



Active and Healthy Ageing in Slovenia

Assisted Independent Living and Long-Term Care

Final document of the project with proposed measures

Contributors: Janja Drole, dr. Andreja Črnak Meglič, Lea Lebar, mag. Mateja Nagode, Andreja Peternej, Anja Šonc, mag. Martin Toth

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1. Introduction

Long-term care is an area which is more and more stepping in the forefront with the ageing of population. Until recently, long-term care was a concern of an individual and his or her family, but due to social changes it is becoming an indispensable ingredient of social protection, especially for economically more developed countries of the world. Because of the ageing of population and an increase in the number of people with chronic degenerative diseases among the elderly linked to it, and consequently due to the increased number of people in need of help from another person with their daily tasks, the area of long-term care in our society is getting a more visible role, meanwhile opening certain important questions in the economically developed world, namely:

- Who was supposed to take care of and provide care to the people that need it and are dependent on it; in other words, is this in the domain of an individual and his or her family only, or in the domain of the whole society?
- How to ensure and organize long-term care activities with the greatest possible accessibility of its services?
- How to delimit the tasks and responsibilities of individual stakeholders, which were supposed to partake in long-term care, but simultaneously connect them in order to act in a coordinated way?
- How to fund the activities of long-term care so that it will be sustainable and accessible and by means of which sources? What role should the state, local communities, families and individuals play in its implementation and what should their share be in it?

The stated above consequently raise the following questions, namely: Is long-term care and its implementation a new and special branch of social protection of the population of a state, is it supposed to be based on the principles of the widest possible solidarity or on market laws, and what kind of effect is this new activity supposed to have on the development of our society as a whole? In connection to the latter, most questions appear in the area of financing.

We have been posing the aforementioned questions in Slovenia for a long time, since we still have not sorted out a comprehensive system of long-term care, but various services are performed in separate systems of social protection, and monetary compensations derive from different systems. Stakeholders working in the area agree that the existing system is, out of various reasons, inappropriate, and that reforms are necessary, both from the point-of-view of long-term financial sustainability and the quality of services in the future.¹ In cooperation with stakeholders, we identified key goals that need to be taken into the account while preparing reforms, as well as measures and activities to follow the goals.

2. Defining long-term care

European Committee defines long-term care as a new branch of social protection, which needs special arrangements and which differs from health, disability and social protection as far as both needs and organisation are concerned.

According to a unified definition of international institutions (OECD, Eurostat, WHO), long-term care is: *a range of services which people with a lowered level of physical or cognitive capabilities need, and*

¹ Some key characteristics of the way the present system in Slovenia is organized was given by the Social Protection Committee and European Commission in the report: 'Adequate social protection for long-term care needs in an ageing society 2014' and by the Ministry of Labour, Family, Social Affairs and Equal Opportunities in 'The national report about the strategies of social protection and social integration for the period from 2008 to 2010'.

who are consequently for a longer period of time dependent on the help for the performance of activities of daily living (ADL) and/or supporting daily activities (Instrumental Activities of daily living – IADL). In Slovenia, the area is similarly defined by the long-term care act in preparation, as: *a special area of social protection, which with the system of measures and activities guarantees help with daily living activities (ADL) and supporting activities (IADL) to the persons who are, due to illness, weakness caused by ageing, injuries, disability, lack or loss of intellectual capabilities, or other, for a longer time period or permanently dependent on the help of other persons and/or tied to the use of medical-technical aids.* According to the definition, long-term care is, therefore, not intended only for older population, but also, as OECD finds out, the need for long-term care is most present with the oldest age groups, which are most exposed to the risk of chronic diseases causing physical or mental disabilities.

It is important to point out that long-term care is an independent area, which content-wise cannot be annexed to the public health system. The goal of public health protection is strengthening, maintaining and restoring health of the whole population, whereas long-term care is supposed to provide help to the people who are dependent on it for a longer time period and who need it in order to perform daily living activities. The goal of the latter is, therefore, not strengthening, maintaining and restoring health of the whole population, and thus it does not represent a part of the tasks of the system of health protection, despite the fact that certain activities and tasks are performed by the same health workers or service providers.

3. Presentation of the area and key challenges

The area of long-term care started to emerge in the economically developed world only a few decades ago. Its emergence is strongly tied to ageing as a consequence of population life expectancy prolongation as well as of changed and improved life conditions. What also contributed to it was progress in medical science and technology. The consequence of life expectancy prolongation is an increase in chronic degenerative diseases, which often demand long-term or permanent treatment, as they are causing health defects in people's physical and psychological functional abilities. Besides having a negative effect on one's quality of life, this also causes an individual to be dependent on the help of family members or others from the environment. Health services offer help only with daily living activities (ADL) of an individual, such as feeding, maintaining personal hygiene, excretion, and others. Certain supporting activities are also included, for instance: the preparation of food, cleaning and heating living areas, maintaining social contacts, etc.

The number of people who need help with their daily living activities is increasing with age. In the age group of 65 years, there are 3.5 % of people who need help from another person, whilst in the age group of 85 years or more, there is already 20 % or more of such people. Because of the continuing prolongation of life expectancy, the percent of those in need of long-term care or help is increasing.

In the past, helping family members who depended on help was one of the family responsibilities. With the disintegration of the classic family, which used to include from three to four generations, the opportunities for such help drastically decreased. Almost as a rule, women were the ones to whom offering the help of the kind was ascribed. Today, smaller families spanning across one or two generations are prevailing. In addition, in contemporary times, women are a part of the work force, so they, because of time constraints and physical limitations, cannot help a family member.

Social changes, as well as changes in the area of health, created the conditions when a certain group of people in a society needs help, while the assurance of such help requires a different approach and legal as well as social regulations. This is how the standpoint that long-term care is a completely new branch of social protection, with many characteristics that distinguish it from health or social protection, was formulated. The area of this new branch of social protection needs new legal regulation, operators of activities and tasks, providers of services and financial means, especially since, according to forecasts, the number of people who are going to be dependent on others' help will be incessantly increasing in the following decades.

We have to be aware of the fact that the new area is not a problem of the society, but rather its need and a consequence of social development. It is the duty of contemporary society to take care of all its members that cannot help themselves or are dependent on others. This is the case for all members of the society, regardless of their age, gender, belonging or other peculiarities.

4. Priorities in the area

Population ageing can neither be prevented nor is this the goal of society. We need to do more in order to not only add years to one's life but also to make the living years worthy of humans. We cannot get closer to this goal merely by means of activities in the area of long-term care. Rather, we need to start before the need of long-term care emerges, especially it in the areas that affect the reduction of the need for care or on the improvement of the quality of life in one's old age.

A great part of the need for long-term care services and help to those who are dependent on it can be, with appropriate activities, postponed until the latter years, or the scope and type of help can be reduced. Among the activities, the most frequently mentioned one is 'healthy lifestyle', which was supposed to, in addition to other measures; contribute to the maintenance of good physical and psychological health in one's old age, and thus, to the postponement or reduction of one's dependence on others' help. For this kind of life, appropriate working, economic and social conditions need to exist in a society. The latter point to the fact that concerns 'healthy old age' and the prevention and reduction of the need for long-term care is the concern of the whole society and its activities. To reach this goal, inter-sectoral cooperation of various areas, such as education, work security and health, social protection, etc., is necessary. All these activities need to be performed early in one's life with education and training for intergenerational and interpersonal cooperation and for the willingness to selflessly help another person as well as for taking care of, and responsibility for, one's own health and others' health. Long-term care and its borderline or contact areas, therefore, cannot remain solely an area for which only the system of health and social protection was supposed to be responsible, but should be the responsibility of almost all social sectors. The areas of health protection and social services, however, play the most important or the most indirect role in this area, especially when an individual already needs help. Still, the goal of healthy and active old age and life without the need for services of long-term care is realizable only by way of inter-areal cooperation and coordination of activities in all areas which, directly or indirectly, influence the lives of people, especially in the old age, when life functions and capabilities start to diminish. This broad view of, and approach to, the area of long-term care would contribute to the wellbeing of not only persons in need of others' help but also to their family members, who are often, due to their care for the weakened member, physically, psychologically and financially overburdened.

The national health care plan resolution 2015-2025 is also putting an important emphasis on the concern for 'healthy old age'; as its final goal it defines better health of people and prolongation of life expectancy. This goal can certainly be achieved by means of effective policies, measures and programmes in the area of health and life quality improvement, as well as in the area of risk factors control and early disease detection. The resolution is establishing that it is not possible to ascertain all programs only within public services, but that each individual should be reached in his or her local environment, that is, the environment in which she or he lives, works, spends free time, which is the reason why it is important that an appropriate supportive network in local communities is established (opportunities for recreation, education, socialization, etc.).

Despite preventive measures, a certain part of the population will always require help from another person. While organizing long-term care, we need to give precedence to the measures encouraging the elderly to live in their home environments for as long as possible, and preventing or postponing the elderly to leave home for institutional care. This form of care is possible only by means of an appropriate network of professional and non-professional service providers. A special attention should, therefore, be paid also to the establishment and maintenance of the network of non-professional providers and various forms of organized volunteer work. This diversion from mostly institutionalized form of long-term care to home based and community care is also linked to the new role of social institutions, which were supposed to, to a greater extent than up until now, represent certain 'services' for people who would receive home care.

The basis for establishing this activity should be coordination and networking of LTC providers, namely: the providers of health LTC services and social protection services. The connection between them was supposed to ensure greater effectivity of the system and greater satisfaction of the users of long-term care. Still, the tasks and functions of health care system on the one hand and long-term care on the other should be clearly divided, since these are two different branches of social protection, even though they have a few contact points.

Local communities should assume greater care and responsibility to ensure help to the elderly; however, in certain environments they will still have to be professionally trained.

Annexes:

- Analytical report
- Financing long-term care
- SWOT analysis of 5 chosen models for ensuring long-term care for the elderly (Annexes: A questionnaire for coordinators, a questionnaire for service providers)

5. Defining the purpose and strategic goal

The main goal in the framework of this work package is **to propose setting up a system of long-term care at the national level, which will be integrated, accessible, oriented towards users and community services, appropriately coordinated and financially sustainable.**

Specific goals:

- **To put into effect and recognize long-term care as a new, independent area, and to introduce an integrated system of long-term care** (to familiarize the users with long-term care services, to ensure its uniform implementation, to enable the access to the services at one place, to unify the conditions and the way of accessing the rights and services of long-term care).
- **To recognize the importance and to improve the role of informal carers and non-governmental organisations** within the system of long-term care.
- **To direct the development towards community care services and to enable the elderly to live in their home environments for as long as possible.**

6. Proposed measures and activities

SPECIFIC GOAL 1: To put into effect and recognize long-term care as a new, independent area, and to introduce an integrated system of long-term care (to familiarize the users with long-term care services, to ensure its uniform implementation, to enable the access to the services at one place, to unify the conditions and the way of accessing the rights and services of long-term care).

Proposed measures and activities:

1. **The activities of long-term care, its means of funding, network and organisational framework need to be legally defined at the national level.**

The area of long-term care has to be a legally defined independent activity, which will be ensuring a uniform integrated system of interconnected health and social protection services in the framework of long-term care, and for which the required financial means will be provided. Legal definition needs to include criteria to assess one's right to use long-term care services, criteria to establish the network of long-term care (which includes both formal and informal providers), possible organisational frameworks (including various possible forms of coordination) which enable adaptability while organizing activities at the local level and ensure a unified way of monitoring, planning, executing and evaluating all services of long-term care (both written and electronic communication).

Important factors that need to be taken into account while introducing integrated long-term care include: the active role of the user and his or her placement at the core of care, change of organisational culture, acquisition of new knowledge, awareness of all providers (professional and non-professional) of the importance of their role in comprehensive and continuous care, the improvement of communication and flow of information, introduction of new organisational approaches (interdisciplinary and multidisciplinary teams, organizing coordination services, a bigger inclusion of families and non-professional providers etc.), regard of a continuous treatment of an individual after his or her hospital discharge (the legal definition of the activity needs to

ensure a continuous treatment of an individual, which includes someone who coordinates an individual's transition from the hospital to home care), informational support and appropriate legal regulation of long-term care activities. The law needs to anticipate appropriate regulation of administrative procedures as far as the assertion of the right to long-term care at the relation between an insured person, his or her family members and an insurance company, executive organs, etc. is concerned. The financing of the coordinator needs to be determined from local community funds or long-term care insurance.

Institution responsible for the activity:

Government of the Republic of Slovenia, National Assembly

Stakeholders:

Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, The Ministry of Finance, Health Insurance Institute of Slovenia

2. In order to ensure financial sustainability of the system, a realistic estimation of the need for long term-care services has to be prepared and the most optimal way of funding has to be determined.

Since the number of the elderly is incessantly increasing, the need for long-term care will be increasing as well, so one of Slovenia's main tasks will be to make sure the system is financially sustainable and to provide appropriate and adequate sources of funding. The opportunities for achieving financial sustainability are, of course, dependent on political decisions and legal definitions (as far claimants of long-term care services, their rights, standards and the organisation of the activities themselves are concerned). So as to propose the most adequate system of funding for Slovenia, we first need to make an assessment of the actual need for the services today and in the future, and find the most optimal solution for Slovenia.

The project's working group proposed several possible solutions, such as: introduction of a special health insurance, a transfer of certain tasks and means which are now assigned to ZZSZ (Health Insurance Institute of Slovenia), ZPIZ (Pension and Disability Insurance Institute of Slovenia) and national budget for the purposes of long-term care, increase of tax rate, introduction of voluntary personal insurance for certain services, introduction of additional payments, etc. Among the latter is also the proposition that at least a part of the rights be dependent on the income or financial situation of the user etc. Decision-makers need to consider the options and make a decision; indeed, how much means we have or need is dependent on the legal regulation of rights and conditions as well as standards connected to them. We stress this especially, because each of the proposed solutions, besides its financial dimension, has an influence on, and consequences for, social protection of people who are entitled to long-term care and social protection connected to it. We also need to take into consideration the fact that each of the proposed solutions has its advantages and disadvantages.

Regardless of the final decisions, the area of long-term care, as a new branch of social protection, needs to be based on the principles of other social insurances, such as solidarity, justice, universal accessibility and equality of potential users of the services. The insurance would be obligatory, public and non-profitable; its only goal would be to fulfil the needs of those who would be entitled to it on the basis of legal definitions, rather than creating income or profit. Moreover, the insurance would be based on the principle of vertical and horizontal solidarity, according to which everyone should contribute a share of their income, meanwhile asserting their rights in line with justified

needs and independently from income or other conditions. Economic reality of our , as well as of other, richer ones, shows that it will not be possible to fulfil all needs only by means of social insurance and public finances. A part of financial means will most certainly have to be provided from public sources, which is especially true for financing the services belonging to long-term care supporting functions. Here, there are possibilities of introducing additional payments or perhaps also voluntary insurances. In addition to these sources, national budget will also need to assume partial responsibility; at least by paying contributions or expenses of long-term care for those who are without any income or whose income is under a certain limit. At the beginning, the introduction of long-term care insurance will perhaps demand more money than it has been invested in it so far, but it will also bring certain economic advantages. The introduction of the insurance would unburden user's family members, who would then be able to dedicate themselves more to their work and professions and, in this way, contribute to the creation of higher income of the individual, family and society.

The expenses for long-term care can be, to a great extent, managed with the programs of strengthening and maintaining good health, prevention, rehabilitation, living environment adaptations (the employment of contemporary new information technologies). Various forms of help by local communities, civil society, family members and volunteers can play an important role at managing the expenses for long-term care.

Institutions responsible for the activity:

Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Ministry of Finance

Stakeholders:

Health Insurance Institute of Slovenia, Pension and Disability Insurance Institute of Slovenia, Institute for Economic Research, Slovenia, Institute of Macroeconomic Analysis and Development of the Republic of Slovenia, Association of Social Institution of Slovenia, Social Chamber of Slovenia, Slovene Federation of Pensioners' Associations, Social Protection Institute of the Republic of Slovenia, Chamber of Nursing and Midwifery Services of Slovenia – Slovenian Association of Specialist Nurses, Midwives and Health Care Technicians, The Association of Medical Institutes of Slovenia, Chamber of Physiotherapists of Slovenia.

3. The role of municipalities or local communities in providing long-term care has to be legally defined, and the concept 'local environment' has to be formulated in the context of long-term care implementation (a municipality, several municipalities, a region etc.)

Due to a very diverse demographic picture, differences in development and area dispersion we need to define what local environment in the context of legal bases is. By all means we need to take into account a form of local environment which is going to, in the context of long-term care implementation, enable the greatest variety of possible forms of services, provide equal access to services and be rational from the financial point-of-view. The collaboration between local environments is important especially for much dispersed environments and areas, which cannot provide all forms of activities of long-term care (for instance, day centres, home care and NGO programs). Because of the smallness of municipalities, the definition of the tasks of individual municipalities is necessary, whereas the networking of municipalities at the level of administrative offices would also be meaningful.

Certain responsibilities municipalities have towards the elderly are also defined in the Local Self-Government Act. We suggest that a review and completion or change of the act be done.

A consultative body which will be active either in the context of municipal councils or any other organized form of local self-government, and which will separately take care of the elderly (that is, the elderly board, the board for questions of older residents) should be formed. The function of the board, consisting of older people and representatives of organisations dealing with the elderly, is following the programs for the elderly that are being implemented in local environments, reviewing the analysis of users' needs, and consulting at the preparation of new programs on the basis of the established needs.

Institutions responsible for the activity:
Government of the Republic of Slovenia, National Assembly

Stakeholders:
Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Ministry of Public Administration, local communities, municipalities, the providers of long-term care services

4. To legally define the working position of local area coordinator and his or her role in long-term care activities.

The recording of good practices demonstrated that coordination is a key element for efficient and integrated implementation of long-term care. The role of coordinator is to prepare and supervise the implementation of personal plans, and to connect all stakeholders in a local environment – to be the link between the user, providers and payers of long-term care services (if the state introduces a new public social insurance for long-term care, this will be long-term care insurance carrier).

Thus, long-term care act has to define the means and sources of funding, tasks of the coordinator in the system of long-term care activity, human resources criteria, and providers' and coordinators' responsibilities. Local area coordinator takes care of executing a written order for an individual claimant, organizes and supervises the implementation of a personal plan in line with the written order of the entitlement to receive long-term care. Local area coordinator cooperates with the user, his or her relatives and service providers. The additional tasks of local area coordinator include: recognizing and needs assessment of older people in their local environments, collaboration at the preparation of the analysis of the situation and plans for activities for the care for the elderly in local areas, coordination of the activities of different providers (formal, NGO, informal) and convening problem conferences.

The network and the number of coordinators of long-term care in collaboration with local communities are determined by means of a national program, so that it enables an even territorial coverage and accessibility in the whole area of the country.

By means of statutory regulations we need to define coordinating standards (with respect to the number of users or inhabitants) and predict integration of existing coordinators into long-term care of the elderly.

Picture 1: The framework for establishing coordinator's role in long-term care (LTC) system

NATIONAL LEVEL (Long-Term Care Act):

- to define the sources and ways of funding coordinators;
- to define coordinators' tasks in the system of long-term care;
- to define human resources criteria for coordinators;
- to define norms and standards;
- to define who is responsible for the selection of coordinators in the public network.

LOCAL AREA / Municipality:

- to prepare situation analysis and activity plan;
- to follow the realization of the plan (the elderly board);
- to expand stakeholders' network and offer new programs;
- to award concessions to coordinators;
- to regularly convene problem conferences.

COORDINATOR (legal definition of standards and norms):

- to recognize the needs at the local level and to evaluate the needs of users;
- to coordinate activities of various service providers (regular meetings, problem conferences);
- to prepare and direct (coordinate) the implementation of individual plans;
- to supervise providers (to implement individual plans, user satisfaction).

THE ASSOCIATION OF COORDINATORS

- to gather data about coordinators' activities in local communities and to propose improvements;
- to disseminate good practices;
- to implement education and training programs for coordinators (in collaboration with appropriate educational institutions);
- to implement education programs for informal careers and non-governmental organisations.

Institution responsible for the activity:

Ministry of Labour, Family, Social Affairs and Equal Opportunities

Stakeholders:

Ministry of Health, municipalities, providers of long-term care services, long-term care insurance carriers (when they are defined), educational institutions

5. To establish a system of quality, protection and control

All long-term care providers have to perform services qualitatively and safely, in line with standards and professional directions in their areas of work. By that, they need to follow the

accepted guidelines or protocols. The goal of establishing the system of quality and safety is to ascertain/maintain to the greatest possible extent, functional and cognitive capabilities of the users. Quality and safety of long-term care services are defined in such a way that they at the level of providers/services guarantee a well-coordinated, efficient and safe long-term care and are directed towards user needs as well as adapting to their changed needs.

Quality and safety indicators need to be defined at both the procedural and the implementation level.

Institution responsible for the activity:

Ministry of Labour, Family, Social Affairs and Equal Opportunities

Stakeholders:

Ministry of Health, Health Insurance Institute of Slovenia, long-term care providers, Chamber of Nursing and Midwifery Services of Slovenia – Slovenian Association of Specialist Nurses, Midwives and Health Care Technicians, research institutions

6. To establish a systemic informational support for the implementation of long-term care activities and user support informational system

Long-term care is an integrated system, which cannot be implemented effectively and clearly without appropriate informational support. It has to enable networking among all providers (in the context of individual provider's competences) and a unified documentation, which shall provide appropriate information about user needs, providers and implemented services. It also needs to offer support to non-formal carers (consultancy, skills learning, networking among informal carers etc.).

For users and their relatives or other carers, a so called 'one-stop-shop' system has to be established – a system of the network which, in one place, enables the access to information, services, goods and help intended mostly for the elderly, out of public, private and non-governmental sectors. Integrated offer for user queries should be generated inside the network.

Institution responsible for the activity:

Ministry of Labour, Family, Social Affairs and Equal Opportunities (informational support for the implementation of activities, the establishment of 'one-stop-shop' network)

Stakeholders:

Providers of long-term care services, the association of coordinators (when it is established)

SPECIFIC GOAL 2: To recognize the importance and improve the role of informal providers and non-governmental organisations in the system of long-term care.

Proposed measures and activities:

1. To give greater support to informal carers

Informal carers are, to a great extent, included in long-term care activities. Most often they are family members, who are, by taking care of their close ones, often exposed to numerous risk factors, for instance: work market exit, financial distress, burnout, type of appropriate care ignorance, etc. It is important to include informal carers in the network, recognize their needs and problems (coordinators or other services in charge should recognize their needs), equip them with appropriate knowledge and skills, so that they can deal with all the problems arising from their care for their close ones. We need to provide social protection to informal carers with if they exit labour market, enable them the possibility of rest (such as, for instance: respite care or the possibility of a temporary break), the possibility of financial compensation for care of the older family member, the possibility of gaining the right for part-time work, and ensure them as much flexibility as possible to coordinate family and professional lives (a temporary inclusion of the user into formal care services etc.).

The inclusion of informal carers into the network will also enable greater recognition of their needs, which they will be realizing in the context of community/organisation of informal carers or as members of boards of older people in local areas.

For some illnesses, such as dementia, appropriate education and training also for professional workers needs to be put into effect (for example: for family doctors, for those working in retirement homes, etc.).

Institution responsible for the activity:

Ministry of Labour, Family, Social Affairs and Equal Opportunities

Stakeholders:

Long-term care service providers, educational institutions, Ministry of Health, Chamber of Commerce and Industry, Slovenia, NGOs, local communities.

2. To encourage volunteer work as an additional source of providing services for older people and to implement organized volunteer work

The development of volunteer work in local areas enables access to long-term care services, such as partnership, intergenerational networking, help with supportive tasks (IADL), recognizing the needs of the elderly and at the same time nurtures volunteer work as a virtue. The role of non-governmental organisations in the area of preventive activities is extremely important.

The area of so-called **organized volunteer work** in conformity with the Voluntary Work Act needs to be put in order. In order for non-governmental organisations to be able to effectively prepare various programs for supporting elderly, they need to be provided with suitable working conditions, especially durable funding of programs, so that they will be able to continually train and educate volunteers, offer them mentorship and support, give them refund for expenses incurring from volunteer work, and enable them insurance.

By means of appropriate measures, the inclusion of intergenerational solidarity and cooperation into school programs at all levels needs to be anticipated. Those programs will have long-lasting effects especially on the culture of cohabitation and mutual help. Intergenerational collaboration

should be recognized as developmental priority, and suitable programs should be outlined; they should be implemented either in the form of operative programs or any other form of programs funded through European or home calls for proposals. –.

Institution responsible for the activity:
Ministry of Labour, Family, Social Affairs and Equal Opportunities

Stakeholders:
Non-governmental organisations and other providers of long-term care services, educational institutions, Ministry of Public Administration, Ministry of Education, Science and Sport, Ministry of Health, local communities, municipalities

SPECIFIC GOAL 3: To direct the development towards community care services and to enable the elderly to live in their home environments for as long as possible.

Proposed measures and activities:

1. To make an analysis of current and potential user needs and prepare suitable programs on the basis of identified needs at the local level.

In order for municipalities to be able to ensure successful organisation of long-term care and address actual needs of their citizens, they need to make an in-depth analysis of caring for older people in the local environment. Discussions with stakeholders reveal that a comprehensive needs analysis was prepared only in some local areas, while, at the same time, good practices prove that it is meaningful to adapt the existing and to develop new services and programs on the basis of recognized needs in a way that will address perceived needs of citizens. In terms of the latter, a special attention needs to be devoted to preventive activities, especially in the sense of preventing and minimalizing people's need for help. The analysis is necessary for the organisation of efficient and accessible long-term care.

Needs analysis at the local level should include a demographic picture of population in local communities with a statistical overview and an emphasis on older population (development, current state and projection), an overview of the implementation of The National Program for Social Protection in the local community in question (the number of users and social protection services) and of The National Housing Program, an overview of socio-economic conditions of the community in question (pensions and other incomes of the elderly, security benefits), the analysis of needs of the elderly, ill and disabled (similar to the program 'The elderly for a higher quality of life at home'), the analysis of living conditions of the elderly in terms of accessibility (ownership, rented, assisted living, the adaptation of apartments), the analysis of politics and social as well as health services in the area of community care services, at the national, regional and local level (a detailed analysis of services, etc.) and an analysis of the implementation of municipality tasks in the area of social protection of citizens. The analysis and assessment of the state of the quality of life of the elderly are crucial for searching for solutions and facing consequences brought on by population ageing.

Institutions responsible for the activity: local communities, municipalities

Stakeholders: Research institutions and providers of eldercare services (needs analysis), providers of eldercare services (preparation of programs), the elderly board or the board for queries of the elderly.

2. Timely and flexible response to user needs

By means of prepared services and programs for the elderly who need care and support, we need to respond to individuals' and their carers' changing needs in a timely and flexible way. It is of key importance that the user has an active role in the whole care process, from needs detection, care plan preparation and services implementation to quality assessment of implemented services. In doing so, the user's social and health needs, environment and wishes have to be taken into account, with the goal of improving his or her quality of life and preserving his or her individuality. The user's opinion should be taken into consideration when he or she is deciding which type of care or services he or she will receive and also the provider of the services.

Because the needs of the elderly are diverse and multifaceted, collaboration between and a wholesome approach of various providers, which have to be appropriately legally supported, is needed for their successful fulfilment. Since collaboration of the kind has so far not been coordinated yet, certain services have still not been appropriately developed or are still relatively inaccessible and not widespread enough in comparison to the situation in more developed European countries, which results in a deficit in specific areas of providing long-term care. Help at home is still not available in all Slovene municipalities; in less than a third of municipalities it is available only on workdays. Moreover, the price of the service differs among municipalities. The service of telecare has also never really been implemented and is too expensive in its current form, as it is organized independently of public sector network. By placing it among the services of public sector network, the costs of telecare for the user would decrease.

Institution responsible for the activity: local area service coordinator (as they are proposed in Specific goal 1, Step 4)

Stakeholders: providers of long-term care services

3. The expansion of activities of providers of services for the elderly

In the future, services for the elderly, in accordance with local environment guidelines, should be appropriately re-structured and upgraded the availability of the services every weekday and through the whole day, day care, help at home, telecare by means of calling devices, residential care homes, counselling in the area of food preparation for healthy and active old age, training of relatives on how to care for a family member, etc.

Institution responsible for the activity:
Ministry of Labour, Family, Social Affairs and Equal Opportunities

Stakeholders: Ministry of Health, providers of long-term care services, Association of Social Institutions of Slovenia, municipalities, local communities, Association of Health Institutes of Slovenia, Chamber of Nursing and Midwifery Services of Slovenia – Slovenian Association of Specialist Nurses, Midwives and Health Care Technicians, Association of Centres for Social Work.

ALL STAKEHOLDERS FOR SPECIFICALLY DEFINED GOALS

- Government of the Republic of Slovenia
- National Assembly
- Ministry of Labour, Family, Social Affairs and Equal Opportunities
- Ministry of Health
- Ministry of Finance
- Ministry of Education, Science and Sport
- Ministry of Public Administration
- Ministry of the Environment and Spatial Planning, Spatial Planning, Construction and Housing Directorate
- Municipalities
- Health Insurance Institute of Slovenia
- Pension and Disability Insurance Institute of Slovenia
- Association of Social Institutions of Slovenia
- Association of Centres for Social Work
- Slovene Philanthropy
- The Social Chamber of Slovenia
- Social Protection Institute of the Republic of Slovenia
- Institute for Economic Research
- The Chamber of Nursing and Midwifery Services of Slovenia – Slovenian Association of Specialist Nurses, Midwives and Health Care Technicians
- Association of Health Institutes of Slovenia
- Slovenian Federation of Pensioners' Organisations
- The Chamber of Commerce and Industry of Slovenia
- Housing Fund of the Republic of Slovenia
- The Urban Planning Institute of the Republic of Slovenia
- The real property fund of pension and disability insurance
- The Chamber of Physiotherapists of Slovenia
- The providers of long-term care services:
 - o Residential care homes
 - o Centres for social work
 - o Institutes for home care
 - o Community Health Centres
 - o Private doctors with national or municipal concessions
 - o Private service providers
 - o Non-governmental organisations
 - o Self-help organisations of the elderly
 - o Informal carers
 - o Educational institutions

MEASUREMENTS' IMPLEMENTATION INDICATORS

Measurement	Indicator
1.1.	Long-term Care Act is prepared and adopted and Statutory regulations are defined and adopted
1.1.	A new system of funding long-term care is established
1.1.	The Working position 'coordinator' is legally defined
1.1.	The number of municipalities/local areas with care coordination for the elderly
1.2.	The analysis of needs for services has been carried out
1.3.	The number of municipalities with a consultative body for the area of caring for the elderly
1.3.	Legally defined local environment
1.4.	The number of issued orders to claim the right to long-term care per coordinator at insurance carrier
1.4.	The number of individual plans per coordinator in local environment
1.4.	The number of problem conferences per coordinator in local environment
1.4.	The adoption of standards and norms for the working position
1.5.	An established system of monitoring the quality of provided services
1.5.	The number of supervisory organs and implemented inspections
1.6.	The system for informational support is established
1.6.	The 'one-stop-shop' system is established
2.1.	Systemic regulation of informal care
2.1.	The number of programs for informal carers
2.1.	The number of informal carers performing long-term care
2.2.	The number of programs promoting volunteer work in the area of long-term care
2.2.	The number of volunteers in non-governmental organisations performing long-term care
3.1.	The basic tool for current state analysis in local areas is designed
3.1.	The number of local areas with prepared situation analysis
3.2.	The number of users in institutional care
3.2.	The number of users using the community care services
3.2.	A plural network of providers of services with coordinators for separate local areas is established

Time frame proposition

A (2016)	B (2016 – 2018)	C (1.1.2018)
<p>↑ The adoption of Long-Term Care Act</p>	<p>↑ Transitional period: The implementation of pilots</p>	<p>↑ Long-Term Care Act is put into effect</p>

Stakeholders' opinions

The stakeholders are emphasizing that it is necessary to adopt Long-Term Care Act, if we want to make the services more accessible and the means more transparent. A new source of funding also has to be secured.

There are diverse conditions for the regulation of long-term care area in different environments, which is the reason why we, in the context of the project and with the help of interviews and questionnaires, performed evaluation of five models of caring for the elderly in Slovenia. Different local area coordinators (residential care home, community nurses, help at home providers, municipal management), providers (formal and informal) and users were included in the chosen models from the municipalities of Kanal ob Soči, Koper, Celje, Maribor and Lovrenc na Pohorju.

The recording of good practices, which we were analysed in the project, demonstrated that appropriate coordination, mutual collaboration and networking between stakeholders with the goal of improving communication, mutual respect, organisation and quality of services, greater support to informal carers and the provision of appropriate systemic solutions and financial incentives of non-governmental organisations are the key elements of effective and integrated implementation of long-term care.

We also consulted the following individual stakeholders:

- **Representatives of residential care homes** ascertained that they are already offering numerous services for users in their home environments, which is the reason why we need to enable them to be important carriers of the implementation of those services also in the future. All possibilities of residential care homes development need to be included in the legislation, as in the opposite case it can happen that both infrastructure and knowledge they possess will get lost.
- **Community nurses** warned us of the importance of community nurses, who are familiar with the environment and conditions in which the user of the services lives, and who are trusted both by the users and their relatives. They emphasize the importance of the education of relatives, collaboration with them, formation of professional teams, collaboration between various stakeholders and good and effective communication among them.
- **Representatives of non-governmental organisations (NGO)** stressed that the role of non-governmental organisations in the system has to be clearly defined, and that informal care can supplement the formal one, but that it cannot substitute it. In the last years, they have been noticing that more services have been shifted from the state to NGOs. As a positive experience they mention increased networking between, and collaboration with, community care providers, centres for social work, residential care homes etc. Shared interests and NGOs' plans could even improve their effectivity. The support of institutions in charge is, of course, of utmost importance. They also warned about the shortage of volunteers in their organisations, the necessity of organized volunteer work regulation, the need for appropriate support to informal carers and the necessity of situation analysis in the area of non-governmental organisations in Slovenia. Appropriate solutions for further work could also be put forward on the basis of the analysis.
- **Trade unions** expressed concern that we have been setting up a system which will produce burned-out family members. It is also necessary to put forward appropriate mechanisms for the support of informal carers. They also warned us that they will not support funding propositions which will additionally burden workers.
- **Coordinators of the project 'The elderly for the elderly'**, carried out by Slovenian Federation of Pensioners' Organisations, warned us of the importance of collaboration between responsible organizations and volunteers, of the necessity of regular meetings of all

stakeholders, and of the need of preparation of a common plan for the user. They also emphasized that there are many older people who do not want help, even though they need it, which is why it is important to make contacts with the elderly gradually and gain their trust in this way.

ORGANISATIONAL LEVELS OF LONG-TERM CARE

