



REGIONAL REVIEW SERIES:

**GOVERNANCE AND FUNDING ARRANGEMENTS FOR SOCIAL SERVICES IN
SOUTH EASTERN EUROPE: THE CASE STUDY OF SLOVENIA**

Kosovo Decentralisation of Social Services Project

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The DFID project supports the development of inclusive and fiscally sustainable delivery of decentralised social care services in Kosovo. The **goal** of the project is the effective transfer of competencies to municipalities in Kosovo. The **purpose** of the project is to strengthen management systems for the financial and administrative decentralisation of social care services and improve the capabilities of municipalities and CSWs to deliver social care services to people in need.

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Foreword

This series describes recent efforts to reform, strengthen and expand social services in the countries of South Eastern Europe (Croatia, Serbia, Slovenia and Macedonia /FYROM) and offers an overview of fiscal and administrative reforms that have been instituted to give these efforts greater reach and impact. Each of the country in the series of case studies draws from the common social policy and institutional legacy of former Yugoslavia which is made manifest by presence of municipal Centres for Social Welfare (CSWs) which are responsible for the delivery of both social services and social assistance.

The case studies examine the financial and administrative reforms that have been instituted to restructure social service schemes as part of wider governance and financial reforms linked to decentralisation. The emphasis of these reforms has, to a significant extent, been on improving their efficacy in reducing risk and vulnerability, improving social cohesion and reaching those with special needs. The country case studies examine both social policy formation and the consequent experience with implementation of legislative reforms, new financial arrangements for funding social services, and the distribution of responsibilities across of centralised and decentralised (devolution, delegation, and deconcentration) systems for particular categories of social services

Local governments in the countries of South Eastern Europe are increasingly involved in the delivery of social services, and for making critical decisions including setting priorities through the allocation of resources, defining the types of services offered in a locality, and determining eligibility or access to different types of social services (e.g., residential, family based, community-based etc). The trend towards increasing the involvement of local governments in social service delivery is closely related to the overall process of decentralisation which has been unfolding – to various degrees – in the majority of South Eastern European countries.

Recent developments, including the adoption of legislation on intergovernmental fiscal relations and property taxes have accelerated decentralisation processes across different domains of social policy. Many emerging European countries have experienced considerable difficulties in clearly choosing an optimal type of decentralisation for social policy functions and social services in particular. Choosing the type and degree decentralisation of public services usually entails difficult political decisions regarding what constitutes responsibilities and powers in service provision. While dividing responsibilities for administering expenditures can be relatively easy, deciding which agency of structure of government should be responsible for policy-making (including regulation, standard setting and quality control) is typically more challenging and time consuming.

The broad objective of the series is to provide central and local government policy makers in Kosovo, who are in the midst of considering options for reforming the finance and governance of social services, with information on the recent experience and policy results of near neighbours facing similar issues. These case studies, in association with technical support provided by the DFID KSSD project at the central and municipal tiers of government, will empower the Government of Kosovo and their social service partners in their roles as active participants in the social policy process. Existing evidence on decentralisation indicates that the success of decentralising social service provision depends on an important set of factors including:

- The quality of intergovernmental institutions, including clearly defined roles and responsibilities , incentives, accountability, public participation and transparency;
- A stable fiscal framework, including well aligned expenditure and revenue raising responsibilities, feedback mechanisms between central and local governments, and local government capacity; and
- Civil; society and social structure

A central question facing counties covered in these case studies is how far decentralisation of social services can and should proceed. Although there are many arguments for and against decentralisation, stemming from political and economic theory, there are no easy answers and analysis of the impact of decentralisation of social services is inconclusive and country specific. Ultimately, decisions regarding the degree to which specific types of social services are decentralised are political. Experience from other counties, as well as those countries covered in this series, to date indicate the importance of having an overall strategic vision for the decentralisation of social services. Scarcity of resources is a major restriction on the efforts of neighbouring countries to decentralise social services, and in many instances key services and elements of the institutional architecture of service provision, have remained centralised. Efforts have also been further impeded by several additional factors: shortage of trained personnel; the immaturity of contemporary social work, only now re-emerging as a professional field; ineffective coordination between national and local levels that makes reaching target groups difficult; and weak utilisation of partnerships with non-governmental organisations providing social services.

Public services – such as social services – increasingly account for a major segment of local government expenditures, and there is growing importance attached to the outcomes they secure. As result, in the countries presented in this series – citizens and their representatives are beginning to show a heightened concern for ensuring that the methods and approaches through which social services are delivered, and the methods they use to pay for social services are not wasted. In particular attention has turned to ensuring that funds allocated to social services and monies paid to public service providers (including state and non-government organisations) are in line with policy intentions, and encourage cost effective provision.

In the wake of these developments, there has been a desire to move away from traditional methods of paying for social services, such as historical precedent, political patronage, or by the desire to protect vested professional interests. Instead, governments and other payers of social services are seeking to place greater emphasis on making approaches towards allocating public funds for the provision of social services more transparently and systematically, in the form of mathematical funding formulae.

A cynic might argue that this trend reflects the desperation of governments trying to devolve to the technical domain increasingly fraught political debates over funding decisions. There is an element of truth in this view. But equally governments clearly do wish to place their funding methods on more solid foundations. At the very least in order to retain support for the taxation necessary to sustain social services, governments wish to demonstrate to the public that tax revenues are being deployed systematically, in accordance with voters' preferences.

The trend towards formulaic funding mechanisms – as demonstrated in this series – has been given added impetus by improvements in the scope and timeliness of data sources (such as the Social and Living Conditions Survey, the Household Budget Survey, and numerous administrative data sources) that can be used to prioritise policies and goals in social services, and for measuring unit costs, inputs, activities and outcomes. These informational developments in the countries of South Eastern Europe have opened up opportunities to apply scientific approaches to the funding of social services. Moreover, many new statistical and econometric techniques are emerging that enable models to be placed on a more scientifically secure foundation.

Yet, notwithstanding the increased demand for scientific funding mechanisms for social services, and the rapid improvements in analytical potential, the state of current methodologies for the design of funding formulae for social services is – with a few exceptions – very rudimentary and frequently analytically unsatisfactory. This series provides readers with an opportunity to gain insights into approaches that are being used to design funding formulae in countries of South Eastern Europe.

Ultimately it is the aim of the DFID KSSD Project to help those looking to shape a new era of social services in Kosovo to surmount some of these obstacles, and to begin the process of addressing policy and technical concerns linked to the decentralisation of social services. The analysis contained in these case studies:

- provides national profiles of the direction, magnitude, and scope of progress in strengthening social services in each neighbouring country, the interface between social services and other aspects of social protection, acknowledging the problems encountered while highlighting successful practices that have been recognised and put in place;
- traces trends in national social service delivery, the formation of partnerships between central governments, local governments, and nongovernmental organisations;
- draws attention to the interface – financial and administrative – between social services and other aspects of social policy; and
- delineates the definition of social services and related governance arrangements, the responsibilities of different institutions that provide social services, the financing arrangements of social services –including budget formulas, and an assessment of the strengths, weaknesses, opportunities and threats that have emerged, or are emerging, within each country.

Section 1: Definition and Governance of Social Services

In Slovenia has a population of 2,042,335 inhabitants¹ distributed across, 2 EU regions, 211 **municipalities** and 6031 **settlements**². The Constitution defines a **region** as a self-governing local community that manages local affairs of wider importance, and certain affairs of regional importance provided by law (Article 143) and a **municipality** as a self-governing local community (Article 139).

Article 2 of the Constitution defines **Slovenia as a social state** (Article 2), and Article 14 guarantees equality before the law in Slovenia i.e. in Slovenia everyone shall be guaranteed equal human rights and fundamental freedoms irrespective of national origin, race, sex, language, religion, political or other conviction, material standing, birth, education, social status or any other personal circumstance³. According to the Constitution human life is inviolable and no one may be subjected to torture, inhuman or degrading punishment or treatment. Conducting of medical or other scientific experiments on any person without his free consent is prohibited.

The right to social security is regulated in the Article 50 where it is stated that citizens have the right to social security, including the right to a pension, under conditions provided by law. Further, the state shall regulate **compulsory health, pension, disability and other social insurance**, and shall ensure its proper functioning. **Special protection** in accordance with the law is guaranteed to war veterans and victims of war.

With regard **disability** the Constitution in Article 52 prescribes that disabled persons shall be **guaranteed** protection and work-training in accordance with the law. Also, physically or mentally handicapped children and other severely disabled persons have the right to education and training for an active life in society. The education and training referred to in the preceding paragraph shall be financed from public funds. The state shall protect the family, motherhood, fatherhood, children and young people and shall create the necessary conditions for such protection (Article 53). In Slovenia **children** enjoy special protection and care (Article 56). Children enjoy human rights and fundamental freedoms consistent with their age and maturity and are guaranteed **special protection** from economic, social, physical, mental or other exploitation and abuse. Children and minors who are not cared for by their parents, who have no parents or who are without proper family care enjoy the special protection of the state (Article 56). Related to education in Slovenia primary education is compulsory and financed from public funds. In Slovenia the **Roma community** is mentioned in Article 65 and accords status and **special rights** to this community regulated by law.

In regard for the **competencies of municipalities** the Constitution of Slovenia stipulates that the competencies of a municipality **comprise local affairs** which may be regulated by the municipality autonomously and which affect only the residents of the municipality. The state may by law transfer to municipalities the performance of specific duties within the state competence if it also provides financial resources to enable such provision. State authorities shall supervise the proper and competent performance of work relating to matters vested in the local community bodies by the state (Article 140).

¹ <http://www.stat.si/eng/index.asp> (Statistical office of Slovenia for 2009).

² Slovenia is divided into 12 **statistical regions** (and 2 EU **cohesion regions**)

³ Under Article 16 these rights and freedoms may be suspended human rights and fundamental freedoms may be suspended or restricted only for the duration of the war or state of emergency, but only to the extent required by such circumstances and inasmuch as the measures adopted do not create inequality based solely on race, national origin, sex, language, religion, political or other conviction, material standing, birth, education, social status or any other personal circumstances.

With regard to financing, municipalities are financed from their own source revenues (OSR). Municipalities that are unable to completely provide for the performance of their duties due to insufficient economic development are assured additional funding by the state in accordance with principles and criteria provided by law (Article 142). In the field of social activities citizens may form **self-governing associations** to promote their interests. Also, citizens may be given the authority by law to manage through self-government particular matters within state competence.

In the public finance section of the Constitution it is stated that the state and local communities can raise funds for the performance of their duties by means of taxes and other compulsory charges as well as from revenues from their own assets. In order to be in compliance with European Union norms and standards, Slovenia started, in 1996 to administer social programmes in accordance with European System of Integrated Social Protection Statistics (ESSPROS⁴) and expenditure of social protection in Slovenia is classified into the following categories⁵:

- Social Protection Benefits;
- Administration Costs;
- Other expenditure.

The Social Security Act⁶ from 2006 **defines activities of social assistance** which includes protective measures provided through social services. In accordance with this Act Slovenia provides functioning social welfare institutions, conditions for private work in social assistance, as well as supporting and promoting the development of home-care, child and family protection, forms of independent living for people with disabilities, and forms of voluntary service activity in the field of social welfare.

Also, the **social assistance programme** in Slovenia:

- Determines the strategy of social assistance development;
- Specifies the priority of social assistance development sectors;
- Specifies special needs and possibilities of individual areas;
- Sets out the system of public services, provided by the state.

1. Policies and regulatory system

The responsible **authority** on social policies is the **Ministry of Labour, Family and Social Affairs⁷**. The Ministry operates under following **regulations** as part of it remote to provide family care and social protection⁸:

A. Legislation

- Employment Relationships Act (unofficial consolidated text, unofficial translation)
- Pension and Invalidity Insurance Act (issued on 10 December 1999, but the act has been changed several times)

⁴ http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:ESSPROS. ESSPROS, is a common framework developed in the late 1970's by Eurostat and the European Union Member States providing a coherent comparison between European countries of social benefits to households and their financing, thus making an international comparison of the administrative national data on social protection possible.

⁵ See more in: Analiza socijalnih transferjev v Sloveniji by K. Tominshek and J. Topinshek 2009.

⁶ http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/zsv_upb2_en.pdf.

⁷ <http://www.mddsz.gov.si/en/legislation/>.

⁸ Ibid.

- Minimum Wage Act (unofficial translation)
- Collective Agreements Act (unofficial translation)
- Law on Health and Safety at Work (unofficial translation)
- Labour Market Regulation Act (unofficial translation)
- Employment and Work of Aliens Act (ZZDT-1; unofficial translation)
 - Rules on work permits, registration and deregistration of work, and the employment and work performed by aliens
- National Professional Qualifications Act (official consolidated text; unofficial translation)
- Act on the Prevention of Illegal Work and Employment (the act has been changed in November 2006; unofficial translation)
- Parental Protection and Family Benefits Act (official consolidated text) (official consolidated text; unofficial translation)
- Provision of foster Care Act
- Family Violence Prevention Act (unofficial translation)
- Civil Partnership Registration Act (unofficial translation)
- Social Security Act (official consolidated text) (ZSV-UPB2)

B. Strategic Documents

- Modernisation of the pension system in the Republic of Slovenia - Safe age for all generations
- Resolution on the 2009-2014 National Programme on Prevention of Family Violence
- National Report on Strategies for Social Protection and Social Inclusion 2008–2010 (September 2008)
- National Report on Strategies for Social Protection and Social Inclusion 2006-2008: title page / content
 - Amended National Report on Strategies for Social Protection and Social Inclusion 2006-2008
- The strategy of care for the elderly till 2010 – solidarity, good intergenerational relations and quality ageing of the population (September 2006)
- Programme For Children and Youth 2006-2016
- Action Programme for persons with disabilities 2007-2013 (The Government of the Republic of Slovenia adopted on 30 November 2006)
- National Action Plan on Social Inclusion 2004 - 2006
 - First Annual Report on the Implementation of the National Action Plan on Social Inclusion (NAP/inclusion 2004-2006) (February 2006)
- Joint Memorandum on Social Inclusion of Slovenia (JIM)
- Programme of Fighting Poverty and Social Exclusion (Social Inclusion Report of Slovenia)
- Social Agreement for the Period 2007-2009
- Social Agreement for the Period 2003-2005
- Summary of the Resolution on National Programme of Safety and Health at Work
- National Action Plan for Employment 2004
- Active Employment Policy Programme for 2003
- National Social Protection Strategy by the Year 2005

Bodies Affiliated to the Ministry are:

- Slovenian Labour Inspectorate
- Employment Service of Slovenia
- Pension and Disability Insurance Institute

The Social Security Act defines social welfare as a non-profit activity. Services determined as public department **services are provided within** the network of public service subject to the same conditions in **public social welfare institutions** and by other legal and natural persons who are granted a **concession** following an open invitation to tender. Social welfare services can be provided outside the network of a public department, and supplied by legal and physical persons who obtain a **work permit/licence** which is in the power of the Ministry to grant and rescind subject to agreed criteria. Within the public department network public healthcare institutes can also provide day-care and longer term residential services.

The Government introduced the **Pension and Disability Insurance Act in 2010**⁹. It is improving the transparency of the system, improving actuarial fairness and also improving solidarity among insured persons. . However, the act was rejected on a referendum (organised by trade unions) in June 2010. The Act was designed to

- Gradually increase the retirement age (65 years for both men and women),
- Provide less favourable indexation of pensions,
- Stabilise the replacement rates for new pensioners and
- Improved actuarial fairness.

Health care in Slovenia, in common with many other EU member states with **ageing populations**, is increasingly linked with **social services** under the umbrella term of “Long Term Care” (LTC). The main document prepared by the Ministry of Health is the “**Health care system upgrade until 2020**”, which entered public debate in spring 2011. The goal of this document is to set the basis for changing basic health system laws and mainly focuses on improving accessibility, and paving the way for a new law that specifically focuses on LTC.

There have been several important changes in the social protection system since the start of the financial and economic crisis. Two laws on emergency measures, setting new indexation rules for social benefits, were passed - the first law in December 2009 (Official Journal 98/2009), stipulating reduced indexation of pensions for 2010, i.e. indexation amounting to 50% of nominal wage increase. The second law was passed in November 2010 (Official Journal 94/2010), stipulating further reduced indexation of pensions in 2011, i.e. indexation amounting to 25% of nominal wage increase.

A law on social assistance benefits and a law on rights stemming from public sources were passed in July 2010, to be applied from 1 January 2012. Both of these laws are aimed at improving the transparency and reduction of opportunities for abuse of the social assistance system.

In social security, **benefits in kind** are income tested, taking into account recipient, spouse and young adult (children). There is a mixture of benefits available ranging from hospital settings to financial benefits in the social security system that can be used to contribute to the costs of care. **Out of pocket payments** depend on the financial ability of a person entitled. In cases where a person entitled has insufficient financial means municipalities cover expenses of residential or home-care services.

⁹ ASISP Annual National Report 2011. Pensions, health care and LTC in Slovenia May 2011: http://www.socialprotection.eu/cgibin/render.cgi?_cms_page=en_asisp_laender&country=si&_cms_object=4.

Residential care is organised within public nursing home institutions for elderly and disabled adults. Eligible persons are treated according to their individual needs (divided into 4 main categories, with level IV care being designated for persons with “serious and long lasting health and mental problems”)¹⁰.

Home care is organised locally, either by social work centres, homes for elderly and special institutions. Services include activities of daily living (ADL)¹¹, supervision of social assistance and medical services. Home health care is organised by community nurses. Day centres and transitional accommodation services are also available, but the latter are more common in urban areas with rural areas less well provided for.

Cash benefits, provided by different Acts are paid directly to a person in need of a care. Insurance based Assistance and Attendance Allowance is granted to pensioners and certain other insured persons with permanent residence in Slovenia who have a visual handicap and/or at least 70% (permanently) reduced mobility in and out of their homes, and unable to perform ADL-activities. Also other cash benefits are available, based on residence and are financed from the budget, for example the **Supplement for Care and Assistance** is granted to disabled persons who require a constant care of another person.

Institutional care for the elderly is provided mainly by residential homes for the elderly; as a rule, they are public social care institutions (60 providers) providing social services on a non-profit basis, as public department services. The number of private institutions of this type (concessionaires) is increasing: in the period from 2005 to 2007, the number rose by 28.57%, namely from 14 to 18 providers. Recently, a great deal of attention has been paid to **granting concessions** to providers of institutional care and to establishing arrangements for **strengthening public-private partnership** and thus improving accessibility. There is no unified entry model, and eligibility for a service depends on an assessment made by a multidisciplinary team with a doctor, and is linked to the service in question. **Benefits for informal carers** (family assistant) are available in a form of a compensation for a loss of income. **Benefits are paid by the municipalities** and amounted to EUR 565.54 in 2009¹².

The Slovenian strategy for European Social Fund (ESF) in Slovenia, 2007-2013 has a complex set of aims¹³: to invest in people for a more competitive economy with less regional disparities, higher employment, better social inclusion and higher living standards. The ESF priorities are:

1. Promoting entrepreneurship and adaptability
2. Promoting employability of job-seekers and the inactive
3. Human resource development and lifelong learning
4. Equal opportunities and reinforcing social inclusion
5. Institutional and administrative capacity

The **National report on strategies for social protection and social inclusion 2008-2010**¹⁴ is prepared within the framework of the new cycle of the European Union’s open method of coordination (OMC). The report is based on two aspects or concepts, namely:

¹⁰ <http://www.oecd.org/dataoecd/61/26/47878068.pdf>.

¹¹ ADL refers to tasks such as washing, bathing, sitting etc

¹² Ibid.

¹³ <http://ec.europa.eu/esf/main.jsp?catId=399&langId=en>.

¹⁴ http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumentacijski_dokumenti/npszzsv08_10_en.pdf.

- The reporting aspect, aimed at presenting information about the situation in the area of social protection; and
- The planning aspect, aimed at shaping development directions in particular areas.

The structure of the report complies with the agreement and common guidelines adopted by the **Social Protection Council**. The report consists of four chapters. The first chapter offers an overview and assessment of the social situation. The second, third and fourth chapters address the following subject areas: social inclusion, pensions, and health and long-term care; they also define the priorities for the 2008–2010 period, most of which are based on national and EU guidelines.

The National report for Slovenia stated that **access to public services** is not entirely satisfactory, but efforts are being made to increase accessibility by upgrading capacities. Long waiting periods or regional differences, lack of uniform arrangements (e.g. for LTC) and regional differences in accessibility still exist. Waiting periods for admission into social and health care (e.g. admission to institutional care, specialist examinations, time limitations on free preventive examinations, certain types of surgery, etc.) are long. **Demographic change** is manifested in the ageing of the population (increasing life expectancy, the share of the population aged 65 and older surpassing the share of the population aged under 15), which necessitates appropriate adjustments in the scope of care for the elderly. With the ageing of the population, the number of persons with disabilities is increasing.

Section 2: List of Social and Institutional Responsibilities

SOCIAL CARE SERVICES

The following areas of social protection comprise the system in Slovenia:

- Health contributions
- Invalidity
- Elderly
- Death of provider
- Child contribution
- Unemployment
- Accommodation
- Other

The rights to social assistance under the Social Security Act include services and measures intended for preventing and eliminating social distress and difficulties of individual persons, families and population groups and the financial social assistance intended for those persons who are incapable of ensuring means of subsistence for themselves due to circumstances they cannot affect.

Social services intended for preventing social distress and difficulties (social prevention), include activities and help for self-care of individuals, families and population groups. Services intended to help eliminating social distress and difficulties are:

- **First Social Aid**

First social aid includes help in identifying and defining social distress and difficulties, estimating possible solutions and informing entitled persons about all possible types

of social assistance services (including social services) and benefits which they can apply for and the obligations resulting from the types of services and benefits, as well as giving information to entitled persons about the network and the programmes of agencies that offer social assistance services and benefits. There are also employment incentives for persons entitled to social assistance (Employers who employ a long-term unemployed persons for at least a year and have received at least 12 months of financial social assistance in the last 16 months, shall be entitled to subsidies for employment in accordance with the regulations on employment and unemployment insurance and the programme of active policy of employment).

- **Personal Help,**

Personal assistance includes counselling, regulating and managing the affairs in order to enable the development, supplementation, maintenance and improvement of social capacities of individual persons.

- **Help to the Family,**

Help to the family implies family and home-based **social service**, and incorporates professional counselling, help at re-establishing relations among family members, taking care of children and educating the family to implement its role in everyday life. Help to the family **at home** include social care of the entitled persons in case of disability, old age and other cases where social care at home can replace institutional care. It also includes help with domestic and other chores in case of childbirth, illness, disability, old age, in cases of accidents and other cases where such help is necessary to include persons in everyday life.

- **Institutional Care,**

Institutional care includes all types of **help in institutions, in another family or other organised type** of help used to substitute or supplement to entitled persons the functions of their home and their own family, **in particular accommodation, organised meals, care and medical care**. Institutional care for children and youth, deprived of normal family life includes also education and preparation for life. Institutional care for children and youth with minor, moderate or serious disabilities in their mental development includes also training, care and guidance. Persons entitled to institutional care can choose a personal assistant instead of exercising the right to full-time or part-time institutional care.

- **Guidance, Protection and Employment under Special Conditions,**

Guidance and protection include **organised comprehensive care for adult disabled or mentally handicapped persons**, developing their personalities and their harmonic inclusion in their community and environment. Employment under special conditions includes such forms of work as to enable disabled persons to maintain the acquired knowledge and skills, and to develop new abilities.

- **Help to Workers in Enterprises, Institutions and at Other Employers.**

Help to workers in enterprises, institutions and working for other employers include counselling and help at finding solutions for difficulties to which workers are subject regarding their work in their working environment and at the termination of employment as well as help at exercising their rights for health, pension and disability insurance, and child and family assistance.

- **Family Attendants for People with Disabilities**

Family attendants are a special class of service that bridges employment and social service objectives. In accordance with the social security act in Slovenia, **family attendants can only be persons who cancelled their registration from the list of unemployed persons or labour market, and take up a job to provide services to**

people with disabilities. Family attendants can also be persons who are employed with a shorter working time compared to full-time by their employers. Municipalities financing the payroll taxes of the family attendants. **Family attendants have the right to partial payment for lost income at the level of a minimum wage or to the proportional part of payment for lost income in case of part-time work.** Partial payments for lost income are adjusted to increases in the minimum wage. Family attendants' provide help to disabled persons in accordance with their needs and interests, in particular:

- Accommodation, care, food and chores,
- Medical care through the chosen personal doctor,
- Escort and participation in various social activities (culture, sports, religion, education),
- Enable legal representative, in case the disabled persons have them, to perform their functions.

Family attendants must take part in training programmes determined by the **Social Chamber** which also determines their content, performance, frequency and duration. Centres for Social Work Centres (CSWs) are responsible for monitoring family attendants to ensure they provide adequate help to disabled persons. Family attendants are obliged to report to competent CSWs at least once a year about the implementation of help to disabled persons. CSWs must share their reports on the performance of family attendants, and the disabled persons can give their opinions on the reports.

The above services are implemented in accordance with norms and standards prescribed by the Ministry. Social welfare services are provided through professional workers and assistants (who finished higher or high degree schools of education for social work and completed internship and passed the professional examination for the work in the field of social welfare). Professional assistants are workers who perform particular social welfare services and have completed programmes of education in accordance with special regulations and completed internship and passed the professional examination. The **Social Chamber** determines the types and degrees of educational programmes which provide the appropriate qualification for professional assistants to perform individual services. Professional workers and professional assistants in public social welfare institutions are obliged to follow educational and training courses. The Social Chamber determine in more detail the education and training.

Public department in the field of social welfare includes the following services:

- Social prevention;
- First social aid;
- Personal assistance;
- Help to the family for its home and at home;
- Institutional care;
- Guidance, protection and employment subject to special conditions.

Tasks under the Social Security Act are directly **carried out by public social care institutes**, namely:

- 62 social work centres
- 55 residential homes for the elderly
- 7 special institutes for adults

- 5 social care institutes for training of children and youth with severe or serious mental development disorder
- 40 occupational activity centres
- 8 crisis centres for children and adolescents

The Centres for Social Work (CSWs) in Slovenia, which were inherited from former Yugoslavia, are all autonomous and independent and arranged all over the country in a way that enables every user to have a free and equal access to all the services and rights that Centres for social work provide.

In accordance with the social security act and for monitoring the policy and giving initiatives and opinions to development orientations in the social assistance sector at the ministry in Slovenia, **the Specialist Council** has been established. The Specialist Council performs in particular the following tasks:

- Takes part in the preparation of social assistance programmes;
- Monitors the needs for social assistance in the Republic of Slovenia and proposes the programmes of measures;
- Takes part in the preparation of norms and standards of services;
- Proposes and monitors the programmes of scientific research projects in the social assistance sector;
- Gives opinion to the social welfare services and programmes upon the request of the minister responsible for social welfare.

The members of the Specialist Council are appointed by the minister, competent for the social welfare, from among experts of recognised competence from the field of social policy.

The Social Chamber is a legal entity and takes care of connectedness, development and professional improvement of social welfare activity. The Social Chamber performs - as a public authority- the following tasks (**paid by contributions of members and donations**):

- Determines programmes of training,
- plans and organises permanent professional education and training for professional workers and professional assistants;
- Determines the types and degrees of educational programmes for professional assistants in social welfare and determines for which case it shall be necessary to check their ability before the start of performing individual services and tasks in the field of social welfare,
- Determines the conditions and manner of completing internship and monitors the internship, and it controls the performing of internship,
- Determines the conditions and manner of doing the professional examination and it organises and performs the examination of knowledge for acquiring the professional examination in the field of social welfare.
- Prepares and adopts the catalogues of necessary skills and checks the ability for performing individual services and tasks in the field of social welfare,
- Plans and organises the supervision of professional work of professional workers,
- Organises and performs instructive counselling.

The Social Chamber also performs other tasks (paid by the national budget):

- Adopts the Code of Ethics of workers in the field of social welfare, promotes and controls its implementation and takes measures when breaches occur,
- Gives opinions in the procedures for granting concessions and authorisations to work;
- Monitors and performs the projects of supervision of work of professional workers,
- Performs the training of professional workers and professional assistants,
- Takes part in the preparation or regulations and in the preparation of professional bases for the social welfare programme;
- Proposes members for the Specialist Council.

SOCIAL WELFARE AND OTHER ASSOCIATED INSTITUTIONS IN SLOVENIA

The following Public social welfare institutions are prescribed in the social security act of Slovenia as illustrated in Table 1.

Table 1: Public social welfare institution and provision of services in Slovenia

| Actor | Services |
|--|--|
| Centres for Social Work (CSWs) | Social prevention, first social help, personal attendance, help to families for their home and organise common actions for socially deprived population groups, institutional care for older people and can provide services of attendance to families at home for municipalities. |
| Senior citizen's centres | Preparation of livings conditions, families and individuals for old age. Senior citizen's centres may also perform economic activity if the latter is intended for a better quality of life and protection of older people. |
| Special social welfare institutions for adults | Special forms of institutional care for mentally and physically disabled adults Special institutions may also perform economic activities when it is intended to promote and support a better quality of life and protection for older people. |
| Centres for protection and training | Guidance and protection and organise employment subject to special conditions for mentally and physically disabled adults, provide institutional care of mentally and physically disabled adults and help to families of mentally and physically disabled adults at home. Centres for protection and training may also perform special forms of preparation for employment. |
| Children's homes | Institutional care for children and youth deprived of normal family life |
| Social welfare institutions for training | Institutional protection of children and youth who are moderately, seriously and heavily mentally disabled |

In addition to the public social welfare institutions presented in the Table 1, in accordance with the social security Act the following public social welfare institutions can also be established: shelters, mothers' homes, counselling offices, condominium groups, centres for independent life of disabled persons and other forms of organisations can also be organised as social welfare institutions. These Social welfare institutions are managed by the **Institution Council**, which besides the representatives of the founder and workers, **also consists of:**

- Representatives of local communities in social work centres;
- Representatives of local communities and the representatives of people in care in senior citizen's centres,

- Representatives of disability organisations in special institutions and in centres for protection and training
- Representatives of legal representatives of people in care in special institutions and in centres for protection and training,
- Representatives of parents or legal representatives of children and youth in children's homes and social welfare institutions for training.

The following organisations are also recognised by the social security Act of Slovenia as illustrated in Table 2:

Table 2: Other social welfare organisations in Slovenia

| Organisations | Characteristics |
|--|--|
| Charity organisations | Voluntary and non-profit organisations established by individual persons in accordance with the law or by religious communities for the purpose of mitigating social distress and difficulties of the population |
| Organisations for self-care | Voluntary and non-profit organisations established by individual persons in accordance with the law or by religious communities for the purpose of mitigating the social needs of their members |
| Disability organisations | Voluntary and non-profit organisations established by disabled persons and other individual persons in accordance with the law for the purposes of implementing special social programmes and services based on the characteristics of disability according to individual functional handicaps threatening the social situation of disabled persons Activities of disability organisations may also include particular constituents of charity and self-care. |
| Private work | Have the appropriate education, passed professional examination and have opinion from social chamber, have no court prohibition to perform activity and have premises, equipment and staff Enter into the register of private undertakings and legal persons providing social welfare services. |
| Communities of social welfare institutions | Social welfare institutions providing social welfare services may form communities. |

Territorial jurisdiction in all matters of competency in social work centres is determined **according to the permanent residence of the person in need of assistance and attendance**. In case a person has no permanent residence the territorial jurisdiction is determined regarding their temporary residence, and in case the person does not have neither then it is deemed according to their last permanent residence or last temporary residence.

At the end of 2007, there were 16,660 places available in 78 elderly homes and special social institutions in Slovenia, of which 14,277 places were intended for people older than 65 years (16,660 places envisaged by 2010) and 2,368 places for adults with special needs. Home-help services were provided in more than 85% of Slovenian municipalities for about 5,600 users older than 65 years. During this period, there were 30 day care centres and 6 regional centres to provide distance assistance and sheltered housing at 11 locations throughout the country. In the same period, the network of intergenerational and other self-help groups and other programmes providing for the reduction of social exclusion of the elderly increased considerably. The Ministry of Labour, Family and Social Affairs co-finances 18 providers with a total capacity of more than 1,319 groups for the elderly.

Control over the work of public social welfare institutions, concessionaires and other legal or natural persons providing social assistance services on the basis of

authorisation for work is organised and **performed by the social inspectorate** within the framework of a body incorporated in the Ministry. Supervision controls is implemented **by inspectors** for social matters.

The Social Protection Institute of the Republic of Slovenia was founded in 1996 by the Republic of Slovenia. On its behalf the executive rights and obligations are carried out by the Ministry of Labour, Family and Social Affairs¹⁵. In accordance with its annual plan the Institute complies and maintains a variety of databases for social assistance and social services including development and experimental programmes. The Institute monitors the implementation of a number of government programmes by establishing specialised systems of indicators and provides informational support for them by collecting and analysing data. For the purposes of effective decision-making it provides expert opinions on a number of government measures and advises the ministry. In addition to its activities, the Institute takes part in international projects working with various research, administrative, specialists and implementing organisations as well as organising national and international professional meetings.

With the founding of the Institute, Slovenia now has a well-organised source of information and analyses from the field of social protection and social policy. **In 2004 the Child Observatory joined the Research Department.** The Child Observatory is of the greatest significance on the national as well as the international level. Namely, the wide international community is becoming more and more aware of the importance of the implementation of the **Convention on the Rights of the Child and monitoring the quality of life of children and youth.**

The main goals and activities of the Institute are:

- To carry out comparative analyses of a number of subjects affecting the effective operation of social assistance and social services.
- To establish and maintain specific databases on social assistance and social services as one of the fundamental activities of the Institute.
- To amend national social protection strategy and the guidelines for the development of social assistance and social services.
- To introduce family issues and family policy research.

The Association of Centres for Social Work (ACSW) was founded on the basis of the Institutions Act in 1996 by the decision of the Assembly of Association of the Centres for Social Work of Slovenia (ACSW). Activities of the centre focus on local and regional coordination on the Centres for Social Work Centres (CSWs):

- Local Coordination
 - Determining the range of programmes within a local community and user guidance,
 - Juncture of diverse executors (determining the needs),
 - Interconnection of systems at a local level,
 - Cooperation with new programmes planning and development
 - Organisation of professional support from governmental and non-governmental sector
- Regional Coordination

¹⁵ <http://www.irssv.si/english/social-protection-institute-of-the-republic-of-slovenia/index.html>.

- Coordination for prevention of violence
- Coordination for carrying out alternative penalties and other measures taken for general benefit

The Social Security Act the State entrusted the execution of the following tasks to the Association of the Centres for Social Work of Slovenia:

1. ACSW should determine the catalogue of tasks, which are carried out by the centres for social work:

- services of social care,
- tasks that are carried out by the CSW as public authorisations and
- tasks that are given to the CSW by other regulations; this area of activities serves as the basis for functioning of the whole informational system of the social care;

2. ACSW should determine the standards and norms for carrying out individual types of tasks:

- Entrusted to the centres for social work as public authorisations by law and
- Assigned to the centres for social work by other regulations.

The first catalogue of tasks of CSW was prepared on the 1st of April in 2005 and was presented to the Ministry of labour, family and social affairs for confirmation. On the basis of the decision of the Ministry of Labour, Family and Social Affairs of 23.09.2008, the standards and norms were approved. Once a year the Association of Centres for Social Work of Slovenia coordinates the **standards and norms**, completes the range of tasks defined in the Public Authorities Catalogue, tasks under the law and services carried out by the Centres for Social Work according to the amendments to the legislation. It is submitted to the competent ministry for approval not later than until the end of February each year for the current year.

The Association of Centres for Social Work was delegated by the state to conduct the training of candidates for the implementation of foster care and training of fosterers.

The Social Chamber of Slovenia is Slovenia's central professional social welfare association. It was founded in 1993 on the basis of the **Social Welfare Act** and at the initiative of a group of professionals in the field. The Chamber brings together professional workers, associates, and other workers as well as volunteers from many different professions and occupations directly or indirectly active in the social welfare field.

Its activities, projects and the tripartite financing of its operations (through the State budget, membership fees and its own activities and donations) enable the Chamber to implement the principles of professional equality and autonomy, open communication, respect for the diversity of various professions, balanced representation and social welfare development trends in the public, non-governmental and private sector.

Section 3: Financing for Social Services¹⁶

In 2009, a total of EUR 8,386 million was allocated for social protection programmes, representing 24.2% of GDP (the EU-25 average is 27.4%). In this area, Slovenia is ranked in the middle of the EU scale.

Social protection is financed mainly by social contributions (around 70%). The remaining funding for social protection programmes is financed through contributions from the state budget and other income (just over 30%).

The expenditures for the social protection schemes by **ESSPROS function** are illustrated in Table 3 below.

Table 3: Expenditure for social protection schemes (million EUR) in Slovenia in 2009

| | In million Euros | Structure |
|--|------------------|-----------|
| Expenditure for social benefits by ESSPROS functions - TOTAL | 8386 | 100.0 |
| Expenditure for sickness and health care function | 2766 | 33.0 |
| Expenditure for invalidity function | 615 | 7.3 |
| Expenditure for old age function | 3256 | 38.8 |
| Expenditure for survivors' function | 614 | 7.3 |
| Expenditure for family and children function | 744 | 8.9 |
| Expenditure for unemployment function | 209 | 2.5 |
| Expenditure for housing function | 3 | 0.0 |
| Expenditure for social exclusion not elsewhere classified function | 180 | 2.1 |

Source: <http://pxweb.stat.si/pxweb/Database/Demographics/Demographics.asp>.

In accordance with the social service act the state, municipalities and enterprises provide as illustrated in Table 4 below.

Table 4: Responsibilities of actors in social welfare in Slovenia

| Actor | Responsibility |
|----------------|---|
| State | The state shall provide the public department network for social prevention, first social aid, personal attendance, and help to the family for its home, for institutional care. |
| Municipalities | The municipality shall provide the public department network for help to families at home. |
| Enterprises | Enterprises, institutions and other employers shall provide implementation of services referred to in Article 18 (Help to workers in enterprises, institutions and working for other employers include counselling and help at finding solutions for difficulties to which workers are subject regarding their work in their working environment and at the termination of employment as well as help at exercising their rights from health, pension and disability insurance, and child and family assistance). |

Social assistance activity is financed from the budget of the Republic and municipalities.

¹⁶ This section draws on ASISP Annual National Report 2011. Pensions, health care and LTC in Slovenia May 2011 and National report on strategies for social protection and social inclusion 2008-2010:

http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/npszsv08_10_en.pdf.

The following are financed from the budget of the Republic of Slovenia:

- Activities, necessary for the functioning and the development of the social assistance system;
- First social aid;
- Help to the family for home;
- Execution of public authorities;
- Institutional care, except for the costs of services in institutions for adults, when a entitled person or another liable person is partially or entirely exempt from payment;
- Guidance, protection and employment under special conditions;
- Cash social assistances;
- Investments into social welfare institutions;
- Common tasks of social welfare from the programme determined every year by the National Assembly;
- Tasks of the Social Chamber;
- Personal assistance;
- Tasks performed by communities;
- Development and supplementary programmes important for the state and the cooperation with non-governmental organisations.

The following services are financed from the municipal budget:

- Rights to the family attendants;
- Help to families at home, at least at the level of 50 % of subsidy to the price of service and at the level for which the entitled person or other person liable for payment is partially or entirely exempt from payment;
- The costs of services in the institutions for adults when the entitled person or other person liable for payment is partially or entirely exempt from payment ;
- Development and supplementary programmes important for the municipality and the co-operation with non-governmental organisations.

Challenges and Innovations in Long Term Care (LTC):

Funding for Long Term Care (LTC) for the elderly comes from several sources. Contributions come from compulsory health insurance premiums with lower rates for pensioners as well as compulsory pension and disability insurance contributions which specifically fund cash-allowances. Funding also comes from tax revenue to help fund special care for persons with disabilities and care for war veterans. Municipalities help finance home care provisions. Out-of-pocket contributions represent the remaining funding for LTC¹⁷.

The development of Long Term Care-LTC in Slovenia in institutional care has not developed much since the 1980s and is no longer responsive to the needs of the present or and to future projections. The only **significant change** after the 1980s was **granting concessions to private operators**, which have provided LTC services at the same standards as the public network. The quality of services is guaranteed in this way however, **the prices of these services fundamentally differ** when compared between public institutions and private concessioners (basic daily care in homes for the elderly - a public institution is 16 EUR, vis a vis concessionaire 22 EUR). Such a disparity in prices can lead to unequal access to institutional care within the public network, where the access to the same services within the public

¹⁷ <http://www.oecd.org/dataoecd/61/26/47878068.pdf>.

network can be determined by the financing ability of the customers. One of the main systemic failures of the implementation of long-term care is an underdeveloped system of LTC provision at home, which is conducted on a modest scale. The current system provides the largest volume of assistance to those involved in institutions, whereas people who stay at home, are at a disadvantage, particularly because they are not integrated into health and social care services.

Tables 5, 6 and 7 below show the number of persons having used the institutional care and home care in the years 2006-2008¹⁸.

Table 5: Number of users in institutional care in the years 2006-2008

| | 2006 | 2007 | 2008 |
|---------------------------|--------|--------|--------|
| Elderly | 14,089 | 14,277 | 15,937 |
| Adults with special needs | 2,336 | 2,368 | 1,075 |
| All | 16,445 | 16,645 | 17,022 |

Table 6: Number of users in institutional care in the years 2006-2008

| | 2006 | 2007 | 2008 |
|--------------------|-------|-------|-------|
| Home help | 5,250 | 5,595 | 5,780 |
| Family assistant | 1,236 | 900 | 841 |
| Personal assistant | 485 | 460 | 479 |
| All | 6,971 | 6,955 | 7,100 |

Table 7: Number of users and monthly cost of the service per user with regard to common form of service

| | Institutions | Community | Other structures | Total |
|---|--------------|-----------|------------------|--------|
| Number of users | 19,786 | 28,201 | 2,393 | 50,380 |
| Monthly cost of the service per user in Euros per month | 1,083 | 193 | 515 | 558 |

Demand for residential care exceeds supply. Estimates are that with 21,000 available residential care places (from which 17,000 places in homes for elderly), the potential additional demand reaches 6,000, and is expected to increase due to the ageing population (Association of care homes of Slovenia). This not only requires additional care facilities, but also stimulates Slovenia to put in place preventive programmes¹⁹. In previous ASISP Annual National Reports **LTC has been identified a longstanding problem in Slovenia.** Funding is split between the social services sector, pension insurance and compulsory health insurance. **LTC provision is accessed through the following avenues:**

- **Within the health care system:** as institutional health care, nursing homes (non-acute hospitalisation treatment - mainly intermediate care, provided at nursing departments and as prolonged hospitalisation).
- **At the primary health care level,** long-term care is provided within the scope of community nursing care and home health care.
- **Within the social services system:** daily and whole-day forms of institutional care, service of (social) domestic help, the right to home care assistance, care in sheltered housing and various social protection programmes for personal assistance for disabled persons.

¹⁸ ASISP Annual National Report 2011; Pensions, health care and LTC in Slovenia May 2011:

http://www.socialprotection.eu/cgi-bin/render.cgi?_cms_page=en_asisp_laender&country=si&_cms_object=4.

¹⁹ <http://www.oecd.org/dataoecd/61/26/47878068.pdf>.

- **Cash benefits:** Beneficiaries of old-age and disability pensions, beneficiaries of cash social benefit, persons who are unemployed due to a high degree disability, war disabled persons and war veterans

In previous years, some measures have been taken to increase LTC capacities:

- In March 2006, the **National Assembly adopted the Resolution on the National Social Protection Programme 2006-2010 which sets out several goals to increase provision of LTC** (Herewith, the priority is given to those regions of the country where the development of providers or users' accessibility to services is very poor):
 - Increasing provision of help at home and mobile help services for beneficiaries in their domestic environment;
 - Increasing capacities of institutional care services for elderly persons;
 - Increasing provision of care in another family as well as increasing capacities of care in sheltered housing for the elderly.
- Also in 2006, a Strategy for the protection of the elderly until 2010 was introduced.

The aim of the strategy for the protection of the elderly was to harmonise the work of the different line ministries, enterprise sector and civil society. The purpose is to assure the conditions for intergenerational solidarity, qualitative ageing and care for the older population. A recent evaluation of the strategy shows that **it is being implemented too slowly and that certain outlines of the Strategy are not taken into account by different sectors.**

Compulsory health care insurance is the most significant payer of LTC. However, there is no clear division between health care services which are supposed to be covered by compulsory health care insurance and other services in the long-term care setting (that are not considered a benefit under health care insurance). As a consequence of this confusion, **financial burdens are shifted from social security to compulsory health insurance.** Another problem concerning long-term care is the **underdevelopment of home care.**

According to data from the statistical office of Slovenia, **LTC expenditure** amounted to 260.017m EUR in 2003 and 353.673m EUR in 2007. Out of the latter, **266.542m EUR were public expenditure and 87.131m EUR private.**

There are mainly four ways of payment:

- People in care pay themselves;
- People in care together with their relatives pay;
- People in care and the municipality pay;
- Payment solely by relatives.

The percentage of **people paying for themselves** has been stable in recent years – about 35% whereas the percentage of **combined forms of payment** has changed radically. The percentage of a combined payment by people in care and their relatives increased by more than 10%, while the combined payment by people in care and the municipality dropped by almost 10%. The difference between combined payments was about 20% in 2008. A slow increase is observed in payment exclusively by relatives. It can be observed that **family members have a stronger**

involvement in paying for institutional care than municipalities and the recent economic crisis will probably be reflected in reduced payments by relatives.

In 2010, the Institute for Social Protection of the Republic of Slovenia (ISPRS) carried out a pilot project on direct payments in social care. The main findings in general are that the costs of service is lower in community-provided structures, however, the users of community-provided care is relatively lower than institutional. The main reason for this can be found in the poor regulation. Home help is financed from: municipal budgets (66.7%), state budget (10.8%), and by the contributions from the users (22.4%). In 2009, approximately 17million EUR were spent on home.

Table 8: Direct payments in LTC

| | Living costs | Services | Overheads | Total |
|------------|--------------|----------|-----------|-------|
| Costs in % | 50 | 39 | 11 | 100 |

On the implementation level, a good example of how to handle LTC and rehabilitation has shown to be the so-called **Dom IRIS**. The aims of Dom IRIS are to enable the elderly and persons with disabilities to view and test various technical aids and technologies in order to find solutions for independent life in their home environment and to advise them and their family members or caregivers on how to adapt their existing living space in the most rational and sensible (inexpensive) manner in regard to their special needs. So far, Dom IRIS has served as a way to offer equipment producers and service providers in the field of technological solutions for the elderly and persons with disabilities to demonstrate, test, upgrade and integrate their solutions. Dom IRIS has been equipped with state-of-the-art communication technology which has been adapted to different levels and types of disability. Such equipment enables the elderly and persons with disabilities to communicate with the outside world, to receive remote care and remote monitoring of their health condition as well as to partake in studying, work, leisure and entertainment by means of electronic media.

Another way of providing public services with private financing is through **public private partnerships** and concessions. In Slovenia concessions for providing public department services are awarded on the basis of the opinion of the Social Chamber by the ministry or of Specialist Council for social welfare by the municipality authority responsible for social welfare. The Concession Act must determine for individual types of services, which are the object of concession, the following: the area of providing services and the number or extent of concessions to be granted following individual invitations to tender for a particular area of supplying individual types of services.

Section 4: SWOT Analysis on the Delivery of Social Services

| | Strengths | Weaknesses | Opportunities | Treats |
|---|---|---|---|--|
| Overall policies stance and policy effectiveness | <p>EU membership</p> <p>In Slovenia the share of children in kindergartens is approaching the European average.</p> <p>The share of</p> | <p>Lack of integral LTC system.</p> <p>Political problem (The introduction of LTC insurance was part of the coalition contract of the government ruling in the period 2004-2008. However, the issue</p> | <p>Quality assurance with regards to community nursing; the nurses have to provide care according to a protocol. However, in reality there are many complaints and cases of</p> | <p>Economic crisis</p> <p>The growing number of persons 65+ calls for a systemic regulation of this field</p> <p>Resources for needs that are related to support</p> |

| | | | | |
|--|--|--|---|--|
| | <p>funds for subsidised meals in schools has increased.</p> <p>Increase in the quantity and quality of housing provided to vulnerable groups</p> | <p>proved to be contentious with regard to how to finance the new insurance, as some stakeholders oppose the introduction of a new compulsory insurance)</p> <p>Administrative (As an overall national strategy on LTC is missing, also quality management in LTC is legally not settled. Quality indicators in LTC are missing)</p> <p>Lack of important preconditions for ensuring funding for social protection systems – providing for necessary labour market adjustments and maintaining and raising the employment rate</p> | <p>improper care and nursing in different forms of care, and such cases are simply not taken care of.</p> <p>The development of Slovenian homes for older people involves a shift in the dynamics of the orientation of the homes from a medical to a social one. The theoretical conceptualisation of social work in homes for older people is only now coming into existence.</p> | <p>persons to perform everyday activities are considered to be scarce and the subject of long-term care organisation and financing is underdeveloped.</p> <p>Lack of important preconditions for ensuring funding for social protection systems – responding to change (globalisation, competitiveness, migration)</p> |
| Constitutional and legal framework | <p>Social services are a constitutional category mentioned as competency of the Republic of Slovenia.</p> | <p>The debate on the LTC remain rather in theoretical field</p> | <p>EU membership</p> | <p>Lack of regulation (The proposal for a Long-term Care Act and a Long-term Care Insurance Act has been in preparation since 2005)</p> |
| Central government institutional and regulatory framework | <p>Proper legislation is in place.</p> <p>Proper institutions are operational.</p> <p>There is a institute to monitor and assess the</p> | | <p>Dom IRIS project to enable the elderly and persons with disabilities to view and test various technical aids and technologies in order to find solutions for independent life in their home</p> | |

| | | | | |
|---|---|--|--|---|
| | outcomes of the social activity | | environment | |
| Local institutional and regulatory framework | | | | Global economic crisis (family members have a stronger involvement in paying for institutional care than municipalities and the recent economic crisis will probably be reflected in reduced payments by relatives) |
| Participation by NGO sector | Important position in Slovenia belongs to voluntary NGOs (Red Cross, Caritas, intergenerational and various other associations), which operate in local communities and offer different services from material help to help at work and companionship | The NGO sector does not substantially influence the state policy, even though it does a lot for social welfare of older people. A lot depends also on lobbying and knowing the right people. | Besides ministries, there are institutions and professional bodies, which help forming social welfare and health programmes. | |
| Participation by private sector | Concessions in the social security act | | | |