

Reporting on the implementation of the Council Recommendation on access to affordable high-quality long-term care

REPUBLIC OF SLOVENIA

1. Context and baseline

1.1. Diagnosis of the gaps and remaining challenges

*This section provides a **brief assessment of the national situation** in relation to the building blocks of the LTC Recommendation, identifies **challenges to be addressed** (if there are any). To the extent possible, the assessment, identification of challenges and good practices should be mapped with the relevant articles/ letters of the Recommendation. It could rely, inter alia, on Semester Country Reports/ Country Specific Recommendations/ National Reform Programmes/ Recovery and Resilience Plans, 2023 SPC Annual Report, 2021 EC-SPC report on LTC.*

Over the past 20 years, the Slovenian long-term care (LTC) system has been characterized by uneven access to benefits and services among different target groups and by fragmentation across numerous laws and ministries. Consequently, Slovenia has prioritized reforms in this field. Slovenia adopted the Long-Term Care Act (hereinafter: ZDOsk) on 9 December 2021, which provided for uniform regulation of the sector but did not regulate funding. The law only stipulated that one of the sources of funding for LTC entitlements would be compulsory LTC insurance, which would be introduced by a special law by the end of June 2025. It also set a timetable for the gradual introduction of entitlements, which was not technically feasible. In July 2022, the first amendment to the ZDOsk (2021) was adopted, postponing the start of implementation of the law to the beginning of 2024. In July 2023, the new Long-Term Care Act (hereinafter: ZDOsk-1) was passed, which upgrades ZDOsk (2021) in many areas and regulates the financing of LTC as a new social insurance system.

The law follows the principles of universal access to LTC, solidarity, equality and the guarantee of rights from the LTC system without discrimination. It prioritises the public interest in the organisation and implementation of LTC by ensuring equal availability, accessibility, and quality of LTC services for the insured, prioritizes community care and the right to independent living for the beneficiaries of LTC.

It is important to recognize that the reform of LTC is not merely a transformation of the existing system but also the establishment of a new pillar of rights, which is a highly complex task. Consequently, solutions are being introduced gradually, aligning with the broader vision of person-centered care. This vision includes an expanded and strengthened network of community services, high-quality care in care homes, improved status for LTC staff, and the digitalization of LTC services.

The most significant aspect of ZDOsk-1 (2023) is the regulation of LTC financing. ZDOsk-1 also established a phased implementation of LTC rights, as follows:

- From 1 January 2024: Carer for a family member
- From 1 July 2025: LTC at home, e-care services, and services to strengthen and maintain independence (the latter two are additional rights)

- From 1 December 2025: Institutional care and cash benefits.

ZDOsk-1 mandates a compulsory contribution for LTC. All individuals insured under the statutory health insurance scheme and their family members, provided they are at least 18 years old, are included in the compulsory LTC insurance. Starting from 1 July 2025, employers and employees will contribute 1% of their gross salary, self-employed persons will contribute 2% of their gross pension base, and pensioners will contribute 1% of their net pension.

In addition, ZDOsk-1 stipulates that the state budget will provide a maximum of 190 million euros per year for LTC. From 1 January 2028, the law provides for the possibility of introducing user co-payments of up to 10% (benefits in-kind for LTC at home, institutional care or carer for a family member) or 20% (services to strengthen and maintain independence) of the value of the care entitlement, if the funds from the social contributions collected are not sufficient to cover all LTC costs.

Once fully implemented (by 2026), ZDOsk-1 promises to effectively address the challenges currently associated with the provision of LTC in Slovenia and ensure fiscal sustainability, as called for in the country-specific recommendation.

Adequacy, availability and quality

Slovenia has adopted comprehensive measures in the new ZDOsk-1 to address the European Commission's recommendations on the adequacy, availability, and quality of LTC (2022).

Article 4 - Adequacy

To ensure the adequacy of services for people needing support, ZDOsk-1 introduces a range of new services, which will be gradually implemented (see subsection Article 5). The act establishes clear and objective eligibility criteria through a uniform assessment system, ensuring that beneficiaries with comparable needs have access to comparable rights¹. This eligibility determination process uses a special scale to measure the person's degree of preserved independence (1-5), rather than basing it on diagnoses, as individuals with the same condition may have different levels of independence.

A person's need for LTC is evaluated based on eight criteria, covering all LTC needs as specified under Article 4b of the Recommendations (2022):

- Mobility in the home environment
- Cognitive and communication skills
- Behavior and mental health
- Self-care
- Ability to cope with any disease and treatment
- Usual activities and social contacts
- Ability to act outside the home environment
- Household activities.

¹ The first assessments with the new eligibility scale will be made at the beginning of 2025, for people to obtain the right to a carer for a family member.

The financing of the LTC system is secured through a combination of mandatory contributions and state budget allocations (as described in the introductory chapter). The LTC budget will cover the cost of services, e-care services, entry points, and coordinators for LTC. However, the LTC system will not cover the costs of accommodation and food in care homes, although payment exemptions are possible under the Social Security Act (1992). The system will only cover the cost of services for the eligible hours defined by ZDOsk-1 (see subsection Article 5). Additional out-of-pocket payments starting in 2028 may be required if collected funds are insufficient to cover all LTC costs (10% or 20% of the service cost). However, users are not obliged to contribute to these costs if they receive social assistance or welfare allowance. Despite these potential out-of-pocket payments, the new LTC system is expected to be more affordable for those needing LTC (Article 4c of the Recommendation).

In addition to the rights under ZDOsk-1, Slovenia is preserving the existing rights to home help, including ADL services, IADL services, and social contact, which are co-financed by the municipalities. As a result, individuals can retain their home help services alongside the hours provided under LTC insurance. This approach significantly increases the number of community help hours available to users, which are either fully financed or co-financed by at least 50% by the municipality.

However, there are still some challenges that need to be addressed, particularly regarding timeliness. The aforementioned eligibility process is quite lengthy, taking approximately two months. After receiving the decision on eligibility, beneficiaries must create a personal plan with their LTC provider. Only after this personal plan is finalized are they entitled to start receiving LTC services. Consequently, people are unable to receive the necessary care as soon as their needs arise, as highlighted in Article 4a of the Recommendation (2022).

Article 5 - Availability

ZDOsk-1 defines cash and in-kind benefits. In-kind benefits are residential care, LTC at home, and carer for a family member for the two highest categories of care (a family member with the same residence as the user, who leaves the labour market or registered unemployment to take care of the person eligible). Alternatively, those eligible can choose the cash benefit. The extent of direct in-kind service provision for all-day care in an institution and at home is defined in hours per month: 20 hours for category 1, 40 hours for category 2, 60 hours for category 3, 80 hours for category 4, and 110 hours for category 5. The cash benefit is defined in euros and ranges from EUR 89 in the lowest category of care to EUR 491 in the highest one. Additionally, according to Article 128 of the ZDOsk-1, annual adjustments to the value of the cash benefit are provided for.

ZDOsk-1 implements a wide range of services, ensuring a balanced mix of LTC options and care settings. Additional assistance with basic activities of daily living (ADL) and instrumental activities of daily living (IADL) will be available, as well as basic nursing care services, related to ADL. New in-kind benefits available are: e-care services and services to strengthen and maintain independence. For services aimed at strengthening and maintain independence, the annual hours are 12 for category 1, 24 for category 2, 48 for category 3, 30 for category 4, and 24 for category 5. Homecare recipients may have e-care services cofinanced up to EUR 25 per

month. All beneficiaries, who will receive LTC care outside the LTC institutions, will be able to benefit from the right to e-care. However, e-care will be more accessible also for people, aged 80 years or more, who will not be eligible for LTC but will obtain the opinion of a personal physician, community nurse or center for social work that the use of e-care is for the person strongly recommended (article 5c of the Recommendation).

Slovenia lags far behind in personal home care inclusion (8.668 people in home care and 21.723 in institutions). Therefore, the priority is to expand and strengthen network of community-based services, recognising that people want to stay at home as long as possible. The network of institutions for LTC and providers of home care will be defined in national LTC program (articles 5a and 5b of the Recommendation) in accordance with the Rules on the Method of Monitoring the Criteria for Establishing a Public Network of LTC Providers at the level of a statistical region (2023). The absence of an adopted national program represents a significant gap and the challenge remains, how to ensure a sufficient number of LTC providers, in particular due to already existent staff shortages.

All LTC providers must comply with the Rules on Minimum Spatial and Technical Conditions for Long-Term Care Providers (2024), which specifies the minimum spatial and technical requirements for providing LTC. This includes the number, purpose, equipment, and size of the premises where LTC services are provided. The rules also set technical and spatial conditions to ensure that people with various limitations can access these premises, with the goal to ensure accessibility to persons with specific needs and disabilities (article 5d of the Recommendation).

Article 6 - Quality

ZDOsk-1 defines quality of LTC as LTC that achieves integrated, professional, user-oriented LTC, considering the fundamental principles of quality, such as efficiency, safety, timeliness, continuity, effectiveness, equity and user-centredness. Furthermore, the law mandates that one of the tasks of the Republic of Slovenia in the field of LTC is to monitor the efficiency, accessibility, and quality of the LTC system, as well as to adopt and monitor the implementation of rules governing LTC.

According to Article 8 of ZDOsk-1, the Ministry of Solidarity-Based Future, in cooperation with the ministry responsible for social welfare and the ministry responsible for health, will establish a system of quality and safety management in LTC. This system will include tasks such as planning quality and safety measures, carrying out professional development activities, and establishing a catalogue of education and training courses for LTC providers. However, this system of quality and safety management is yet to be established, presenting an ongoing challenge.

Currently the quality and safety management system within ZDOsk-1 is not yet in place, but some standards have been adopted. The new ZDOsk-1 ensures quality assurance by defining minimum acceptable standards for LTC providers, detailed in the Rules on Services, Personnel Conditions, Training, and Supervision in Long-Term Care (2024), as well as the Rules on Minimum Spatial and Technical Conditions for Long-Term Care Providers (2024). All providers

must meet these technical and personnel standards before being registered and allowed to provide services. Rules on Concessions in the Field of Long-Term Care (2024) define the requirements for a legal entity to obtain a concession. E-care providers, who must also meet specific quality standards, will be selected through public procurement (Article 6d of the Recommendation).

ZDOsk-1 also stipulates that LTC providers must report annually on:

- Internal quality and safety standards;
- The extent and results of internal control of quality and safety standards;
- Results demonstrated by internal indicators;
- Results demonstrated by quality indicators established by the Minister and published on the Ministry's website;
- The number of employees, contract workers, and volunteers.

The Act provides for Inspectorate supervision of LTC implementation. The Inspectorate will oversee the provision of LTC by verifying facts and circumstances related to ensuring professional standards, quality and safety management systems, and the quality and safety of LTC provision. The Inspectorate will be established within the Ministry of Solidarity-Based Future within one year of the ZDOsk-1's entry into force.

A uniform national methodology for monitoring LTC services is covered by CID Milestone 196 of the Recovery and Resilience Plan. Institutional care homes, which also provide health care and rehabilitation services, are engaged in national-level monitoring of healthcare quality in institutional setting, including monitoring of the prevalence of pressure ulcers in residents, incidents of injuries and falls, safety complications related to medication use, and colonization or infection with multidrug-resistant bacteria among the users of care homes.

Despite these measures, challenges remain, particularly in providing incentives for LTC providers to exceed minimum quality standards and continuously measure and improve quality. Ensuring sufficient resources for quality assurance also remains a significant challenge.

Article 7 - Carers

In general, EU labour law and national labour law is relevant and applies also to LTC workers. The Employment Relations Act (2013) regulates employment relationships established through contracts between employees and employers, applying to most workers in the LTC sector. This act guarantees workers' rights, including limitations on working hours, protection against discrimination and harassment, and health and safety requirements. The Minimum Wage Act (2010) and regulations in the field of health and safety at work also apply to LTC workers, including LTC domestic workers.

Furthermore, the Collective Agreement for the Healthcare and Social Protection Sector (1994) covers most LTC workers. Trade union activity in the LTC sector is strong. There are several trade unions representing LTC workers. The most important are Sindikat zdravstva in socialnega varstva (Trade union for health and social care), Sindikat delavcev v zdravstveni negi Slovenije (Trade Union of workers in health care), Sindikati v zdravstvu Slovenije – Pergam

(Trade unions in medical care – Pergam) Sindikat centrov za socialno delo – Pergam (Trade union of centres for social work – Pergam), Sindikat zdravstva in socialnega skrbstva Slovenije (Trade Union of Health and Social Welfare of Slovenia).

Most LTC workers in Slovenia are civil servants, governed by the public salary system. This system is founded on principles of equal pay for comparable positions, transparency, and salary incentives. However, the situation of social carers is characterised by poor working conditions with fewer opportunities to reconcile work and family life (work in the afternoon, at weekends and on public holidays) with inadequate pay. The average salary for domestic social carers in 2022 is still only at salary level 25.4 of the Slovenian public sector salary system (Kovač & Petrič, 2023) and thus at 1,179.63 euros gross, which is slightly higher on average than the 1,074.43 euros set each January in accordance with the Minimum Wage Act (2010). This issue is recognized as needing urgent attention. The government is currently negotiating with social partners to comprehensively regulate the public sector salary system and eliminate wage disparities. In December 2023, an agreement was reached to adjust public sector salaries by 3.36%, with the first higher salary payments scheduled for July 2024.

Employers in Slovenia are required to ensure safety and health at work, as determined in Health and Safety at Work Act (2011). They must implement necessary measures to protect workers and others present in the work environment. Workers have the right to a safe and healthy workplace and must also adhere to safety measures.

There is limited data available on migrant workers in the LTC sector. The Prevention of Undeclared Work and Employment Act (2014) defines activities considered undeclared work and establishes sanctions and enforcement mechanisms to prevent it. Various bodies, including the Financial Administration, the Market Inspectorate, the Infrastructure Inspectorate, and the Labour Inspectorate of Slovenia, are responsible for monitoring and enforcing regulations against undeclared work. However, detailed data on immigrant care workers in private homes is lacking in official statistics.

Article 8 – Professionalisation of care

Each service provider is obliged to provide all necessary trainings in accordance with the collective agreement for health and social care activities in Slovenia. The collective agreement (1994) mandates professional development for workers, specifying:

- Workers with a higher professional education (equivalent to a university degree) must receive training for at least 10 days per year or at least 30 days every three years.
- Workers with a higher vocational education receive training for at least 20 days every three years.
- Workers with a secondary vocational education who work in positions providing services to users must receive training for at least 14 days every three years,
- Other workers with lower education from 1-4 days every three years (Article 8a of the Recommendations).

Due to extensive reforms in the LTC sector in Slovenia, which include new services, processes, and methods, there is a need for comprehensive staff training. The ZDOsk-1 provides funds from the state budget and regulates this at the national level. This training includes programs for LTC coordinators, LTC advisors at entry points, and providers of services aimed at strengthening and maintaining independence. More detailed provisions on training and supervision are outlined in the Rules on Services, Personnel Conditions, Training, and Supervision in Long-Term Care (2024), which also mandates refresher courses every three years, focusing on upskilling and reskilling. These courses cover changes and innovations within legislation, advancements in LTC, modern work methods, violence prevention, communication methods, and more.

Regarding the implementation of measures to tackle gender stereotypes and gender segregation, and to make the LTC profession attractive to both men and women (Article 8f of the Recommendation), the project led by University of Novo mesto, Faculty of Health Sciences “The Promotion of Occupations in LTC” needs to be mentioned. This project, set to be completed by September 2024, aims to achieve several key outcomes:

- Analysis of the needs for promoting professions in LTC
- Selection of international good practices for promoting professions in LTC
- Guidelines for preparing a strategic plan to promote professions in LTC
- Guidelines for preparing a strategic plan for the recruitment and retention of employees in LTC
- Strategy for promoting professions in LTC

While the primary goal of the project is to promote LTC professions generally, it only marginally addresses gender stereotypes and segregation. There is a need to enhance efforts to specifically target these issues in the national level.

Additionally, there are ongoing challenges in strengthening professional standards, offering attractive professional status, and providing career prospects for long-term carers, especially for those with low or no qualifications. Addressing these challenges is crucial for the continued development and improvement of the LTC sector, ensuring it remains an appealing career choice for all genders.

It is challenging to estimate the current proportion of domestic work occurring within the grey economy. There are steps taken in relation to tackling migrant work within the proposed Act on Urgent Measures to Improve Personnel and Working Conditions and Capacity of Providers of Social Welfare Services and Long-Term Care (2024), however it is not yet adopted (see section 2.2).

Article 9 – Informal carers

Currently, Slovenian LTC system lacks clear procedures for identifying informal carers. Even when they are identified, there are limited programs, training opportunities, counselling services, psychological support, and respite care available. Psychological support is organized within the healthcare system and is often less accessible due to long waiting times. Training opportunities are few and typically organized by non-governmental organizations or LTC

service providers. Respite care is often unavailable and requires out-of-pocket payments by users or their relatives.

However, ZDOsk-1 has made some progress in this area. It introduces LTC consultants at entry points for LTC, who will provide information and consultation to people in need of LTC services and help connect LTC beneficiaries with service providers. Furthermore, each LTC service provider must include a LTC coordinator in their team. A LTC coordinator will advise users and their informal caregivers, provide them with information and support, and facilitate cooperation with LTC service providers, health, and social workers. Additionally, informal carers can receive counselling and support within services for strengthening and maintaining independence if they choose so. Volunteers, informal caregivers, family members of users, and users themselves can, according to the Rules on Services, Personnel Conditions, Training, and Supervision in Long-Term Care (2024), attend the training and educational programs organized by the LTC service provider, however the provider may charge informal carers for the training in accordance with their service price list.

The ZDOsk-1 also introduces the role of a carer for a family member. A carer for a family member is a relative of a person entitled to LTC who has left the labour market to care for this person. The caregiver is entitled to monetary compensation (1.2 times the minimum wage), payment of mandatory social insurance, training, and respite care (21 days per year).

1.2. Stakeholders' involvement

*This section explains **how the various stakeholders were involved** in reviewing national LTC policy in relation with the LTC Recommendation and in defining national measures to address the identified challenges.*

The implementation of the LTC reform is designed to involve the interested public as much as possible. The adoption of ZDOsk-1 was followed by the adoption of numerous regulatory decrees. Prior, a public debate took place in which interest groups were able to submit their proposals and comments.

In addition, the Ministry of Solidarity-Based Future established an advisory body. Various interest groups were represented in an advisory body (representatives of government agencies, NGOs, faculties, professional chambers, trade unions ...). The purpose of setting up an advisory working group is to involve the broadest possible group of stakeholders to participate in the development of proposals for the adoption of changes to the regulations in the field of LTC, with the aim of creating a functioning LTC system. The advisory body was established in April 2023. While the advisory body actively participated in drafting the ZDOsk-1 and related regulations, there were occasional disagreements among stakeholders. These differing perspectives sometimes led to debates, reflecting the diverse interests and priorities of the group's members.

In October 2023, the Minister for a Solidary-Based Future set up a national coordination group for the implementation of ZDOsk-1. The purpose of the national coordination group is to monitor and coordinate individual activities in the context of establishing a LTC system. This group consists only of representatives of public institutions (representatives of various

ministries, the Health Insurance Institute, the National Institute of Public Health and the Social Protection Institute of the Republic of Slovenia). The group has not yet convened in its entirety, the current approach involves more partial, one-on-one meetings. Once key decisions are finalized, the group will start functioning as a whole.

ZDOsk-1 plans to set up an expert council for LTC with the following tasks:

- preparation of expert opinions on proposals for legislative and strategic documents;
- preparation of expert opinions on the technical basis for the development of standards and norms for the LTC services;
- preparing expert opinions on the development of LTC services;
- processing other issues.

The following representatives will be appointed to the Expert Council: two representatives of LTC users, one representative of providers of LTC in the community, one representative of providers of LTC in institutions, one representative of informal carers, one representative of centres for social work, one representative of health insurance institutions, one representative of municipalities, one representative of non-governmental organisations active in the field of LTC, one representative of the Social Protection Institute of the RS, one representative of the Faculty of Health and one representative of the Faculty of Social Work. The Expert Council has yet to be established.

Given the scope of the reform and the innovations it introduces, stakeholder consultations are indispensable for interpreting the measures and outlining the steps each stakeholder must take towards implementing the system. Upon the implementation of new legislation and new ways of working, we encounter dissatisfactions, concerns and disagreements among stakeholders, and also resistance to accept new tasks or proposing measures, which is a gap that is at times problematic to tackle. To this end, the Ministry holds regular meetings with the directors of centres for social work, employees at entry points, representatives from the Association of Social Institutions of Slovenia, the health insurance, National Institute of Public Health, Social Protection Institute of the RS, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Social Chamber of Slovenia, and other relevant parties. However, the issues are numerous, and stakeholders are calling for even more intensive cooperation.

2. Policy objectives and measures (to be) taken

2.1. Overall policy response

This section describes how the gaps identified in relation with the objectives of the Recommendation have been/ will be addressed. It provides a breakdown of the overall policy response into a list of concrete measures, mapped to the extent possible with the relevant articles/ letters of the Recommendation.

Most pressing gaps with policy responses are the following:

Shortages of staff and offering attractive professional status and career prospects to long-term carers, including to those with low or no qualifications: the Act on urgent measures to improve

personnel and working conditions and capacity of providers of social welfare services and LTC (to be adopted)

Territorial gaps in availability of and access to LTC (article 4b of the Recommendation): adoption of National Program with defined national network of LTC providers; measurements regarding the workforce shortages; adoption the Act on urgent measures to improve personnel and working conditions and capacity of providers of social welfare services and LTC (2024)

The system of quality and safety of management of LTC and incentives to enhancing the capacity of LTC providers to go beyond the minimum quality standards, to improve quality continuously (article 6 of the Recommendation) – establishment of a system of quality and safety of LTC; adoption of the Act on urgent measures to improve personnel and working conditions and capacity of providers of social welfare services and LTC (2024)

ICT support in LTC - There is also a significant gap in the establishment of a common system for ICT support in LTC for service providers, entry points, Health insurance Institute and other relevant stakeholders. Currently, some partial solutions have been elaborated and we plan to use the EU Structural and Investment Funds 2021-2027 to develop an ICT support system for LTC by 2028.

Tackling migrant work: the Act on urgent measures to improve personnel and working conditions and capacity of providers of social welfare services and LTC (to be adopted, 2024).

2.2. Detailed description of the measures

*This section provides further details for each of the measures listed in the previous section. For each measure, MS should provide a detailed description. This could include, for example, information on the **aim**, **type** (e.g. legislative reform, investment, etc.), **target group** (definition and size), **results and impact** (expected or achieved), **timeline**, **financial resources** (national and/or EU funding), **implementing body(ies)** and **cooperation with stakeholders**, **evaluation** and **cross-linkages with other measures**.*

Most mentioned gaps will at least partly be improved by adopting **The Act on urgent measures to improve personnel and working conditions and capacity of providers of social welfare services and LTC (2024)**

Timetable: in legislative procedure; expected to be adopted in 2024

Financial resources: national; 9.923.000 € until 2027²

Aim: The bill sets forth measures, their implementation methods, and the provision of funding to ensure an adequate number of appropriately trained personnel for delivering social services

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The measures provided for in the proposed law are time-limited (they will be implemented until 2027), as the purpose is to determine the effects of each measure and then decide as to which measures should be included in systemic financing.

and, additionally, it addresses the provision of LTC services within the public network, in compliance with LTC regulations.

Measures, related to shortages of staff in LTC:

- Co-financing national professional qualifications – this measure provides funding to help people gain the qualifications needed for jobs in social care or LTC sector.
- Strengthening the involvement of volunteers to support users and to relieve the workload of employees.
- Co-financing the optimisation of work processes to reduce the workload of employees, or co-financing the use of modern technologies and technical aids in the provision of services that do not require the direct physical presence of employees.
- Strengthening the employment of non-citizens of the Republic of Slovenia and their integration, as well as the integration of their family members into the working and living environment. This also includes preparing the development of integration programmes for the employment of foreign nationals by providers of social services and LTC.
- Co-financing the acquisition of formal education (e.g. higher education qualifications) for people already employed in LTC or social services.
- Co-financing of scholarships.
- Financial support for programmes that provide support and guidance to third-country nationals interested in working in the field of social welfare and LTC in Slovenia, including the funding of Slovenian language courses for third-country nationals.

Measures, related to quality and safety management:

Financial support for providers to lay the foundations for a standardised model of quality and safety management. This includes monitoring quality and safety indicators, improving provider information systems and training senior staff to ensure more efficient employment and workforce management.

Measures, related to tackling migrant work:

The bill provides funding to enhance the Infopoint for foreigners, supporting employers in hiring foreign workers, promoting job opportunities in Slovenia, and offering online Slovenian language courses. It includes activities like advising employers, organizing international job fairs, and language training. Foreign workers and their families are registered to participate in these programs. Additionally, an integration program helps new foreign employees and their families adapt to work and social life, covering costs for temporary housing, qualification recognition, and language courses. Employers must report annually on program activities and outcomes.

Territorial gaps in availability of and access to LTC (article 4b of the Recommendation) will be tackled by adopting a **National Program for LTC** with defined national network of LTC providers

In accordance with Article 6, points 4 and 6 of ZDOsk-1, Slovenia is tasked with developing a public network for LTC and ensuring equal access to LTC services nationwide through effective and rational organization. Article 7 mandates that the National Assembly, upon the Government's proposal and after preliminary discussion at the Economic and Social Council,

adopt the National LTC Programme. This program establishes a public network, LTC policy, and development plan based on an analysis of the population's LTC needs. Article 119 of ZDOsk-1 requires the National LTC Programme to be adopted within one year of the Act's entry into force, however there will be some delays (planned adoption of programme: July 2025). An analysis of the population's LTC needs, to be completed by September 2024, will assist in developing the public network. This analysis includes a review of existing LTC users by region and community, estimates of future needs based on SHARE statistics and other data, and an assessment of current social and healthcare service providers.

Establishing the system of management of quality and safety in LTC

The system for managing quality and safety in LTC (LTC) will be established through collaboration among the Ministry of Solidarity-Based Future, the Ministry of Health, and the Ministry of Labour, Family, Social Affairs, and Equal Opportunities. While the exact timetable is not yet defined, it is a medium-term plan.

ICT support in LTC

The DIGIDO project, financed from the EU Structural and Investment Funds 2021-2027, aims to support the digitalisation of social care and long-term care in Slovenia by 2028. Currently, service providers and stakeholders use various uncoordinated information systems. DIGIDO will help to develop and improve these systems to ensure efficient record-keeping and information flow within organisations and the entire social and LTC system. Particular attention will be paid to developing information systems for entry points at social work centres and improving tools for working directly with people, taking into account input from experts and users. The Social Protection Institute of RS will manage DIGIDO and subcontract its implementation.

3. Remaining challenges and needs for EU support

3.1. Remaining challenges

*This section describes any potential **remaining LTC challenges not addressed** by those measures already taken/ planned. Reflections on why they cannot be addressed at national / regional level are welcome.*

Despite the extended timeline for implementing ZDOsk-1, we anticipate challenges in transitioning from the old system to the new one. These challenges stem from new processes, methods of work, legislative changes, and the large number of applications to be assessed. Consequently, the transition period is expected to be lengthy.

Although additional funds are available to address staff shortages, we expect this trend to continue in the coming years as the largest generations of workers retire. The Employment Forecast Survey in the health and social care sector, which includes LTC, indicates that this sector is the third most likely to see an increase in demand for services (ESS, 2022). Almost

60% of employers in this sector reported difficulties in recruiting staff due to a significant shortage of suitable candidates.

Funding for the coming years is secured through a combination of mandatory contributions, state budget allocations, and co-financing. However, intense population aging and increased needs might necessitate financing reforms.

Currently, no data is available on live-in workers, migrant workers, and undeclared work. In-depth studies are needed to determine the extent, migrant pathways, and working conditions of migrants in Slovenia.

3.2. EU support

*This section should highlight concrete **needs for further EU support, including in relation with remaining challenges not addressed by planned/ already taken measures, and highlight potential contributions from your MS to the EU level policy dialogue in the area of LTC (e.g. good practice, high-level initiatives or networking opportunities, etc.).***

Slovenia is currently in the process of introducing a new insurance system of LTC. Given the complexity of this task, we recognise the significant need for further support and technical assistance from the EU, particularly in addressing the gaps identified in section 2.1. In particular, we would greatly benefit from support in setting up the system, developing a national plan, implementing an information system and defining quality indicators.

In addition, Slovenia is very interested in contributing to the policy dialogue on long-term care at EU level. We are very interested in sharing experiences with other Member States, including best practises, high-level initiatives and networking opportunities.

4. References

- Collective Agreement for the Healthcare and Social Protection Sector [Kolektivna pogodba za dejavnost zdravstva in socialnega varstva Slovenije]. (1994). Official Gazette of the Republic of Slovenia, No 15/94, 18/94. Available at: <https://pisrs.si/pregledPredpisa?id=KOLP78>
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