In accordance with Article 2 of the Social Assistance Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], Nos 3/07 –– official consolidated text, 23/07 – corr., 41/07 – corr., 61/10 – ZSVarPre, 62/10 – ZUPJS, 57/12, 39/16, 52/16 – ZPPreb-1, 15/17 – DZ, 29/17, 54/17, 21/18 – ZNOrg, 31/18 – ZOA-A, 28/19, 189/20 – ZFRO and 196/21 – ZDOsk) and Article 109 of the Rules of Procedure of the National Assembly (Official Gazette of the Republic of Slovenia [*Uradni list RS*], No 92/07 – official consolidated text, 105/10, 80/13, 38/17, 46/20, 105/21 – Constitutional Court Decision and 111/21), the National Assembly, at its meeting on 23 March 2022, adopted the following

RESOLUTION

on the National Social Assistance Programme 2022–2030 (ReNPSV22–30)

1. INTRODUCTION

The social assistance system shall offer protection to vulnerable groups. It shall include measures and programmes at the national and local levels. The social assistance system and social policy shall significantly contribute to long-term, sustainable and inclusive growth in society and to achieving Slovenia's development goals through measures to reduce social inequalities and social exclusion. In addition to the social policy, which directly addresses vulnerable situations and the situation of vulnerable groups of the population, policies in other areas, such as healthcare, education, culture, the labour market and employment, the protection of persons with disabilities, family policy, housing policy, etc., are also relevant to the social situation and the standard of living of the population. In the last decade, Slovenia has gone through a protracted economic crisis; mainly as a result of the increase in employment, the risk of poverty has generally decreased, and social transfers have mitigated the risk of poverty. While the risk of poverty has been reduced on average since the crisis, progress has been uneven and slower in households with low education and unemployment, and among the elderly. These post-crisis developments show that preventive measures and labour market participation are key to reducing poverty or material deprivation.

Labour market participation1 reduces the risk of poverty, maintains social inclusion and promotes social belonging, and enhances the mental health of both the individual and the members of their households, especially children. The higher risk of poverty in households with unemployed, low-educated and low-skilled people underlines the importance of the role of preventive measures to avoid that, such as education, skills upgrading, training and lifelong learning. In Slovenia, the material situation of the previous generation (parents) is also largely passed on to the next generation (children), so it is particularly important for the children of parents with weaker material circumstances to be encouraged to participate in education. The ageing of the population also makes it important for individuals to remain in the labour market for as long as possible, to ensure an adequate level of income and, where possible, savings for old age, and to contribute adequately to an intergenerational pension system. It is also important to create the conditions for quality jobs and adequate working conditions, and to prevent precarious work or to ensure stable forms of work that provide workers with higher income and adequate social security, both now and in the future.

Resolution on the National Social Assistance Programme for the Period 2022–2030 (hereinafter: the ReNPSV22–30) covers a period that will be marked by significant social and economic challenges. In addition to the impact of the COVID-19 epidemic on the labour market (changed forms of work, the increase in working from home), rapid population ageing, the decline in the working age population, digitalisation and robotisation will be among the key challenges in the planned period. Globalisation and foreign trade dynamics, as well as the transition to the green economy, will continue to be important economic challenges.

In the future, the rapid population ageing and longer life expectancy will also make it increasingly important to stay healthy for as long as possible and to remain in the labour market for as long as possible. As people age and live longer, their health deteriorates due to chronic diseases, and more and more people suffer from mental health problems, which, as a consequence of the COVID-19 pandemic, are expected to become even more frequent in the future. Recessions and economic crises can affect or worsen people's mental health through unemployment, economic insecurity and financial distress.

Preventive action, i.e. a lifelong approach to ageing, should also be strengthened in order to promote a healthy ageing population and quality old age. This means continuously taking care of health, both physical and mental, through an active lifestyle and a healthy diet, as well as through factors in the working environment, throughout a person's life, i.e. from a young age onwards.

Social assistance measures play an important role in this context, through services and, in particular, programmes (especially in the fields of mental health, the prevention of violence and risky behaviour for the psychosocial well-being and health of the individual, the social integration of vulnerable groups, strengthening intergenerational cooperation, Roma inclusion, increasing solidarity and strengthening volunteering, teaching skills for building and maintaining social networks), and in addition to these, all policies and measures that improve people's material well-being and prevent or reduce material hardship beyond the control of the individual.

Changing social relations call for reflection on how the social assistance system can be developed and adapted to respond quickly and effectively to people's needs and to provide a strong safety network for individuals and families in vulnerable situations.

The ReNPSV22-30 sets out the orientations for the functioning and development of the social assistance system over the period. It defines the basic starting points for the functioning and development of the system, sets out the objectives and activities to achieve these objectives, defines the development of social assistance services and programmes, including the objectives up to 2030, defines the way in which the Resolution will be implemented and monitored, and defines the resources (human and financial) for the implementation of the objectives of the Resolution and the planned development of services and programmes. The main text of the ReNPSV22-30 also includes two annexes, namely Annex 1, which contains an assessment of the implementation of the Resolution on the National Social Assistance Programme in the previous period (ReNPSV22-30), and Annex 2, which presents the key circumstances and development challenges for the period 2022–2030.

2. PURPOSE AND PRINCIPLES OF THE SOCIAL ASSISTANCE SYSTEM

2.1 The objective of the social assistance system

The objective of the social assistance system in the Republic of Slovenia is to provide social security and social inclusion to citizens and other residents of the Republic of Slovenia. In the context of social assistance policies, the Government and local communities are obliged to ensure conditions in which individuals may, in cooperation with other persons in the family, working and living environment, creatively participate and realise their development potentials, thus achieving a quality of life that is comparable to the quality of life of other residents of the Republic of Slovenia and that meets the criteria of human dignity. When individuals and families are unable to provide social security for themselves, they are eligible for support and assistance provided by the Government and local authorities under the social policy. A key aspect of the social assistance system must be to ensure continuous development, innovation and rapid adaptation to the current needs and changing circumstances in times of crises and other changes that have a significant impact on the prospects for ensuring the social security and social inclusion of citizens and other residents of the Republic of Slovenia.

The social assistance system encompasses the following:

* services, programmes, eligibility for payments from public funds and other forms of assistance aimed at preventing the emergence of social distress and difficulties and co-creating solutions to the existing challenges and distress of individuals, groups and communities;
* public authority, tasks and measures imposed on social assistance providers by laws and regulations;
* planning (based on an analysis and needs assessment), development and innovation, the monitoring and evaluation of all elements of the social assistance and social protection system.

2.2 Principles of social assistance delivery

The basic principles for the implementation of the social assistance system in the Republic of Slovenia are ensuring human dignity and social justice, respect for human rights, ensuring equal opportunities for all, respect for diversity, ensuring social inclusion, promoting volunteering and solidarity, empowering individuals and groups with the aim of preventing and mitigating social distress, promoting intergenerational cohesion, respect for personal autonomy, including freedom of choice, promoting the independence of individuals and enabling individualised integrated support and assistance and the co-creation of appropriate solutions in response to the challenges faced by people.

Measures and activities within the social assistance system are planned and implemented in line with these basic principles of social assistance work.

In addition to the basic principles, the following guidelines are important in the context of service and programme delivery:

* availability (a wide range of adequately staffed programmes and the provision of an adequate range of services that address different needs of users and offer the possibility to choose);
* adequacy and coverage (an adequate level of benefits received by everyone entitled to do so);
* accessibility (local, information and physical accessibility, also for persons with physical, sensory or intellectual impairments and an adequate range of support and assistance according to needs);
* affordability (universally accessible prices for everyone who needs services, either free of charge or possibly subsidised);
* orientation towards the integration of society and adaptation to user needs (the consideration of individual needs, the consideration of the physical and mental characteristics and social environment of users, respect for cultural specifics);
* gender equality (consideration of the gender equality aspect and equal opportunities between the sexes and the specific needs of the different sexes);
* integrity (an integrated approach with a case manager that reflects the diverse needs, capabilities and choices of users or their families and custodians);
* the continuity of programmes and services (uninterrupted provision following the life-cycle principle from early interventions to support and monitoring);
* orientation towards effects/results (orientation towards the needs of users or their families, custodians and the community);
* respect for people's privacy and autonomy and focus on the destigmatisation of users;
* non-discrimination against users irrespective of their national origin, race, sex, language, religion, political, or other conviction, material standing, birth, education, social status, disability, or any other personal circumstance;
* the participation of users in the planning and implementation of measures and activities, taking into account their individuality and needs, and the possibility for them to decide on assistance, their daily life and their future;
* maintaining the independence of users in their home living environment by providing community-based social support networks or community-based services;
* the professional autonomy of providers;
* innovation (the development of new service and programme models, human resource development, organisation, the transfer of new findings, etc.);
* partnerships with other stakeholders (from the public and private sectors and civil society);
* networking and cooperation between all actors in the community that can contribute to the achievement of social assistance objectives, and the promotion of volunteering;
* good and cost-effective management of provider organisations (in terms of cooperation between the staff of the implementing organisation, the management of financial resources and the management of procedures).

Delivering on the guiding principles is an ongoing task for all actors in the field of social assistance.

The implementation of the social assistance system involves:

* Government, local communities and social insurance institutions as regulators and fund providers;
* public, private non-profit and non-governmental organisations as providers;
* individuals, family, relatives, charities, self-help organisations, voluntary organisations and others that form the social networks of social assistance system users, including disabled people's organisations in the case of programmes for people with disabilities.

The development of solutions in the framework of social assistance system integrates policymakers, fund providers, service providers, the expert public, professional associations and users or their representatives.

The ReNPSV22-30 defines services, programmes, eligibility for payments from public funds and other forms of assistance in the field of social assistance (as defined in the Social Assistance Act). In addition to social policy, other policies address specific vulnerable groups and population categories, through measures in the areas of tax policy, employment and labour policy, scholarship policy, housing policy, family policy, the protection of persons with disabilities policy, healthcare policy, education policy and other areas, and are also the focus of other documents (strategies, action plans), from which various forms of assistance, programmes and services are derived. The ReNPSV22-30, as an umbrella document in the field of social assistance, addresses all vulnerable groups in this area, but does not identify the programmes and services identified for each of them in other national programmes, strategies and action plans.

The implementation of the social assistance system in the Republic of Slovenia shall observe the applicable laws and regulations as well as adopted international commitments, the code of ethical principles in social assistance and professional guidelines from the field of social work and related disciplines.

2.3 Background and relevant documents for the preparation of the ReNPSV22-30

The objectives of the ReNPSV22-30 are designed to respond to the identified social issues and distress of people who find themselves temporarily or for a longer period of time living in vulnerable situations and contexts, while at the same time the objectives shall respond to the challenges that the changing demographic, economic and social circumstances pose to the social assistance system in Slovenia. The identified basic starting points for the functioning of the social assistance system, assessment of the implementation of the previous ReNPSV22-30 (Annex 1), and the key circumstances and factors which (with the information and projections available at the time of drafting the ReNPSV22-30) can be assumed to continue to influence the social assistance system in the period up to 2030, as well as the challenges for the development of the system itself (Annex 2), served as the basis for setting the objectives. Even if all the circumstances for the period up to 2030 cannot be foreseen, the social assistance system must be designed to allow for a rapid and flexible response and to provide a safety net for individuals in vulnerable situations, regardless of changing circumstances.

The ReNPSV22-30 takes into consideration European and national documents which, through their objectives, guide societal development and respond to the challenges of modern societies and Slovenia. Among the documents at the EU level, the European Pillar of Social Rights Action Plan2 sets out concrete measures for the implementation of the European Pillar of Social Rights by 2030, which require the involvement of the social partners and civil society. The Action Plan sets out three headline targets at the EU level in the areas of employment, skills and social protection to be achieved by EU Member States by 2030. All three headline targets are EU-wide and assume that Member States will develop their national actions on the basis of the proposed actions. The three headline targets of the European Pillar of Social Rights Action Plan are:

* at least 78% of the population aged 20-64 are in employment by 2030 (all forms of employment);
* at least 60% of adults in training every year;
* a reduction in the number of people at risk of social exclusion by at least 15 million (at the EU level) by 2030 (including at least 5 million children).

In order to achieve a reduction in the number of people at risk of social exclusion and poverty, which is an integral part of social exclusion, it is necessary to develop appropriate measures to combat poverty and social exclusion, to ensure the continuous development of the social security and protection system, with a particular focus on innovation and rapid adaptation to current social security and assistance needs, and to strengthen the capacities of social assistance providers through education and training, in particular in identifying the needs of individuals and families, to ensure effective cooperation between social assistance institutions, the Employment Service, NGOs, humanitarian organisations, the social economy and local communities, and to ensure a multidisciplinary approach to policy and action design, bringing together financial and social experts, as well as the organisations implementing these measures. By developing the social security system, the Government shall aim to create more and better jobs.

In 2017, the Slovenian Development Strategy 2030 was adopted, which puts quality of life for all at its core and also significantly addresses poverty and social exclusion3 through its objectives and actions.

Slovenia is heavily burdened by demographic change and an ageing of population. To tackle demographic change, a broad-based Long-Lived Society Strategy4 was prepared in 2017, which addresses demographic challenges and their implications in different areas of society. The Long-lived Society Strategy is based on the concept of active ageing, which emphasises activity and creativity in all stages of life, care for health, intergenerational cooperation and solidarity. The three strategic objectives of the Long-lived Society Strategy are:

* the welfare of all generations, a decent life in a secure home environment with a high level of human rights;
* the inclusion of all generations in economic, social, societal and cultural life, in accordance with their wishes and needs, and intergenerational coexistence;
* Maintaining and improving the physical and mental health of people of all ages.

In 2017, the Slovenian Development Strategy 2030 was adopted, which puts quality of life for all at its core and also significantly addresses poverty and social exclusion5 through its objectives and actions.

To achieve these goals, guidelines for activities and measures are set out in four areas or pillars (clusters):

* labour market and education (labour market adjustments, including education and training, ensuring a sufficient labour force through net immigration);
* an independent, healthy and safe life for all generations (social protection systems, the accessibility of healthcare services, long-term care, care for health and reducing inequalities in health);
* inclusion in society (intergenerational cooperation, volunteering, the use of ICT for communication, the prevention of discrimination and violence in society, cultural inclusion, political engagement ...);
* creating an environment for activities throughout the life cycle (adjustments in the economy, living conditions and transport arrangements supported by ICT and technological solutions).

A major challenge in the context of an ageing population is the growing number of people with dementia and other cognitive impairments. In Slovenia, the number of people with dementia is projected to double in the next 20 years. In 2016, the Ministry of Health, in cooperation with the Ministry of Labour, Family, Social Affairs and Equal Opportunities, prepared the Strategy for the Management of Dementia in Slovenia by 2020, which addresses the issue through a number of policies and measures in healthcare and social care. The development in the field of dementia also requires action and monitoring in the coming period. Attention will be devoted to both the development and adaptation of services for people with dementia (e.g. strengthening the forms of day care) and to the development of forms of support for the relatives of people with dementia and informal carers in the local environment.

The establishment of long-term care insurance is very important in terms of meeting the challenges of the social assistance system and addressing the vulnerabilities, risks and inequalities of population groups (especially the elderly). The uniform regulation of a comprehensive long-term care system, as well as its financing, has long been an important priority of both social and healthcare policies in Slovenia. In Slovenia, the field of long-term care is fragmented in terms of both organisation and financing, which creates significant inequalities between users. The level of support an individual receives is not always in line with their actual needs, and accessibility to services varies significantly depending on whether users are in an institution (more integrated healthcare and social services) or in their own home.

The adoption of the Long-Term Care Act (Official Journal of the Republic of Slovenia [*Uradni list RS*], No 196/21) established a new pillar of social security which, in conjunction with changes in other social security systems (healthcare, social care and pensions) and additional public resources, will enable and ensure the provision of long-term care as an integrated service and which will enable people to live independently and safely in all environments for as long as possible. In addition to the adoption of the Long-Term Care Act, measures to promote active and healthy ageing are also very important to enable the elderly to live independently or with the support of community-based services for as long as possible, and to delay as much as possible the move to institutional forms of care and support. The above-mentioned content, objectives and target values of social assistance services in accordance with the Social Assistance Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], Nos 3/07 – official consolidated text, 23/07 – corr., 41/07 – corr., 61/10 – ZSVarPre, 62/10 – ZUPJS, 57/12, 39/16, 52/16 – ZPPreb-1, 15/17 – DZ, 29/17, 54/17, 21/18 – ZNOrg, 31/18 – ZOA-A, 28/19, 189/20 – ZFRO in 196/21 – ZDOsk) will be aligned with the implementation plan of the Resolution.

Informal carers play a major role in the care of an elderly person in the home environment. In Slovenia, around 10% of the population is directly involved in the informal care of a relative or neighbour, which means that around 200,000 people in Slovenia regularly help a family member, neighbour or acquaintance with one or more of their daily tasks.6 Data from the European Association of Informal Carers (Eurocarers) also show that 20% of Europeans are in contact with a relative in care and half of them are also personally caring for a relative. Therefore, during the implementation period of the ReNPSV22-30, informal carers will be relieved of some burdens and supported (the provision of training tailored to informal carers) and cooperation between formal and informal providers of care for the elderly will be promoted.

During the implementation of the ReNPSV22-30, palliative care will also be strengthened as a holistic form of support for users of social assistance services in the final phase of life as well as regarding support for the family in times of illness and bereavement.

Mental health is and will be a very important and critical area during the implementation of the ReNPSV22-30. Regarding mental health, the Resolution on the National Social Assistance Programme 2022–2030 (ReNPSV22-30) is contextually linked to the Resolution on the National Mental Health Programme 2018–2028 (ReNPDZ18-28), which, since 2018, has addressed the mental health of the Slovenian population in a holistic and integrated manner, including poverty, social exclusion and inequality in society, which have been shown to increase various risks, not only poor mental health. Good mental health is the foundation of health in general and therefore of social, family and economic stability, social welfare, and the quality of people’s lives.

Systematic care, a coherent and integrated network of services and programmes that respond to the needs of individuals and communities, is a key contributor to good mental health. To this end, a good inter-ministerial network of services and programmes, including municipalities, services at all levels of healthcare, social care, employment, education, culture, non-formal and user organisations, associations, users and relatives is needed. Joint action planning at the local and regional levels is essential, and it is important that representatives of social assistance services work together with other stakeholders, and in particular with healthcare representatives. One of the key challenges of our time is to organise mental health services for people of all ages, as close to people as possible and tailored to their needs, including promotion, preventive and curative programmes and rehabilitation.

By achieving its objectives and implementing its key activities, the Resolution on the National Social Assistance Programme 2022–2030 (ReNPSV22-30) will also contribute to the realisation of the key objectives of the Resolution on the National Mental Health Programme 2018−2028 (ReNPDZ18-28), in particular to the more appropriate organisation of mental health services. It will also contribute to ensuring access to integrated and quality mental healthcare in the community, strengthening knowledge, competences and evidence-based interventions. Sharing good practices in the field of mental health, upgrading social assistance and family support programmes with content for people with associated mental health disorders, linking with healthcare programmes, ensuring access to comprehensive and quality mental health services in the community, inter-ministerial integration7 – these are common points and objectives of both resolutions.

The social situation of vulnerable groups is also significantly affected by the housing measures defined in the Resolution on the National Housing Programme 2015–2025. The ReNSP15-25 measures to improve the quality of life of the elderly population in the community include financing the construction of new housing units for the elderly and ensuring better accessibility to flats in multi-apartment buildings. Measures to tackle energy poverty and other issues are important.

The ReNPSV22-30 will also contribute to the implementation of the Action Programme for Persons with Disabilities 2022–2030, as people with disabilities are often at a higher risk of poverty and social exclusion than other people, as already demonstrated during the years of the global economic and financial crisis in the Eurozone. It was again evident during the COVID-19 pandemic, when there was an increase in poverty among persons with disabilities and higher levels of violence, neglect and abuse. The ReNPSV22-30 also includes actions (services, programmes) targeted at persons with disabilities.

The ReNPSV22-30 is also in line with the objectives of the Resolution on Family Policy 2018–2028 "A Society Friendly to All Families" and the Programme for Children 2020–2025, which emphasise equal opportunities for all children, including the right to education and culture, a life free from violence for all children, including the prevention of peer violence, the prevention of discrimination, children's rights and safety in the digital environment, child-friendly justice, the participation of children in proceedings concerning them, advocacy and so on.

The long-term social exclusion and poverty of families can have permanent consequences which are passed down from generation to generation. The ReNPSV22-30 therefore reiterates the objective of improving the quality of life of individuals and families and increasing social cohesion and the social inclusion of all population groups.

3. THE ReNPSV22-30 OBJECTIVES AND KEY ACTIONS TO ACHIEVE THE OBJECTIVES

3.1 The key objectives of the ReNPSV22-30 and activities to achieve them

As in the previous Resolution, the overall, horizontal objective pursued by the ReNPSV22-30 shall remain the improvement of the quality of life of individuals and families and the strengthening of social cohesion, mutual solidarity and the social inclusion of all population groups.

Social assistance policies aim to achieve this general objective, while the coordination and integration of all policies that directly or indirectly affect people's social situation is also essential to achieving it.

In addition to the general objective, the ReNPSV22-30 sets out three key objectives that directly relate to the development of the social assistance system:

1. reducing the risk of poverty and increasing social inclusion;
2. improving the availability and diversity of programmes and services and ensuring their accessibility and affordability;
3. creating conditions for the functioning of provider organisations and strengthening quality and development in the field of social assistance.

Successful implementation of the objectives necessitates harmonisation at the national as well as local levels.

The key areas where activities will be carried out during the implementation period of the ReNPSV22-30 to achieve the three key objectives are listed below (by objective).

**Objective 1: Reducing the risk of poverty and increasing social inclusion:**

The Government shall reduce the risk of poverty and its intergenerational transmission and increase social inclusion. To this end, it shall ensure:

* adequate income support;
* the empowerment and inclusion of vulnerable groups in society;
* activities to link inactive individuals to the labour market;
* improving the employability of unemployed persons through the implementation of active employment policies;
* improving the employability and labour market opportunities of individuals through lifelong learning, including training and professional improvement.

The Government shall update and adapt services, programmes and actions and their implementation according to the needs of users.

Actions to reduce the risk of poverty and increase social inclusion shall be:

1. **Modernising and increasing the responsiveness of the social assistance system**

reforming the rules governing social assistance;

the simplification of social legislation on access to public benefits;

monitoring the adequacy of social transfers and ensuring that they are received by everyone who is entitled to them (coverage);

developing and upgrading benefits, social assistance services and programmes, with a focus on strengthening community-based services in the light of the changing, deepening and increasingly complex needs of individuals and families;

preventing stigmatisation and ensuring a dignified livelihood for beneficiaries and users of various social assistance services and programmes, and for people who temporarily find themselves or live in circumstances that make them particularly vulnerable;

ensuring an adequate minimum income system to guarantee livelihoods (cash social assistance) and linking minimum income to social services and active employment policy measures;

incentives to be active by taking into account a small part of the income received when determining the material situation for the purpose of granting cash social assistance;

ensuring equal employment incentives for both partners;

monitoring and addressing passivity and the pitfalls of low wages in relation to the tax and benefit system, especially for low-income households with children;

measures to prevent social transfers obtained unduly and to monitor the earmarking of budget resources;

ensuring conditions for the creation of adequate housing conditions and the accessibility of housing for vulnerable groups (the provision of adequate housing units and accommodation in cooperation with other ministries and local communities);

providing food and basic material assistance to the most deprived and strengthening the accompanying measures to address individual or family distress;

financial literacy for over-indebted individuals or families;

promoting systemic measures in the development of compulsory social insurance, taxation, employment and labour, scholarship policy, housing policy, family policy, healthcare, education and other areas affecting the social situation of the population;

the coordination of policies and measures in various fields affecting the social situation of individuals and their families (coordinated tackling of the multidimensional difficulties of poverty and social exclusion) and the coordination of policies and measures deriving from various strategic documents relating to social assistance;

the internationalisation of the social assistance area in order to respond to global changes and international integration (international projects, international associations and organisations).

1. **Measures to prevent the risk of poverty and social exclusion of children and young people**

ensuring effective and free access to early childhood care and education (including school activities), culture, a healthy meal every school day and healthcare;

preventing early school leaving;

identifying groups of children in need and interventions for them;

monitoring the situation of different types of families and designing measures for families who temporarily find themselves or live in circumstances that make them particularly vulnerable;

promoting the early entry of young people into the labour market after leaving education and reducing the number of young people not in employment, education or training (i.e. the NEET indicator).

1. **Measures to prevent the risk of the poverty and social exclusion of the elderly**

information and awareness-raising activities regarding the rights of the elderly;

support and monitoring of the elderly who are socially excluded, taking into account the situation and specific needs of the most vulnerable groups, in particular older women;

the implementation of prevention programmes (cross-sectoral integration) to prevent the social exclusion of the elderly.

1. **Measures to reduce the risk of unemployment and to keep hard-to-employ individuals connected to the labour market**

reducing the risk of unemployment through adult education and training;

ensuring coordinated and targeted work by the labour market, social assistance and healthcare sectors and institutions to effectively address the needs of hard-to-employ people, including through in-depth support before and after labour market entry;

monitoring and mitigating the multi-year labour market effects of the COVID-19 crisis with the aim of reducing and preventing the inactivity and long-term unemployment of the working age population;

intensified, integrated support and assistance to long-term recipients of cash social assistance;

the implementation of social activation programmes, which provide individual support to resolve the problems that have kept individuals out of the labour market for a long period of time.

**Objective 2: Improving the availability and diversity of programmes and services and ensuring their accessibility and affordability:**

1. providing networks of diverse services and programmes that are linked, complementary and operate in accordance with the principles and guidelines of this Resolution (accessible evenly throughout Slovenia under equal financial and professional conditions, available, accessible, including through the use of modern information and communication technology; oriented primarily towards community-based forms of work);
2. promoting, developing and introducing innovative approaches to public, developmental, experimental and complementary social assistance programmes, prioritising the specific needs of users (e.g. residential units, crisis accommodation, working with users with complex needs and associated mental health problems, supporting people with dementia and their family members and carers);
3. establishing integrated and quality services for individual users;
4. integrating public social assistance programmes into the public network as a form of community services or community support;
5. ensuring the participation of the Government, local authorities, users and providers in defining the network of public services and programmes in the local community;
6. working together to introduce a single long-term care system with associated healthcare and social services for all those in need of long-term care; in addition, developing a supplementary social assistance system for those who will not meet the entry threshold for long-term care entitlements;
7. improving the dissemination of information and raising the awareness of potential users with regard to their possible inclusion in services and programmes;
8. ensuring the plurality and diversity of providers of services and programmes and focusing on promoting the involvement of volunteers.

**Objective 3: Creating conditions for the functioning of provider organisations and strengthening quality and development in the field of social assistance:**

1. developing comparable tools and a unified methodology for measuring quality, based on the user perspective;
2. ensuring the conditions for continuous monitoring of the effectiveness, quality and results and evaluation of services and programmes; developing a model for evaluating and measuring the impact of social assistance services and programmes;
3. promoting integrated and innovative services with a key role of the Social Work Centres as links between different providers, communities and the Ministry of Labour, Family, Social Affairs and Equal Opportunities, improving inter-ministerial cooperation and promoting multidisciplinarity in services and programmes;
4. upgrading existing information systems into a single information system that will allow for a unified way of keeping records of services, public authorities and other tasks under the law for each user (simpler input, more transparency, more possibilities for analysis and support for the development of services and programmes);
5. setting up a system for assessing the needs of users in the field of social assistance;
6. promoting the active functioning of user councils in provider organisations and other forms of user participation in provider organisations;
7. ensuring that standards and norms are adapted to the needs of people and communities;
8. developing and strengthening the social assistance workforce, modernising the career progression system;
9. streamlining and easing the workload of social assistance providers with a view to ensuring a better quality of work with people;
10. providing the continuous education, training, supervision and empowerment of all professionals and associates working in the field of social assistance, with a view to standardising and improving the quality of practice and the standardisation of assistance and support to users; strengthening volunteering and monitoring volunteering activities;
11. ensuring the stability of funding and premises for the activities of the providers;
12. promoting the use of new technologies (ICT) to support service delivery and new services (e.g. video counselling, distance services).

3.2 Key indicators and their target values by 2030

One indicator and its target value to be reached by 2030 have been set for monitoring the implementation and evaluation of the attainment of each of the three key objectives. The indicators and their target values to be reached by 2030 are the following:

**1. The number of persons who are at risk of social exclusion**

The indicator is composed of three sub-indicators and includes persons who are below the national at-risk-of-poverty threshold (i.e. at risk of relative poverty) or who suffer from severe material deprivation, or live in households with very low work intensity.

In Slovenia, the indicator for the number of persons at risk of social exclusion is most influenced by the number of persons at risk of relative poverty. In 2020, 60% of those at risk of social exclusion were at risk of relative poverty, but were not both materially deprived and living in a household with low work intensity.

Among the three sub-indicators, only the value of the sub-indicator for the number of people living below the risk of poverty did not decrease in 2020 compared to 2008. This sub-indicator is mainly affected by the number of unemployed, the labour intensity, the level of disposable income, the low labour participation rate of those aged 55 and over, the low educational attainment of older workers and demographic changes reflected in the number of pensioners and their income levels.

The task of reducing the indicator's value in the period up to 2030 will be challenging, especially in view of the expected demographic changes. The measures under Objective 1 will mainly have an impact on social inclusion and the labour market, but will not be able to fully neutralise the impact of demographic change on the value of the indicator. As income support only temporarily alleviates material deprivation, the implementation of systemic social protection measures by the Government, particularly in the labour market and pension system, with a focus on increasing the labour force participation rate of the elderly aged 55-64, would make a more significant contribution to reducing the indicator's value. In view of these challenges, the target is to reduce the number of people at risk of social exclusion by 9,000 people by 2030, including 3,000 children.

**2. The changed relation between users of community-based forms of social care** **and users of institutional forms of social assistance**, or an increased proportion of users of community-based forms of social assistance and a reduced proportion of users of institutional forms of social assistance

In the calculation of the ratio of users of community-based services to users of institutional services, the social assistance services (excluding those provided by the Social Work Centre) and, out of the social assistance programmes, only those directly aimed at preventing institutionalisation, shall be taken into account. According to this criterion, only residential groups and day centres for people with mental health problems shall be taken into account in the calculation of the ratio of programmes. Community-based forms of social assistance include: users of help at home, users of guidance, care and employment under special conditions, living at home, with parents, relatives, other family, etc., or in other forms of community-based residence (housing groups and housing units), family helpers, users of residential group care in special social care institutions, day-care users in residential care homes for the elderly, physically or mentally handicapped children and adolescents who are day-care users, users of sheltered housing, and users of residential group care and day centres for people with mental health problems. Personal assistance is not considered a form of community-based care, even though it enables users to live in their own home environment outside an institution, as it is provided under the protection of persons with disabilities legislation. Users of institutional forms of social care include: those in institutional care in homes for the elderly, combined and special social care institutions, physically or mentally handicapped children and adolescents who are users of 24-hour institutional care, users who live in an institution within the framework of care-work centres or are users of guidance, protection and employment services under special conditions and live in a home for the elderly or a special social care institution. The ratio between community and institutional users, taking into account the above forms of social care, was **1:1.17**8 in 2020. By 2030, the forms of community-based social care are planned to be strengthened in line with the deinstitutionalisation and long-term care orientations and the number of users increased. Institutional care capacities will be adapted to the number of people in the target populations who are in real need of institutional care and to their needs, but will not be significantly expanded. Thus, also with the funds from the Recovery and Resilience Plan, smaller residential units with a maximum of 24 users in long-term care, which can also be set up as small clusters in a specific location, will be provided. **The target ratio of community-based assistance users to institutional assistance users by 2030 is approximately 1:1,** which means that (on average) we would have one institutional care user for every community care user.

**3. Quality monitoring in provider organisations (in the field of services and programmes) using the guidelines of the Voluntary European Quality Framework for Social Services (EQF for SS), a continuous evaluation system in place and the use of quality monitoring and evaluation indicators to assess the performance of providers**

The conditions established for the functioning of provider organisations and the strengthening of quality and development in the field of social assistance entail appropriately renewed standards and norms that will support the development of services and their achievement by 2030, especially in the area of human resources. According to the latest available data (from 2020), approximately 18% of social assistance service providers and approximately 8% of social assistance programme providers use one of the certified quality management systems.9 The target for 2030 is to increase the proportion of providers using one of the certified management systems from 18% to 30%, while other providers of social services and public verified social programmes that do not use a certified quality management system will monitor the quality of their services and programmes based on the guidelines of the voluntary European Quality Framework for Social Services.

4. DEVELOPMENT OF SOCIAL ASSISTANCE SERVICES AND PROGRAMMES

Social assistance services and programmes are closely linked to the achievement of the social assistance objectives for the period up to 2030. A clear definition of services and programmes, and in particular the integration of individual services and programmes into a coherent social assistance policy are required to pursue the objectives.

The objectives of social assistance policy are pursued through services provided as a public service, through public authority and through publicly funded programmes.

The providers of social assistance services and programmes are, in addition to the Social Work Centres, other public institutions, concessionaires and non-governmental organisations, which follow professional guidelines and concepts of social work in the provision of services and programmes and, in cases where interdisciplinary cooperation is necessary, complement them with guidelines and concepts from other relevant disciplines.

4.1 The development of social assistance services 2022–2030

The social assistance services that meet the key objectives of the ReNPSV-2030 are:

A. Information, counselling and support services provided by the Social Work Centres as a public service

Information, counselling and support services are currently mainly provided by the Social Work Centres within the framework of their tasks. The Social Work Centres also play a central liaison, information and coordination role in the implementation of social assistance policy. In the period up to 2030, Slovenia will strive to provide a network of information, advice and support services that effectively and efficiently addresses the various social challenges and reaches the widest possible range of people in need of these services;

B. Services to maintain independent living at home and active inclusion in the community (community-based services)

Community-based services are all those services that prolong an individual’s stay in their home environment and prevent social exclusion. These services are provided by Social Work Centres as well as by care and work centres, homes for the elderly, special social care institutions, institutions providing home help and private concessionaires. As services to maintain independent living at home and active integration into the community are not yet sufficiently developed, existing services in this field will be accelerated and complemented by new forms of services until 2030 (especially for groups for which adequate community-based support services have not yet been developed and in areas where existing services need to be upgraded).

Community-based services should be addressed in direct connection with a community-based approach involving different stakeholders in the local environment in the fields of social assistance, healthcare, education and culture. This involves representatives of governmental and non-governmental organisations as well as individuals, representatives of users and relatives. Community-based forms of services can be provided simultaneously, accommodating up to 24 people (residential group care, residential units, supported housing, etc.);

C. Residential care services (institutional forms of service)

Residential care services provide an individual with a place to stay or accommodation, in addition to other social assistance services. They are provided by residential care homes for the elderly, special care institutions, care and work centres, training establishments and private organisations with a concession.

Institutional forms of care include residential care services involving more than 24 persons. In the future, Slovenia will strive to modernise these services, in particular by providing them in smaller units using modern concepts from social work and other disciplines. By 2030, part of the institutional capacities (mainly for people with disabilities) will have been transformed into community-based forms (defined under B).

The services of the three groups (the Social Work Centres and community-based and institutional services) and their planned development up to 2030 are described below. The introduction of long-term care insurance will lead to changes in some of the community-based and institutional services, however, these will in any case be phased in gradually and will not have immediate direct consequences on meeting the needs of users. The further development of the individual social assistance services affected by long-term care insurance will be identified in the implementation plans of this national programme.

In addition to the services that are part of the public social assistance network and are financed from the Government budget, pilot projects on deinstitutionalisation for adults will be carried out during the ReNPSV22-30, funded by European funds. The pilot projects are testing solutions in the field of moving adults from institutions to the community (to small community-based or home-based accommodation) and developing community-based support services that will adequately respond to the needs of people moving from institutions to community-based accommodation.

4.1.1 Coordination, advice and information services and other services provided by the Social Work Centres as a public service

In order to address various forms of social distress and difficulties, to reduce the risk of poverty and to increase the social inclusion of socially deprived people, Social Work Centres provide social assistance services, exercise public authority and perform other tasks according to the law. Social Work Centres are the central institution to which citizens can turn to resolve social assistance difficulties.

In the social assistance services provided by Social Work Centres there will be a greater emphasis on linking up with other institutions and organisations offering support and assistance in order to provide more comprehensive assistance (e.g. also healthcare and education institutions). New programmes to work with families, psychosocial assistance programmes, financial literacy programmes, assistance with addiction problems and other programmes will be developed.

During and after the declared COVID-19 epidemic, it became clear that many individuals and families were in increasing distress, also due to the closed society during the epidemic. Fieldwork allows for rapid detection and response to distress and enables the effective referral of users to support processes. The provision of social assistance services such as emergency social assistance, personal assistance and family counselling will be reinforced and upgraded for visits to be carried out in the family's home environment, free of charge and involving a variety of non-professional and professional help depending on needs. Services will be upgraded and integrated with regular field work, including a mobile service bringing together different professionals.

The social assistance service of prevention will be further defined by standards and norms, and the financing of this service will be provided.

During the implementation of the ReNPSV22-30, more attention will be devoted to long-term recipients of cash social assistance, the hard-to-employ long-term unemployed and people with various complex problems and vulnerabilities at risk of social exclusion. In 2022, a pilot project on social activation is being finalised and will be integrated in the future into the social assistance system (in the services provided by the Social Work Centre). In the period up to 2030, social activation will continue to provide activities to support and help individuals to resolve their complex difficulties and vulnerabilities, to build their strengths and improve their participation in society, while also strengthening their work skills and competences for work, thereby increasing their employability or bringing them closer to the labour market.

A.1 Emergency social assistance

**Description of the service and the target group:** Emergency social assistance includes assistance in identifying and defining social distress and difficulties, the assessment of potential solutions and the provision of information to eligible persons on all types of social assistance services and benefits which they can claim. An eligible person shall also be informed of the obligations associated with the forms of services and benefits and provided information on programmes and other forms of assistance. The emergency social assistance shall also provide eligible persons information on the providers offering the above-mentioned forms of assistance. The upgrading of emergency social assistance will also include, where appropriate, field work and intensive networking with various organisations in the local area. Continuous training on the forms of assistance available should be provided to the case managers delivering the service, so that they always properly guide users towards the best solutions for them.

Anyone in social distress or difficulty is eligible to receive this service.

**Baseline situation:**

1. the current legislation regulates the provision of the emergency social assistance service according to the criterion of one case manager per 25,000 inhabitants. Due to the increased and complex needs of users, the service needs to be strengthened;
2. Key challenges: modernising emergency social assistance as an entry point for help and support, improving the visibility of the complexity of the issues.

**Target by 2030**: to provide one case manager per 15,000 inhabitants. To strengthen and train case managers for these tasks and new recruitments.

A.2 Specialist emergency social assistance (within crisis centres)

**Description of the service and the target group:** Specialist emergency social assistance is mainly provided as a crisis accommodation service in the framework of crisis centres. Crisis accommodation is the placement of an individual who is in urgent need of immediate assistance as a result of domestic violence or other circumstances causing immediate danger and distress to the person. Crisis accommodation is short-term and is provided in a crisis centre which provides emergency social assistance and personal assistance, receives and cares for users, offers shelter, prepares measures for return to the home environment or another form of substitute for the home environment, and cooperates with the Social Work Centre, educational and public healthcare institutions, the police, and other governmental bodies and organisations competent for the treatment of children and adolescents. The intervention service should also be included in this service in order to obtain additional information, skills and possibilities to organise the placement of users in the context of interventions.

Anyone in urgent need of immediate assistance as a result of domestic violence or other circumstances causing immediate danger and distress is eligible for the service.

**Baseline situation:**

1. Data: nine crisis centres for children and adolescents, one crisis centre for children (up to six years of age) and two crisis centres for adult victims of domestic violence.
2. Key challenges: due to an increase in the incidence of domestic violence in society (especially during the COVID-19 epidemic), there is a need to provide sufficient places for adult victims, especially female victims, together with their minor children, to be able to escape immediately from a threatening environment of domestic violence. Other vulnerable groups should also be given greater opportunities to retreat, taking into account their specific needs.

**Target by 2030**: To strengthen the network of crisis centres for children and adolescents (especially children up to the age of six) and for adult victims of violence, with a particular focus on identifying the needs of specific vulnerable groups (e.g. the elderly, people with disabilities). To strengthen and train case managers for these tasks and new recruitments.

A.3 Personal help

**Description of the service and the target group:** Personal assistance, which includes counselling, personal development and guidance aimed at enabling individuals to develop, supplement, maintain and improve their social capacities. Personal assistance is intended for anyone who, for various reasons, finds themselves in a situation of need or difficulty and who, with appropriate professional help, is able to live normally in their own environment.

* Counselling is an organized form of professional help provided to individuals in social distress and difficulties which they are unable or unwilling to resolve themselves, but who are willing to change their behaviour, find appropriate solutions and to settle relationships with other people in their social environment.
* Personal development is a type of professional help offered to an individual suffering social distress and difficulties due to personal or behavioural characteristics and who is putting others at risk. Successful assistance requires the cooperation of key actors in the wider environment.
* Guidance is a form of support for an individual who is temporarily or permanently unable to live independently because of a mental disability, mental illness or other personality problems.

Anyone who, for various reasons, finds themselves in social distress or difficulty is entitled to this service.

**Baseline situation:**

1. The current legislation regulates the provision of the personal help service according to the criterion of one case manager per 30,000 inhabitants. The service needs to be strengthened in view of the increased and more complex needs of users.
2. Key challenges: Strengthening the Social Work Centres' advisory role and comprehensive assistance to people, involving external experts and linking with external programme providers, support also on the ground, taking into account the changed needs of users who have many complex and intertwined psychosocial problems. The epidemic has further worsened the situation of already vulnerable people, and there is a need to build additional resilience in people. There is a need to ensure that social assistance, healthcare and employment providers work in a coordinated and targeted way to effectively address the needs of individuals and families.

**Target by 2030**: To provide one case manager per 25,000 inhabitants. To strengthen and train case managers for these tasks and new recruitments.

A.4 Support for victims of crime

**Description of the service and the target group:** Providing support for victims of crime covers professional support and professional counselling for persons who suffered any type of damage directly caused by the crime. The service includes recognising the distress of an eligible person, informing and directing the person to existing types of help that could improve their psychological, social and financial position they are facing due to the perpetrated crime.

Anyone who is in distress and claims to be a victim of a crime committed in the Republic of Slovenia may be eligible for this service. Eligible persons are everyone who has been directly harmed in any way by a crime. Where the death of a person is the direct result of a criminal offence, the eligible persons are also the deceased person's spouse or the person with whom they lived in a civil partnership, and other close relatives. Special attention is devoted to the most vulnerable groups of eligible persons (i.e. in particular children, the disabled, the elderly, victims of sexual violence and victims who are at risk of reoffending). Slovenia will provide better information about the service and define the criteria for when it is a listed service and its relationship to other tasks under the rules governing the prevention of domestic violence.

**Baseline situation:**

1. This is a relatively new social assistance service, which has been implemented since September 2019, following the transposition of the provisions of Articles 8 and 9 of the Victims' Rights Directive (29/2012/EU) into the Social Assistance Act. The service is available to users at all Social Work Centre units. At the time of the launch of the service, 16 case manager posts were funded for this purpose, which means one case manager per 130,000 inhabitants;
2. Key challenges: achieving a higher level of visibility for the service, strengthening the skills of case managers, and improving cooperation and networking with other stakeholders in the field in order to best support victims of crime.

**Target by 2030:** To provide 0.3 case manager posts per Social Work Centre unit or one case manager per 95,000 inhabitants.

A.5 Family counselling

**Description of the service and the target group:** Family counselling consists of expert advice and assistance to help families manage their relationships, expert advice and assistance with childcare and training for the family to carry out its daily role.

Individuals and families are eligible for the service when social difficulties and problems arise from disordered relationships within the family and can only be resolved by changes in the family as a whole; when the family seeks professional counselling and assistance in caring for children, but the family's known patterns of behaviour and knowledge are not sufficient to resolve the difficulties; and when the social distress of two or more family members require more permanent support and guidance to ensure normal conditions for the family's survival and development.

**Baseline situation:**

1. Implementation of family counselling is regulated according to the current rules on the basis of the criterion of one head of service and one provider of the service per 10,000 families.
2. Key challenges: strengthening the role of Social Work Centres for the implementation of the family counselling service and public powers and tasks in the field of family law, and the linking and integration of public verified programmes providing this service. The training of case managers for these tasks and new recruitments.

**Target by 2030:** To provide 400 case managers trained in the implementation of parenting competences programmes or new forms of family work (180 parenting competences or 220 new forms of family work) and 63 newly recruited case managers in this field.

During the ReNPSV22-30 implementation period, the services provided by the Social Work Centres will be upgraded with social activation elements, including the coordination of social activation and support for inclusion in social activation programmes and the monitoring of users.

4.1.2 Services for independent living at home and active integration into the community (community-based services)

Home-based services for independent living and active inclusion in the community are services that prolong staying in the home environment and prevent social exclusion. They are implemented as:

* general services (social escort, technical support, transport and aids for access to facilities and information and for communication, administrative support, etc.); and
* specific services which provide support for people to live independently in the community, enabling them to make choices and decisions about where they live, with whom they live, how they organise their daily lives, etc.

Community-based forms of care can be low-intensity (escorting people with sensory, motor or intellectual disabilities, social services, services provided by Social Work Centres and by the community-based nursing service), which also includes low-intensity community-based programmes (self-help groups, intergenerational programmes, programmes for children and adolescents); however, abovementioned people, because of their specific needs have certain services provided at least part of the day, possibly outside the home or have the high intensity services provided (home care, family helper, coordinated treatment, sheltered housing). All of these forms of care allow the individual to remain in their own living environment and still be able to integrate into the community.

The services listed are aimed at people aged 65 and over, people with disabilities/impediments, people with mental health problems, individuals and families who are temporarily unable to live independently, individuals after a crisis event that prevents them from returning to their home environment, adolescents after leaving foster care and after being released from the institution, and other vulnerable groups identified in the respective settings.

Community-based service providers are community-based services that provide care in the community – public services, private individuals, private providers with a concession and NGOs. The key is the inter-ministerial integration of all stakeholders into a network of healthcare and social care services, so as to ensure optimal interdisciplinary and inter-ministerial consideration according to the needs of the individual and the community.

The further development of all services and programmes aimed at empowering individuals to live independently and actively integrate into the community is crucial to achieving the second objective (deinstitutionalisation) of this Resolution.

B.1 Family help at home (social care)

**Description of the service and the target group:** Family help at home includes social care at home and mobile help. Social care at home is intended for eligible persons who have living and other conditions provided in their living environment but cannot look after and care for themselves due to old age or severe disability and their family members cannot provide such care. The service covers various forms of organised practical help and tasks to replace, at least for a certain period of time, the person's need for institutional care.

Mobile help is professional help provided at home, ensuring physically or mentally handicapped persons professional treatment at home. It is aimed particularly at special pedagogical, social and psychological treatment and employment.

Persons who are able to function in a familiar living environment with the occasional organised help of another person are eligible for social care at home. These are persons aged 65 years and over who, because of age or the phenomena accompanying old age, are not capable of fully independent living; persons with a disability status under the Social Inclusion of Disabled Persons Act (Official Gazette of the Republic of Slovenia [*Uradni list RS*], Nos 30/18, 196/21 - ZDOsk and 206/21 - ZDUPŠOP) who, according to the assessment of the competent commission, are unable to live independently; other disabled persons who are recognised as having the right to foreign assistance and care in performing most life functions; chronically ill persons and persons with long-term health impairments; seriously ill children or children with severe physical disabilities or severe and the most severe mental disabilities who are not included in organised forms of care.

Persons eligible for mobile help are children, adolescents and adults with moderate, severe or profound intellectual and physical disabilities for whom this form of service replaces guidance, care and employment under special conditions or institutional care.

**Baseline situation:**

1. Latest available data: Social care at home: as at 31 December 2020: 7,419 users aged 65 and over (1.7% of the population aged 65 and over) who, because of their age or age-related phenomena, are not able to lead a fully independent life; 731 users from the target population of adults with disabilities, chronically ill persons and persons with long-term health conditions, and five severely ill children or adolescents (up to the age of 18);
2. key challenges in the field of family help at home: the introduction of a more uniform price for users at the national level; ensuring that the services are as accessible as possible over time (available all days of the week throughout the country); establishing a uniform data reporting system at the national level and preparing the appropriate legal basis therefor; raising awareness of the service among potential users at the national and local levels; raising the profile of the profession of social assistance worker and strengthening the social assistance workforce in general (higher salaries, better working conditions).

**Target by 2030 regarding social care at home:** to include at least 3% of the population aged 65 years and above in family help in home service. Around 1,200 adults with disabilities, chronic illnesses, long-term health problems and seriously ill children are to be covered by family help at home service. Particular stress will be placed on the inclusion of younger persons with disabilities who will be in transition from forms of institutional residential care to home care.

**Target by 2030 for mobile assistance:** 50 places.

B.2 Home care assistant

**Description of the service and target group:** the institute of home care assistant plays an important role in maintaining the quality of life of persons with disabilities. It offers an alternative to institutional care for eligible persons, with an emphasis on ensuring greater intimacy, individuality, solidarity, personal communication, familiarity and acceptance. It is a right in which, instead of full-time institutional care, the eligible person chooses a home care assistant who provides help in the home environment.

Adult persons with severe mental development disorders or adult persons with severe physical impairments who need assistance in performing basic life functions are eligible to choose a home care assistant.

**Baseline situation:**

1. Latest available data: 559 persons had a home care assistant in March 2021;
2. Key challenges: reforming the status of home care assistant, integration into long-term care, examining the use of the institute from the perspective of the target population and promoting the use of this institute to help the elderly.

**Target by 2030:** The need for family assistants or family carers is estimated to remain at approximately the same level as in 2021.

B.3 Day care for physically or mentally handicapped children and adolescents or with multiple disorders

**Description of the service and target group:** day care is a form of care for individuals who do not yet require all-day residential care and who want or need assistance, supervision or an organised form of residence for only a certain number of hours per day. The basic criterion for inclusion in day care is that the users return home daily. Day care for children and adolescents is provided for up to 10 hours a day, five days a week, all weeks of the year, and includes the provision of a special education programme and transport. For children and adolescents and adults up to the age of 26, these services are provided by special social care and education centres.

The target group is children, adolescents and adults up to the age of 26 with moderate, severe and profound intellectual and physical disabilities or multiple disorders (severe behavioural and personality disorders, motor and sensory disabilities and head injuries).

**Baseline situation:**

1. Latest available data: 200 persons included in 2020.
2. Key challenges:

ensuring sufficient staffing and adequately trained (in special pedagogics) staff and strengthening staff competences to address the specific needs of users;

adapting staffing norms to the assessed needs of users;

ensuring modern methods and concepts of working with users and different forms of care (individual and group treatment);

balancing staffing standards in the field of social care and healthcare for children and adolescents and adults up to the age of 26 who are included in educational programmes in special social care and education centres.

**Target by 2030:**50 additional places (250 in total).

B.4 Guidance, care and employment under special conditions

**Description of the service and the target group:** Guidance, care and employment under special conditions is an organised form of care which fulfils the fundamental human right of adults with disabilities to a service which enables them, in accordance with their abilities, to participate actively in social life and the working environment and to perform useful work which is appropriate to their abilities. The services are organised and implemented in such a way so as to enable users to maintain the skills they have acquired and to develop new skills and work skills, to acquire new social and work habits, to implement their own ideas and creativity and to stimulate a sense of usefulness and self-affirmation. The service also provides other forms of care that will enable users and their families to participate in work and social activities.

Persons eligible for the service are: mentally handicapped adults and adults with multiple disorders.

**Baseline situation:**

1. Latest available data: 3,617 persons included in the service in 2020.
2. Key challenges:

upgrading existing services to support users in developing and enhancing their individual abilities, creativity, skills and knowledge;

providing specialised forms of services for certain target groups or upgrading the service with new forms and delivery methods for target groups (people over 65, people with an acquired brain injury, persons with behavioural disorders and mentally handicapped persons and a combination of developmental disabilities, persons with autism);

upgrading services by providing various forms of support services to enable the individual to live as independently as possible and to integrate into the community, such as: social inclusion services under the Social Inclusion of Persons with Disabilities Act, mobile assistance, tele-support services;

upgrading of telecare and home-based services;

defining healthcare for persons covered by guidance, care and employment services under special conditions provided by the care and work centres;

ensuring a sufficient amount of accommodation in units at separate locations for the provision of the service and increasing the regional coverage of branch units for the provision of specialised forms of the service for certain target groups (persons after suffering a brain injury, persons with behavioural disorders and mentally handicapped persons and a combination of developmental disabilities, persons with autism).

**Target by 2030**: To provide approximately 4,500 places for carrying out guidance, care and employment services under special conditions.

B.5 Day care for the elderly

**Description of the service and the target group:** **Day care** is a form of care for individuals who do not yet require all-day, residential care and who want or need assistance, supervision or an organised form of residence for only a certain number of hours per day. The basic criterion for inclusion in the service is that users return home daily. The day form of the service is usually provided for 10 hours a day, but may be shorter depending on the needs of the eligible persons.

Those eligible for the service are persons aged 65 and over.

**Baseline situation:**

1. Latest available data: In 2021, there were 607 places for day care for the elderly in retirement homes.
2. Key challenges: increasing capacity, raising awareness and informing potential users about the service at the national and local levels, ensuring more user-friendly financing of the service, establishing data collection on service users (currently the Association of Social Institutions of Slovenia only collects data on places).

**Target by 2030**: To provide approximately 1,300 places in forms of day care for people aged 65 and over. Day care for people with dementia will also be strengthened.

4.1.3 Institutional residential care services

Institutional residential care services enable individuals to stay (accommodation) in an institution or other social assistance facility and provide the necessary basic care, social care and healthcare (nursing care). Institutional residential care (or institutional care) entails placement in an institution.

Institutional residential care services are intended for people who, because of illness, health problems and various conditions or age are unable or unwilling to live at home or need complex care that is not possible at home. These services are provided in special and combined social assistance institutions, care and work centres, training institutions and in homes for the elderly. They can be provided by public providers or by private concessionaires.

During the period of the ReNPSV22-30 implementation, the focus in the field of institutional residential care services will be on the transition from institutions to forms of community-based residence and care (deinstitutionalisation, especially for persons with special needs) and on improving the human and spatial conditions in the institutions providing these services. Services will increasingly be provided in smaller units, using modern social work concepts. By 2030, part of the institutional capacities (mainly for people with disabilities) will have been transformed into community-based forms (defined under B). At the same time, institutions will be transformed into centres to support the provision of community-based services. The transformation of institutions providing institutional residential care implies a change in the institutional culture and service delivery concepts.

In the field of care for the elderly, the expansion of services and the development of new services, especially community-based services, are foreseen in order to improve the diversity of services according to the needs of elderly users. In connection with the elderly, the focus will be on the possibility of choosing the form of assistance (community-based or institutional) and on increasing the availability and accessibility of different forms of services. Forms of support for relatives and informal carers will also be developed. Greater emphasis will be placed on the influence or participation of the elderly in planning the development of services for them.

The further modernisation and development of residential care homes for the elderly will be promoted, not only as providers of residential care services, but also as providers of community-based services. In addition to their institutional activities, care homes will also be able to develop community-based services for the elderly.

In the following, the different forms of institutional residential care accommodation are presented with reference to the target groups they serve and by function.

4.1.3.1 Institutional services for children and adolescents

Institutional care for children and adolescents deprived of a normal family life includes institutional care, education and preparation for life. For children, adolescents and adults up to 26 years of age with moderate, severe and profound mental and physical disabilities who are referred to a special education programme, institutional care also includes training, care and guidance in accordance with a special law.

C.1 All-day (24-hour) institutional care for children and adolescents who are physically or mentally handicapped or with multiple disorders

**Description of the service and the target group:** All-day care is a form of institutional care for individuals who need 24-hour care. For children and adolescents and adults up to the age of 26, these services are provided by special social care and education centres.

The target group is children, adolescents and adults up to the age of 26 with moderate, severe and profound intellectual and physical disabilities or multiple disorders (severe behavioural and personality disorders, motor and sensory disabilities and head injuries).

**Baseline situation:**

1. Latest available data: 179 persons included in 2020.
2. Key challenges:

ensuring sufficient staffing and adequately trained (in special pedagogics) staff and strengthening staff competences to address the specific needs of users;

balancing staffing standards in the field of social and healthcare for children and adolescents and adults up to the age of 26 who are included in educational programmes in special social care and education centres;

ensuring that there is a sufficient number of places to accommodate children, adolescents and adults who are physically or mentally handicapped or with multiple disorders.

**Target by 2030:**50 additional places (230 in total).

4.1.3.2 Institutional care for adults

C.2 All-day institutional care for adults with physical and mental disorders or multiple disorders and persons with long-term mental health disorders in special social care institutions and special units of homes for the elderly

**Description of the service and the target group:**All-day care is a form of institutional care for individuals who need 24-hour care. For adults, these services are provided by special social care institutions, special units of care homes for adults with special needs and care and work centres (the services are described under C.4).

The target group is adults with moderate, severe or profound intellectual disabilities or multiple disorders (adults with mental disorders, personality disorders, motor and sensory disorders and head injuries).

**Baseline situation:**

1. Latest available data: 2,163 people enrolled in 2020. Approximately 470 persons were accommodated in the external units of the institutions, approximately 425 in residential units and 45 in residential groups.
2. Key challenges:

crisis accommodation due to the illness or absence of carers;

the modernisation of existing infrastructure;

developing an advocacy system for users;

tailoring services and activities to the individual needs of users;

intermittent integration into the environment with the ultimate goal of permanent integration into the environment.

**Target by 2030**: To maintain the current number of people involved, to provide accommodation in residential units and housing groups for approximately half of the residents.

C.3 Institutional care for adults with physical, mental or multiple disorders in the framework of care and work centres

**Description of the service and the target group:**In addition to guidance, care and employment under special conditions, the care and work centres also provide accommodation to the included persons. The number of people included in care and work centre placements has been increasing for several years. Care and work centres already provide various forms of accommodation in residential units and in residential groups (in 74 care and work centres units at separate locations). Care and work centres are thus already focusing on intermediate and community-based forms of residential care, providing support services to ensure that users live as independently as possible and integrate into their environment. Institutional care is provided in the form of all-day care (24 hours) and within 16-hour care.

The target group is adults with moderate, severe or profound intellectual disabilities or multiple disorders (adults with mental disorders, personality disorders, motor and sensory disorders and head injuries).

**Baseline situation:**

1. Latest available data: 506 persons were included in 24-hour care in 2020 within care and work centres and within special social care and education centres and 1,198 persons were included in 16-hour care (59% of them in residential units and residential groups), with at least 210 persons still waiting to be placed in any kind of institutional care within care and work centres. The number of users to be included in this type of service is increasing by about 50 per year. Care and work centres also provided institutional care for 108 people with head injuries (28.7% of them in residential groups or units).
2. Key challenges:

providing all users with accommodation in small residential groups (community-based form);

upgrading service delivery to maximise the possibility of users living independently with support;

developing an advocacy system for users;

upgrading and redesigning the service with care for users over 65 years of age towards integrated social care and healthcare with community-based accommodation;

establishing norms and working standards for services for the target groups: people with an acquired brain injury and people with mental health problems, and setting up a network for the implementation of services and programmes;

providing modern methods and concepts for working with users and different forms of care (individual and group treatment), as well as specialised services for certain target groups (people with behavioural and mental health disorders and a combination of developmental disorders);

rebalancing staffing norms in social care and healthcare;

ensuring a sufficient number of places to accommodate adults with mental and physical disorders or multiple disorders;

providing appropriate technical adaptation of existing accommodation and the transfer of users to suitable accommodation.

**Target by 2030:**2,200 places, 1/3 of which in residential groups and 1/3 in residential units; in addition, 500 additional places for 16-hour forms of institutional care.

4.1.3.3 Institutional care for the elderly

C.4 All-day institutional care for the elderly (residential care homes for the elderly)

**Description of the service and the target group:**

Providing quality care for the elderly is a major challenge in an ageing, long-lived society. One important form of care for the elderly is institutional care in residential homes for the elderly. All-day care is a form of institutional care for the elderly who need 24-hour care. The aim of the further development of care for the elderly is to build on the services provided in the framework of institutional care (homes for the elderly), in particular for people over 80 years of age and people with dementia, and on the other hand to strengthen the provision of community-based services for all those elderly people who, with the development of appropriate forms of assistance, would be able to remain in their own living environment. Community-based services for the elderly can also be provided by homes for the elderly. In the coming years, institutional services for the elderly will be aimed mainly at the elderly with dementia and more complex health problems, to which homes for the elderly will also have to adapt in terms of space and staff.

The development of social services for the elderly will be geared towards upgrading the residential care services provided by residential care homes for the elderly to ensure that the conditions for providing these services are in line with the needs of the persons concerned (appropriate spatial adaptations). In addition to residential care (mainly for the elderly with complex health problems and people with dementia), residential care homes for the elderly will also move towards community-based forms of service provision, namely the expansion of residential care to smaller living units and the development of forms of day care (day centres). By 2030, residential care will also provide temporary accommodation for the elderly.

The target group is people aged 65 and over.

**Baseline situation:**

1. Latest available data:

16,539 residents in residential care homes for the elderly (71% of the residents are aged 80 and over). More than 58% of residents need healthcare in addition to social assistance. The average age of residents is 83 years.

On 1 January 2021, there were 18,991 places available in residential homes for the elderly in Slovenia.

1. Key challenges:

the current number of places in care homes does not meet the ReNPSV13-20 target (4.8% coverage of the population aged 65 and over) – a shortfall of 2,879 places. However, at the end of 2022, the capacity network will be increased by the 1,185 places awarded in the 2020 call for concessions and the 1,100 places awarded in the 2021 call for concessions. Within the framework of the Resilience and Development Plan, new residential homes for the elderly with a capacity of 850 places are planned to be built.

The needs forecast, based on demographic trends and demand for services, shows that demand will increase by 4,182 users by 2030. Experiences in other European countries shows that the introduction of long-term care reduces the demand for institutional care.

The age structure of users is changing, this concerns the elderly aged over 80 and even over 90. This also changes the needs of users, particularly in the area of care for people with dementia.

The number of people with dementia in Slovenia is increasing rapidly; it is expected to double in the next 20 years.

New concepts of work for different user groups (e.g. Huntington’s and Parkinson’s disease) need to be developed; these new concepts of work also require spatial adaptations and staff reinforcements.

**Target by 2030:**4.5% inclusion of the population aged 65 and over.

C.5 Short-term (temporary) accommodation in homes for the elderly

**Description of the service and the target group:**

Temporary (short-term) accommodation is a form of all-day care for individuals:

* who have care provided outside institutional care and need temporary institutional care because care outside institutional care is temporarily not provided;
* who need a service due to an acute deterioration in health and who, with appropriate support, could achieve at least partial independence and therefore would not require a long-term, all-day form of institutional care in the future.

The target group is people aged 65 and over.

In line with the opening up of different service delivery options, by 2030 residential care homes for the elderly will provide more temporary accommodation options when care in a home environment cannot be provided temporarily.

**Baseline situation:**

1. Latest available data: not available (N/A).
2. Key challenges: seasonal needs for temporary placements, especially during holidays of informal carers and due to acute deterioration of health; difficulty of funding to keep beds available for temporary placements at times when beds are not occupied.

**Target by 2030:**200 places for temporary accommodation in residential homes for the elderly and regulated financing of the service.

4.2 Development of social assistance programmes in the period 2022–2030

Social assistance programmes are aimed at preventing and addressing the social distress of vulnerable population groups (and in certain cases, at maintaining the acceptable social situation of individuals regarding whom the elimination of existing distress and problems cannot be expected). Social assistance programmes are implemented in accordance with the social work doctrine as a complement or alternative to social assistance services and interventions and are co-financed on the basis of public calls for tenders. They are not (legally) required to meet technical, human resources and content standards and are implemented on the basis of verification by the Social Chamber of Slovenia or guidelines published in public calls for tenders for their (co‑)financing.

There are public, developmental, experimental and complementary social assistance programmes.

Public social assistance programmes have been implemented as development programmes for at least three years and have been professionally verified following the procedure determined by the Social Chamber. Public social assistance programmes shall be integrated into a single evaluation system of attained programme objectives. Development social assistance programmes are programmes that have been implemented for a short period of time and do not yet meet the conditions for professional verification. Experimental social assistance programmes are programmes that may be implemented for not more than three years and serve to develop new methods, forms and approaches aimed at preventing and addressing the distress of vulnerable population groups. Supplementary social assistance programmes are programmes of local importance that supplement the network of public and development social assistance programmes and are implemented in accordance with the principles and methods of work applied in social assistance activities.

Annual monitoring of the implementation of social assistance programmes and evaluations of public programmes show that the needs of users are changing, becoming more complex, and that the difficulties and problems for which people come to the programmes are often multiple, interlinked and intertwined. So far, social welfare programmes have been divided according to target groups or according to the overarching (primary) problem for which the user has come to the programme: e.g. mental health problems, experience of violence, alcohol addiction, etc. Among users (and also potential users who are not yet enrolled in the programmes), there is a growing perception of the intertwining and complexity of problems and distress that go beyond the primary or a single social distress or difficulty, which also requires social assistance programme providers to take a holistic approach and to consider and address their needs from different perspectives.

The developments and changed needs described thus go beyond the current division of social assistance programmes into areas or target groups and require a different way of addressing the needs of vulnerable groups. Updates in this area will therefore be focused on:

* providing comprehensive (focusing on the whole situation and the situation of the user, involving all relevant services available in the local environment) and continuous assistance and support to users; and
* ensuring the regional accessibility of programmes (also in line with the specific situations and needs in each local-regional context).

Areas that will receive particular attention during the implementation period of this resolution include:

* expanding the network of programmes and extending existing programmes in response to the rapidly changing needs of users, especially in areas where a significant increase in needs is perceived and in settings where the network of programmes is not well developed;
* the mental health area – expanding the network of programmes and promoting the development of new, innovative content (inter-ministerial networking), updating the design of programmes to adapt them to the current distress and difficulties of the population (including in response to the increase in mental distress caused by the COVID-19 epidemic);
* expanding residential programmes for different target groups.

The providers of social assistance programmes are an important pillar in the implementation of social assistance policy, especially as they are in constant contact with the users in their environment, know their needs, the specificities of the local environment and the possibilities of networking between the various stakeholders, and, last but not least, given their modus operandi, are able to react very quickly to the events that arise and the needs of the users from time to time. Adequate support for the stable operation of the programmes and for raising the quality of their delivery will be ensured by 2030 through:

* considering providers of social assistance programmes as important (equal) stakeholders in the implementation of social assistance policy objectives;
* the simplification of co-financing procedures or the progressive simplification and modernisation of the way public calls for tenders are carried out;
* the gradual transition of part of the public, verified social assistance programmes into the public service network (residential and non-residential programmes with at least one successful seven-year co-financing period). The criteria for the transition and the level of funding of the programmes shall be set out in the implementation plan of the Resolution;
* amendments to the relevant legislation: the Social Assistance Act and implementing regulations, which will regulate staffing, technical and spatial conditions;
* ensuring a stable level of funding for the co-financing of social assistance programmes in the budget;
* simplifying the administrative tasks to be carried out by providers of social assistance programmes when participating in public calls for tenders;
* regulating the situation of case managers and other staff implementing social assistance programmes (remuneration, career development).

The restructuring of the network of social assistance programmes will be carried out gradually.

In addition to the programmes to be implemented on the basis of national calls for tenders, it is planned to implement programmes funded by the European Union in the field of social inclusion, social activation and addressing the Roma population.

4.2.1 The network of programmes to prevent and address the social distress of vulnerable groups

The network of social assistance programmes is made up of five different types of programmes, according to the intensity, continuity and forms of assistance and support they provide to their users.

Type 1 programmes provide accommodation for users. They are aimed at users who are facing an experience of violence, multiple social exclusion, complex, long-term and multiple forms of social distress and difficulties and are in need of accommodation. In addition to comprehensive, continuous and intensive assistance, this type of programme also offers accommodation, as it tries to follow the principle of "housing first" (accommodation or relatively safe housing is usually a necessary condition for an individual to sort out and progress in other areas of life). Type 2 programmes include psychosocial support and counselling programmes, which are aimed at users with a medium intensity of needs. They are followed by programmes aimed at spending quality and active time during certain parts of the day (e.g. mornings) or leisure time (Type 3), and programmes based on self-help principles (Type 4). Type 5 programmes bring together programmes that are primarily concerned with preventive action, actions and activities aimed at prevention of harmful behaviour. This type of programme also includes other programmes that will be developed according to rapidly changing needs.

Users are involved in different types of programmes according to their needs and, as their situation improves and they progress, they move from a type of programme that provides comprehensive, continuous and intensive assistance to a type of programme that provides less intensive assistance, a more transitional programme and subsequently to a programme that provides only occasional assistance (if needed). However, depending on their needs, users may be included only in programmes with a lower intensity of assistance, they may be included only occasionally or only once in a while, they may be looking for specific information and guidance or they may be involved in a prevention action.

The network of programmes for the prevention and resolution of the social problems of vulnerable groups consists of the following types of programmes.

4.2.1.1 Accommodation programmes

**Description of the programmes and target groups:** programmesare aimed at users who are facing an experience of violence, multiple social exclusion, complex, long-term and multiple forms of social distress and difficulties and are in need of accommodation. In addition to comprehensive, continuous and intensive assistance, this type of programme also offers accommodation, as it tries to follow the principle of "housing first". Accommodation, or relatively safe housing, is usually a prerequisite for the individual to be able to get on with other areas of life and to make progress in them. The programmes are aimed at people with a history of violence, addicts, people with mental health problems, homeless people, people with disabilities and other vulnerable groups.

**Types of programmes**: maternity homes, safe houses and shelters, communes, therapeutic communities, therapeutic communities for drug users with associated problems, residential groups (three types), shelters and sleeping places (three types), safe houses for addicted women, shelters for drug users, residential communities for disabled people.

**Baseline situation:** in 2020, 61 accommodation programmes were co-financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and 1,255 beds (1,167 formally recognised and 88 additional) were available to users. The following sub-groups of programmes were co-financed:

* maternity homes: 8 programmes (14 units);
* safe houses, crisis centres and shelters: 13 programmes (26 units);
* social rehabilitation programmes for addicts offering accommodation (communes, therapeutic communities, therapeutic communities for drug users with associated problems, residential reintegration units, housing groups, social rehabilitation (with accommodation) for people with alcohol addiction problems) and other forms of assistance: seven programmes;
* safe houses for women addicts: one programme;
* shelters for drug users: two programmes;
* programmes offering accommodation to homeless people (shelters, sleeping places, housing support): 17 programmes;
* housing groups (three types): 12 programmes (60 housing groups), including one open housing group programme;
* assistance and support programmes for independent living for people with disabilities, including residential communities for people with disabilities, one programme.

**Target by 2030:** Toincrease the number of programmes offering accommodation by approximately 25%, especially for the following target groups: homeless people (in particular the development of new forms of accommodation and housing support programmes), people with mental health problems and drug users (in particular reintegration programmes), and to develop other accommodation programmes in line with demonstrated need on the ground (for example, for people with mild intellectual disabilities).

4.2.1.2 Psychosocial support programmes

**Description of the programmes and target groups:** these are psychosocial and rehabilitation assistance and support and counselling programmes aimed at users with a medium intensity of needs. The programmes provide various forms of assistance (counselling, advocacy, rehabilitation, providing information, motivation, etc.) and are aimed at people with a history of violence, addicts, people with mental health problems, homeless people, children, adolescents and adults, couples and families, people with disabilities, same-sex couples, migrants and other vulnerable groups. Low-threshold programmes aimed at reducing harm among active drug users are also included among the above-mentioned programmes.

**Types of programmes:** day programmes, psychosocial support, assistance and advocacy programmes, counselling centres, information offices and helplines (call centres), and drug harm reduction programmes.

**Baseline situation:** in 2020, 45 psychosocial support programmes were co-financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, of which:

* twelve programmes for people with experience of violence;
* three programmes offering telephone support and counselling (one for people in mental distress, one for women and children victims of violence, and one mainly for children and adolescents);
* five programmes for people with mental health problems;
* twelve programmes for drug users (including one for people with problems related to excessive drinking);
* one programme for people with eating disorders;
* one programme for people with problems related to excessive use of ICT;
* three programmes for homeless people;
* five integrated programmes for young people;
* two programmes for the dying/bereaved;
* one programme each for migrants, same-sex couples, people in financial distress and debt, families in financial distress and victims of trafficking.

**Target by 2030:** To increase the number of programmes and expand existing programmes by approximately 40% (which means approximately 20 additional programmes), to ensure the equal regional accessibility of programmes and develop other programmes in line with demonstrated needs on the ground (e.g. for people with mild intellectual disabilities).

4.2.1.3 Active and quality leisure time programmes

**Description of the programmes and target groups**: these are programmes that offer users activities for spending quality and active leisure time or parts of the day (usually mornings). As a rule, a certain number of hours are available to users each working day, and in a supportive and safe environment, users have the opportunity to develop their talents, maintain and acquire new skills, expand their social network, and socially integrate in different areas. This includes programmes that enable people with disabilities to live more independently and autonomously (e.g. inclusive sport for people with disabilities). The programmes target different vulnerable groups, in particular people with mental health problems, people with addiction problems, children and adolescents, the elderly, Roma, people with disabilities, migrants and the homeless.

**Baseline situation:** in 2020, the Ministry of Labour, Family, Social Affairs and Equal Opportunities financed 44 day-centre programmes:

* seven programmes for people with mental health problems;
* three programmes for drug users;
* nineteen programmes for young people;
* two programmes for homeless people;
* two programmes for the elderly;
* four programmes for Roma;
* six programmes for persons with disabilities;
* one programme for migrants.

**Target by 2030:** To increase the number of programmes by around 15% (especially for Roma and homeless people), to ensure the equal regional accessibility of programmes and inter-ministerial integration, and to develop other programmes in line with demonstrated needs on the ground.

4.2.1.4 Self-help programmes

**Description of the programmes and target groups**: these are programmes that provide continuous support and assistance to users with low intensity needs, e.g. through occasional monitoring and self-help clubs and groups. The programmes are aimed, in particular, at ex-addicts (especially those who have completed drug treatment, those with mental health problems) and the elderly, as well as other vulnerable groups.

**Types of programmes:** self-help clubs and groups, workshops addressing specific topics and the needs of users and their families.

**Baseline situation:** in 2020, the Ministry of Labour, Family, Social Affairs and Equal Opportunities co-financed four programmes, three for people with problems related to excessive drinking and one for the elderly.

**Target by 2030**: to increase the number of programmes by around 20% and to ensure the equal regional accessibility of programmes and inter-ministerial integration.

4.2.1.5 Prevention and other programmes

**Description of the programmes and target groups:** these are selective and indicated prevention programmes targeting at-risk and vulnerable target groups. They are implemented as a programme (accessible to users on a daily basis, not as campaigns or short-term projects) and build on existing types of programmes. They are mainly aimed at raising awareness, motivating individuals and families and preventing the emergence of various forms of social distress and difficulties.

**Types of programmes:** different types of prevention programmes.

**Baseline situation**: in 2020, eight prevention programmes were co-financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, namely one aimed mainly at young people, six programmes for the elderly (including programmes for people with dementia and their relatives) and one programme to promote volunteering.

**Target by 2030**: to increase the number of programmes by around 30% and to ensure the equal regional accessibility of programmes and inter-ministerial integration.

5. IMPLEMENTATION AND MONITORING OF THE ReNPSV22-30

The successful implementation of the objectives of the ReNPSV22-30 requires the acceleration of the adoption of measures and activities to ensure that the conditions and circumstances are in place to achieve the objectives. Of particular note are the following actions and activities:

* encouraging greater interest and investment in social development by local communities;
* ensuring stable sources of funding within the implementation plans for the implementation of the planned actions;
* strengthening inter-ministerial cooperation at all levels and ensuring policy coherence at the national level.

In order to directly implement the objectives of the ReNPSV22-30, two National Implementation Plans are to be prepared, one for the period 2022–2025 and the other for the period 2026–2030. The National Implementation Plans shall specify the priority objectives for a given period, the actions to be taken to achieve each objective, the actors responsible for achieving them, the timeframes and the financial resources required, the indicators that will be used to measure the success of the achievement of the objectives, and the way in which implementation will be reported. The preparation of the National Implementation Plan is coordinated by the Ministry responsible for social affairs. The National Implementation Plan shall be adopted by the Government of the Republic of Slovenia, which is also responsible for the implementation of the Plan.

The Government of the Republic of Slovenia shall appoint a National Coordination Group no later than one month after the adoption of the ReNPSV22-30. The National Coordination Group is composed of representatives of social assistance providers (including representatives of NGOs nominated by NGOs), representatives of user groups, representatives of the local community and various sectors of the Government, and a representative of the Social Protection Institute of the Republic of Slovenia (hereinafter: IRSSV). The tasks of the National Coordination Group are to take note of the implementation of the Resolution, to participate in the preparation of the National Implementation Plans, to monitor their implementation and propose any corrections and amendments, and to report on the implementation of the National Implementation Plan (on the basis of a proposal from the IRSSV) to the Government of the Republic of Slovenia.

The regular annual monitoring of the implementation of the ReNPSV22-30 and the corresponding national implementation plans is the responsibility of the IRSSV, to whom the individual providers of services and programmes that are part of the public service network, the promoters of the actions identified in the implementation plans, the competent ministries and other services responsible for the implementation of the individual parts of the National Programme for Social Protection 2022–2030 report annually. During the first year of monitoring the implementation of the ReNPSV22-30, the IRSSV shall also prepare more detailed indicators for monitoring the implementation of the objectives of the ReNPSV22-30. The IRSSV shall prepare annual reports on the implementation of the Resolution and the National Implementation Plan, which shall then be discussed by the National Coordination Group. After each completion of the National Implementation Plan, the IRSSV also prepares a report on its implementation, which shall be discussed and adopted by the National Coordination Group.

To keep track of the needs in the local environment in the preparation of the national implementation plans and to ensure the transfer of information from the local (regional) to the national level and vice versa, the Social Work Centres appoint contact persons for the national social assistance programme (this persons may be the coordinators of the local network at the Social Work Centres). The tasks of the contact persons for the national social assistance programme at the Social Work Centres are to monitor the needs for social assistance services and programmes and to monitor the implementation of the national implementation plans and the national programme as a whole in the area covered by the regional Social Work Centres. The regional Social Work Centres are obliged to report periodically to the IRSSV on these needs and the situation. The report should also include information obtained by the regional Social Work Centres from other stakeholders (social welfare providers, schools, primary healthcare centres, institutions) in the areas covered by the Social Work Centres.

No later than three months after the end of the period covered by the national implementation plan, the National Coordination Group (on the basis of a draft report by the IRSSV) shall prepare a report on the implementation of the national implementation plan, which shall be adopted by the Government of the Republic of Slovenia, together with a national implementation plan for the following period.

6. RESOURCES FOR THE IMPLEMENTATION OF THE ReNPSV22-30

6.1 Administrative and organisational resources

The increasing complexity of modern societies has an impact on the complexity of the implementation of the social assistance policy. The challenges facing social assistance policy are many. That is why there is a growing need for the pluralisation of services and providers of social assistance services and programmes.

Development activities and measures in the field of social assistance must therefore be geared towards the establishment of a system for assessing the needs of users and upgrading and developing existing services towards the integration of services that will provide integrated support and assistance to users. In doing so, it is necessary to seek responses to general challenges in the field of social assistance, such as:

* developing 'integrated services' (upgrading and integrating existing services), providing modern methods and concepts for working with users and different forms of care (individual and group treatment);
* reforming standards and norms to reflect the further development of service delivery and the upgrading thereof, and specialised services, taking into account the assessed needs of users;
* ensuring an incentive-based staffing and pay policy in the field of social assistance.

In the area of the work of providers of social assistance services and programmes, the quality of service provision will need to be ensured through the further education and training of case managers and assistants, the definition of professional competences and the competences and roles of other providers of services and programmes, the introduction of new technologies to support the provision and development of services and programmes, the development of an information system that will allow for a uniform manner of managing and evaluating services, greater stability in the funding of publicly verified programmes, which will improve the employment conditions and the spatial and technical conditions of providers of social welfare programmes, and the provision of financial resources for the implementation of experimental programmes with a view to piloting new projects and devising modern concepts of social work to effectively address social needs.

In the area of pay policy, it is necessary to ensure comparable pay for comparable work by providers of social assistance services and programmes.

Demographic changes and the vulnerability of certain groups, as well as the impact of the COVID-19 epidemic, will require the expansion of networks in the field of social assistance services and programmes and new social assistance employment, which will contribute significantly to the creation of new jobs in both the public and private sectors and in non-governmental organisations.

The strengthening of the Social Work Centres is planned in several phases:

* Short-term measures to provide additional staffing in 2022 by transferring the implementation of social activation to Social Work Centres (48 new jobs) and in 2022 and 2023 to gradually relieve the burden on staff deciding on eligibility for payments from public funds by adopting a simplification of the amendment to the social legislation in the area of eligibility for payments from public funds. The simplification of social legislation will allow for the greater automation of procedures regarding eligibility for payments from public funds and the strengthening of tasks in the areas of child and family protection, adult care and the provision of social protection services.
* The medium-term measures are linked to the absorption of European funds from the Multiannual Financial Framework for 2021–2027, which foresees measures in the field of child and family protection as well as social inclusion, the establishment of mobile services at Social Work Centres, including additional employment, and measures for the regular training and education of case managers, including specialised skills for working with people with specific needs and training in the rapid identification of complex situations.
* Long-term measures include measures for the comprehensive modernisation of the social assistance system, and ensuring a normative workforce to increase the efficiency, accessibility and quality of services.

6.2 Financial resources

The measures to achieve the objectives of the Resolution will be implemented mainly within the framework of the planned social protection policies of the line ministry. To a certain extent, these measures will also concern family policy, employment and labour, scholarship policy, housing policy, healthcare, education and training, tax policy and other areas affecting the social situation of the population and the development of demographically deprived areas.

The financial resources for financing the measures will be provided from several sources: the Government budget, the budget of local authorities, the health insurance budget and the pension insurance budget, EU funds, user participation and other sources, and will be specified for a specific period in an implementation plan, which will set out the specific measures and tasks of the providers of social protection services and programmes.

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Ljubljana, 23 March 2022

EPA 2426-VIII

National Assembly  
of the Republic of Slovenia  
**Igor Zorčič**  
President of the National Assembly

[ANNEX 1: Assessment of the implementation of the Resolution on the National Social Assistance Programme 2013–2020](http://www.pisrs.si/Pis.web/npb/2022-01-0985-p1.pdf)

[ANNEX 2: Key circumstances and development challenges in the social assistance system in the period 2022–2030](http://www.pisrs.si/Pis.web/npb/2022-01-0985-p2.pdf)

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1 Terms in this document written in the masculine form shall apply neutrally to both men and women.

2 European Pillar of Social Rights Action Plan (europa.eu), available at: https://eur-lex.europa.eu/legal-content/SL/TXT/?uri=COM%3A2021%3A102%3AFIN&qid=1614928358298.

3 Slovenian Development Strategy 2030, Government of the Republic of Slovenia, 2017, available at: https://www.gov.si/assets/ministrstva/MKRR/Strategija-razvoja-Slovenije-2030/Slovenian-Development-Strategy-2030.pdf.

4 *Strategija dolgožive družbe* (Long-lived Society Strategy) Government of the Republic of Slovenia, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Office of the Government of the Republic of Slovenia for Macroeconomic Analysis and Development, 2017, available at: https://www.umar.gov.si/fileadmin/user\_upload/publikacije/kratke\_analize/Strategija\_dolgozive\_druzbe/Strategija\_dolgozive\_druzbe.pdf.

5 Slovenian Development Strategy 2030, Government of the Republic of Slovenia, 2017, available at: https://www.gov.si/assets/ministrstva/MKRR/Strategija-razvoja-Slovenije-2030/Slovenian-Development-Strategy-2030.pdf.

6 Ramovš, Jože (ed.) 2013. *Staranje v Sloveniji* (Ageing in Slovenia), pp. 305−340.

7 Include arts and culture, see: Fancourt, D. and Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? WHO: Regional Office for Europe.  
https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf;  
Grossi, Enzo, Giorgio Tavano Blessi, Pier Luigi Sacco and Massimo Buscema (2012). The Interaction Between Culture, Health and Psychological Well-Being: Data Mining from the Italian Culture and Well-Being Project. *Journal of Happiness Studies*, 13, pp. 129-148.; *From social inclusion to social cohesion – the role of culture policy* (2019). European Union: Directorate-General for Education, Youth, Sport and Culture (European Commission). Available at: https://op.europa.eu/en/publication-detail/-/publication/e1b88304-f3b0-11e9-8c1f-01aa75ed71a1/language-en.

8 According to the calculation used to establish the ratio between community-based and institutional forms of social assistance under the ReNPSV13–20 (which was slightly different from the calculation that will be used for the calculation under the ReNPSV22-30 and is described above), there were 1.08 users of institutional forms of social assistance per every user of community-based forms in 2020 (for more see: Smolej Jež, S. and Trbanc, M. 2020: Final Report on the Implementation and Achievement of the Objectives of the Resolution on the National Social Assistance Programme for the Period 2013–2020, Report for the Period 2013–2020. Social Protection Institute of the Republic of Slovenia (IRSSV), October 2021; p. 58).

9 Smolej Jež, S. et al. 2020: Monitoring the implementation and achievement of the objectives of the Resolution on the National Social Assistance Programme for the period 2013–2020; Report for the period 2019–2020. Social Protection Institute of the Republic of Slovenia (IRSSV), December 2020; pp. 50-52.