if they do not, the application is declined, so it is not really a choice. Additionally, the person in care or their relatives have to compensate for the amount received if they have the financial resources to do so. Attendance allowance is paid on the grounds of an assessment of the severity of the disability and is commensurate with the extent of dependency on the assistance of other persons. There are 3 categories: the lowest amounts to 146, the medium amount is 292 and the highest is 419 (Official Gazette, 9/2013). In cases where the family is financially well off the entire sum of money paid by the municipality can theoretically be reimbursed, but to the author's knowledge no such cases exist. Financially secure families choose other arrangements and do not opt for family assistant status.

According to the interviews in our research, most family assistants have substantial financial problems. The sum of money they receive is below the poverty threshold for Slovenia (617 in 2015). Cost of care is a major problem. The assistance and attendance allowance is part of the partial payment for lost income the caregiver receives from the municipality, so all costs of

⁴ Less than minimum wage.

care must be covered from it. Costs vary according to the level of disability, and can include medical items, transport, rehabilitation, etc. By law, the caregiver must provide for an adequate diet, health care and participation at social, cultural and leisure activities, all of which cost money.

We are not expecting a lot, we just want a normal life, to not worry about tomorrow, about whether we'll be able to buy a yogurt for the child or not. That is a major problem. (Ivan)

These children need more than other children. Not for fun, but because they have different needs and problems. (Suzana)

Transport is also a problem. Some municipalities cover costs for necessary travel, like commutes to school.

We need an extra 100 euro per month to cover travel costs. That is so sad. (Ivan)

We can only afford to send her to school and nothing else. (Mojca)

Most family assistants also have problems covering other household costs. Ivan's wife is employed, but only makes 600; Mojca's husband is a pensioner with a small pension; Valentina is caring for her elderly mother, who receives a very small pension. All three families struggle with everyday expenses. Any unexpected damage to their home is a burden on their budget.

I receive 566. I had to take out a mortgage on the house because a strong wind blew the roof off and the insurance company did not want to pay the cost of repair. I have to pay an additional 295 in interest per month to the bank. The rest of the money goes for a car lease, because my old car broke. After all expenses, I only receive 45 per month. Mum receives 408. (Valentina)

Valentina cannot afford to be without a car because she lives outside the city centre and her mother needs medical attention and frequent walks because of her lung problems. Valentina has health problems of her own, but cannot afford to go to the hospital because she can't take time off.

I have to stay fit. I put mum in the car and drive to Izola or Trieste. I put her in her wheelchair and we walk along the coast. Her lungs need that, and so do I. This is my exercise. [...] I have to go to the hospital for a gall

bladder operation, but I cannot afford it because I cannot pay for mum to be with me. (Valentina)

The financial arrangements can drive assistants into poverty and debt. Two of the three interviewees were once employed and had secure jobs, which did not pay well but did keep them above the poverty threshold. For all three of them, the current financial situation is negative, and they are struggling. One of the interviewees is very close to losing her house because she might not be able to make mortgage payments to the bank. One of them works on the grey market from time to time because she simply cannot cover the everyday costs of living, and any extra expense could drive her into debt.

Discussion

Regarding the first research question, on how does the policy construct care in the family, we can conclude that the social organisation of care is gendered and influences women's and men's lives in many ways. Women are in a liminal position between paid labour and informal care, and are in a vulnerable social position. In times of a stronger welfare state, women had better conditions for entering employment due to stronger support services that partly took over care for dependent others. Comparative welfare research shows that in countries where the state "effectively converts the 'private' duty of care into a 'public' responsibility, the conditions for the development of full civil, political and social citizenship of women are better fulfilled" (Bussemaker and van Kersbergen, 2000 in Peterson, 2013: 7). Since its political transition, Slovenia is constantly facing efforts to traditionalise public and private spaces and domesticate women (Jogan, 2010; Burcar, 2015). The social organisation of care relies on women's paid and unpaid labour. Introducing the family assistant service is a strategy for the domestication of women (even though the provision is written in the politically "neutral" male grammatical gender). The data show that more than 80% of family assistants are women, and personal traits that are traditionally and culturally ascribed to women are used to promote and popularize the service. The policy measures address women's ethical and moral attitudes towards their own children and mothers and fathers. All interviewees are convinced that women are carers by nature, and that they know how to care even if they have not received the adequate education or training. The Slovenian gender script is clearly traditional, and the care regime incorporates these values.

Looking closely at the financial arrangements of the service, what was the second research question, it becomes clear that the state tends to strengthen

family obligations towards the dependent person. Slovenian social policy strongly emphasises that welfare is a family or personal responsibility. This is written into the legislation on welfare benefits and social security. This “family first” policy stance has resulted in welfare cuts (see Leskošek, 2011) and in a greater role for the family in providing care for family members. The family assistant is a prime example of the outcome of such a policy of re-familialisation. Apart from domesticating women, payment for the care they provide as family assistants becomes a family responsibility. Finances include the assistance and attendance allowance received by the cared-for person, financial participation in the event that family members earn more than a set amount, the municipality’s claim on the estate of the cared-for person, etc. The care provided by women thus becomes a family responsibility, with the state coming in only in cases where the family cannot cover the costs.

The idea of being paid by one’s family for providing care is an old one, with significance for conservative political and welfare regimes. It was present throughout the previous century and persists in current times. Fraser developed a model of “caregiver parity” which “aims to promote gender equity chiefly by supporting informal carework; the centrepiece of this model is state provision of caregiver allowances” (Fraser, 2013: 114). But in the case of Slovenia, this remuneration is reimbursed by the family. The model is problematic in many ways but mostly because it contributes to the re-domestication of women, increases dependency on other family members and is a cause of insecurity in the life courses of women. It also commodifies care (Knijn and Oster, 2002), which can lead to moral dilemmas between serving others from the heart (out of love) and getting paid. This was also confirmed in the interviews. All the respondents feel morally obligated to spend the attendance allowance on the dependent person and do not view it as payment for their work.

Conclusion

The family assistant service is an example of re-familialisation policies that contribute to the re-domestication of women and strengthen the traditional values underpinning the gender-specific nature of care. The social organisation of care is clearly gender-blind and thus gender-biased. Ignoring gendered meanings of care leads to a gendered care regime in which a failure to incorporate knowledge on the gender construction of care increases the likelihood that social and cultural norms and values that highlight gender differences will find their way into legislation. A gender-blind welfare state is a gendered welfare state (Sainsbury, 1994). Despite the fact – or rather precisely because of it – that the family assistant service is

promoted as gender neutral, it is actually highly gendered and will cause many problem in the future through its impacts on precarious life courses.

The analysis of financial arrangements also points to the same conclusion. Payment for the service is itself below the poverty threshold and is in fact largely reimbursed by family members and the person in care, which is problematic in many ways. The inter-familial relationship is commodified and one family member becomes a service provider while others are purchasing and using the service. The marketisation of intimacy (see Ungerson, 1997) is strengthening the power imbalance between provider and purchaser and thus subordinating women even more than they already are in traditional gender-biased relationships. Being paid for what should be done out of love can create moral dilemmas that force women to totally dedicate themselves to a dependent person at the expense of their own satisfaction and health. The facts that the payment does not provide them with a decent living and they are forced out of the formal labour market will hold consequences for their life course.

BIBLIOGRAPHY

- Act Amending the Social Security Act. Official Gazette, 2/2004.
- Act Amending the Social Security Act, Official Gazette, 39/2016.
- Bettio, Francesca and Janneke Plantenga (2004): Comparing care regimes in Europe. *Feminist economics* 2 (1): 85–113.
- Burcar, Liljana (2015): *Repatriarhalizacija družbe*. Ljubljana: Sophia.
- Daly, Mary (2000): *The gender division of welfare: The impact of the German and British welfare states*. Cambridge: Cambridge University Press.
- Daly, Mary (2011): What adult worker model? A critical look at recent social policy reform in Europe from a gender and family perspective. *Social Politics* 18 (1): 1–23.
- Declaratory decision on assistance and attendance allowance rate. Official Gazette, 9/2013.
- Ervik, Rune and Nanna Kildal (2015): From collective to individual responsibility? Changing problem definitions of the welfare state. In Runne Ervik, and Nanna Kildal, Even Nilssen (eds.) *New contractualism in European state welfare policies*, 93–117. Farnham, Surrey, Burlington: Ashgate.
- Fraser, Nancy (1994): After the Family Wage: Gender Equity and the Welfare State. *Political Theory* 22 (4): 591–618.
- Fraser, Nancy (2013): After the Family Wage: A Postindustrial Thought Experiment. In Fraser, Nancy: *Fortunes of Feminism. From State-Managed Capitalism to Neoliberal Crisis*, 111–139. London: Verso.
- Gardiner, Frances (1997): Introduction: Welfare and sex equality policy regimes. In Gardiner, Frances (ed.), *Sex equality policy in Western Europe*, 1–24. New York: Routledge.
- Knijn, Trudie and Ilona Oster (2002): commodification and de-commodification. In Barbara Hobson, Jane Lewis and Birte Siim (eds.): *Contested concepts in*

- gender and social politics, 141–169. Cheltenham, Northampton: Edward Elgar.
- Hammer, Elisabeth and August Österle (2001): Welfare state policy and informal long-term care giving in Austria. Old gender divisions and new stratification processes among women. Working Paper No. 7. Vienna: WU Vienna University of Economics and Business, Institut für Sozialpolitik. Accessible at <http://epub.wu.ac.at/820/1/document.pdf> (18. 7. 2016).
- Hanlon, Niall (2012): *Masculinities, Care and Equality: Identity and Nurture in Men's Lives*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan.
- Hrženjak, Majda (2007): *Nevidno delo*. Ljubljana: Mirovni inštitut.
- Hrženjak, Majda (2013): Negotiating Masculinities in Informal Care Work. *International Review of Sociology* 23 (2): 346–353.
- Hobson, Barbara and Jane Lewis, Birte Siim (eds.) (2002): *Contested Concepts in Gender and Social Politics*. UK: Edward Elgar.
- Humer, Živa and Metka Kuhar (2010): Domače in skrbstveno delo ter odnosi med spoloma: stare zgodbe v novih preoblekah? *Družboslovne razprave* 26, 64: 81–110.
- Javornik, Jana (2014): Measuring state de-familialism: contesting post-socialist exceptionalism. *Journal of European social policy* 34 (3): 240–257.
- Jogan, Maca (2000): Postsocializem in androcentrizem. *Družboslovni razgledi* 16 (34/35): 9–30.
- Kreimer, Margareta and Helene Schiffbänker (2005): Informal family-based care work in the Austrian care management. In Birgit Pfau-Effinger and Birgit Geissler (eds.), *Care and social integration in European societies*, 173–192. Bristol: Policy Press.
- Leskošek, Vesna (2011): Strukturne reforme na področju socialnega varstva. *Teorija in praksa* 48 (jubilejna številka): 1264–1280.
- Ministry of labour, family, social affairs and equal opportunity, Home care assistant. Accessible at: http://www.mdds.gov.si/en/areas_of_work/social_affairs/home_care_assistant/ (19. 7. 2016)
- Peterson, Elin (2013): *Beyond the "women-friendly" welfare state: framing gender inequality as a policy problem in Spanish and Swedish politics of care*. Doctoral Theses. Madrid: Faculty of political sciences and sociology.
- Sainsbury, Diane (ed.) (1994): *Gendering welfare state*. London: Sage.
- Sevenhuijsen, Selma (1998): *Citizenship and the ethics of care: Feminist Considerations on Justice, Morality, and Politics*. New York, London: Routledge.
- Šadl, Zdenka (2010): Skrbstveni deficit, neformalno plačano skrbstveno delo in politike usklajevanja dela in družine. Uvodnik. *Teorija in praksa* 47 (1): 118–122.
- Ungerson, Clare (1997): Social policy and the commodification of care. *Social politics*, 4 (3): 362–381.
- Videmšek, Petra (2012): Prehodnost stanovanjskih skupin – kje se izgublja proces dezinstucionalizacije?. *Časopis za kritiko znanosti* 39 (250): 74–85.
- Williams, Fiona (2010): *Claiming and Framing in the Making of Care Policies: the Recognition and Redistribution of Care*. Gender and Development Program Paper No. 13, Geneva: UNRISD.

Zaviršek, Darja and Gašper Krstulović, Vesna Leskošek, Petra Videmšek, Monika Bohinec, Elena Pečarič, Natalija Jeseničnik, Klaudija Poropat (2015): Analiza sistema institucionalnega varstva in možnosti nevladnih organizacij zagotavljati storitve v skupnosti za uresničevanje deinstitucionalizacije v Sloveniji. Ljubljana: YHD.

Žakelj, Tjaša and Alenka Švab, Metka Mencin-Čeplak (2013): The role of parents in young people's educational trajectories in Slovenia. *Annales Ser. His. Sociol.* 23 (2): 317–328.