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# A DYADIC APPROACH TO ADDRESSING THE UNMET NEEDS OF CAREGIVING DYADS: ANALYSIS OF THE INCLUSIVENESS OF THE SLOVENIAN LONG TERM CARE ACT**[1]

**Abstract.** *Caregiving is a dyadic relationship consisting of the person who receives and the person who provides care. In order to prevent needs among them going unmet, long-term care policy should adequately address the needs of both dyad members and thus holistically approach the issue of unmet needs within caregiving dyads. The article analyses the inclusiveness of informal caregivers and hence a dyadic perspective to caregiving in the Long-Term Care (LTC) Act (ZdOsk-1) in Slovenia. The LTC Act is shown to have focused on care receivers and, except for the right to a caregiver family member, fails to recognise the dyadic nature of caregiving.*
**Keywords:** *long-term care, caregiving-dyad, unmet needs, long-term care policy.*

## INTRODUCTION

Informal care is vital for sustaining long-term care systems across Europe (Spasova et al. 2018; Zigante 2018), especially in unsupported familialist welfare states like Slovenia (Filipovič Hrast et al. 2020) in which older adults in need of care depend heavily on the informal care provided mostly by their family members, relatives, friends and neighbours. Yet, long-term care policies often fail to adequately support informal (family) caregivers, increasing the likelihood of greater unmet needs being present among them. In this article, the definition of caregiving as a dyadic relationship is followed, stressing the interdependency of caregiver and care receiver. An individual member of the dyad does not exist in isolation, but is influenced by the actions, emotions and characteristics of the

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other (Lyons et al. 2002; Revenson et al. 2016). Care receivers on one hand often struggle with the loss of independence and in turn increased dependence on others (formal/informal caregivers), frequently reporting feelings of shame and guilt – the latter especially when they are unable to reciprocate for the care they are receiving (e.g., in situations of immobility and extensive ADL needs) (Lyons et al. 2002; Bredewolt et al. 2020). On the other hand, the provision of care entails a specific cost for caregivers as well, notably in terms of time, participation in other non-care-related activities (e.g., family relationships, labour market participation, hobbies), and in physical, mental and emotional well-being (see Daly and Lewis 2000; Schulz 2008; Bouget et al. 2017; Antonsdottir et al. 2022). How this cost is experienced by caregiving dyads is contingent upon the availability and allocation of the resources available to them and their capabilities to transform these resources into (valued) functionings (Sen 1993; Schultz 2012). LTC policy is a vital resource for caregiving dyads aimed at supporting those in need of care and thus preventing care needs from going unmet. However, the extent to which caregivers are recognised and included in these policies varies among European welfare states (Courtin et al. 2014). Poorly designed policies that do not support both members of the dyad might cause unmet care needs to become more prevalent among caregiving dyads (Kröger 2022).

## UNMET NEEDS FROM A DYADIC PERSPECTIVE

In past decades, numerous studies have examined the caregiving relationship and the exchange of support within caregiving dyads. Sociologists have (among others) examined these dynamics through theoretical frameworks of social exchange theory (e.g., Raschick and Ingersoll-Dayton 2004), social capital theory (e.g., Barrett, Hale, and Butler 2014) and intergenerational solidarity theory (e.g., Rodrigues et al. 2022). The topic has also been frequently studied by psychologists who have approached it via various theories, including theories of interdependency (e.g., Karademas 2021; Ferraris et al. 2022) and dyadic coping (e.g. developmental-contextual model of couples coping with chronic illness (Berg and Upchurch 2007)). When studying the outcomes of care provision or the presence of unmet needs, the majority of studies focus on either care receivers (see Vlachantoni et al. 2011; Hlebec et al. 2016; Kröger 2022) or caregivers (see Kuluski et al. 2018; Clemmensen 2020; Liu et al. 2020). Still, in the past decade studies using a dyadic approach – taking the outcomes and unmet needs of both members of the dyad into account, have been gaining attention (Revenson 2016; Pristavec 2019; Karademas 2021; Ferraris 2022; Antonsdottir 2023). These studies emphasise the contextual embeddedness of the dyad, its influence on both dyad members[2] and the fact that the outcomes of individual dyad members

[2] For example, living in a rural area with limited access to formal care services might hold consequences for care receivers as they might not receive sufficient amount or adequate care, as well as for their caregivers, who often need to cover the gap left by formal care services.

are often similar (Rand, Forder and Malley 2017). In a recent study, Antonsdottir et al. (2023) found that greater unmet care needs of care partners (caregivers) were related to worse health and well-being outcomes for both members of the caregiving dyad (Antonsdottir et al. 2023), stressing the intertwined nature of a caregiving relationship. A dyadic approach in LTC policy analysis focuses on the caregiving dyad as a unit, capturing the mutual influence of each member's experiences – for example, how informal caregivers' coping strategies influence care receivers' well-being and vice versa (Revenson et al. 2016, 26–27).

Although extensive literature and definitions related to the concept of unmet needs can be found (Williams et al. 1997; Vlachantoni et al. 2011; Freedman and Spillman 2014), Isaacs and Neville's definition was among the first to include both members of the caregiving dyad, defining unmet needs as situations "*when an individual receives insufficient care to fullfill his/her basic requirements for food, warmth, cleanliness and security at a level at which he would have provided them for himself had he been fit to do so, or when care was provided only at a cost of undue strain to the relatives*" (Isaacs and Neville 1976, 81). To effectively meet the needs of caregiving dyads, it is essential that LTC policy measures include the needs of caregivers as research shows that unmet caregiver needs can lead to a caregiver burden which, in turn, adds to the likelihood of care receivers having unmet needs (Schulz et al. 2012; Brimblecombe 2023). This creates a vicious cycle of unmet needs, revealing the importance of a dyadic perspective when it comes to unmet needs in the design of LTC policy (and interventions).

## UNMET NEEDS AMONG CAREGIVING DYADS IN SLOVENIA

The Slovenian LTC regime can be defined as unsupported familialism (Filipovič Hrast, Hlebec and Rakar 2020) because family support is crucial in both informal and formal LTC. The latter is reflected in the obligatory out-of-the-pocket contribution for formal care services and the use of (housing) assets to cover the costs of formal LTC services in cases where families cannot afford them (Mandič 2012). At the beginning of the transition, Slovenia established LTC policies for older people on the tradition of institutional care, while it was only after the transition was completed that community care started to develop (Hlebec and Rakar 2017). However, research shows that formal LTC services in Slovenia are financially inaccessible, especially for older adults with high care needs, low incomes, and for those living in rural areas (Hlebec, Majcen and Srakar 2016; Hlebec and Filipovič Hrast 2016), who often report having unmet needs (Kadi et al. 2021). Inequalities in the availability, accessibility and affordability of home care services in Slovenia are often stressed as one of the main reasons for unmet needs among older adults and their community-dwelling caregivers in Slovenia (Kadi et al. 2021). In addition, the poor financial situation of older people importantly affects the caregiving arrangements of dyads. This is especially the case within adult child–parent dyads because adult children are

legally obliged[3] to cover the gap in cases when older adults cannot afford to pay the full cost of formal LTC services (Hlebec and Rakar 2017). The lack of state support and complexity of caregiving is reflected in unmet needs of informal caregivers who frequently report the need to take a (longer) break from caregiving, the higher availability of home care services, and more frequent visits from community nurses. At the same time, many informal caregivers lack support from their informal network (relatives, friends), community care services (e.g., day care centres), concrete information related to care provision as well as faster procedures concerning access to institutional care and financial help and support (Hvalič Touzery 2007). Over one-third of family caregivers express their desire to return to the life they had prior to assuming the informal caregiving duties (Hvalič Touzery 2009). This might point to the lack of choice in becoming an informal caregiver or that the provision of care is time-consuming and might incur serious costs with respect to caregivers' other, non-care-related obligations (e.g., family obligations, health, hobbies, employment).

In a recent study on caregiving dyads in Slovenia, Potočnik et al. (*forthcoming*) find that the insufficiency and inadequacy of formal care services and lack of financial resources among caregiving dyads exacerbates the inequalities among them, particularly affecting caregiving dyads with low socioeconomic status. This is concerning because inequalities tend to accumulate over the life course, often becoming more pronounced in old age and could potentially trap dyads in a cycle of disadvantage (Dannefer 2020; Rodrigues and Ilinca 2021).

It is hence important to study whether long-term care policy recognises informal caregivers as co-clients (Twigg 1989; Revenson 2016) and thus support the idea that both dyad members should be adequately supported in order to prevent unmet (care) needs and maintain a certain level of well-being. This is crucial to prevent inequality and the accumulation of disadvantages among caregiving dyads.

## METHODS

### Analysis

For decades, the Slovenian LTC system was fragmented and addressed by different laws (e.g., as part of the Social Assistance Act (2007)[4], Health Care and Health Insurance Act (1992)[5] and Pension and Disability Insurance Act (2012)[6]. Nonetheless, the adoption of the LTC Act in 2021[7] marked a pivotal moment by

[3] While payment exemptions are available, in such cases the (housing) assets of the care receivers are utilised to cover the financial shortfall (Mandič 2012).

[4] Social Assistance Act, Official Gazette of the Republic of Slovenia, No. 3/2007.

[5] Health Care and Health Insurance Act, Official Gazette of the Republic of Slovenia, No. 9/1992.

[6] Pension and Disability Insurance Act, Official Gazette of the Republic of Slovenia, No. 96/2012.

[7] The Long-term Care Act in Slovenia was adopted in 2021, but due to changes in the government the Act was amended in 2023 and its implementation postponed from 1 January 2023 to 1 January 2024, especially due to financing issues.

bringing LTC under a single piece of legislation for the first time in the country's history. The LTC Act regulates the rights and obligations of providers, individuals insured for LTC, the tasks of the state and municipalities, compulsory insurance for LTC, and funding resources for LTC. The act upholds the public interest and aims to ensure equal access, availability, quality of LTC services as well as the right to live independently and autonomously for all LTC beneficiaries following the principles of universality, solidarity, equality, and the prohibition of discrimination.

The inclusiveness of caregivers as targets for support in the Slovenian LTC Act (2023) was studied in order to determine whether informal caregivers and thus the dyadic nature of caregiving is recognised within it. Following the framework of the inclusiveness of social rights (Classen and Clegg 2007; Dobrotić and Blum 2019), in the new LTC Act (2023) three dimensions of inclusiveness of social rights are in focus: *the entitlement principle* (to whom the rights are granted), *eligibility criteria* (conditions in which the rights are granted) and *benefit scope* (what an individual can obtain through a specific right and how generous it is). All three dimensions were examined in relation to the following research question:

1. *To what extent are the unmet needs of informal caregivers, and thereby the dyadic nature of caregiving, recognised in the Slovenian LTC Act? When and in which conditions are informal caregivers entitled to LTC rights under the LTC Act?*

The goal of the policy analysis is to study the extent to which caregivers are included in the LTC Act (2023) and to identify potential risks and social inequalities that might be created by inclusiveness criteria.

## RESULTS – THE INCLUSIVENESS OF THE SLOVENIAN LTC ACT

### Entitlement principles

In order for an individual to be entitled to the rights under the LTC Act (2023), they must have been insured for LTC for at least 24 months in the past 36 months before claiming the rights; have a permanent or temporary residence in the Republic of Slovenia[8] and, based on the needs assessment, be categorised in one of five LTC needs categories according to the needs assessment scale. Further, an individual should not be in receipt of any comparable service (e.g., example assistance and attendance allowance; institutional care under the Social Assistance Act[9] (2007) or personal assistance (except where the personal

[8] For individuals with international protection, classified in one of the five LTC needs categories according to the needs assessment scale, criteria related to the duration of insurance and residency in the Republic of Slovenia do not apply.

[9] The Long Term Care Act, Official Gazette of the Republic of Slovenia, No. 84/2023.

assistance services provided are not comparable to those under the LTC Act[10])).

The new LTC Act (2023) states that beneficiaries are entitled to two types of rights: *monetary* and *non-monetary rights*. *Non-monetary rights* include the entitlement of care receivers to services provided through the public network of formal care providers. This includes home care services (starting 1 July 2025) as well as institutional care in nursing homes or day-care centres (starting 1 December 2025). Moreover, since 1 January 2024 care receivers are also entitled to the right to a Caregiver Family Member (CFM). In contrast to informal caregiver, who is defined as "an individual who provides (usually) unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework" (Eurocarers 2024), CFM is a formalised type of care for which caregivers must meet specific eligibility criteria and which constitutes a form of "employment", distinguishing it from informal or unpaid care. In addition to *non-monetary rights*, care receivers are entitled to *monetary rights*. Care receivers are entitled to a cash benefit, the amount of which depends on the level of the care receiver's needs. The benefit ranges from EUR 89 for those in the lowest (first) category of need to EUR 491 for those in the highest (fifth) category. Coming into effect on 1 December 2025, a cash benefit will be provided to care receivers who will not utilise their entitlement to non-monetary rights or in the case of the unavailability or insufficiency of non-monetary rights to meet the needs of care receivers. In the latter situation, a cash benefit will be given as a temporary alternative until the non-monetary rights become available. Alongside monetary and non-monetary rights, the majority of care receivers (except those in institutional care) are entitled to E-Care services as well as services aimed at strengthening and maintaining their independence (starting 1 July 2025).

The dyadic nature of caregiving makes it crucial to acknowledge that care receivers' entitlement to services and cash benefit can have indirect impacts on their informal caregivers. While on one hand a cash benefit may alleviate the financial strain on caregivers, on the other it might also foster caregivers becoming dependent on care receivers. Similarly, the provision of home care services, for example, may help relieve caregivers of some of their responsibilities. However, inadequate or inaccessible services can produce the opposite effect (see Brimblecombe 2023). Still, given that the focus of this paper is the inclusiveness of LTC policy, only those rights where the effect on the caregiver is direct and where both members of the dyad are included are focused on. In the analysed LTC Act

[10] In Slovenia, there is a two-tier system of long-term care provision – one tier represents the LTC Act and the other the Personal Assistance Act (Official Gazette of the Republic of Slovenia, nos. 10/17 and 31/18). The rights under the Personal Assistance Act can be claimed by a person aged 18–64 years, with a long-term physical, mental, intellectual or sensory impairment, needing support with leading an independent personal and family life, integration into the social environment, education and employment, for at least 30 hours per week. The eligible person is granted the right to one or two personal assistants (according to the level of needs), enabling them greater independence, activity and equal participation in society.

(2023), solely the right to CFM applies a dyadic approach (see Table 1) and the analysis of the LTC Act (2023) therefore concentrates on the entitlement, eligibility criteria, and scope of benefits related to the right to a CFM.

## THE RIGHT TO A CAREGIVER FAMILY MEMBER

### Entitlement

The LTC Act (2023) establishes the institute of a caregiver family member (CFM) as one type of non-monetary LTC rights for individuals in the 4th or 5th category of care needs. This type of LTC is provided within the household by a close family member based on the request of the dyad. Caregivers are entitled to this right through the care receiver to whom the right is granted. To receive this benefit, both the care receiver and the caregiver must submit an application acknowledging the vital role of both dyad members.

### Eligibility Criteria

Apart from a needs assessment, the caregiver must meet specific eligibility criteria to qualify as a CFM. Caregivers must co-reside with the care receiver(s), be a family member(s)[11] of the care receiver(s) and need to exit the labour market when taking on the role of CFM. There is an option to remain in employment, but only part-time if there are two caregivers for one care receiver who both work part-time in paid employment and part-time as a CFM. Since labour market activity is a necessary precondition and one of the eligibility criteria to become a CFM, retired caregivers are excluded and cannot be formally recognised as CFMs. This is problematic since retired caregivers represent more than half of all informal caregivers in Slovenia (Nagode and Srakar 2015) and due to the low pensions and poor financial situation of older adults in Slovenia are already in a disadvantaged position. The fact that retired caregivers are ineligible to become a CFM could be seen as discriminatory and might exacerbate inequalities in old age, especially given that in Slovenia older individuals, notably women (who are also disproportionately represented among informal caregivers), are more exposed to the risk of poverty (Leskošek 2017).

Further, the eligibility criteria for CFM are also related to the needs and living arrangements of the care receivers. Only caregivers providing care to care receivers with extensive care needs (care receivers in 4th or 5th category according to the needs assessment scale, where 5th is the highest category) and those co-residing with care receivers are eligible to become a CFM. Simultaneously, caregivers must be psychologically and physically fit, have no legal convictions,

[11] According to the LTC Act, the following qualify as a family member of the insured person: the spouse or cohabiting partner, the daughter or son, the daughter or son of the spouse or cohabiting partner, the parents (father and mother, or the spouse or cohabiting partner of the father or mother), the brother or sister, the grandson or granddaughter, and second-degree relatives in either the direct or collateral line.

and need to successfully complete basic training for a CFM. These eligibility criteria exclude all family members who do not provide care to the care receiver in the first, second and third category of needs as well as those who do not co-reside in the same household with the care receiver. That is interesting as living alone is a major risk factor for unmet needs (Kroger 2022). It also does not sufficiently address the needs of caregiving dyads in Slovenia since only about 40% of caregiving dyads live in the same household (Baji et al. 2019, 58). The outcome is that the majority of informal caregivers in Slovenia do not satisfy the precondition to become a CFM or that, in order to claim the benefit, they should move in with the care receiver and (partly) exit the labour market as well. Yet, this might not always be a viable option, nor is it necessarily a preferred choice for informal caregivers.

**Benefit Scope (duration, coverage)**

CFMs are expected to take up related duties if they are to keep the benefits. They must provide the care according to the personal plan (created by the care receiver and CFM with support from the LTC coordinator at the Centre for Social Work), report to their coordinators monthly, take a refresher course in the amount of 20 hours every 3 years and inform the coordinator and other important stakeholders (e.g., doctors) should the health status of the care receiver change. In addition, CFMs are entitled to compensation for lost earnings at the rate of 1.2 times the minimum wage when caring for one and 1.8 times the minimum wage when caring for two care receivers with high care needs living in the same household. As this compensation is above the minimum wage, it could significantly impact gender inequality in caregiving, especially the position of women, when negotiating care arrangements within the family (Rodrigues et al. 2022). However, leaving the labour market in order to provide care would probably be more appealing for those employed in low-paid occupations as the carer allowance could improve their financial situation. Studies have shown that in cases where siblings are providing informal care daughters provide more intensive care and provide care regardless of the circumstances (Šadl and Hlebec 2018). Accordingly, the above minimum wage compensation for the CFM and the possibility to share the responsibility (with both siblings being employed part-time at their own job and part-time as a CFM) might contribute to a more equal division of informal care between siblings, particularly when the compensation would not impact their financial situation negatively. Besides the compensation for lost income, CFMs are also entitled to 21 days of paid leave along with paid social security benefits and access to training (basic training in the amount of 30 hours and a refresher course in the amount of 20 hours). Even though this set of measures marks a step forward in recognising caregivers needs as it covers their requirements for information, training and respite care, it is only granted to a minority group of caregivers (those who have formalised their role and become CFMs), overlooking the needs of caregiving dyads where informal caregivers

do not decide to formalise their status or do not meet the eligibility criteria to become a CFM.

## CONCLUSION

The analysis of the Slovenian LTC Act revealed that while most of the Act focuses on care receivers the inclusiveness of caregivers (and thus approaching caregiving from the dyadic perspective) is limited to the right to CFM. In relation to CFM, the LTC Act acknowledges the dyadic nature of caregiving, treating the caregiver and care receiver as a unit from submission of the application through the caregiving process. Support measures are made available not just to care recipients but also to the CFMs themselves, acknowledging their needs for training, compensation, respite care and annual leave. Providing compensation to CFMs that is above the minimum wage might on one hand encourage more informal caregivers who satisfy the eligibility criteria to leave the labour market and become a CFM, but it is very important to acknowledge that providing care to a care receiver in the 4$^{th}$ or 5$^{th}$ category of needs usually means more than a typical 8-hour work schedule (often 24/7). Even though leaving the labour market might negatively affect a CFM's well-being (see Zigante 2018), especially if there are no other formal or informal resources the caregiving dyad can rely on, the opportunity to become a CFM might resolve the role conflict and enable caregivers to focus solely on providing care. Still, leaving employment to provide care may pose long-term risks for informal caregivers as the LTC Act does not (apart from being entitled to compensation for 1 month following the death of the care receiver) offer a protective mechanism that would enable CFMs the return to the labour market after the cessation of care. Apart from the institute of CFM, the LTC Act does not cover the needs of informal caregivers who do not decide to formalise their status, thus overseeing the heterogeneity and support needs of a large share of informal caregivers in Slovenia, e.g., those who do not meet the eligibility criteria to become a CFM (e.g., retired caregivers; caregivers not residing with care receivers), and those who do decide not to formalise their caregiver status (e.g., those who wish to remain in the labour market).

As the trend in LTC policy is for the refamilisation of care, and the burden to provide care is increasingly pushed on to informal caregivers (notably women), LTC policies should develop a support system that recognises, supports and enables informal caregivers to provide good quality care irrespective of whether they choose to formalise their status or not. To overcome inequalities among caregiving dyads, the LTC Act should strive to increase the capabilities of informal caregivers to provide care of good quality and, on top of the right to a CFM, provide them with access to a comprehensive system of support services that would not have as strict eligibility criteria, especially in relation to the co-residency, labour-market status and familial relationship to the care receiver. With regard to the informal caregiving projections, the eligibility criteria to become a CFM seem overly restrictive as shifts in family dynamics and

labour market patterns in contemporary society indicate a decline in the number of family members capable or willing to provide care, as well as those who co-reside with care recipients. Extending the rights to information, training and counselling to all caregivers, not only caregivers who formalise their status, and including caregivers as targets within the LTC Act could thus hold important implications for caregiving dyads in Slovenia, improving the quality of LTC care provided by informal caregivers, enhancing the well-being of caregiving dyads, and lowering the risk of unmet needs within the dyads.

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## APPENDIX

*Table 1: OVERVIEW OF LONG-TERM CARE RIGHTS AND ASSESSMENT OF DYADIC PERSPECTIVE TO CAREGIVING*

| | Right | Entitle-ment principle | Eligibility criteria | Benefit Scope | Dyadic perspective |
|---|---|---|---|---|---|
| Non-monetary rights | The right to institutional LTC | Care receiver | Care needs assessment | Depending on the category (up to: 20,40,60,80,110 hours per month for the 1st to 5th category, respectively) | No |
| | The right to daily LTC in an institution | Care receiver | Care needs assessment | Depending on the category (up to: 7,14, 21, 27,37 hours per month (for the 1st to 5th category, respectively) | No |
| | The right to home care | Care receiver | Care needs assessment | Depending on the category (up to: 7,14, 21, 27,37 hours per month (for the 1st to 5th category, respectively) | No |
| | The right to a CFM | Care receiver | A family member, psychophysically fit, has passed training, co-residence with the caregiver, (partly) left the labour market<br><br>Care receiver and Caregivers | Care allowance: 1.2 or 1.8 x the minimum wage Right to training, Right to respite care Included in insurance | Yes |
| Additional rights | Services to strengthen independence | Care receiver | Care needs assessment | Depending on the category (up to: 12, 24, 48, 24 hours per year (for the 1st to 5th category, respectively) | No |
| | E-care | Care receiver | Care receivers under the LTC Act + individuals older than 80 on the request of the primary doctor or Centre for Social Work | EUR 25 per month per care receiver; a one-time contribution in the amount of EUR 50 for setting up the equipment | No |
| Monetary right | Cash-for-care | Care receiver | Care receivers who are entitled to LTC and do not receive any other type of LTC | Depends on the needs assessment, but up to EUR 89, EUR 179, EUR 268, EUR 357, EUR 491 (for the 1st to 5th category, respectively) | No |

Source: Long Term Care Act, Official Gazette of the Republic of Slovenia, No. 84/2023

▪ Tjaša POTOČNIK

## DIADNI PRISTOP PRI PROUČEVANJU NEZADOVOLJENIH POTREB ZNOTRAJ OSKRBOVALNE DIADE: ANALIZA SLOVENSKEGA ZAKONA O DOLGOTRAJNI OSKRBI

**Povzetek.** *Oskrba je diadni odnos, ki vključuje osebo, ki oskrbo prejema, in osebo, ki oskrbo zagotavlja. Da bi preprečili nastanek nezadovoljenih potreb med njima, bi morala politika dolgotrajne oskrbe ustrezno obravnavati potrebe obeh članov diade in tako celostno pristopiti k reševanju vprašanja nezadovoljenih potreb znotraj oskrbovalne diade. V članku analiziram vključenost neformalnih oskrbovalcev ter s tem diadnega pristopa k oskrbi v Zakonu o dolgotrajni oskrbi (ZdOsk-1) v Sloveniji. Ugotavljam, da je Zakon o dolgotrajni oskrbi (ZdOsk-1) osredotočen na prejemnike oskrbe in – razen v primeru pravice do oskrbovalca družinskega člana – ne priznava diadne narave oskrbe.*

**Ključni pojmi:** *dolgotrajna oskrba, oskrbovalna diada, nezadovoljene potrebe, politika dolgotrajne oskrbe.*