



# **Peer Review on “Work-Life Balance: promoting gender equality in informal long-term care provision”**

**Peer Country Comments Paper - Slovenia**

**Caregivers of family members**

**Online, 3 - 4 December 2020**

**DG Employment, Social Affairs and Inclusion**

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*November 2020*



**EUROPEAN COMMISSION**

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## **1 Introduction**

This paper has been prepared for the Peer Review on "Work-Life Balance and the promotion of the equal sharing of long-term-care for relatives in need between women and men". It provides a comparative assessment of the policy example of the Host Country and the situation in Slovenia. For information on the host country policy example, please refer to the Host Country Discussion Paper.

## **2 Situation in the peer country**

### **2.1 Long-term – care in Slovenia - overview**

In Slovenia there is no umbrella law on long-term care (hereinafter: LTC), no uniform LTC system and no definition of LTC. As a working definition for the purpose of reporting to EUROSTAT, Slovenia uses the definition adopted by international institutions (OECD, Eurostat, WHO) which defines LTC as a range of services required by persons with a reduced degree of functional capacity (physical or cognitive) and who are consequently dependent for an extended period of time on help regarding basic and/or instrumental activities of daily living.

Services which could be classified as LTC are provided through different social protection systems (in the health care system, the social care system, the parental care system, the pension system, the educational system and the disability care system), which are regulated through separate laws and managed by different Government departments.

Consequently, LTC rights and benefits are recognised and arranged through various entry points and on the basis of different need assessment procedures (done by the Institute for Pension and Disability Insurance, Centres for Social Work, the Institute for Health Insurance of Slovenia and individual service providers). The existing arrangements often result in unequal treatment, as they do not ensure comparable rights and support for similar needs. They are also unequally financed from public funds.

Access to services varies by region and differences are particularly noticeable between urban and rural environments. Access to certain services (e.g. social care services) depend on the degree to which local communities co-fund them. As a result, potential beneficiaries may even be excluded from the system depending on the place where they reside.

It should be noted, however, that inequalities in Slovenia and regional differences between urban and rural areas are not driven by the access to health care services. Those in institutions and at home have access to health care services which are entirely funded by health insurance. On the other hand, social services are not publicly funded in their entirety, which means that all types of services are not provided to people with equal needs.

Private expenditure for LTC has been increasing much faster than public expenditure for LTC. In 2017, the private share for the total expenditure on LTC reached almost 27% (this share increased by 3.1 percentage points with respect to 2016). This has implications from a social standpoint. For example, it can influence the affordability of formal care to beneficiaries from disadvantaged socio-economic backgrounds.

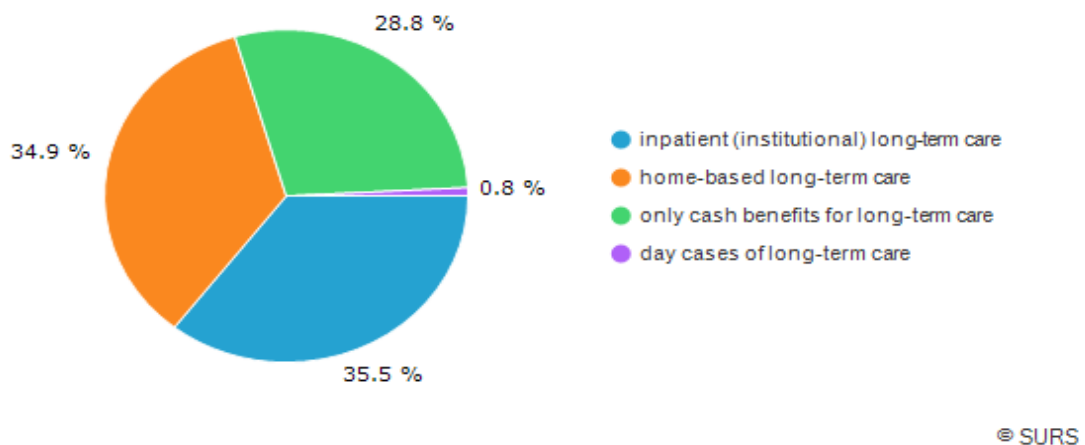
Coordination between health care and social care providers is not adequately regulated and does not ensure the continuity of the treatment. This can be especially risky for people who are not supported by a social network.

As a result of the existing regulation, the use of ICT (Information and Communication Technologies) and e-care services to support users staying at home is insufficient. There is also no emphasis on prevention and the strengthening of the user's ability to live independently at home for as long as possible.

The predominant form of LTC in Slovenia is formal care provided at an institution, which goes in the opposite direction of EU trends. This is due to the fact that Slovenia supported mainly the development of institutional care for the elderly in the past. The development of integrated community-based services was much slower and not achievable in the short run. This means that people who stay at these types of institutions are given quality LTC, whereas people who stay at their homes are at a disadvantage, especially because they do not have access to a comparable set of LTC services. This phenomenon increases the pressure on institutional LTC and does not support people and families in urgent need of LTC.

According to the Statistical Office of the Republic of Slovenia there were around 64,433 LTC recipients in 2017. The share of recipients receiving LTC in institutions was the largest at 35.5% (around 22,900 individuals). They were followed by recipients of LTC at home with a share of 34.9% (almost 22,500 individuals) and those recipients who were receiving only cash allowances to cover different LTC services (around 28.8% of beneficiaries and around 18,500 individuals).

Figure 1. LTC recipients by mode of provision, 2017



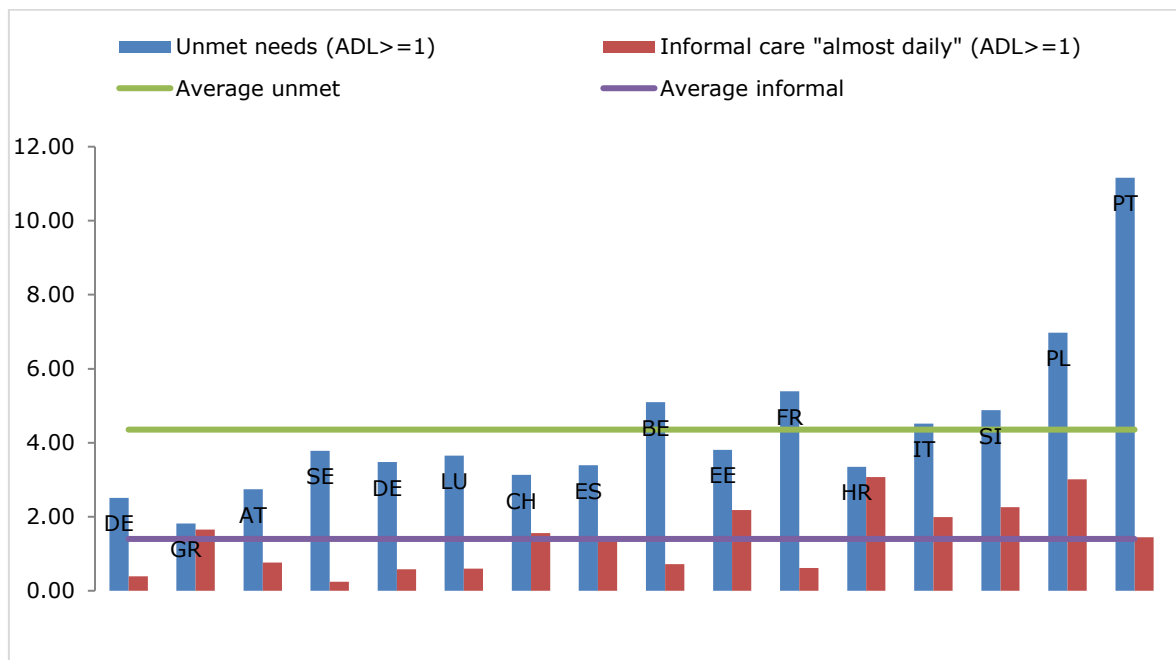
Source: Statistical Office of the Republic of Slovenia.

The results of the SHARE survey (wave six)<sup>1</sup> in Slovenia for the year 2015 showed that Slovenia had one of the largest share of people aged 50 and more with unmet needs and who are receiving informal care, i.e. 7.1% (see Figure 2).

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<sup>1</sup> The source of data is the Institute for Economic Research (IER), Slovenia.

Figure 2. The share of recipients of unmet needs and informal care, 2015



Source: IER.

Over the last 30 years, Slovenia adopted an entirely new legislation in the field of social protection and amended it several times due to economic, social and demographic changes. However, a comprehensive reform of the LTC system is still pending. A new draft Act on LTC has been publicly debated until 5 October 2020.<sup>2</sup> Currently the draft is being debated within the Economic and Social Council of the Republic of Slovenia (ESC).<sup>3</sup>

With the Resolution on the National Healthcare Plan 2016-2025 (hereinafter: Resolution), a strategic document that addresses key problems of health and the health care system in Slovenia, both the Slovenian Government and the National Assembly of the Republic of Slovenia confirmed the strategic orientation of Slovenia towards a greater integration of health and social services, the development of various forms of LTC and the provision of support for independent beneficiaries staying at their home.

The LTC Act proposal is only one of the many policy interventions aimed at addressing the issues caused by demographic change in Slovenia. The Government of the Republic of Slovenia has adopted the Active Ageing Strategy<sup>4</sup> to tackle the issues that affect ageing societies. It represents the substantive framework for the implementation of changes in the labour market, education and training, systems of social protection, the living and working environment, and civil and political participation.

## 2.2 The role of informal carers and gender gap

Like in other EU Member States, informal care is understood as complementary to the formal provision of LTC services. There is a broad consensus among relevant

<sup>2</sup> <https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=7885>

<sup>3</sup> <http://www.ess.si/ess/ess-eng.nsf>

<sup>4</sup> Active Ageing Strategy. 2018. Institute of Macroeconomic Analysis and Development.

[https://www.umar.gov.si/en/topics/single/theme/news/strategija-dolgozive-druzbe/?tx\\_news\\_pi1%5Bcontroller%5D=News&tx\\_news\\_pi1%5Baction%5D=detail&cHash=91530e6342889f6bbda83dff5bb560fe](https://www.umar.gov.si/en/topics/single/theme/news/strategija-dolgozive-druzbe/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=91530e6342889f6bbda83dff5bb560fe) (19.11.2020)



stakeholders that informal care should not be ruled out in future LTC systems, but it should not replace skilled and professional care either.

The various stakeholders interpret the concepts of informal care and providers of informal care very differently. Informal care is most often associated with any assistance to the elderly by voluntary, non-professional and non-profit carers, family members, relatives, and others in their social network, living inside or outside their home.

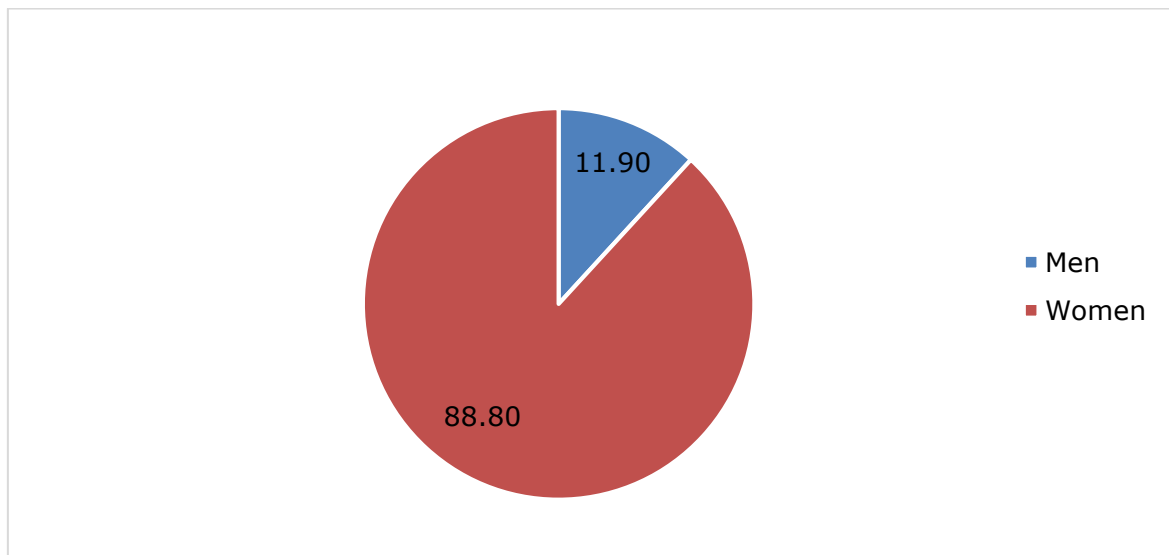
In the draft of the LTC Act, individuals who help people in need of LTC on a non-professional, non-profit and un-paid basis are recognised to perform basic activities of daily living (ADL) and instrumental activities of daily living (IADL) as providers of informal LTC.

Conversely, a professional provider is any provider financed from public sources. Paid, but non-professional carers, are not considered as informal providers.

Both formal and informal LTC services in Slovenia are mostly provided by women (please see Figure 3 of staff in formal care and Figure 4 for the share of women among informal daily carers, aged 50 and over), which indicates that the gender gap in both settings is not closing. In addition, many informal carers may need health or social support due to their own age or illness.

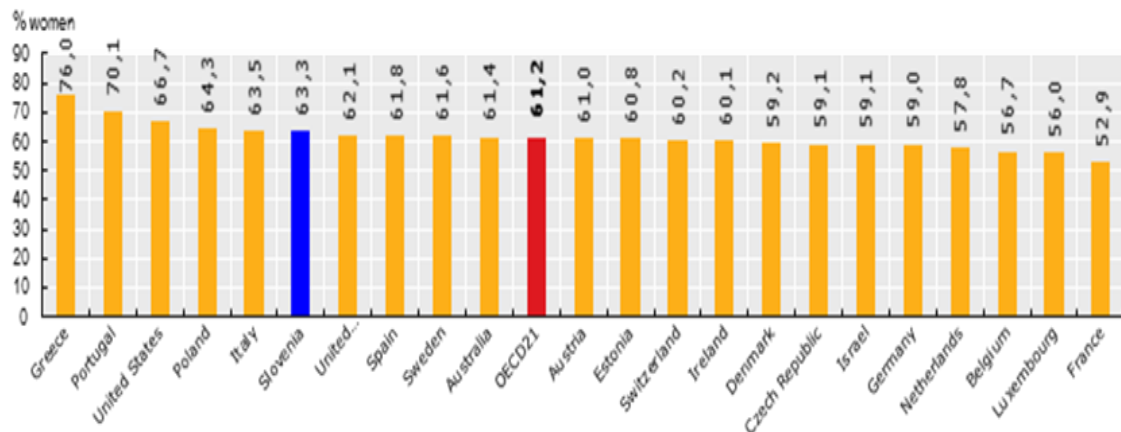
Although Slovenia ranks among the countries with the highest levels of gender equality in various fields, the Expert Council for Gender Equality of the Ministry of Labour, Family, Social Affairs and Equal Opportunities brings attention to the fact that the division of informal work, care for family members and household responsibilities between women and men, along with gender segregation in the labour market (where women are overrepresented in lower paid and valued care professions) constitute the most important challenges for gender equality policies. Therefore, the Expert Council for Gender Equality emphasises that the future LTC system in Slovenia must be based on formal care, which is provided through accessible, plural and publicly funded services, and informal care should only complement these services.

Figure 3. Staff in formal care, 2015



Source: Social Protection Institute of the Republic of Slovenia, link: [https://www.irssv.si/upload2/analiza\\_kadra\\_v\\_do.pdf](https://www.irssv.si/upload2/analiza_kadra_v_do.pdf).

Figure 4. Share of women among informal daily carers, aged 50 and over, 2017 (or nearest year)



Source: OECD, *Health at a Glance, 2019*; link: <https://www.oecd-ilibrary.org/sites/a80d9f62-en/index.html?itemId=/content/component/a80d9f62-en>.

Given that an important share of LTC is provided by family members and other informal carers, it is necessary that policy measures ensure that professional services are provided to dependant people staying at home and that family members caring for their relatives are supported.

The aim of the latest proposal of the LTC Act is to support the "caregiver of a family member" (as a special form of formal care since it is paid with public funds) who has the following rights in accordance with the proposed Act:

1. partial payment for lost income;
2. inclusion in compulsory social insurance;
3. planned absence and
4. training and professional advice.

The "caregiver of a family member" will be established as a special form of formal LTC. This special status can be obtained only by the family members or relatives who live at the same address as the beneficiary. Their relationship is not a contractual one and the number of hours devoted to caring for a relative cannot be precisely tracked, although they would have the obligation to keep a diary. The family caregiver must consent to the provision of services, but he or she may also change his or her mind, as may the beneficiary. Another innovation introduced is that two family members can decide to obtain this status in order to split tasks and improve work-life balance.

Given that they provide services to a dependent beneficiary, they must not only be willing, but also psychophysically capable and qualified to perform the necessary tasks. The number of dependent relatives they can take care of at the same time is also limited.

The organised respite care additionally contributes to a better quality of life, not only for the beneficiaries, but also for their families or relatives. The "caregiver of a family member" may be absent for up to 14 consecutive calendar days in a calendar year, during which time the beneficiary is provided with alternative care.

A "caregiver of a family member" is obliged to participate in organised training. Through training, the caregiver of a family member acquires skills and knowledge in the following fields:

1. organisation of their own work;

2. communication and cooperation with professional services regarding the solution of the beneficiary's distress and problems;
3. identifying and meeting the needs of the beneficiary;
4. acting in unexpected situations and providing appropriate assistance;
5. providing safe and quality service;
6. protection of human rights and fundamental freedoms through ethics;
7. nursing procedures for the beneficiary;
8. protection of one's own health, the health of others and the environment;
9. preparing reports and keeping a care diary.

An important envisaged policy measure is that the training received can be recognised in the process of acquiring a national professional qualification as a care professional. This strengthens the recognition of knowledge and skills of informal care providers in the formal training or education system. Consequently, it increases employment opportunities in the LTC system which has high demand for LTC professionals.

Another important measure is the introduction of new services in support of strengthening and maintaining independence. These services are not intended to replace rehabilitation provided within the framework of rights in the field of health care or the treatment of acute conditions, but to support beneficiaries to the highest possible level of self-sufficiency. These include the following: services for maintaining or increasing independence and reducing the need for assistance or preventing the worsening of the beneficiary's situation, psychosocial support services, post-diagnostic support services for people with dementia and counselling services for adapting the living environment.

### **3 Assessment of the policy measure**

Both in Germany and Slovenia there is an increasing number of dependent people who need LTC. Both systems are under pressure to adapt to a growing demand for providing LTC at home, which is driven by an ageing society and social and economic changes.

LTC is often provided by family members, either by choice or because the formal provision of LTC services is available only with co-payments or formal LTC at home is not accessible, as is the case in Slovenia.

Many informal caregivers are not adequately prepared for mentally and physically demanding tasks, especially when care needs are complex and when care needs to be balanced with work and personal life. With a comprehensive regulative framework, the overall care burden of informal caregivers should be reduced in such a way that it becomes manageable. Policies aiming to support informal caregivers should also focus on reintegration into the labour market after care duties are over.

In the last 20 years working-age family carers in Germany have been expected to follow the norm of a working adult model which is not aligned with the fact that LTC provision relies to a large extent on working age (mainly female) family caregivers. Consequently, specific policy measures are in place in order to counteract the negative consequences of conflict between work and care. Although men have increased their involvement in family care, women still bear the brunt of it.

The deficiencies and shortcomings in the current LTC provision system are dealt with in the draft of the LTC Act.

#### **3.1 Situation in the host country**

##### **Care leave and care grant**

Working carers in Germany are eligible for care leave that can go from ten working days to 24 months of care leave or part-time care leave, depending on their specific needs. The specific leave arrangements depend on the size of the caregiver's company. This is also possible when a child is in need for LTC. Not all caregivers are eligible for long-term leave. The carer's grant is available to all caregivers irrespective of the size of the company for short-term leave (up to ten days), but it is not automatically assigned. The long-term leave schemes come without wage replacement and the availability of this measure depends on the size of the company. This policy measure is not suitable for Slovenia, because it does not ensure equal support for equal needs (given that caregivers working for small companies cannot apply for leave in the same conditions), which is what Slovenia would like to achieve with the reform.

In Slovenia, people with health care insurance are entitled to take leave to care for family members in case of illness. In this case, they are also automatically entitled to wage replacement. Special care leave for relatives in need of LTC is not envisaged in the proposed LTC Act.

### **LTC insurance**

In Germany, a special compulsory LTC insurance is in place since 1995 in addition to health insurance which ensures universal access to health care. The Slovenian social protection system is based on intergenerational cooperation and solidarity (Bismarck model) which means that different subsystems (pension, health and social) are (mainly) financed through social contributions (Jacović, 2020). The funding of LTC expenditure in the current fragmented system in Slovenia comes from several sources. Health care benefits in kind (institutional and community services) are financed from the compulsory (99%) and complementary (1%) health care insurance. Cash benefits are financed from the Pension and Disability Fund and partially through the state budget. Social LTC services are partially funded by the State, the municipalities, and partially paid by the users of LTC. The introduction of a compulsory LTC insurance has been planned in the same way, although the method used for financing the integrated LTC system is still to be determined. It must be considered that its introduction can threaten the sustainability of public finance as the working population will shrink, according to the 2018 Ageing Report<sup>5</sup>.

### **Interest free loans and co-payment of LTC services**

During the German Caregiver Leave or Family Caregiver Leave, the carer may request an interest-free loan. No such financial instrument exists in Slovenia. The policy is not applicable since the Slovenian policy approach aims to increase access to LTC via public funding. This means that there needs to be an equal provision of LTC services when needs are the same regardless of gender, age, race, religion, ethnicity, financial status, social status, ability to pay and other personal circumstances.

In the draft LTC Act, a 100% share of public funding is envisaged. One of the previous draft laws provided for a German-style approach of cash benefits and benefits in kind, but it was widely criticised in the public debate and considered as not suitable for Slovenia.

### **Access to services**

Individuals in Germany can choose between cash benefits, benefits in kind or benefits for care homes. Access to formal LTC at home or institutions often comes with co-payments. Therefore, families most often opt for cash benefits and a family care setting in the home environment.

In Slovenia, access to services varies by region and between urban and rural environments. Access to some services (e.g. social care services) depends on the amount of co-financing of local communities, which reflects an unequal access for

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<sup>5</sup> The 2018 Ageing Report, EU, link: [https://ec.europa.eu/info/sites/info/files/economy-finance/ip079\\_en.pdf](https://ec.europa.eu/info/sites/info/files/economy-finance/ip079_en.pdf)

citizens. There is a lack of LTC services in the community, which puts even more pressure onto informal caregivers and institutional care providers. Therefore, the policy is applicable under the principle of equal availability as stated above.

### **Respite care**

In Germany respite care is available, whereas in Slovenia it is not. The aim of the latest proposal of LTC Act is to support the caregiver of a family member (as a special form of formal care since it is paid with public funds) through, for instance, granting respite care.

## **4 Assessment of success factors and transferability**

Some success factors coming from the German LTC system could be applied and transferred to Slovenia. In fact, Slovenia is already building its future integrated LTC system upon some solutions that have been implemented in Germany.

### **LTC insurance**

In the proposed LTC Act it is envisaged that the system of universal provision of LTC will be established as a new pillar of social security for which a new compulsory social insurance for LTC will be introduced. This is, however, still subject to political approval.

### **Assessment of needs**

The needs assessment and classification of LTC applicants into categories according to their eligibility will be carried out according to common criteria integrated into an assessment tool which is currently being used in Germany and will be adapted to the needs in Slovenia.

## **5 Questions**

### **Labour market reintegration**

A relevant policy measure envisaged in Slovenia is the mandatory training for caregivers of family members. It aims at increasing the quality of the care being provided, but also at fostering the reintegration into the labour market. The training may be recognised in the process of acquiring a national professional qualification. This strengthens the recognition of the knowledge and skills acquired by informal care providers in the formal training or education system, which results in more employment opportunities. This is particularly interesting given the fact that the LTC system in Slovenia requires an increasing number of LTC workforce.

- The question for Germany is about whether there is any national programme intended for the reintegration of former caregivers into the labour market and the recognition of their skills developed while they carried out their job as carers?

## 6 List of references

Active Ageing Strategy. 2018. Institute of Macroeconomic Analysis and Development. [https://www.umar.gov.si/en/topics/single/theme/news/strategija-dolgozive-druzbe/?tx\\_news\\_pi1%5Bcontroller%5D=News&tx\\_news\\_pi1%5Baction%5D=detail&Hash=91530e6342889f6bbda83dff5bb560fe](https://www.umar.gov.si/en/topics/single/theme/news/strategija-dolgozive-druzbe/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&Hash=91530e6342889f6bbda83dff5bb560fe) (19.11.2020)

European Commission in Economic Policy Committee. 2018. 2018 Ageing Report. Economic and budgetary projections for the 27 EU Member States (2016-2070). [https://ec.europa.eu/info/publications/economy-finance/2018-ageing-report-economic-and-budgetary-projections-eu-member-states-2016-2070\\_en](https://ec.europa.eu/info/publications/economy-finance/2018-ageing-report-economic-and-budgetary-projections-eu-member-states-2016-2070_en) (19.11.2020)

Jacović, Anita (2020), Peer Review on "Financing Long-term Care", Estonia, 22 - 23 September 2020.

LTC Law proposal. Slovenia. Published for public discussion on 21 August 2020: <https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=7885> (19.11.2020)

OECD, Health at a Glance, 2019; <https://www.oecd-ilibrary.org/sites/a80d9f62-en/index.html?itemId=/content/component/a80d9f62-en> (21.11.2020)

Resolution on the National Health Care Plan 2016-2025. (2016). Official Gazette of RS, no. 25/2016. <http://pisrs.si/Pis.web/pregledPredpisa?id=RESO102> (19. 11. 2020)

Statistical Office of the Republic of Slovenia. (2019). Long-term care, Slovenia, 2017. <https://www.stat.si/StatWeb/en/News/Index/8579> (18.11.2020)

## Annex 1 Summary table

The main points covered by the paper are summarised below.

### Situation in the peer country

- High share of an old population
- Special regulation for LTC
- Strong reliance on informal carers (mostly women)

### Assessment of the policy measure

- Supporting informal carers is a good approach
- Care leave and care grants are interesting measures, but it is key to ensure that comparable rights are given to people with comparable needs
- Public funding for formal LTC should be increased

### Assessment of success factors and transferability

- Slovenia is already building the future integrated LTC system upon a number of solutions that have been implemented in Germany.
- A common assessment tool which is currently used in Germany will be adapted to Slovenian conditions

### Questions

- Is there any national programme intended for the reintegration of former caregivers in the labour market through the recognition of the skills developed while providing informal care?

## Annex 2 Example of relevant practice

Name of the practice:	Pilot project on the "Implementation of pilot operations that will support the transition to the new LTC system"
Year of implementation:	2018-2020
Coordinating authority:	Ministry of Health (MoH) (80% funded by ESF)
Objectives:	<p>In 2018 the MoH launched the pilot project on the "Implementation of pilot operations that will support the transition to the new system for LTC". The specific objectives of the pilot activities were to:</p> <ul style="list-style-type: none"> <li>- test eligibility assessment with new assessment tool,</li> <li>- test procedures and entry points into the LTC system</li> <li>- test new services and provision of integrated care as well as coordination activities.</li> </ul> <p>The expected outcome is to provide information as to whether envisaged solutions can improve the provision of LTC.</p>
Main activities:	<p>For the duration of the pilot activities, new community services that cannot be accessed under the existing system were available to users free of charge. Such services included drug preparation and administration, rehabilitation services and e-care services. These are services that are not otherwise provided in the community, but only at institutions.</p>
Results so far:	<p>The final external evaluation will be known in December 2020. So far, the new assessment tool was well accepted as well as other new formal services, especially the one for maintaining independence. Thanks to them, beneficiaries can pass into lower category of independence, and family members are supported in caring, for the need for higher level of LTC is postponed and family members are supported in providing informal care with the professional support. The measures are expected to relieve family members (mostly women) from their tasks, which is expected to have an impact on gender equality.</p>





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