



FDV

UNIVERSITY OF LJUBLJANA
Faculty of Social Sciences



GLOBAL
OBSERVATORY
OF LONG-TERM
CARE

International Lessons for Long-Term Care Reform: How Change Happens

Slovenia: the newest LTC insurance system

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Slovenia: Context and the Pre-Reform Care Regime

2.1M

population

20,7% → 30%

aged 65+, 2021 vs. projected 2050

212
municipalities

Responsible to organize home care



Fragmented rights

Split across health, social-assistance, pension, disability and family legislation, with no single point of accountability.



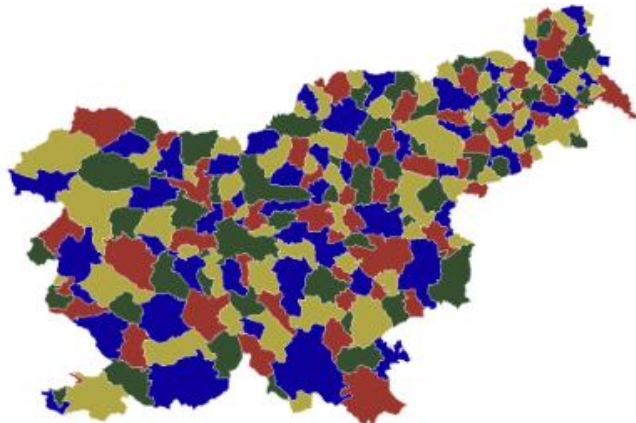
Institution-centred, regional inequalities

An extensive network of care homes; high regional inequalities in availability, accessibility and affordability of LTC services

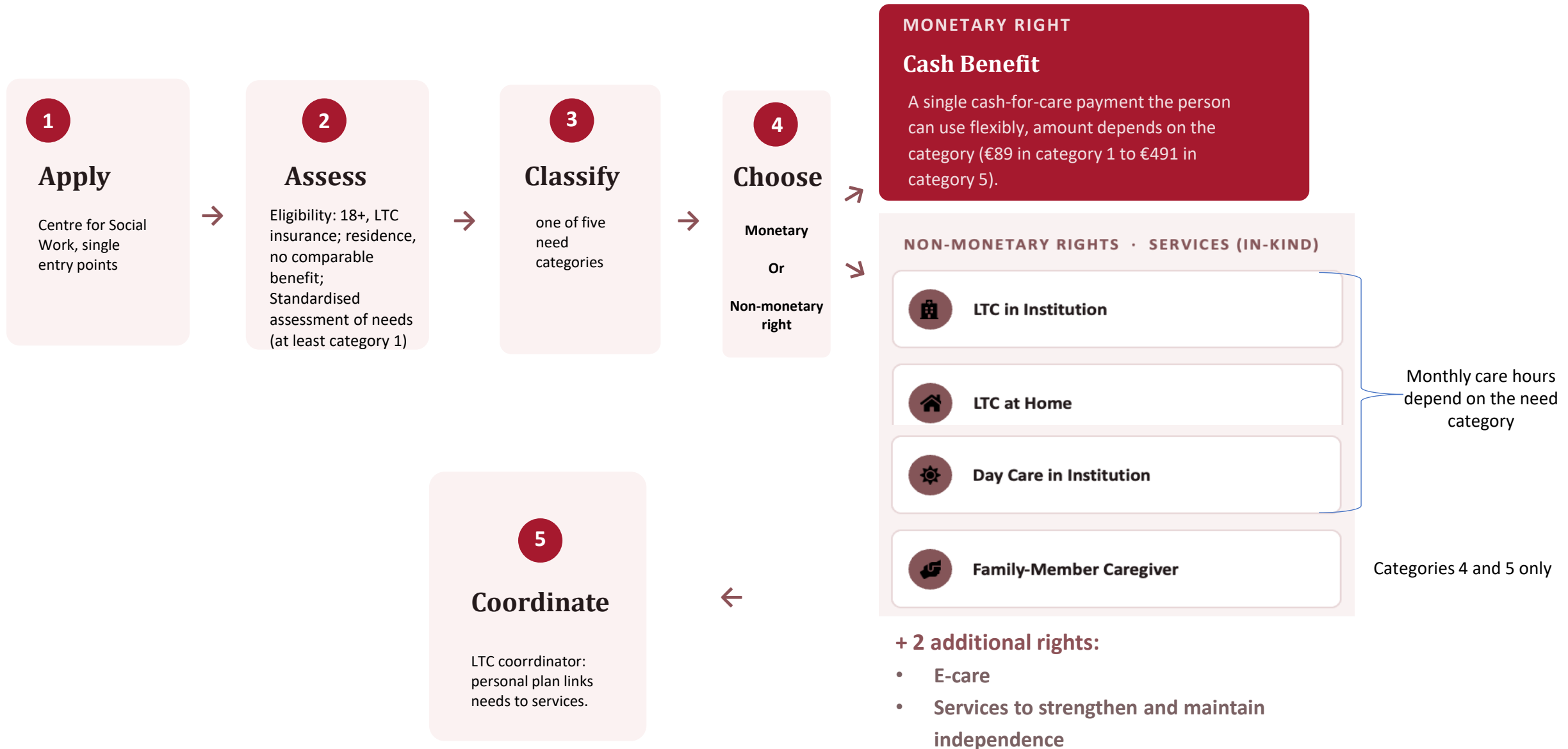


Implicit familism

Families, above all women, fill the gap — even as female full-time employment is among Europe's highest.



The 2023 Long-Term Care Act: Access & Benefits



The 2023 Long-Term Care Act: Financing

FINANCING



Financing model remains **the main source of ongoing political conflict**. → *critics call it a burden on wages, pensions and business, imposed before all services exist; the current government has proposed dropping the pensioners' share, pending a referendum.*

COMPULSORY LONG-TERM CARE INSURANCE



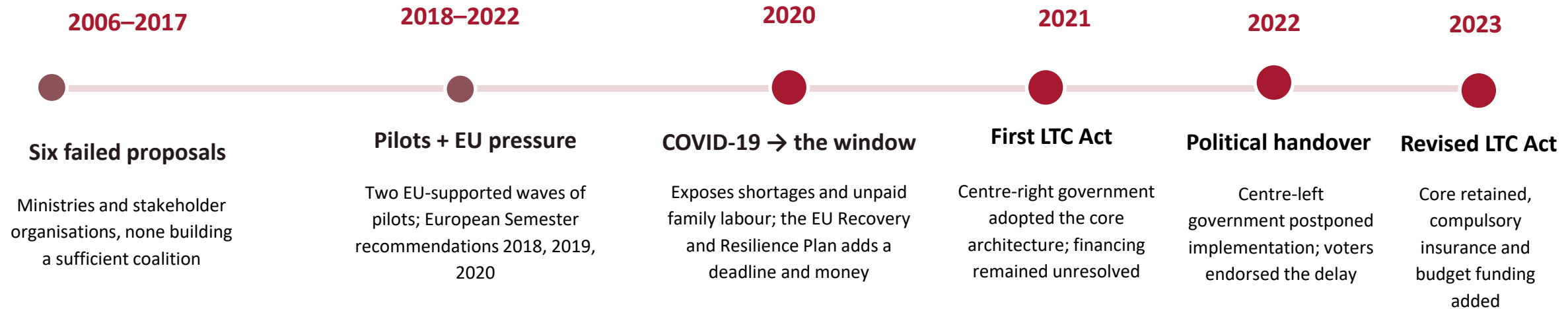
Collected by the Health Insurance
Institute (ZZZS)



Dedicated LTC fund

Two Decades in the Making

How did this reform become possible at all?



SIX PROPOSALS, 2006–2017

- 2006** — Ministry of Labour, Family & Social Affairs
- 2010** — Ministry of Labour, Family & Social Affairs
- 2011** — Association of Pensioners' Societies
- 2011** — Community of Social Institutions
- 2015** — Ministry of Labour, Family & Social Affairs (+ Equal Opportunities)
- 2017** — Ministry of Health

WHY CHANGE BECAME POSSIBLE

Policy capacity accumulated

Earlier drafts and pilots provided tested solutions.

The policy window opened

COVID-19 exposed system failures, while EU funding and deadlines created momentum.

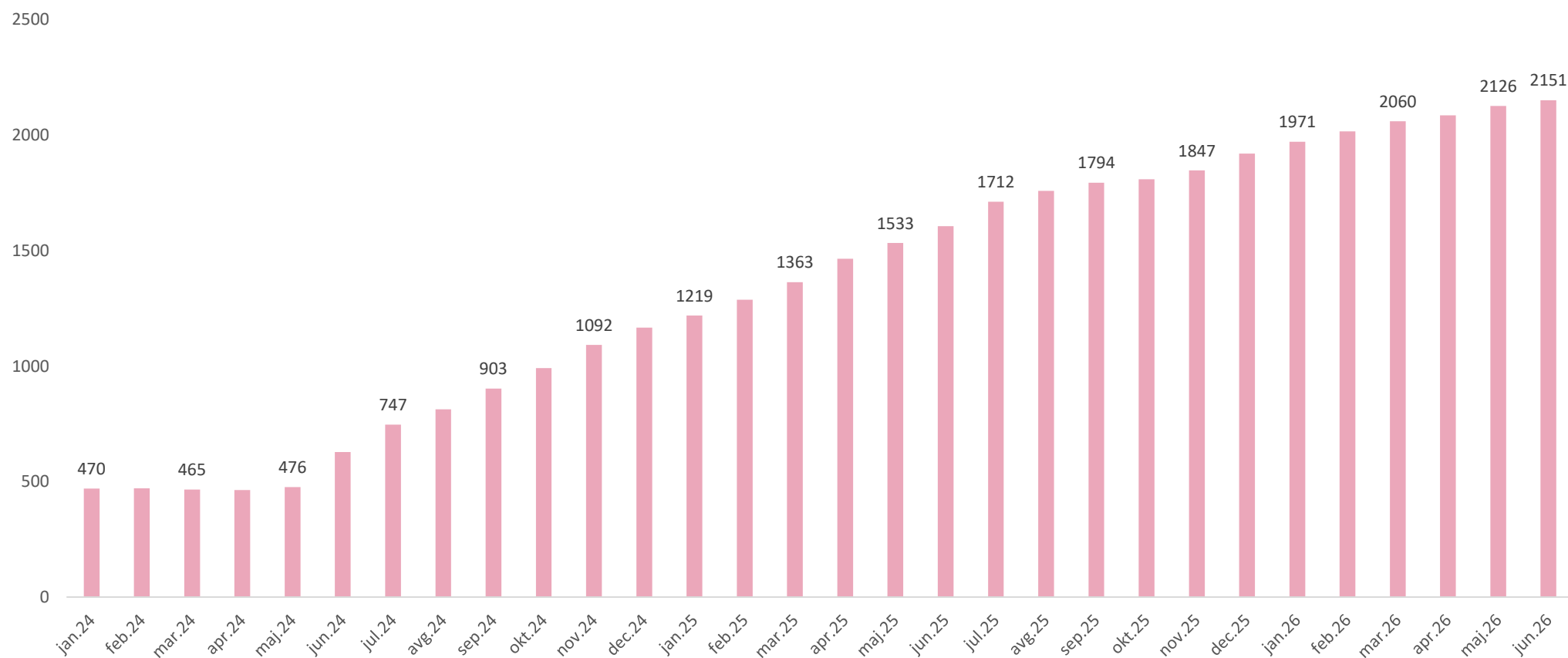
Support developed sequentially

Experts, EU institutions and successive governments advanced different parts of the reform.

Consensus on fragmentation; conflict over financing.

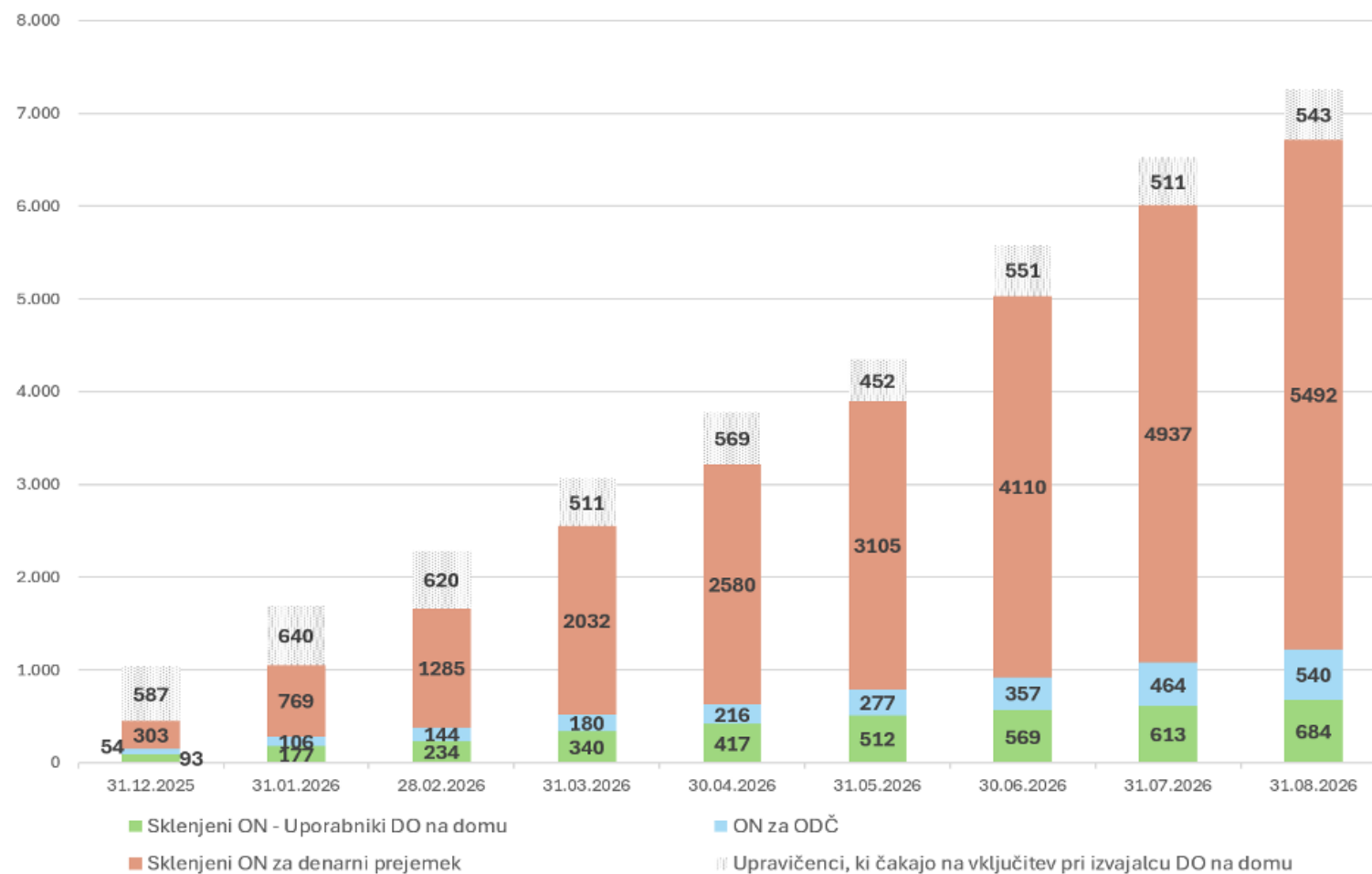
Implementation – Family member carer right expanded rapidly

Family member carers, January 2024–June 2026



Source: Social Protection Institute of the Republic of Slovenia, 2026

Implementation - Cash Benefits outpaced Home Care



Source: Social Protection Institute of the Republic of Slovenia, 2026

What the case of Slovenia can teach us

1

Failure is rarely wasted

Earlier proposals did not produce legislation, but they accumulated legal expertise, administrative knowledge and tested policy instruments. This groundwork reduced the institutional costs of reform when the political window opened.

2

Dedicated financing enables implementation

COVID-19 increased the urgency of reform, but the system became operational only after the 2023 Act established compulsory insurance and budget financing. Financing provides fiscal credibility while also determining how the costs of care are distributed.

3

Formal entitlements depend on delivery capacity

Legal rights translate into effective access only where sufficient workforce and local service capacity exist.

Women account for 88% of Slovenia's long-term care workforce. Persistent staff shortages and uneven local capacity particularly constrain the development of LTC care at home and in the community.

THE UNFINISHED REFORM

Slovenia established unified entitlements and financing before developing sufficient home- and community-based care. Expanding these services is essential to defamilialisation and to turning formal entitlements into genuine choice. Otherwise, cash and family-caregiver rights may reproduce reliance on families and regional inequalities.



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Thank you for your attention

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More information about LTC in Slovenia: <https://goltc.org/system-profile/slovenia/>