



# Strategy for the Development of Social Care



City of  
Ljubljana

in the City of Ljubljana  
from 2013 to 2020

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Strategy for the Development of Social Care in the City of Ljubljana  
from 2013 to 2020

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At the City of Ljubljana, we strive daily to improve our citizens' quality of life via a range of measures in every field. In this, we pay special attention to the most vulnerable groups to whom assistance is most necessary, as we are convinced that a city that is friendly to them is friendly to all.

By adopting what is already the third Strategy for the Development of Social Care in the City of Ljubljana 2013 – 2020 we are continuing further on our planned path. The current strategy's set of measures will make daily life easier and nicer for all those finding themselves in difficult situations. Thereby, in this city we also commit to continuing to follow the principle of social justice, strive to assure equal opportunities for all and actively contribute to preventing our citizens' social exclusion. In this regard, NGOs are indispensable, complementing and enriching public services in this field. I believe that our joint work for the good of those that need our help will be maintained.

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We adhere to the sustainable development of Ljubljana in the area of care for the social wellbeing of our residents. In this way, we assure the quality of life of every generation in a green, clean, healthy and environmentally friendly Ljubljana. We are exceptionally proud of the prestigious title of European Green Capital 2016, the highest award in the field of the sustainable development of European cities, awarded to us by the European Commission this year.

Dear People of Ljubljana,  
it is because of you that Ljubljana is the most beautiful city  
in the world!

Zoran Janković  
*Mayor of the City of Ljubljana*



The City of Ljubljana's first Strategy of the Development of Social Care prepared for the 2000 – 2005 period expired in 2005; at the end of 2011 the Strategy of the Development of Social Care 2007 to 2011 expired, and thus we have before us the third such document: the Strategy of the Development of Social Care 2013 - 2020. It has been drawn up by the City of Ljubljana Health and Social Care Department and was considered and adopted by Ljubljana City Council on 13 May 2013.

From the implementation report of the previous Strategy of the Development of Social Care 2007 to 2011, it can be seen that the funding the City of Ljubljana dedicated to social care grew by almost 50% from 2007 to 2011. In this way, the City of Ljubljana supported many existing quality programmes and encouraged the emergence of new social care programmes. The network of day activity centres for the elderly broadened, and we encouraged the creation of a housing support programme for homeless people, we maintained our support to programmes by traditional disability associations, expanded the network of safe houses and others. We have extended the family help at home service, which besides the public municipal Ljubljana Home Care Institute is also provided by a private concession holder, the Pristan Institute. Funding for the implementation of other statutory obligations and City of Ljubljana funding for financial assistance are also constantly growing.

In the future, the City of Ljubljana's ongoing operations will be oriented towards reducing the risk of poverty, towards increasing the social inclusion of disadvantaged and vulnerable groups and

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towards improving the availability, quality, diversity, accessibility and attainability of programmes and other forms of assistance. We will ensure the fulfilment of our obligations under the Ordinance on Financial Assistance and the fulfilment of statutory duties such as providing and (co)paying for the family help at home service, copayment of care in social care institutes and financing the right to a family assistant.

We will strive towards the final adoption at State level of systemic solutions that would adequately regulate various forms of assistance and support currently dependent on public tender funding or private donations such as, for example, accommodation in residential groups for people with mental health issues. Through public tenders in the future, we will also provide regular annual co-financing of social care programmes for the most vulnerable groups, such as those for people who face the risk of poverty, for women and children who are victims of violence, for people with disabilities, for people with difficulties due to alcohol or illegal drug use and others. Taking into account the proposals and needs expressed at focus groups with programme implementers for the co-financing of social care programmes, in addition to those already established, the City of Ljubljana will also encourage various new content such as services and support for people with dementia and their relatives, awareness-raising to destigmatise the same-sex oriented and much more.

Tilka Klančar,  
*Head of the Health and Social Care Department*



# Introduction

The City of Ljubljana City Administration Health and Social Care Department, which, along with its external partners, has prepared this strategy for the development of social care in Ljubljana, has a very long tradition in this area which highlights the City's commitment to the development of social care.

The second strategy for the development of social care in the city expired in 2011. The first was prepared for the period from 2000 to 2005 and the second from 2007 to 2011. With a view to promoting the City of Ljubljana's (hereafter: the City's) many and varied tasks and planned activities in social care, in 2008 the *Strategy for the Development of Social Care in the City of Ljubljana from 2007 to 2011* was published in a special brochure in Slovene and English.

The City's new strategy for the development of social care is a key strategic document with the City's starting points, guidelines, tasks and objectives in the social care field from 2013 to 2020. Long-term planning in social care is necessary for the stable provision of wide-ranging forms of services and assistance programmes to vulnerable groups of the population.

The City's new strategy comes at a time of general economic and financial crisis and strict government public spending policies. Therefore it is necessary to implement it in a period of changing social, political, cultural and business life that has effects on the understanding of the social state and influences on social policies at global, regional, national and local levels.

The City's Health and Social Care Department submitted the proposed strategy to a period of public consultation that ran from 8 to 30 March 2013. Three NGOs put forward proposals prior to the closure of the public consultation. In the main these were adhered to.

This document comprises five parts. The introductory presentations of general demographic data and the networks of the City's social care services and programmes are followed by definitions of the strategy's starting points (objectives and basic principles); thereafter the third chapter details the City's competences and duties in social care. The fourth section contains a report on the implementation of the previous strategy. The fifth chapter is devoted to the strategy for the development of social care from 2013 to 2020. Initially it outlines the areas in which the City implements measures and activities in social care policy, and then lays out the specific objectives, measures and indicators.

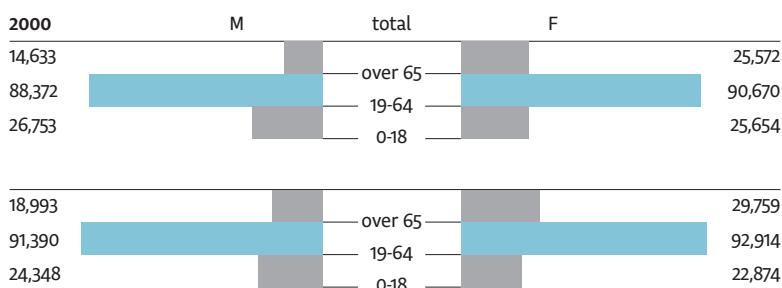
In this document, the terms 'citizens', 'residents of Ljubljana', 'people of Ljubljana', 'inhabitants of Ljubljana' and so on are used interchangeably to indicate those living within the City's boundaries.

## 1.1. General demographic data

There have been no significant changes in demographic data for Ljubljana in the last decade other than the size of each particular age group. According to data from the Slovenian Statistical Office (SURS 2013a)<sup>1</sup>, on 1 July 2012, Ljubljana had 280,278 people living within its boundaries, of whom 134,731 (48%) were male and 145,547 (52%) were female. In recent years we have observed growth in the numbers of those aged over 65 on the one hand, and on the other a decline in the numbers of those aged under 18. Thus between 2000 and 2012 there was an approximate 2.6 percentage point rise in the share of people aged 65 and over and a 2.5 percentage point decline in those aged up to 18 (see figure 1).

Figure 1: The number of residents of the City of Ljubljana by gender and age group on 1 July 2000 and 1 July 2012

Source: SURS 2013a.



According to SURS data, on 1 January 2011, the City of Ljubljana counted 119,281 households, while simultaneously 72,923 families lived in the city. Most families were two-parent, namely 33,471; 18,934 were mother with children and 3,706 father with children. Birth rates in the city have been increasing for some years. From 1995 to 2004 between 2,100 and 2,350 children were born annually, while in 2010 3,182 were born. Mortality rates are essentially unchanged in the last 15 years, as the number of deaths has ranged between 2,200 and 2,350 a year and show no significant deviation in any given year.

Demographically, Ljubljana is basically a stable city which is characterised by the ageing or growing life expectancy of the population, which is a general characteristic of the developed world. Ljubljana is also a university city, with around 40,000 students. Daily migration doubles the working population. At the end of 2011, the city had 205,246 employed persons, but of these only 111,389 were actually residents of the city. Unemployment stood at 14,025. There are also interesting migration data to and from the city. Net migration from abroad was positive in 2011 (465 more arrived than left), while net inter-municipal migration was negative (695 more left than arrived). As a result of the negative net inter-municipal migration, there was also a slight net negative in the city's overall net migration figures for 2011 (230 more left than arrived).

<sup>1</sup>) All data included in this section are available at the SURS website, <http://www.stat.si>.

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## 1.2. The network of social care services and programmes in the City of Ljubljana

There are a range of services and programmes available in the social care field in Ljubljana. They are carried out by public (State and local authority) and numerous non-governmental organisations (societies, private institutes etc). Services in the public service framework are run by public institutes whose founder was the State or local authority and other bodies holding concessions. Public works in the social care field in Ljubljana are carried out by five social work centres, nine homes for the elderly (including sub-units), two contractors providing help at home (the Ljubljana Home Care Institute, a public institute of the City of Ljubljana, and the Pristan Social Care Institute, an institute with a City of Ljubljana concession), five care-employment centres and a crisis centre for young people as part of the Ljubljana Bežigrad Social Work Centre (the Ministry of Labour, Family, Social Affairs, MDDSZ 2012).

Social care activity in the public network carried out by public institutes and contractors with concessions is financed from both State and local authority budgets, while funding is also provided by payments for services, contributions by charitable, self-help and disability organisations, contributions by donors and other sources. The costs of social care services provided by private individuals that do not hold concessions are entirely borne by the beneficiaries and users and provision of these services requires a permit to operate obtained from the Ministry of Labour, Family and Social Affairs (MDDSZ 2012).

There are also numerous NGOs at work in Ljubljana carrying out programmes for vulnerable groups in society which the City substantially co-finances. Through regular public tenders for co-financing programmes in social care and health care (*Ljubljana – healthy city*), around 80 diverse social care programmes are regularly included in City co-financing each year. Every one of them is important and is an indispensable part of caring for the most vulnerable groups of people in the city. Co-financed social care programmes are intended for children and young people, the elderly, people with mental health problems, people with various forms of disability, people that face the risk of poverty and its consequences, women and children who experience violence, people with problems due to the use of legal or illegal drugs as well as people with eating disorders, the same-gender oriented, Roma people, immigrants and the terminally ill.



# Bases of the strategy

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Nowadays, in our monitoring of social care, we perceive new phenomena and processes that are associated with changed conditions of work and employment. In addition to the traditional social groups for whom it is necessary to plan measures for a decent life and social participation, today, various new social groups are encountering major difficulties.

The crisis period over the past few years has been characterised above all by a deepening of poverty. Data from various European countries (the UK, Germany) shows that as a rule, the poor have less access to education, health care, social care and culture and take on more credit in a bid to alleviate poverty; that their children are more excluded and that migrant workers and minority ethnic groups are disadvantaged. In times of crisis, the processes of deepening and broadening poverty are especially rapid such that they extend to non-traditional groups such as people who endure bankruptcy and the position is worsened for the self-employed, young families who are over-indebted and all those who live on the edge of poverty.

Similar trends are also evident in Slovenia. The clinic with counselling centre for those without health insurance has recorded an increase in visits by families of failed tradesmen and small entrepreneurs who have fallen behind with their health insurance payments, the family members of whom (apart from children<sup>2</sup>) when insured through them are denied access to healthcare services until such time as their health insurance arrears are cleared up.

The next group are the working poor. This group is growing mainly due to the increasing number of precarious, insecure forms of employment and temporary agency work. Contract work or insecure employment (for a fixed term, limited working hours etc.) has an impact on insecure, more uncertain life conditions and mainly affects young and middle-aged people. Young people are now living with their parents longer and are supported through periods of unemployment by their parents, both of whom are often themselves unemployed or in insecure employment. New risks that arise in this regard lack systematic social responses and are exacerbated by shrinking social rights.

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2) Under the amended Health Care and Health Insurance Act 2011 (72/06 – officially consolidated text, 114/06 - ZUTPG, 91/07, 71/08 - skl. US, 76/08, 62/10 - ZUPJS, 87/11, 40/12 - ZUJF, 21/13 - ZUTD-A) unpaid health insurance contributions do not affect the rights to healthcare services and financial benefits arising from compulsory health insurance for the children of married or unmarried of insured people, their adopted children, for dependent stepchildren and for grandchildren, brothers, sisters and other children without parents for whom the insured has taken on maintenance and on whom the children are dependent (alongside conditions that the Act determines for children).

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Migration in the field of paid care work has also increased. While the majority of care workers looking after the elderly in their homes or performing domestic work and caring for children travel to more developed European countries where the earning potential is greater, ever larger numbers of them are employed in Slovenia. Care work is predominantly unregulated. As the care workers are usually not educated, services on the black market can be of low quality. Workers encounter risk as they lack protection and often face violence, abuse and violation of privacy.

We continue to encounter unregulated living and working conditions among migrant workers and certain ethnic groups, especially Roma people. Solutions that require the protection of fundamental human rights and dignity are within the jurisdiction of the State and cannot be left to local authorities. Members of vulnerable groups should enjoy equal protection across the whole territory of the state.

## 2.1. Guidelines, principles and objectives

Slovenia has long maintained a fairly adequate level of social protection, which has enabled the majority of the population on low incomes or with no income to live above the poverty line. Relative poverty in Slovenia can be deduced from the results of the annual survey EU-SILC (European Union Statistics on Income and Living Conditions, SURS 2013b), which measures inequalities in income distribution more than poverty. According to SURS data, poverty risk rates fell for a few consecutive years after 1997, when 14% of people lived below the poverty line until 2003 when 11.7% of people lived below the poverty line. In 2004 the numbers of those at risk of poverty increased somewhat to 12.1%, falling again to 11.7% in 2005 and to 11.5% in 2007. There was a significant increase in 2008, when the numbers of those at risk of poverty increased from 11.5% to 12.3%. Such an increase cannot be attributed to crisis conditions as the EU-SILC survey was published in the first half of 2008, when Slovenia recorded 5.5% economic growth and household incomes in the survey were recorded in 2007, when not a word had been said about a crisis. The biggest jump in poverty was recorded when Slovenia was experiencing an economic boom.

Increasing poverty in times of economic growth demonstrates insufficient redistribution of (mainly financial) resources that would enable the poor to obtain certain benefits from the prosperity associated with economic growth. The need for economic growth is most often justified by general societal prosperity, but in the European Year of Combating Poverty and Social Exclusion 2010, the European Commission clearly pointed out that prosperity only

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has effects if it is enjoyed by all the people. This is only possible when the state redistributes available resources acquired from contributions and taxes. The social state, which is a constitutional category in Slovenia, is understood more broadly than the provision of monetary social rights and services or programmes. The State is social when it cares for the prosperity of all the people, when high limits are set for human dignity and respect, when the causes of problems are located in the structural characteristics of society and not the personal qualities of individuals, when it provides a high-quality and comprehensive public service sector which is independent of capital interests and therefore committed to meeting needs, when public works are accessible to all people, when via a system of financial social rights it provides for the survival of all and it is not necessary to repay anything to the State and when these means are acquired for all through redistribution of available resources and not through payment for services.

#### 2.1.1. The basic principles of the strategy related to the social state

The social state is the youngest form of democracy and has arisen from the strong relation to the recognition of the humanity and dignity of all people without distinction. **Equality** is a key democratic value, which can be understood as the equalisation of opportunities for the vertical and horizontal mobility of every citizen. It is easier to communicate if people are not divided by major gaps in prosperity and live in the same political structures. The prosperity gap does not just mean reduced opportunities for the general ability to communicate positively in society, but causes every difference to become a cause of conflict rather than a form of positive diversity.

The ratio of equality to **freedom** is important and cannot be defined exclusively negatively: people are free in all areas that are not regulated by the State, whose function is just to protect individual autonomy. To this idea, which has produced significant civil and political rights, can be added a positive understanding of freedom: freedom means individual autonomy, space for self-fulfilment and the achievement of objectives for all. Freedom is not found merely in the absence of State intervention, but in the creation of real opportunities for every individual's personal development. Pensions, healthcare, education and social care are rights because they were created for everybody, regardless of their income.

**Social justice** refers to the recognition that social inequalities are the result of structural features rather than individual choices, so it is necessary to give people from less privileged backgrounds the ability to live in dignity. Welfare (social care) policies are key, as they enable and revive democratic citizenship. Democracy is thus linked to the balance of power in society. A high level of this balance is a prerequisite for democracy, which becomes



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higher quality if it manages to include previously excluded groups of people. The right attitude to social inequalities is key to the development and reproduction of democracy. Democracy is based on the active participation of citizens and the social state strengthens democratic citizenship by reducing differences in social status and social power. Active and successful social states encourage more participation than is found in countries that do not respond to the interests of different groups of people. This is especially important for those stakeholders who do not have other sources of power than through a collective organisation. These are groups whose power is not based on wealth, religion, status or cultural heritage. In democratic social states the autonomy of these groups is promoted as greater social protection reduces economic and social dependence.

**Solidarity** reflects the mutual interdependence and responsibility that is put before individual, particularly material needs and ambitions. It is a reflection of the cohesion, mutual ties and the degree of trust between different social groups. Solidarity is a universal principle, which refers to the solidarity of *all for one and one for all*. The assumption of solidarity is that we do not have two groups of people; the first that need help and the second who provide it. In different periods of life we can find ourselves in different roles – in one providing assistance, and in another receiving it. These days, life cycles, employment status, health and other environments are no longer stable, but are constantly put to the test. Even a good job and social status can be quickly undermined. There are always new groups of people appearing on the fringes. Until recently, for example, it was the case that work was an exit from poverty, but today it is clear that workers are also poor when they are badly paid. A second case is migrant workers who show great solidarity with the rest of the population due to their taxes and contributions to the public treasury. In the case of their own unemployment, migrant workers cannot benefit from these contributions in the absence of a relevant international agreement. Care for migrant workers is a reimbursement for labour solidarity, which for long years has flowed in only one direction – from migrants to the majority population. The examples given show the invisible bonds of solidarity, as well as the myth that solidarity should be given only to a few, mostly foreigners, ethnic groups or the unemployed and the poor.

Implementation of the fundamental principles of the social state is provided by the State, while national papers in this field can form the basis for planning strategies at local authority level. Like the draft resolution of the National Programme for Social Care for

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3) On 21.2.2013, the Slovenian Government adopted the draft ReNPSV 2013–2020 and sent it to Parliament for consideration.

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2013–2020 (hereafter: the draft ReNPSV 2013–2020<sup>3</sup>), the City of Ljubljana's strategy is also based on fundamental principles of implementing a social care system. These are the provision of human dignity and social justice, encouraging volunteering and solidarity, empowerment of individuals and groups, encouraging intergenerational relations, freedom of choice and individualised treatment. In preparing the City's strategy, we have relied on the leadership of the draft ReNPSV 2013–2020 for the implementation of social care programmes and services, such as availability, accessibility, attainability, user orientation and adaptation to user needs, gender equality, integrity, respect for the rights and dignity of users, the involvement of users, their inclusion in decision-making on the implementation of programmes and services, the empowerment of users and the professional autonomy of providers.

#### **2.1.2. General aims of the strategy arising from national documents**

The objectives of the City's strategy are derived from the fundamental principles of the welfare state. In years to come, the City will manage social policies in line with the objectives of the draft ReNPSV 2013–2020 that are targeted towards reducing the risk of poverty, towards increasing the social inclusion of disadvantaged and vulnerable groups of the population and to improving the availability, quality, diversity, accessibility and attainability of services, programmes and other forms of assistance.

In addition to the general aims, the City has also set specific goals for the duration of the strategy. They have been shaped in line with analysis of implementation of the City strategy that expired in 2011 and on the basis of the residents' needs. The City's goals in the social care field up to 2020 are set out in section 5.2

#### **2.2. Significant European and national documents which specify local authority competences and duties in the social care field**

In the first decade after independence, Slovenia managed to preserve a sufficiently high level of social protection, which prevented any increase in poverty and the consequent social exclusion of marginalised groups. Partly, such social maintenance was a result of the centralised system of social care after 1992 when the revised Social Security Act was passed. At that time, responsibility for the area of social protection, including the system of assuring social rights, passed from local to State level. Such a measure was strategically significant as there was at the same time an overhaul of local self-government, resulting in a large increase in the number of local authorities. The transfer of social care to the State assured stability and an appropriate level of

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rights, services and programmes. Simultaneously, we went through a process of pluralisation in the social care field which brought NGOs and the private sector into the implementation network alongside public services. This has increased in the last decade.

In line with the Social Security Act, local authorities have the duty to provide a network of public services for help to families at home, to cover the cost of care for adults in institutes (homes for the elderly and special social care institutes) in the case of exemption from payment and to finance the right to choose a family care assistant. Regarding these and all other options, the City has published an informative pamphlet *Assistance in social hardship – about organisations and services carried out in the City of Ljubljana*, which in a simple and transparent manner informs the city's residents about their rights in the event of social hardship. The pamphlet was issued in 2010, which the European Commission declared the Year for Combating Poverty and Social Exclusion, and will be updated due to legislative changes and reissued in 2013.

The debate on the decentralisation of the social care system is currently active once again. This has led to suggestions that local authorities should take more responsibility for the organisation and implementation of programmes and services. It was stated in the draft ReNPSV 2013–2020 that one of the key strategies to achieve its objectives was the “development of support mechanisms which will be available to local authorities that will to a great extent co-shape the social situation of the population in its area and respond to it, as well as encouraging local authorities to develop other social care programmes alongside the services and programmes guaranteed by the Social Security Act (in future the Social Assistance Activity Act)” (draft ReNPSV 2013, 8). The draft ReNPSV 2013–2020 thus promises local authorities new duties in the field of implementing social care policies for which appropriate financial resources are not foreseen.

Although the new national social care strategy is a draft, it is a reference point as it indicates the orientation of the State towards greater decentralisation and a greater role for local authorities in the provision of welfare in the social care field. Therefore, it is to be expected that local authorities will be more actively involved in the planning of social policy at both national and local levels in the future. Here, the City has an important role to play and the experience it has gained through its continuous attention to social care programmes and services in its area.

In addition to national documents, the policies of the European Union (hereafter: EU) are also important. In 2010, the EU published the Europe 2020 strategy (European Commission 2010a) and in it outlined three main areas of future operation:

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1. Smart growth: developing an economy based on knowledge and innovation.
  2. Sustainable growth: promoting a more resource efficient, greener and more competitive economy.
  3. Inclusive growth: fostering a high-employment economy delivering social and territorial cohesion.

To measure progress in implementing the Europe 2020 strategy, the EU has set out **five headline targets**:

1. Employment: 75% of the population aged 20-64 should be employed;
2. research and development: 3% of the EU's GDP should be invested in R&D;
3. climate change and energy: 20% reduction in greenhouse gas emissions (or even 30% if the conditions are right) from 1990 levels, 20% of energy from renewable sources, 20% increase in energy efficiency;
4. education: the share of early school leavers should be under 10% and at least 40% of people aged 30-34 should have a tertiary degree;
5. poverty and social exclusion: 20 million fewer people should be at risk of poverty and social exclusion<sup>4</sup>.

The Europe 2020 strategy contains seven flagship initiatives, via which the EU would like to catalyse progress under each priority theme. What is particularly important for the City of Ljubljana's strategy and operations in the social care field is the initiative in the battle against poverty, which is key "to ensure social and territorial cohesion such that the benefits of growth and jobs are widely shared and people experiencing poverty and social exclusion are enabled to live in dignity and take an active part in society" (European Commission 2010a, 6 ).

In line with the targets of the Europe 2020 strategy, inter alia, Slovenia has undertaken that by 2020 it will:

- achieve 75% employment,
- invest 3% of GDP in research and development,
- reduce the number of early school leavers to 5%,
- achieve the inclusion of 40% of people in tertiary education,
- reduce the number of people in poverty and social exclusion by at least 40,000. (European Commission 2010b)

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<sup>4</sup>) In 2008, poverty threatened more than 80 million people in the EU (European Commission 2010c).

# The city of Ljubljana's competences and duties in the social care field

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Social care programmes and services are intended for residents who find themselves in social hardship and specific vulnerable groups in need of specific types of support. This may be material support or support in the form of programmes and services, counselling and information and accommodation in extreme cases.

Social care programmes and services are carried out as part of the network of public services provided by public and private institutes that hold a concession to carry out such activities. Social care public services across Ljubljana are carried out by the Ljubljana Home Care Institute (founded by the City), the private Pristan Social Care Institute (holder of a City concession to operate the home help service), homes for the elderly, social work centres and care-employment centres. Gaps in the public service network in Ljubljana are in the main successfully filled by the numerous NGO social care programmes.

In line with legislation, the City performs administrative, professional and development tasks in the social care field as stated below.

### 3.1. The legal basis for City of Ljubljana activities in the social care field

- The Statute of the City of Ljubljana (Official Gazette RS, no. 66/07 – official consolidated text and 15/12),
- Social Security Act – ZSV (Official Gazette RS, no. 3/07 – official consolidated text, 23/07 – amended, 41/07 – amended, 61/10 – ZSVarPre, 62/10 – ZUPJS and 57/12),
- Exercise of Rights to Public Funds Act – ZUPJS (Official Gazette RS, no. 62/10, 40/11, 40/12 – ZUJF, 57/12 – ZPCP-2D and 14/13),
- Financial Social Assistance Act – ZSVarPre (Official Gazette RS, no. 61/10, 40/11, 110/11 – ZDIU12, 40/12 – ZUJF and 14/13),
- Local Self-Government Act (Official Gazette RS, no. 94/07 – official consolidated text, 76/08, 79/09, 51/10 and 40/12 – ZUJF),
- Financing of Municipalities Act – ZFO-1 (Official Gazette RS, 123/06, 101/07 – decision. US, 57/08, 94/10 – ZIU, 36/11 and 40/12),
- Decree on criteria for determining exemption from the payment of social services (Official Gazette RS, no. 110/04, 124/04, 114/06 – ZUTPG, 62/10 – ZUPJS and 40/11 – ZUPJS-A),
- Rules on methodology for social service price formation (Official Gazette RS, no. 87/06, 127/06, 8/07, 51/08, 5/09 and 6/12),
- Rules on the standards and norms for social services (Official Gazette RS, no. 45/10, 28/11 and 104/11),
- Ordinance on the foundation of the Ljubljana Home Care Institute (Official Gazette RS, no. 18/08 – official consolidated text and 106/11),
- Decision on subsidies to the cost of the home help service (Official Gazette RS, no. 106/11),

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- Ordinance on financial assistance (Official Gazette RS, no. 18/08 - official consolidated text and 4/12),
  - Decision on granting a concession for the provision of the assistance to the family at home social care public service in the City of Ljubljana to the Pristan Institute (no. 122-220/2008-33 dated 17. 9. 2009).

### 3.2. Carrying out the legal obligations and other duties of the City of Ljubljana in social care

#### 3.2.1. Help to the family at home

Under the Social Security Act, local authorities are obliged to provide a network of public services for help to the family at home. Under the Social Security Act (articles 11 and 15), help to the family at home is one of the forms of assistance in the framework of family assistance social care services and comprises “social care of the recipient in the event of disability, age or other cases which can replace institutional care” (eg. in the case of chronic, long-term illness).

Help to the family at home as a form of social care is carried out in the home of the user, and comprises various forms of organised practical assistance to beneficiaries, which at least for a certain time replace the need for institutional care in an institute, with another family or in another organised form (MDDSZ 2012).

Under the Rules on the standards and norms for social services, services comprise the following sets of tasks:

- Assistance with basic daily tasks, which include the following tasks: help with dressing or undressing, help with washing, eating, carrying out basic life needs, maintenance and care of personal orthopaedic devices.
- Domestic Assistance, which includes the following tasks: bringing a meal ready to eat or purchasing food and preparing a meal, washing the dishes used, basic cleaning of residential areas and taking rubbish away, making the bed and basic bedroom maintenance.
- Help to maintain social contacts which includes the following tasks: building a social network in the local area with volunteers and relatives, monitoring the beneficiary in carrying out urgent tasks, informing institutions about the condition and needs of the beneficiary and the preparation of the beneficiary for institutional care

In Ljubljana, the family help at home service is implemented by the Ljubljana Home Care Institute, a public institute, and the Pristan Social Care Institute, a private contractor with a City of Ljubljana concession.

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As part of its statutory duty to provide the family help at home public service network, the City:

- provides funding to subsidise the cost of services to the amount of 80% of the cost of service for all users<sup>5</sup>;
- provides funding to users for (co)payment for family help at home services, where the relevant social work centre has issued a decision that the user is partly or fully exempt from payment for the service;
- conducts the procedures for granting concessions for family help at home services in its area;
- monitors the operation of the Ljubljana Home Care Institute public institute in line with its founding acts and the work of the Pristan Social Care Institute private contractor in line with its concession contract;
- is a party in probate procedures concerning beneficiaries for whom the City (co)paid for services.

### 3.2.2. Co-payment of care costs for citizens in institutional care provided by a social care institute

The next local authority task under the Social Security Act is to finance institutional care services, namely the costs of care in institutes for adults (homes for the elderly and special social care institutes), where the beneficiary or other person is partly or wholly exempt from payment.

In connection with this statutory duty, the City performs the following tasks:

- Provides (co)funding for (co)payment of care costs in social care institutes for adults (homes for the elderly and special social care institutes) who are partly or wholly exempt from payment;
- is a party in probate procedures concerning beneficiaries for whom the City (co)paid for care costs.

### 3.2.3. Financing the right to choose a family assistant

The Social Security Act imposes on local authorities the payment or refund of payment, including insurance contributions of family assistants.

The right to choose a family assistant is intended for adults with profound intellectual impairments and severely movement-impaired people who need assistance in performing all the basic needs in life.

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5) Subsidy of the service costs is awarded on the basis of the Decision on subsidies to the cost of the home help service (Official Gazette RS, no. 106/11). Article 99 of the Social Security Act states that the local authority must finance the service with a subsidy of at least 50% of the service cost.



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The right to a family assistant is financed from the Supplement for Care and Assistance or from the Assistance and Attendance Allowance with funds from the person with disabilities needing a family assistant or with funds from obligor contributions. Where these funds are insufficient, the local authority must co-finance the difference on the basis of a decision issued by the social work centre.

In the framework of these tasks, the City:

- provides funds to pay family assistants;
- is a party in probate procedures concerning beneficiaries for whom the City (co)paid for the right to a family assistant.

#### 3.2.4. Providing financial assistance

On the basis of the Decision on financial assistance and applying the Financial Social Assistance Act, the City provides financial assistance to socially disadvantaged citizens. Those eligible for financial assistance from the City budget are citizens who have no income of their own, or whose own income does not reach the minimum income per family member threshold under the law governing social security benefits, as well as those up to 30% in excess of the minimum income.

City financial assistance is intended to:

- assist in overcoming temporary material hardships,
- contribute to covering the costs at the start of the new school year for children in primary and middle school,
- cover the cost of school field trips and holidays/skiing weeks,
- cover the cost of lunches for children in elementary and middle schools where school meals are provided,
- cover lunch costs for those aged 65 and over,
- assist at the time of child birth.

The basis amount of City financial assistance is €190, while assistance at child birth is granted at twice the basic amount; in cases from the 3rd, 4th and 5th items in the preceding paragraph, financial assistance is granted to the amount of the service cost.

In the framework of these tasks, the City:

- provides funds for financial assistance;
- prepares, decides and carries out tasks in line with contracts concluded with social work centres in Ljubljana, who, in line with the Decision on financial assistance, lead proceedings at first instance and issue decisions on the allocation of City financial assistance;
- pays financial assistance on the basis of decisions on the allocation of City financial assistance from social work centres.

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### 3.2.5. Co-financing NGO and public institute social care programmes on the basis of public tenders

Through regular annual *Ljubljana – healthy city* public tenders the City co-finances NGO and public institute social care programmes. The programmes (both curative and preventive), which are aimed at the most vulnerable individuals and groups are a content supplement to the public service network. Contracts with organisations selected via public tender are signed for one or three years. The purpose of awarding multi-year contracts is to give organisations the most stable financing possible to thus ensure the uninterrupted delivery of programmes and services to the people of Ljubljana.

In the framework of these tasks, the City:

- provides funds for co-financing NGO and public institute social care programmes on the basis of public tenders;
- plans, prepares and publishes public tenders for co-financing these programmes;
- concludes contracts on co-financing;
- monitors and supervises their implementation.

# Report on the implementation of the strategy for the development of social care in the city of Ljubljana from 2007 to 2011

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The end of 2011 saw the expiry of the Strategy for the Development of Social Care in the City of Ljubljana, which had set the City's guidelines and objectives in the social care field for the period 2007 to 2011. The strategy's goals were set on the basis of needs identified in various pieces of research and in implementing programmes aimed at specific target groups.

Concerning the elderly, the strategy's goals were oriented to preserving the active lives of older people and the co-operation of the local authority in expanding the network of residential care and sheltered housing; for young people they were in the development of new forms of assistance; for women and children victims of violence in the opening of new shelters and raising public awareness of the unacceptability of all forms of violent behaviour. For people with mental health issues community-based assistance was to the fore; in the area of illegal drug use, expanding the day centre network; in the area of alcohol abuse, support for new programmes. Similarly, the objectives concerning the problem of eating disorders focused on the search for new preventive and counselling programmes. For people with various forms of disability, the priorities were all forms of support that contribute to lives that are as independent as possible. In the field of homelessness, policies were oriented towards increasing the capacity of shelters for homeless people; more attention was also paid to the increasingly pressing issue of inclusion of immigrants and Roma people, mainly in the form of the Slovene language learning programmes and learning support for pre-school and school-aged children.

The following is a detailed report on the achievement of the objectives of the previous strategy by individual topic area. In addition to the period to which the strategy relates (2007–2011), data for 2012 are included. The report is based on the evaluation of social care programmes (Institute for Social Creativity 2011) and on data from the City of Ljubljana City Administration Health and Social Care Department.

#### **4.1. Services and programmes for the elderly**

The City's work with the elderly is certainly an example of good practice. In the last period (2007–2011) there was a shift in both institutional care and the provision of the help at home service, while new programme forms such as day activity centres for the elderly were developed and expanded. The City's Council for Elderly People's Issues operates as a Mayoral advisory body.

Figure 2: Family help at home services – number of hours of help provided and number of users from 2007 to 2012

Source: City of Ljubljana  
City Administration  
Health and Social Care Department.

#### 4.1.1. Family help at home

Until December 2009, a City public institute, the Ljubljana Home Care Institute (LHCI), was the sole provider of family help at home as a part of social care services. Intending to broaden the service network, on the basis of a public tender the City awarded a concession to operate family help at home to a private organisation – the Pristan Social Care Institute

	2007		2008		2009		2010		2011		2012	
	No. of hours	No. of users	No. of hours	No. of users	No. of hours	No. of users	No. of hours	No. of users	No. of hours	No. of users	No. of hours	No. of users
LHCI	114,100	1,010	125,000	1,060	127,700	1,044	127,600	985	129,700	968	122,977	1,001
Pristan Institute	0	0	0	0	219	13	10,844	150	18,972	158	21,037	160
Total	114,100	1,010	125,000	1,060	127,919	1,057	138,444	1,135	148,672	1,126	144,014	1,161

Figure 3: Family help at home services – City funding in EUR from 2007 to 2012

Source: City of Ljubljana  
City Administration  
Health and Social Care Department.

	2007	2008	2009	2010	2011	2012
LHCI	1,738,501	1,802,226	1,877,645	1,895,358	1,932,953	2,017,239
Pristan Institute	0	0	0	108,038	213,951	285,648
Total	1,738,501	1,802,226	1,877,645	2,003,396	2,146,904	2,302,887

#### 4.1.2. Supplementary finance of care costs for local residents in institutional care in social care institutes

Institutional care services in homes for the elderly is entirely a competence of the Ministry of Labour, Family and Social Affairs, which is either the founder of a home for the elderly (in which case it is a public institute) or grants a concession to provide the service, in which case the public tender precisely specifies the area for which the concession is being tendered. Further, due to the number of Ministry initiatives and other City engagements in this issue, the Ministry increased the total bed capacity for whole-day institutional care in homes for the elderly by a total of 383 spaces across Ljubljana on the basis of concessions granted since 2007.

In October 2009, the Trnovo Centre for the Elderly opened (investment by the City Public Housing Fund and private partner Deos, d. d). In the same period, the Bishop's Caritas Trnovo private institute opened the Janez Krstnik home with a Ministry concession and in December 2012 the Črnuče Centre for the Elderly opened, again with private investment from Deos, d. d.

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There are nine homes for the elderly across the city of Ljubljana with a total capacity of 2,294 beds (as of the end of 2012), namely:

- Bežigrad home for elderly residents (HER): 228 beds,
- Center, Tabor-Poljane retirement home: 505 beds,
- Moste-Polje HER: 212 beds,
- Šiška HER: 230 beds,
- Vič-Rudnik HER: 570 beds,
- Nove Fužine HER: 171 beds,
- Trnovo Centre for the Elderly (owner Deos, d. d.): 156 beds,
- Bishop's Caritas Trnovo private institute, Janez Krstnik home: 65 beds,
- Črnuče Centre for the Elderly (owner Deos, d. d.): 157 beds.

In comparison with 2007, when homes for the elderly in Ljubljana offered a total bed capacity of 1,911, by the end of 2012 this had increased to 2,294.

Available data supplied to the City annually by the Association of Social Institutes of Slovenia shows that the total number of elderly citizens of the city resident in homes for the elderly is rising constantly, namely:

- in 2007 there was a total of 2,565 citizens of Ljubljana resident in all homes for the elderly in Slovenia (5.4% of citizens of Ljubljana aged over 65), of whom 1,693 were in homes for the elderly in Ljubljana,
- in 2008 there was a total of 2,503 citizens of Ljubljana resident in all homes for the elderly in Slovenia (5.3% of citizens of Ljubljana aged over 65), of whom 1,706 were in homes for the elderly in Ljubljana,
- in 2009 there was a total of 2,983 citizens of Ljubljana resident in all homes for the elderly in Slovenia (6.3% of citizens of Ljubljana aged over 65), of whom 1,885 were in homes for the elderly in Ljubljana,
- in 2010 there was a total of 3,083 citizens of Ljubljana resident in all homes for the elderly in Slovenia (6.5% of citizens of Ljubljana aged over 65), of whom 1,891 were in homes for the elderly in Ljubljana,
- in December 2011 there was a total of 3,105 citizens of Ljubljana resident in all homes for the elderly in Slovenia, 5.4% of citizens of Ljubljana aged over 65<sup>6</sup>.

Day care is also a form of institutional care available to older people. Within the framework of elderly day-care, which is mainly carried out in homes for the elderly, various forms of care operate on a daily basis, mostly for those older people that need greater care and attention due to various ailments such as dementia or due to reduced independence in daily functions. There are currently various day-care centres in the city, including at Ljubljana Šiška

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6) Due to changes in methods of processing contractors' reports, for 2011, the City obtained from the Association of Social Institutes of Slovenia only data on the total number of the city's elderly citizens resident in homes for the elderly, but no additional data on how many of them lived in homes for the elderly in Ljubljana.

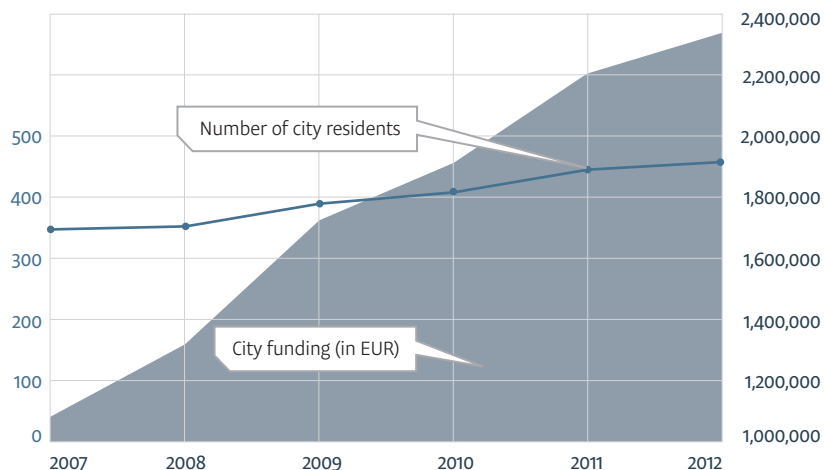
HER, Ljubljana Moste-Polje HER, Fužine HER and Ljubljana Vič-Rudnik HER in its Kolezija unit.

Under the Social Security Act, local authorities are obliged to (co) pay for care in an institutional environment both for residential and day-care for those residents whose own income or that of an obligor is insufficient to cover the full costs of care. In 2008 the City began to use a special computer programme to keep records of (co)payment of social care costs falling within local authority competence. Computerised data on City (co)payments for individual beneficiaries (in line with social work centres' decisions on exemptions from payment) are a starting point for the City to enforce claims in probate procedures upon the death of beneficiaries.

Although there are (as yet) no systematic solutions, we count City support for care programmes for the terminally ill in a hospice as being among implementation tasks of (co)payment for care in an institutional environment. Slovenia's first and so far only hospice is on Hrdeckega cesta in Ljubljana and is owned by the City Public Housing Fund (construction was finished in 2010). Care for the terminally ill in the hospice is carried out by the Slovenian HOSPICE Society. Sadly, despite ongoing efforts by the City and assurances from the Ministry of Labour, Family and Social Affairs and the Ministry of Health, up to March 2013 no concession had been granted for provision of institutional care services in the hospice. With this would come, similarly to other forms of institutional care, a systematic solution to the question of the extent and form of (co) payment for services. Until this solution exists, the operation of hospice services will remain a subject for donations, user contributions and City co-financing via public tenders.

Figure 4: City funding (in EUR) for (co)payment for care in homes for the elderly and number of city residents for whom the City (co)paid for care in homes for the elderly from 2007 to 2012

Source: City of Ljubljana City Administration Health and Social Care Department



	2007	2008	2009	2010	2011	2012
City funding (in EUR)	1,077,322	1,328,218	1,724,429	1,923,497	2,202,009	2,345,905
Number of city residents	346	355	396	406	446	460

Sheltered housing is a relatively new but, due to the vagueness of the regulations, poorly developed form of accommodation for the elderly. At the end of 2012, in addition to sheltered housing offered for sale by private investors (eg. Mijaks investments, d. o. o. in Murgle and others), Ljubljana had 72 non-profit rented sheltered housing apartments owned by the City Public Housing Fund in use (12 in Murgle and 60 in Trnovo). City Public Housing Fund sheltered housing is granted for rent through public tenders.

Concurrent with increased capacities in homes for the elderly and in sheltered housing, the network of daily activity centres for the elderly whose operations the City co-finances through public tenders is expanding on the basis of the needs of the elderly in the urban environment. At the end of 2011, there were seven such centres across the city, one of which is dedicated for the deaf, hearing impaired and deaf-blind. The centres are focal points for the elderly to socialise in the local environment, where a central role is given to socialising with opportunities for participation of the elderly in various activities (recreational, cultural-creative, education etc).

Other programmes for the elderly that the City co-finances on the basis of annual public tenders have made face-to-face and telephone counselling and counselling by e-mail available to the elderly. Programmes have also included numerous activities intended to encourage intergenerational work and integration (socialising, intergenerational groups etc). Co-financed social care programmes also included preventative programmes to reduce the number of falls among the elderly, programmes to strengthen mental health and prevent depression among the elderly and a programme for elderly people with Parkinson's.

In social care, the City devotes a great deal of care to raising awareness among citizens, mostly by publishing a range of brochures and leaflets. Among others, in 2010 the City published a pamphlet *For the elderly – about organisations and services operating in Ljubljana*, which was intended to inform the elderly about services and programmes available in the city or local authority area. The pamphlet was very well received, so in 2012 we updated the content and produced a reprint. Further information about City activities intended to help the elderly feel well at home and enjoy quality and full ageing as far as possible was assembled in the publication *Healthy ageing – Challenges for the City of Ljubljana*, published in 2008



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## 4.2 Programi, namenjeni otrokom in mladim

NGO activities in social care that the City co-financed in 2007-11 with the intention of improving the position of children and young people mostly consisted of personal counselling, individual work and support to families, telephone and web counselling, workshops and education, social skills training, street work, project work in social exclusion, free time activities as well as holiday programmes and camps.

A major share of City funding for co-financing social care programmes for youth was transferred from the City of Ljubljana City Administration Health and Social Care Department to the Pre-School Education and Schooling Department in 2008. Co-financing community programmes for youth operating as supplementary programmes by social work centres in particular was similarly transferred to the Youth Section of the City Administration's Pre-School Education and Schooling Department

## 4.3. Programmes for women and children victims of violence

In the last five year period, the City's financial support and related activities in the area of resolving the issue of violence against women were directed mainly into broadening the safe house network. Up to 2007, there were two safe houses with accommodation for up to 13 women and 22 children across Ljubljana, while in 2012 places of safely were offered in four safe houses (not including the accommodation programme for victims of human trafficking and a safe house for active illegal drug users who are victims of violence) housing up to 25 women with 28 children.

Slovenia's only crisis centre for women and children victims of violence has operated in Ljubljana since 2001. This enables immediate withdrawal from violent situations and safe accommodation and since 2005 has been open 24-hours a day, every day of the year and able to receive 16 women with children.

In the last five-year period up to the end of 2011, the City also co-financed a programme that guaranteed crisis accommodation and accommodation in safety to human trafficking victims. This can receive six people.

In addition to these, women experiencing violence were also offered programmes for face-to-face, telephone and web counselling and groups for self-help and support in Ljubljana. Perpetrators of violence were offered face-to-face, telephone and web counselling and education.

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Aware that violence against women is a pressing social problem and not a personal matter for those individuals that encounter it, in 2010 the City published a brochure entitled *The 365-day Battle against Violence against Women in Ljubljana*. Aiming to inform and raise public awareness, the brochure contains an overview of activities to prevent and mitigate the consequences of violence against women.

#### 4.4 Programmes and services for people with mental health problems

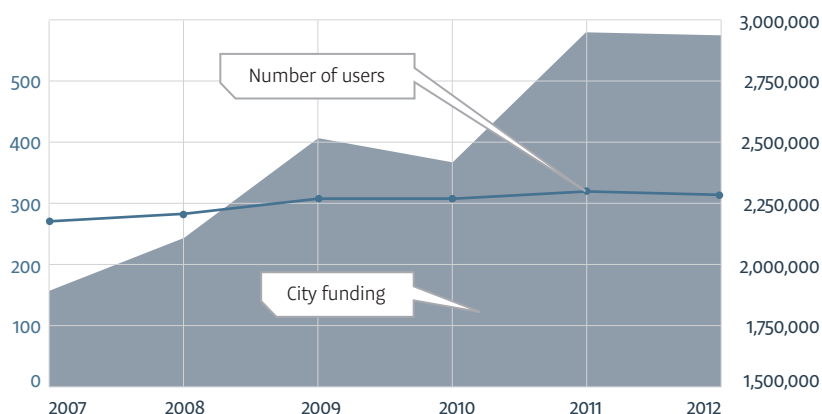
In the 2007-11 period, diverse programmes and activities which enabled people with mental health issues to live outside institutions and high-quality inclusion in the community and society were available. They were able to attend day centres in two locations in Ljubljana.

Counselling and informing were available and operated by telephone and the internet. In addition to one-to-one forms, there were also group counselling, social skills training and education in the form of psychoeducation and self-help groups. Advocacy was also available to people with mental health issues.

As with the elderly in institutional care, in line with legislation, local authorities are obliged to (co)pay care costs in special social care institutes for citizens whose own income or that of another obligor is insufficient to pay the full costs of care.

Figure 5: City funding (in EUR) for (co)payment of care in special social care institutes and the number of the city's citizens for whom the City (co)paid for care in special social care institutes in the period 2007 to 2012

Source: City of Ljubljana City Administration Health and Social Care Department



	2007	2008	2009	2010	2011	2012
City funding	1,898,126	2,151,769	2,516,873	2,419,476	2,966,755	2,909,014
Number of users	285	296	303	303	310	306

## 4.5 Programmes for people with various forms of addiction

### 4.5.1. Programmes for people with problems arising from the use of/addiction to illegal drugs

In the 2007-11 period, there were three day centres for active users of illegal drugs in operation in Ljubljana, which was more than the set goal. In addition to the day centre in Zupančičeva jama, in operation since 2005, and a day centre of the 'closed type' which ran as part of a shelter for homeless users of illegal drugs on Vošnjakova ulica from 2005 to 2011, a day centre on Petkovškovo nabrežje in the heart of the city centre began work in 2010.

As part of social rehabilitation programmes, face-to-face, telephone and web counselling were available to users, plus options to attend a day centre and therapeutic community, while therapy for family members and self-help groups were available to relatives.

An accommodation preparation centre prior to returning to society, accommodation in a reintegration programme, group treatment for abstainers, social rehabilitation with horses and free time activities were available.

An important role was also played by fieldwork with active illegal drug users carried out in the streets and squares where they gather and at dance events. A needle-exchange programme was run in day centres and through field work. A web forum, permanent info point and field team to offer support and help at dance events were available to young people as part of a programme to reduce the harmful effects of dance drugs. Counselling work for users of illegal drugs was also run in prisons.

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There has been a shelter for homeless illegal drug users in Ljubljana since as early as 2003, and a safe house for active illegal drug users who are victims of violence since 2010.

#### 4.5.2. Programmes for people with problems arising from drinking or alcohol addiction

In the 2007-11 period, young people in Ljubljana gave a very warm welcome to a new programme of free or subsidised taxi journeys, the goal of which was to reduce the number of road accidents caused by drink-driving. In its first year, the programme saw participation from almost 550 people aged 16-30, and 1,093 membership cards were issued in 2011.

Information and counselling (phone, web and face-to-face) were available throughout the 2007-11 period as well as therapeutic work and family counselling. People that face the consequences of alcohol abuse were able to join various groups for therapy and self-help. Free-time activities, camps, education and workshops were also operated.

*Research into the characteristics of alcohol use among Ljubljana's primary school pupils and a search for answers to prevent and reduce risks*, commissioned by the City and executed by the Faculty of Social Work, was concluded in 2010. Its findings show that despite high awareness of the risks, youngsters do not always behave carefully, as behavioural decisions do not only depend on risk awareness but also on practical possibilities and circumstances. It is essential to intensify contacts with youngsters and other groups through community campaigns, the use of research and fieldwork, establish confidential and equal relationships as well as to give youngsters the experience, through reflection on everyday situations, to make good decisions in critical moments. This will only be possible when young people recognise and understand situations and possible consequences and when they have access to resources that can regulate risk.

#### 4.5.3. Programmes for people with problems arising from eating disorders

The network of organisations and programmes that offer psychosocial support to people with eating disorders unfortunately did not broaden in the 2007-11 period, despite regular initiatives through City tender funding. The activities available to people with eating disorders comprised face-to-face counselling and individual therapy, telephone counselling and counselling by e-mail and post, self-help and therapeutic groups and groups for relatives, preventative workshops at primary schools and free time activities. These activities were carried out by two NGOs.

In order to improve or broaden the support programmes, in 2009 the City commissioned a review of existing help networks and

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an evaluation of programmes for people with eating disorders. The research findings of *Eating disorders – who, and the kind of help on offer in Ljubljana* (Hafner et al, 2009) showed that the programme offer for people with eating disorders from both NGOs and health services at secondary (specialist) level in Ljubljana was too small, leading to extended waiting periods and thus poor accessibility. Users, who rate the work of executing organisations in this area positively, would like more frequent and longer treatment above all else

#### **4.6. Programmes and services for people facing the risk of poverty and homelessness and their consequences**

In the 2007-11 period, work on easing the consequences of homelessness was mainly focused on increasing the capacities in homeless shelters and day centres. Until 2009, the homeless shelter co-financed by the City operated only as part of a Ljubljana Center Social Work Centre programme. This shelter has two units. One is the closed type, meaning that admission is only possible with a social work centre decision. It can accommodate up to 28 individuals. In addition to overnight accommodation, this unit also offers the option to stay during the day. Users have a day space, while shelter staff offer them help with arranging various matters (eg. sorting out personal documents or compulsory health insurance) and counselling. There are facilities to maintain personal hygiene and the shelter provides one hot meal a day. The other unit is the open type, no social work centre decision is necessary to enter, and it can accommodate up to 18 people. It has four prefabricated units, of which one is a sanitary block, and accommodation offers overnight stays from 8pm to 8am. The food outlet, which is also of the open type, offers a hot meal to users daily from 11am to 1pm. The contractor reported up to 120 meals a day being given out in 2012.

A programme has been running in Ljubljana since 2008 entitled Individualised and Comprehensive Resettlement Support to Homeless People as a transition to independent living. The programme is aimed at creating new housing opportunities for the homeless and includes preparation for independent living and professional resettlement support. In 2012 the programme operated in five flats and one house, which were able to accommodate up to 22 users simultaneously.

In 2009 a new homeless shelter opened in Plečnikov podhod, providing refuge for seven homeless people.

In the 2007-11 period, there was a special shelter for homeless illegal drug users with programmes adapted to their needs.

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All of the various accommodation programmes for the homeless, for which the City provided the majority of the funding, ensured a combined total of 91 beds in the last year of the strategy (2011-2012). City premises which could be quickly adapted into a temporary shelter in the event of severe weather with extreme cold were able to provide a few dozen extra beds. Despite low winter temperatures, these have not been needed as yet.

In addition to the homeless shelters, the City also co-financed other programmes in the 2007-11 period that were aimed at homeless people as well as those facing extreme poverty and the slide into homelessness. NGOs provided two day centres where users were able to stay all day. They had the chance to obtain clothing and footwear; hot or packet food was also available in one of the day centres and in other co-financed programmes. Bathrooms were available where users could attend to their personal hygiene. There was also an interesting programme of selling and co-creating a street newspaper.

A significant contribution to alleviating the consequences of poverty and homelessness was made by the Ljubljana Regional Red Cross Association, whose operations the City has co-financed via a direct contract based on an annual work plan since the amended Act on Slovenian Red Cross (Official Gazette RS, no. 7/93 and 79/10) came into force. Families and individuals who find themselves under material and social threat of the risk of poverty arising due to exceptional circumstances are assisted with their basic needs in life (food parcels, hygiene products, clothing and footwear), and homeless people are offered hygiene care facilities at their premises in Vič (showers, hygiene products, fresh clothing).

In addition to the above, the City supported the operation of two mothers' refuges that can accommodate up to 22 people. Mothers' refuges are intended for mothers with children up to 14 years of age, expectant mothers and women in housing distress and who have nowhere else to stay. As well as accommodation, mothers' refuge users can also get professional psychosocial support to actively resolve their existential troubles.

#### 4.6.1. Financial assistance for local people with no or low incomes

Under the Ordinance on financial assistance, local people were entitled to financial assistance from the City budget if they have no income of their own as well as those whose income does not reach the minimum income for individual family members under the Social Security Act (since 2012 under the Financial Social Assistance Act) and those exceeding the minimum income by up to 30%.

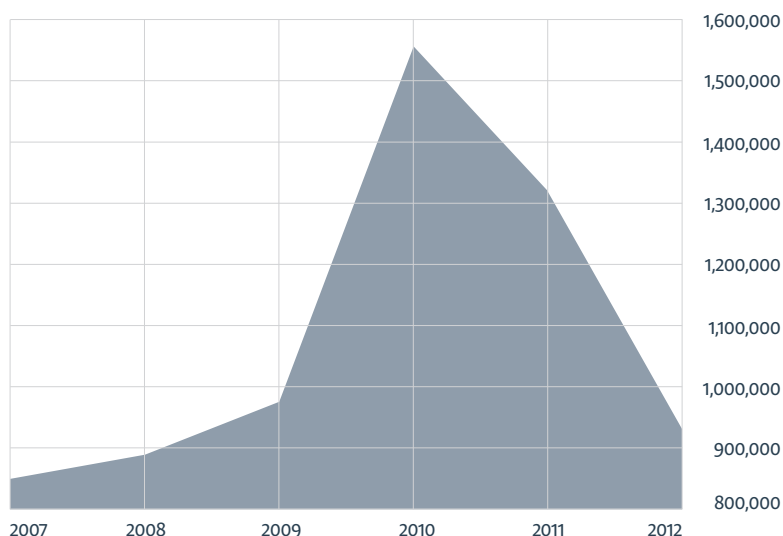
Financial assistance was intended to alleviate material threats, assist at the start of the school year, cover the costs of school summer camps or trips, cover the costs of meals for primary and middle schoolchildren where meals are available, cover lunch costs for citizens aged over 65 and help upon the birth of a child. The amount of financial assistance is €190; €380 for assistance after childbirth, and the amount the service costs in the cases of covering lunch and travel costs.

In September 2010 the City published an informative pamphlet entitled *Help in social hardship – about the organisations and services carried out in Ljubljana*, which informs the city's residents about their rights in the event of social distress. Due to changes in social security legislation, the pamphlet will be updated and reissued in 2013.

Immediately after the flooding that hit Ljubljana in September 2010, the Mayor of Ljubljana adopted a decision on the distribution of direct financial assistance to socially threatened city residents who had suffered material damages in the floods. The City gave help to 219 households to a total of €404,740 on the basis of the Mayor's decision.

Figure 6: City funding for financial assistance from 2007 to 2012 (in EUR)

Source: City of Ljubljana City Administration Health and Social Care Department.



	2007	2008	2009	2010	2011	2012
City financial assistance	855,100	892,933	986,938	1,558,949	1,317,046	933,392

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#### 4.7 Programmes and services for people with various forms of disability

The efforts of the City to ensure the accessibility of public places, buildings in public use, public services and transport in the city and a high quality of life for people who face various forms of disability were rewarded with domestic and foreign awards in the 2007-11 period.

In December 2009, the Federation of Disabled Workers of Slovenia awarded the City the charter of Local Authority Tailor-Made for People with Disabilities. This was a result of the implementation of a range of measures to assure equal opportunities for every citizen, collected in an Action Plan to equalise and implement equal opportunities for people with disabilities in Ljubljana for 2008 to 2010.

In 2011, the City was a successful candidate for the European Commission's built environment competition the Access City Award 2012 for cities accessible to people with disabilities. Among 114 city candidates from 23 European countries, Ljubljana was ranked in the best eight and received a special award for strengthening access to transport and its related infrastructure.

Upon the expiry of the first action plan, on 30 May 2011 Ljubljana City Council adopted a new action plan entitled Ljubljana – Local Authority Tailor-Made for People with Disabilities 2011-2012.

To inform and raise public awareness, in May 2010 the City published Ljubljana, *Local Authority Tailor-Made for People with Disabilities – breaking down the barriers*. A web app entitled Accessible Ljubljana was also set up and made publicly available with data on the accessibility of various buildings in public use across Ljubljana.

Personal assistance up to 24 hours a day was available to users through the programme for independent living (based on the possibility to choose between life in an institution and independent living) throughout the 2007-11 period.

Personal counselling, individual help, accompaniment and help with everyday activities, various workshops and so on were available to users every working day.

Disabled workers' societies, with whom the City has a longstanding tradition, were also very active. Their social programmes, which the City co-finance, include more than 3,500 users and a range of activities such as lay legal advice, sports and recreation, arts and creativity, counselling and advice on the purchase of medical-technical devices, transport, help to adapt the living environment, the organisation of excursions and psychosomatic rehabilitation.



The Council for the Elimination of Architectural and Communicational Barriers is a special Mayoral advisory body at the City. The Council was pre-existing, but its work was reinvigorated after 2007 with the nomination of new members.

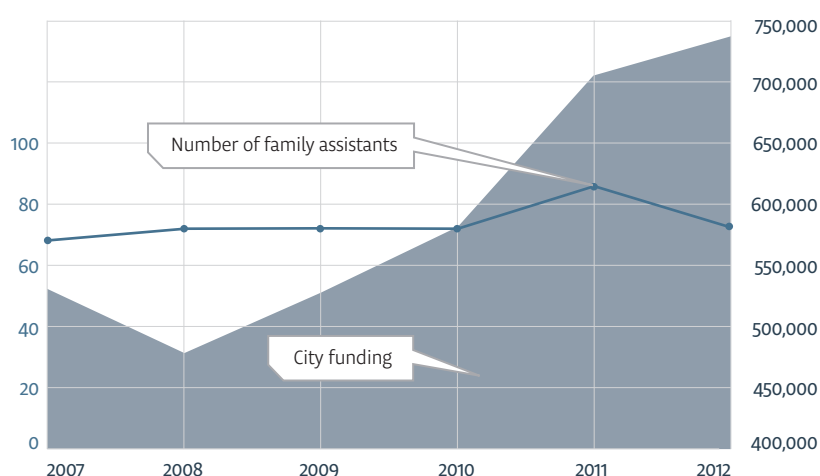
#### 4.7.1. The right to choose a family assistant

Adults with severe mental disabilities and severely movement-impaired people who need help in carrying out their basic needs in life are assured the right to choose a family assistant under the Social Security Act.

In line with the Social Security Act and on the basis of a social work centre decision, the City allocates funds to pay family assistants where resources from the Supplement for Care and Assistance or Assistance and Attendance Allowance and the means of the person with disabilities or other obligor are insufficient to cover them.

Figure 7: The number of family assistants in Ljubljana and the amount of City funding for their wages in the 2007-2012 period

Source: City of Ljubljana City Administration Health and Social Care Department.



	2007	2008	2009	2010	2011	2012
Number of family assistants	68	76	77	76	85	77
City funding	532,679	486,132	532,095	574,325	703,097	741,976

#### 4.8 Programmes for immigrants

NGO activities in this area co-financed by the City in the 2007-11 period comprised telephone counselling and information, face-to-face counselling, assistance with writing applications and finding jobs and housing, advocacy, socialising and free-time activities, learning Slovene, intercultural learning, learning support and street animation. Among others, the City co-financed a programme for unaccompanied children who need special care and treatment due to the position they find themselves in especially where support offered by the State is/was insufficient.

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#### 4.9. Programmes for Roma people

Literacy and Slovene language classes co-financed by the City were available to Roma children and young people in the 2007-11 period.

More than 200 Roma of whom about half were adults and half children were included in daily free-time activities. Programme staff also offered help in working with public services (schools, health centres etc.), in communication and broader inclusion in society.

Only one NGO participated in the City's annual public tenders for co-financing programmes for Roma people in the 2007-11 period. This poor response was attributed to a lack of organisations able to implement such programmes. This was also demonstrated in the research *Roma in Ljubljana: differences in perspective: Final report of research project RP 2/07*, commissioned by the City and undertaken by the Peace Institute. The research was conducted among Ljubljana's Roma people at Rakova Jelša, on Koželjeva and Litijska cesta and among those staying elsewhere in Ljubljana. The research results highlighted their poor social position and how they have to deal with social exclusion and poverty (Hrženjak et al, 2008).

#### 4.10 Evaluations of social care programmes co-financed through City of Ljubljana public tenders

One of the goals of the City's previous five-year social care strategy was to evaluate programmes that the City co-finances through annual public tenders. The evaluation (concluded at the end of 2011) demonstrated that **the City supported a content-diverse and numerically extensive network of programmes** that enable the people of Ljubljana to enjoy a better quality of life. The programmes were aimed at diverse population groups and the annual average participation in the programmes was around **78,500 people**. Programme activities were extremely varied – from brief informative, counselling, educational and free-time activities to lengthy day or 24-hour accommodation activities.

Among the most notable findings of the evaluation we would highlight the following:

1. **Among programmes for the elderly, the day centre network** was very well developed, both in terms of the variety of locations around Ljubljana and the range of activities on offer there.
2. **Content diversity** despite the relatively small number of organisations was evident among **programmes for children and young people**. Thus, telephone and face-to-face counselling, education, school holiday programmes and street work were available to children and young people.

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3. **The network of established accommodation programmes** (one crisis centre and five safe houses for women and children who experience violence as well as crisis and safe accommodation for victims of human trafficking) were very well developed among **programmes to reduce the consequences of violence against women and children. Programmes for perpetrators of violence** were especially important in this area.
  4. Among **programmes for people suffering mental distress** it was clear that there was a **relatively high number of implementing organisations** – as well as those organisations that have been working in this area since the early 1990s, new, mainly smaller organisations were emerging.
  5. **Programmes for people with problems due to alcohol abuse** were relatively few and there was a particular lack of programmes for alcoholics who are still drinking and for young people at risk of drinking.
  6. Among **programmes for people with problems due to illegal drug use**, there was a **good balance between high- and low-threshold programmes** for users of a range of illegal drugs, including dance drugs. All programmes were run by NGOs who have already been at work for lengthy periods; their work is well-established and recognisable. Day centres for active users of illegal drugs operated in **appropriate locations** in the city centre, namely where there are the most people who need this kind of activity.
  7. There were **few programmes for people suffering from eating disorders**. There are no new implementing organisations in this field – both organisations that carry out co-financed programmes have been at work for lengthy periods.
  8. **Programmes for people faced with various forms of disability** were implemented by a **large number of organisations**. The programmes were **‘all-encompassing’** and did not operate solely in the social care field, but also in, for example, sports and adapting the living environment. The majority of programmes were intended for the **movement impaired**. There was also a high number of **older people** among the users of these programmes.
  9. **Programmes for people facing the risk of poverty, homelessness and their consequences** were intended primarily to alleviate the effects of homelessness. Shelters and day centres operated in **appropriate locations** in the city centre, namely where there are the most people who need this kind of activity. Less appropriate perhaps was the location of the personal hygiene programme, Vič, as it is a significant distance from the city centre.  
**The programmes of mothers’ refuges** were implemented by one public and one private institute. The latter conducted its programme outside Ljubljana, but this did not cause users from Ljubljana any problems.
  10. There was **only one programme for Roma people**, which was designed mainly for children, but it was **exceptionally good**. Programme staff entered the family environment, where through

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the implementation of learning assistance to children broadened support to all family members and thus helped to ease the consequences of social exclusion.

11. **Programmes for immigrants** provided users with **appropriate support** mainly in the sense of integration (personal counselling and information, help with writing applications and the search for work and housing). One of these was a programme part of which provided guardianship and mentorship for unaccompanied children who need special care and treatment due to the position they find themselves in especially where support offered by the State is/was insufficient.

A detailed overview of the social care programmes financed by the City in 2012 was published in the City of Ljubljana City Administration Health and Social Care Department brochure *Ljubljana – Healthy City, a guide to social care and healthcare programmes* in 2012. With contact details and brief concise information on the content of programmes co-financed in 2012, the brochure was a handy and useful guide for all those in need of specific forms of support or assistance and simultaneously offered overall information on the number and wealth of social care and healthcare programmes that the City co-finances annually.

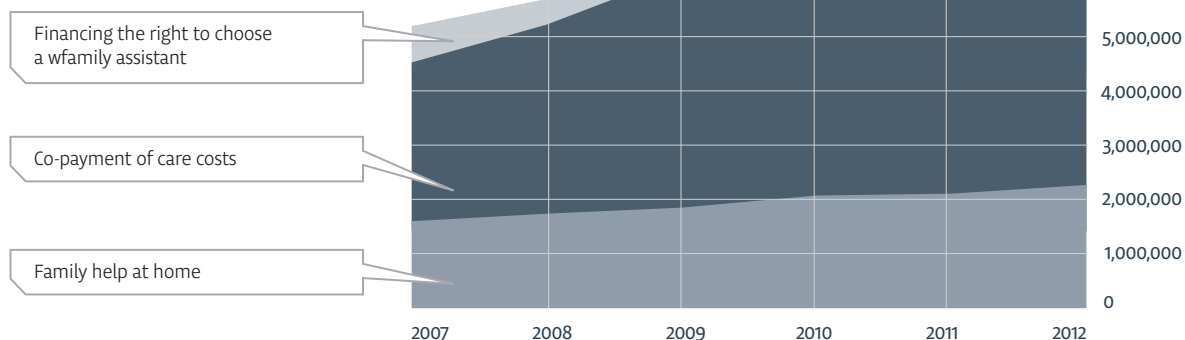
A brochure was also published in English under the title *Ljubljana – Healthy City. Social care and health protection programmes co-financed by the City of Ljubljana* featuring presentations of individual fields and the types of co-financed programmes.

#### 4.11. City of Ljubljana funding for the social care field

The following is an overview of the funding the City allocated to social care in the 2007-11 period. As the new strategy arose at a time when the data for 2012 was already known, this data for 2012 is appended to the data for 2007-11 (the period of the previous strategy).

Figure 8: City funding for statutory obligations for the social care field in the period 2007 to 2012 (in EUR)

Source: City of Ljubljana City Administration Health and Social Care Department.

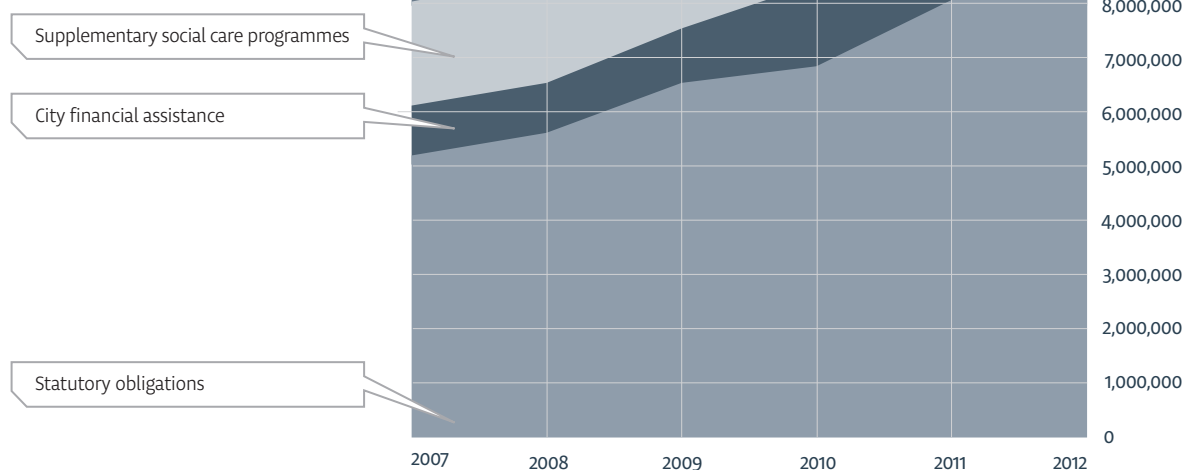


	2007	2008	2009	2010	2011	2012
Family help at home	1,738,501	1,802,226	1,877,645	2,003,396	2,146,904	2,302,887
Co-payment of care costs	2,975,448	3,479,987	4,241,302	4,342,973	5,168,764	5,255,919
Financing the right to choose a family assistant	532,679	486,132	532,095	574,325	703,097	741,976
Total	5,246,628	5,768,345	6,651,042	6,920,694	8,018,765	8,300,782

Figure 9: City funding for the social care field in the period 2007 to 2012 (in EUR)

Source: City of Ljubljana City Administration Health and Social Care Department.

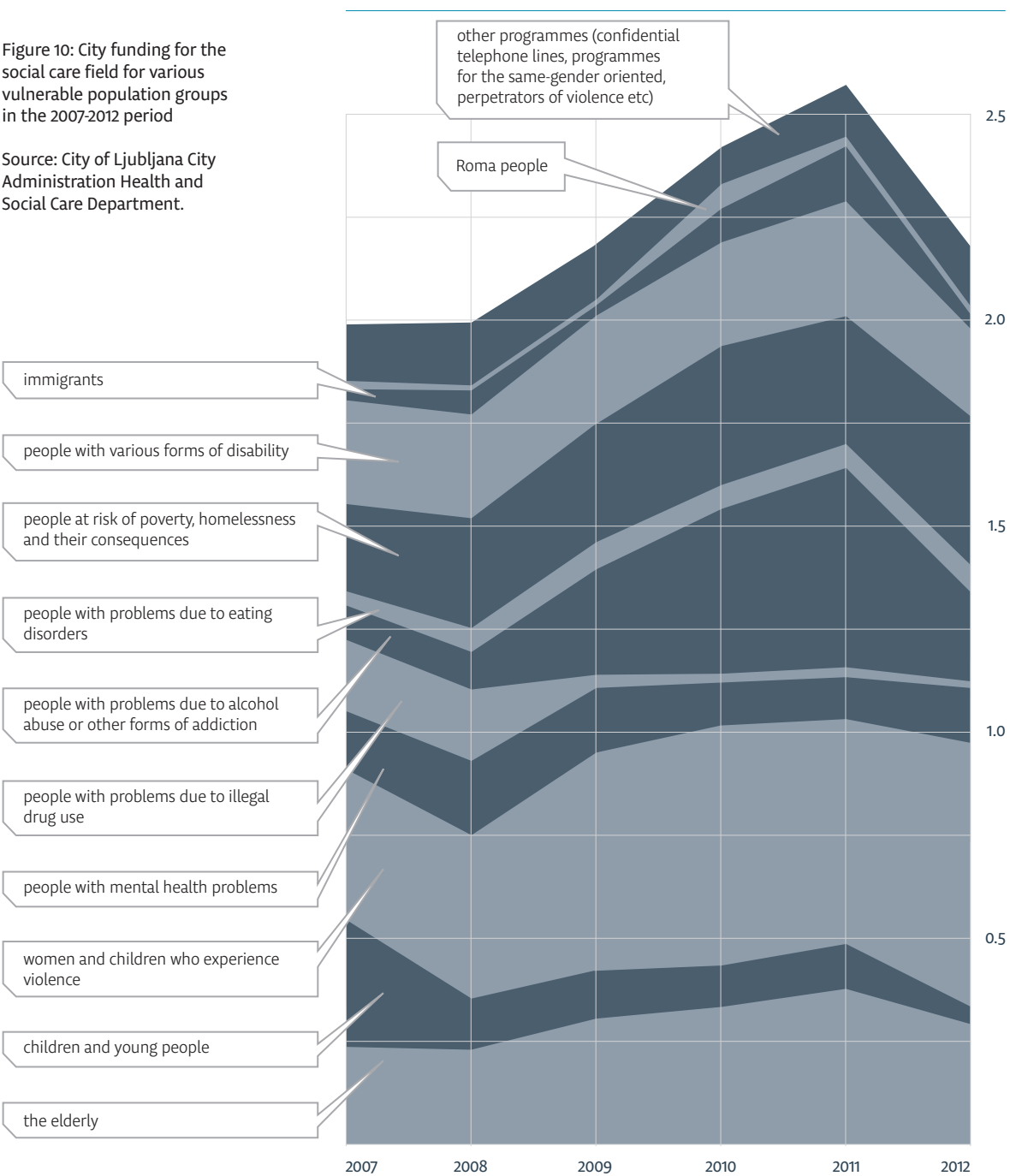
\*Other: public works and others



It is obvious from the figures on City social care funding that the funding the City allocated to co-financing social care programmes increased between 2007 and 2011. The largest share of funding went to programmes for women and children who experience violence (26% of all funding in 2011), followed by funding for programmes for the elderly, people who face the risk of falling into poverty or homelessness and people with various forms of homelessness. There was also a visible fall in the funding for co-financing social care programmes for young people, as in 2008 funding for this was transferred to the City of Ljubljana City Administration Pre-School Education and Schooling Department.

Figure 10: City funding for the social care field for various vulnerable population groups in the 2007-2012 period

Source: City of Ljubljana City Administration Health and Social Care Department.



	2007	2008	2009	2010	2011	2012
the elderly	239,300	237,233	303,000	328,311	383,649	298,998
children and young people	304,870	130,442	132,519	111,411	112,345	34,000
women and children who experience violence	361,845	390,203	529,025	638,048	668,075	632,257
people with mental health problems	147,548	172,934	169,534	169,645	177,384	149,169
people with problems due to illegal drug use	191,016	208,025	214,000	221,740	223,562	209,000
people with problems due to alcohol abuse or other forms of addiction	70,090	73,380	67,200	79,182	80,429	38,000
people with problems due to eating disorders	46,958	48,132	58,000	59,276	57,534	60,546
people at risk of poverty, homelessness and their consequences	202,187	258,825	289,987	329,979	326,608	347,245
people with various forms of disability	258,259	269,360	272,100	267,124	289,811	210,885
immigrants	27,345	57,878	55,000	80,303	82,652	62,068
Roma people	26,652	23,000	26,000	27,000	37,594	45,201
other programmes (confidential telephone lines, programmes for the same-gender oriented, perpetrators of violence etc)	103,513	111,700	100,000	121,520	137,911	118,989
<b>Total (in EUR)</b>	<b>1,979,583</b>	<b>1,981,112</b>	<b>2,216,365</b>	<b>2,433,539</b>	<b>2,577,554</b>	<b>2,206,358</b>



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#### 4.12 City of Ljubljana publications and brochures in the social care field

The City of Ljubljana City Administration Health and Social Care Department prepared and published a total of 13 publications (brochures and pamphlets) between 2007 and 2012<sup>7</sup>:

1. Strategy for the Development of Social Care in the City of Ljubljana from 2007 to 2011 (October 2008);
2. Healthy ageing – Challenges for the City of Ljubljana (December 2008);
3. Physical and sporting activities in Ljubljana (October 2009);
4. For the elderly – about the organisations and services operating in Ljubljana in the health and social care field (May 2010);
5. Ljubljana, Local Authority Tailor-Made for People with Disabilities – breaking down the barriers (May 2010);
6. Help in Social Hardship – about the organisations and services operating in Ljubljana (September 2010);
7. The 365 day battle against violence against women, in Ljubljana (November 2010);
8. Voluntary Ljubljana – a Friendlier Ljubljana (June 2011);
9. For the elderly – about the organisations and services operating in Ljubljana in the health and social care field (reprint) (March 2012);
10. Ljubljana – Healthy City, a guide to social care and healthcare programmes (April 2012);
11. Ljubljana – Healthy City. Social care and health protection programmes co-financed by the City of Ljubljana (December 2012);
12. Ljubljana for all, Appropriate access for everyone (December 2012)<sup>8</sup>.

In addition to preparing and issuing publications, the City of Ljubljana City Administration Health and Social Care Department regularly independently prepares or participates in the preparation of contributions in the Ljubljana magazine, which is distributed free-of-charge to every household in the city. In 2012 we made 19 such contributions.

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7) The publications are also available on the City's website: <http://www.ljubljana.si/si/mol/publikacije/>.

8 Content for the Ljubljana for all, Appropriate access for everyone pamphlet was prepared by the City's Council for the Elimination of Architectural and Communicational Barriers and issued by the City of Ljubljana City Administration Health and Social Care Department.



# Strategy for the development of social care in the city of Ljubljana from 2013 to 2020

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The Strategy for the Development of Social Care in the City of Ljubljana from 2013 to 2020 has arisen on the basis of evaluations of the previous strategy and the needs of various population groups. In order to put the strategy together, we conducted a series of focus groups from 11 May to 6 June 2012 with those implementing social care programmes included in City co-financing in 2012<sup>9</sup>.

The first part of the Strategy for the Development of Social Care in the City of Ljubljana up to 2020 presents the various programmes and services for individual target groups, followed by specific objectives, measures and indicators

## 5.1. Services and programmes aimed at specific target groups

### 5.1.1. Services and programmes for the elderly

Older people are a diverse group that is usually defined by biological age. Age limits serve above all the provision of publicly accessible services and programmes, but we cannot equate them to health state, level of activity or lifestyle. In legislative terms, the threshold of 65+ is used as a dividing line that determines who, by administrative measures, is elderly and therefore entitled to certain rights. The Statistical Office of the Republic of Slovenia also uses the threshold of 65+ years.

From various discussions, statistics and research, it is increasingly evident that this threshold should be raised, as to a great extent the services and programmes intended for people aged over 65 are in reality used by people aged over 75. The threshold is frequently a barrier and it might be better if entry conditions for programmes became more flexible and in that way adhered to people's actual needs, not just their biological age. The problem frequently arises with people with chronic illnesses or disabilities.

Several factors affect diversity within the group. The elderly have become a more effective political group. The most active are the pensioners' associations, which are organised into a federation and have a network throughout Slovenia. Across Ljubljana, they are active in virtually every district authority area where they offer diverse programmes. On the other hand there are many older people that are not included in any organisation and live in

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9) Nine focus group meetings were held in the fields of poverty and homelessness, violence, alcohol, drugs and other addictions, activities and programmes for the elderly, programmes for the LGBT community, activities and programmes for people with various forms of disability, residential groups for people with mental health issues and mental health care. The focus groups saw participation from representatives of 57 organisations.

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isolation and loneliness. More and more older people live in poverty or on its edge and women are particularly vulnerable among them.

In planning the City's strategy we will focus on the programmes and services that can be provided by the local community and thus ease the lives of many older people and their relatives. The orientation discussions that we held with various organisations offering programmes and services for the elderly across Ljubljana highlighted several characteristics. We can see that programmes for the elderly have become more diverse and more numerous in recent years. Day centres for the elderly have developed, there is more help at home, and there has been something of an increase in the network of residential communities or institutional care. There has also been a rise in the number of preventative activities in the form of workshops and education designed to prevent falls, ensure the correct use of medicines, develop motor skills, furnished housing that is adapted to the needs of the elderly, maintain and broaden social networks etc. There are also more courses on healthy eating and self-help groups are at work in the local community.

Despite a rich selection of programmes and services, the everyday lives of the elderly are ever more burdened. In addition to funding cuts for pensions and social welfare benefits, the elderly often have to carry the burden of their offspring losing their jobs. It is not the case that their pensions have to support them alone but also their adult children. It also works the opposite way – there are ever greater numbers of adults that take on caring for their elderly parents because they cannot afford to pay for care in a home for the elderly or the family help at home service. A major part of this burden is shouldered mainly by women, who in addition to their jobs and caring for their own families also take on caring for their elderly parents.

Extended life expectancy and ever larger numbers of very old people also increase the need for assistance, which is a significant financial burden for the elderly and their relatives. As elsewhere in Europe, care for the elderly has seen the growth of an employment black market and a grey economy, which due to a lack of controls is fertile ground for the development and emergence of a range of forms of abuse of the elderly.

The orientation discussions with implementing organisations also highlighted the specific needs of hearing impaired elderly people. These people are frequently isolated and lonely in homes for the elderly, as staff and other residents do not know Slovene sign language and thus there are no interlocutors. The City has already turned to the Ministry of Labour, Family and Social Affairs, under

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whose competence falls the operation of homes for the elderly, with an initiative to deal with the problems raised regarding the hearing impaired in homes for the elderly but there are still no suitable solutions. In 2012, the Health Insurance Institute of Slovenia Ljubljana Regional Unit tendered a concession for around 300 places, of which at least 30 places had to be for the deaf and hearing impaired aged over 65, but the tender for this work was later closed as it was not possible to provide funds for new capacity from the budget of the Health Insurance Institute of Slovenia.

Palliative care is a special area within institutional care. This is not intended only for the elderly but for all terminally ill people, regardless of their age. In Ljubljana, this specialised service is provided in a hospice by the HOSPIC society. Slovenia's first and so far only hospice is on Hradeckega cesta in Ljubljana and is owned by the City Public Housing Fund. Payment for this kind of service is still not systematically regulated, as no concession has been granted, so coverage of the costs of palliative care in the hospice remains a subject for donations, user contributions and co-financing via public tenders. It will be necessary to provide accompaniment to the terminally ill in line with palliative care principles in other institutions such as homes for the elderly.

In addition to co-financing programmes for the elderly, the City also carries out its statutory obligations in social care for the elderly: providing the family help at home network of public social care services and (co)payment of costs in institutional care for those citizens whose own income or that of another obligor cannot pay for the full costs of care. Despite the trend of continuous rises in the need for the local authority to cover care costs and the costs of family help at home, in recent years the City has met its statutory obligations regularly and in full. It will continue to fulfil these obligations in the future and thus make an important contribution to preserving the quality of life of its elderly residents.

#### 5.1.2. Programmes for children and young people

As with the elderly, great diversity is found in children and young people as a group, as age does not predetermine a similar level of social or psychological maturity, nor physical characteristics. It is equally important to influence the socialisation of young people and to take action when their safety is endangered and when they are victims of violence, neglect or other forms of ill-treatment.

Child protection is entirely within the jurisdiction of the State and is governed by several laws. The competence of the State includes programmes for young offenders with measures imposed upon them in court proceedings, as well as programmes of foster care, adoption, care of children with special needs and family

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protection. These areas in their entirety still do not cover all the needs of young people.

Since 2010, the City has assured the operation of the Young Dragons public institute, under whose auspices district youth centres operate in Bežigrad, Zalog, Šiška and Črnuče. The Mala ulica Family Centre opened as a unit of this institute in 2012, the first such centre in Slovenia to be designed for families with pre-school children, and has a rich offer of toys, interesting games, mazes and an 'urban park', book corners, baby corners and a coffee area for parents etc. The Youth Office at the City of Ljubljana City Administration Pre-School Education and Schooling Department regularly co-finance numerous community preventative programmes for young people and innovative projects that are (co) created and carried out by young people themselves.

The City co-finance programmes for young people with fewer opportunities, for underprivileged groups of young people, for ethnic minorities, for young people with problems in adolescence, for young people living in poverty and other youth groups that lack equal opportunities and conditions to reach or even know how to set goals in life and have confidence in them. Young people from these groups need help and support, so that despite potential disadvantages they achieve results comparable with their peers from socially advantageous and encouraging backgrounds.

Social care programmes for young people in this field offer various kinds of led group activities (workshops, camps etc), personal counselling, awareness-raising and informing, numerous options for constructively spending their free time and a wide range of community campaigns.

Experience shows that preventative activities are as important as those aimed at mitigating or eliminating young people's specific troubles or problems. As well as programmes in organised and structured settings, forms of community work on the ground (street work) are the most important for the target group of children and youth groups, namely in smaller local settings where children (with their parents) and young people congregate. Several such projects operate well across Ljubljana, with origins dating back to the 1980s. Programmes for the specific target group that are held (only) in places that are separate from the rest of the community can create segregation, isolation and ghettoization. On the other hand, programmes that encourage interpeer socialisation on the ground in settings where young people live contribute more to combatting stereotypes and prejudice towards other groups and to building a broad social network, which increases the social and cultural capital of all parties involved.

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### 5.1.3. Programmes for women and children who experience violence

Violence against women and children is a broad social problem whose extent is increasing due to the ever greater awareness of victims. It is a complex problem that does not have a single origin, (eg. serious social hardship, poverty, alcoholism or unemployment) and occurs in all social classes and educational groups.

National research on violence in domestic settings and partnership relationships (Leskošek et al, 2010) showed that violence is about the same in groups not educated to middle school level and groups educated beyond middle school level. Likewise, there is hardly any difference between lower and upper income groups regarding the incidence of violence. Although there are somewhat more excessive drinkers among perpetrators of violence than in the general population, data shows that perpetrators are often not under the influence of alcohol at the time. The worldwide theories about violence are unanimous – violence is a matter of power, which perpetrators acquire through the subordination and humiliation of their victims. Data also shows that of the perpetrators of violence, more than 90% are male and fewer than 10% female, so policies in this area are aimed primarily at the protection of women.

The City has been devoting attention to the problem of violence and providing social protection programmes in this area for many years. Slovenia's first shelter for women and children, victims of violence was set up in Ljubljana, as was the first telephone counselling line. Since then, activities in this field have become much broadened and content enriched, but there is still a need for new programmes given the extent of the phenomenon.

The goals of strategies in this area will include three groups, namely women and children who experience violence, victims of human trafficking and perpetrators of violence. For planning purposes, we conducted orientation discussions with organisations dealing with the problem of violence and identified the strengths and weaknesses of the existing assistance network. The strengths include ever higher levels of professionalism and education in violence prevention among the programme implementers, an area where NGOs have moved ahead of governmental institutions. The funding level enables the stable operation of some programmes, which is vital in this area, as upon the detection of violence it is necessary to have a quick and responsive support system. Legislative changes require better and more effective inter-institutional co-operation in dealing with violence, shorter judicial proceedings and better victim protection, which is reflected in the increased number of restraining orders imposed. There are protocols in force for measures by governmental institutions, while NGOs have been given a greater role in handling procedures.



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The key deficiencies of the existing assistance network include the transition of victims to independent accommodation. The options here are highly restricted or virtually non-existent. The housing fund has little rented housing, and it is too expensive for victims of violence to rent anything on the private housing market. Non-working women leaving violent situations lose the income provided by their partners, besides which they often leave their valuables behind in their former home, as this is the only way they can leave. Appropriate responses might offer consistently implemented systematic (legislative) solutions such as eviction of the perpetrator and victim support in living independently at home.

A need exists for accommodation for women that the existing accommodation programme network cannot include because of their internal rules. One of these groups is women with sons aged over 15. In these cases it is necessary to find special accommodation for the boys and thus split the family which in crisis situations is even more closely bound or whose links are necessary for subsequent recovery. There are similar problems with women with adult daughters and with women with mental health issues.

Women without citizenship are particularly vulnerable among women who experience violence. The fear that the partner who holds citizenship will be given the children is an obstacle to leaving an abusive relationship. A similar problem exists among older women who find it very difficult to decide to take action and assistance.

In addition to providing accommodation to the broad range of victims it is necessary in future to provide better accessibility to free legal aid and free therapeutic programmes that enable a better recovery and for support and assistance programmes for women in prison due to criminal acts related to experiencing violence. Further, it is necessary to have a more consistent implementation of the Family Violence Protection Act – there are still too few restraining orders issued, forcing victims to retreat to safety and thus being evicted from their own homes.

In the field of dealing with violence, programmes for perpetrators are especially significant. They rarely decide to get treatment themselves, as normally they do not feel guilt or responsibility for the harm caused by violence. However, since they can now be directed into programmes by the courts, their numbers are rising in the programmes. Support is also needed by human trafficking victims, for whom two organisations worked in Ljubljana in 2012.

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#### 5.1.4. Programmes and services for people with mental health problems

Traditionally, treatment of mental illness was based on the medical model, on institutionalisation and exclusion from community life. At the end of the 1980s, Slovenia began to see the development of community campaigns and NGO programmes based on destigmatising mental illness and the rights of people with mental health problems to a normal life in the community (normalised and integrated).

The assessments by NGOs working in community mental health indicate that the network of diverse programmes in Ljubljana in this area is adequate and meets the needs as a rule. A special feature of the offer in Ljubljana is the counselling programme to individuals in distress which is open 9-hours a day and whose possibility of instant response contributes to preventing suicide and mental distress, and is also an entry point to further psychiatric treatment or inclusion in a community mental health programme.

Traditionally, the community mental health programme network has comprised day centres, programmes of counselling and informing, advocacy, organised free-time activities, education and workshops, self-help groups, fieldwork, preventative work, awareness-raising programmes and residential group programmes. In 2012, we marked the 20th anniversary of the foundation of Slovenia's first residential group for people with mental health issues. It was organised in Ljubljana for then-residents with the Hrastovec Social Care Institute.

In the field of mental health, as with other vulnerable groups covered by this strategy, the need has been identified to increase accommodation capacities, specifically to increase capacities in residential groups and the need for accommodation that enables independent living upon departure from a residential group. Despite assurances from the State for many years, systematic arrangements for financing accommodation in residential groups remains one of the most important unfinished tasks in this area.

#### 5.1.5. Programmes for people with problems arising from eating disorders

Various factors impact on the problem of eating disorders, including socio-cultural risk factors, especially values about how the slim body is a perfect, ideal body and mass media pressure and consumerism. Many pieces of research on the influence of the media on self-esteem have shown that, "just 30 minutes of watching TV programmes and advertising with idealised bodies changes our perceptions of our own attributes" (Hafner et al, 2009, p28). Eating disorders also have an extensive impact not only on the health of an individual but also on their social inclusion, interpersonal relations in their narrow and broader social networks and on educational and work success. (ibid, 33-46).

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Eating disorders are often ranked among addictions, as they raise the same behavioural patterns in individuals as addiction to legal or illegal drugs (such as, for example, engaging with food, constantly thinking about food, planning meals and rituals, a compulsive need to carry out rituals and to use specific food/materials within them, lose control etc). The key distinction between the occurrence of eating disorders and addiction is the need for food, which is a natural and urgent requirement for life. There are also other differences. Eating disorders are a consequence of significant internal distress and are a way of self-help in a hopeless situation, therefore the modern discipline defines them as a mental disorder. Many other specific characteristics can also be seen that are not found in addictions, such as, for example, a markedly low bodily self-image and specific personal characteristics: perfectionism, results-orientation, a strong need for control, connection with rituals or episodes of binge-eating, vomiting, fasting, meaning satisfaction of the need for security and acceptance. All these are expressions of withheld feelings. Further, people with eating disorders do not have any mutual socialising or aspiration to carry out group 'rituals', which can be seen in those addicted to alcohol or illegal drugs. People with eating disorders generally meet societal expectations and remain embedded in social, professional and academic networks, despite the fact that they have difficulties in deep interpersonal relations and are experiencing severe distress (Modrin Švab, Šolar 2013).

“Data from epidemiological studies shows a growth in eating disorders in recent decades” (Hafner et al 2009, 31). There is not much data on the prevalence of the phenomenon in the western world, and the situation is the same in Slovenia. Research from 2005/2006 entitled HBSC – Health Behaviour in School-Aged Children (Jeriček et al, summarised by Hafner et al 2009, 11-12), in which 41 countries participated shows that Slovene youngsters are at the very top in terms of being troubled by and dissatisfied with their bodily weight.

Medical treatment of eating disorders has been shown to be insufficient and so NGO psychosocial programmes began to develop in Slovenia in the 1990s. The offer of these has remained virtually constant in terms of content and numbers since the outset. The real lack of numbers of programmes is one of the main findings of evaluation research on the eating disorder assistance offer in Ljubljana in 2009 (ibid, 111). These programmes especially feature counselling (face-to-face, telephone and internet), individual therapy, self-help groups, therapeutic groups and preventative workshops in primary schools and organised free-time activities.

Recently, there has been a greater perception of a lack of family treatment and the placement of the eating disorder problem

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in a social context, which together with other activities would comprise an integrated approach to dealing with the issue. It is also necessary to pay attention to men, who are often overlooked as people with eating disorders – nothing is said about them, therefore most existing programmes are inaccessible to them.

The research mentioned above also highlighted the need for preventative activities, for programmes for early detection of eating disorders (for young people and their parents in schools and health centres) and the need for therapeutic programmes (ibid, 111-113).

#### 5.1.6. Programmes for people with problems arising from the use of/addiction to illegal drugs

Two approaches have been implemented among programmes for people with problems arising from the use of illegal drugs: the first, high-threshold approach demands abstinence; the second, low-threshold approach is based on the principle of reducing the harm and consequences of active drug use.

Among the low-threshold programmes, drug-users especially welcomed the day centres and fieldwork. Both include needle exchanges and counselling and information.

Those implementing therapeutic programmes perceive that their programmes ever more frequently include recurrent programme users. These are people who have been on therapeutic programmes for getting off illegal drugs many times previously, and are therefore well versed in therapeutic language and theoretical frameworks, interspersed with recurrent episodes of illegal drug use (recidivating). The programmes are therefore changing and offering approaches for comprehensive social rehabilitation not just therapeutic treatment. They also offer new forms of reintegration, in which drug users live (with longer and shorter abstinence periods) together with students with no experience of drug use or addiction. Programme operators also see clinical work with young people who would be included in the programme perhaps weekly as an appropriate form of support.

Therapeutic communities, day centres and other programmes ever more frequently see users with dual diagnoses – in addition to addiction to illegal drugs, there are also mental health issues, causing the creation of supplementary demands on the staff or programme in the form of additional staff with specific knowledge and training in dealing with dual diagnoses.

In addition to the increase in the occurrence of dual diagnoses, there is also ever greater homelessness among illegal drug users, which is seen especially in the need to provide greater capacities in shelters for homeless illegal drug users and the need for diverse

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forms of accommodation support. For example, the need for additional capacity in residential groups for reintegration prior to their return to society has been highlighted.

With growing threats of violence by users, there is an increasing necessity in programme implementation to provide greater security for programme users and operators alike, requiring the presence of trained security staff and appropriately organised or suitable premises.

Programme operators stress the importance of informing the general public about the illegal drug issue – with the purpose of ensuring better acceptance of the programmes among the city's residents.

Special attention in the illegal drug area is paid to dance or club drugs, which are characterised by the rapid, often even weekly emergence of a new and changing list of legal and illegal drugs. A flexible programme is appropriate here, in which operators follow new needs and respond quickly and effectively. Staff in fieldwork, which comprises basic first aid for disorders and complications from taking drugs at dance events, have recently been increasingly confronted with event organisers refusing them entry as in their opinion the distribution of free isotonic drinks and water reduces their profits. It is also of concern that programme operators observe that trafficking club drugs is one of the ways that some escape from ever greater poverty.

Exposing the dilemmas and questions exceeds the competences of the City, which otherwise has the power to take action through additional funding from public tenders. Health care, where safe rooms for injecting are a possible option, is part of public health and therefore cannot be a subject for public tender co-financing. It follows for this reason that it cannot be among the City's strategic objectives.

#### 5.1.7. Programmes for people with problems arising from drinking and/or alcohol addiction

Problems caused by alcohol abuse and alcohol addiction reach into various fields – from health, road safety, the alcohol industry, media, tax policy and pricing measures to the rules of cultural attitudes and values. Vera Grebenc thus says that western culture “takes care of the social learning of the use of alcohol /.../ meaning that young people can learn about the preparation and effects of alcohol, the situations and opportunities allowed in drinking and also the inappropriate forms of use in our society formally and informally through observation in daily life, with the help of behaviour in the family and friends and based on messages received via the media, film and literature” (Senčar 2011).

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Social tolerance to drinking alcohol is high in Slovenia and alcohol is a constituent part of Slovenian culture. Social work centres perceive the extent of the problem in their work – about half of their cases are linked to alcohol, acting either as a cause of distress or a response to it (this applies particularly to men; in women, the problem is much more hidden). It is also of concern that it is estimated that 40% of young people who come from a family where alcoholism is present will encounter alcoholism in their own adulthood – in their own alcoholism or that of their partner.

(Risky) drinking by young people is one of the important issues related to the alcohol problem. This has been the theme of much research in recent years. Vera Grebenc says that “a range of research /.../ shows that young people are well aware of the harmful consequences of using legal and illegal drugs, but this does not discourage them from trying something new at some stage in their lives. /.../ The majority agree that children and alcohol don’t go together but at the same time /.../ alcohol is present around them and children and young people can’t ignore it. There is a discrepancy between official prevention policies as expressed in public and the daily experience of parents and youngsters including situations of drinking alcohol” (Senčar 2011).

Despite the complexity of the issue and the small number of programmes operating in this area in Ljubljana, they respond to the need relatively well. The City of Ljubljana City Administration Pre-School Education and Schooling Department’s Youth Office provides one such preventative activity in the form of street work with young people. In 2013 a network of five organisations will carry out a range of preventative activities on the ground attractively supported by pancake making from April to October across 28 to 30 weekends. The social care programme of fieldwork with young people at risk of drinking is also well received among young people. Programme operators meet young people in the locations where they are known to get together and drink excessively (such as outside Maximarket) and through informal discussions and adapted information materials (eg. information and slogans on paper handkerchief packets) reduce the harm caused by excessive drinking among youngsters. The peer approach is a special value in this programme. In this, the fieldworkers are also middle schoolchildren and students.

Web forums, information on social networking sites and articles in popular magazines for young people are also available. In addition, young people can take part in workshops and a range of free-time activities and other weekly activities, such as group meetings and discussions through which they learn about healthy lifestyles.

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Adults who have stopped drinking have a programme with individual counselling meetings and monthly meetings as well as themed group discussions with other dry alcoholics. There is an increasing need for therapeutic work and programme operators perceive the advisability of broadening the programme into health centres (with once-monthly information sessions) and primary schools. This programme would include prevention through addicts relating their own experiences in combination with professional work.

**5.1.8. Programmes for people with problems arising from the excessive use of and/or addiction to modern technology and the internet and other forms of addiction**

A novelty among the social care programmes the City co-finances is a specialised programme introduced in 2012 for people who find themselves with problems and/or addiction issues due to uncontrolled use of modern electronic technologies and the internet. Awareness of these issues is still relatively low in Slovenia, but the need for such programmes is ever greater.

There are young people and adults on the programme, although the largest numbers are the middle-school population who enter it at the initiative of school counselling services and social work centres. The programme offers education for creative and purposeful use of the web and computer by informing, counselling, producing users' psychological profiles and from those an individualised daily plan or schedule of activities with modifications to *off-line* life (eg. larger social networks). In some case it's necessary to adopt total abstinence or blocking individual apps and programmes in the user's computer. Local authorities act to help to break this kind of addiction in other countries.

**5.1.9. Services and programmes for people facing the risk of poverty and homelessness and their consequences**

"Homelessness is heterogeneous and a changing phenomenon in its forms, while its measurement is complicated. The ETHOS European definition of homelessness identifies 13 categories of homelessness" (Razpotnik et al 2010, 44). Razpotnik and colleagues defined four broader categories of homelessness:

- people without a roof over their heads, namely "people who live in the open in public spaces (without shelter) and people who stay in temporary/night shelters" (ibid, 33);
- people without housing, namely "people who live in homeless shelters, women living in women's refuges/shelters, safe houses for women, people living in shelters/asylum centres for immigrants, people soon to leave institutions and people with long-term accommodation support (due to homelessness)" (ibid, 35);
- people with insecure housing, namely people living "in insecure conditions (no tenant's rights), people under threat of eviction

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- and people under threat of violence” (ibid, 37) and “in the Slovenian case a specific category of people who are tenants in denationalised housing” (ibid, 45);
- people in inadequate housing, namely “those who have no bathroom in the property and those living in unconventional forms of housing” (ibid, 45).

In the introduction to this strategy we noted that one of the most prominent social characteristics at this time is the rise in poverty. Its deepening leads to a vicious circle – less money to live on, and increases in needs for support and assistance. The State treasury has reduced funds for various programmes of support and financial assistance which is also reflected in the implementation of the new legislation on state financial assistance.

NGOs operating support programmes perceive the increasing need on a daily basis. The number of people turning up to receive free hot meals and hygiene care has risen and there is a rise in the homeless numbers. Among them, there is a new and large number of people without citizenship, people made redundant from the construction sector and foreigners who need support only temporarily as to them Slovenia is only an entry/transit country (their final objective is eg. Italy). The City’s Public Housing Fund has recorded an increase in the number of applicants for emergency residential units, especially single people who may rely on only one income and often have a poor social network.

Based on NGO experience, in comparison with other local settlements, Ljubljana has a well-developed network of assistance programmes and there is a positive assessment of the City’s co-operation with NGOs by both the City of Ljubljana City Administration Health and Social Care Department and the City’s Public Housing Fund.

In their work, most programme operators recognise that it is not enough to find a roof over their heads for people finding themselves in homelessness or on the road to it as they also need psychosocial support, information about programmes and services and a range of financial assistance, support in expanding their social networks, support in self-help groups, help in managing their finances and help in everyday tasks.

One of the major problems in homelessness is the need to provide long-lasting secure accommodation for people leaving shelters, residential units, mothers’ refuges and other forms of temporary accommodation. The operators of existing accommodation programmes co-financed by the City do not consider that there is a need to increase capacities but for action due to the wear and tear of premises. It is also necessary to consider content-organisational



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changes, such as implementing the mothers' refuge programme in more locations and smaller residential units, similar to the already-running programme of individualised and comprehensive housing support to the homeless. NGOs also point to the need for a separate shelter for women and programmes for people with dual diagnoses.

In addition to co-financing programmes, the City also provides funding for financial assistance from the City budget to its most socially vulnerable citizens. The legal basis for fund distribution for this purpose is the Ordinance on financial assistance (Official Gazette RS, no. 18/08 - official consolidated text and 4/12). In the future, the City will continue to provide funding for financial assistance and thereby continue to contribute a welcome supplement to the financial social assistance provided by the State.

**5.1.10. Programmes and services for people with various forms of disability**

The field of disability has seen major changes and conceptual shifts in the last 20 years. A movement has developed in opposition to the traditional concept of disability which is focused primarily on the physical or mental signs of damage, disruption, shortcomings and attention is reoriented to social barriers that prevent people with disabilities from having full access to public good and services. There are still strong disability organisations who advocate a more traditional approach to disability but everyone agrees that people with disabilities have the right to independent lives and, closely related to this, personal dignity and self-fulfilment.

In line with legislation, status as disabled is determined regarding the level and type of disability, which is somewhat controversial, since it does not include all categories or types of disability. Therefore, some have disability rights, while others, despite the difficulties they face due to disability, cannot obtain that status.

From the longstanding tradition of disability organisations in Slovenia, we can speak about a fairly well developed network of their programmes and services. There are many day centres, residential groups, institutional care, care-employment centres as well as holiday homes and other activities in which many people with disabilities are included. Despite this, the existing programmes cannot meet the diverse needs that arise from people with very diverse forms of disability.

Orientation discussions with implementing organisations offering programmes and services showed a lack of programmes that would allow transition from institutions into the community. Experience (both at home and abroad) shows that large institutions do not offer appropriate forms of accommodation and thus there is a process of deinstitutionalisation in most European countries. Here,

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it is necessary to provide appropriate forms of support during transition from institutions into the community which should enable people who have spent long periods living in institutions to acquire the skills for independent life in the community. Transition forms of accommodation are usually organised in smaller residential units or residential groups with the objective that, with appropriate support or personal assistance, people can begin to live an independent life after a set time.

In this, we are confronted by at least two problems, namely with access to housing for people with disabilities and access to personal assistance, without which independent living is not possible for people with disabilities. Experience shows that people living in independent accommodation and with the provision of personal assistance achieve a high level of social inclusion and appropriate control over their own lives as it enables them to enter employment and education, social engagements and more satisfactory private lives such as forming partnerships and starting families. From other countries we are aware of the model of accommodation programmes where people needing support live in one set of independent housing and those offering support in another. Personal assistance is organised by co-ordinators who look after about 25 service users. There are many similar programmes, but it is necessary to adapt them to our conditions and capabilities.

Parents of people with disabilities face many difficulties. In addition to the fact that they can face multiple disabilities simultaneously, it is difficult to face and cope with the difficulties that disabilities bring. In the description of the needs of the elderly, we noted the difficulties of deaf people in homes for the elderly, where they can be isolated and lonely, as with no interlocutor they cannot communicate their needs in any way.

In addition to co-financing programmes, in line with the Social Security Act, the City will dedicate funding to the payment of the wages of family assistants where resources from the Supplement for Care and Assistance or Assistance and Attendance Allowance and the means of the person with disabilities or other obligor are insufficient to cover them.

Programmes in this area are developed mainly at State level, which is responsible for the social care of people with disabilities. The City focuses particularly on the development of innovative programmes for needs not covered and assuring the greatest possible accessibility for people with disabilities and strengthening their social inclusion and participation. In developing such programmes it is necessary to adopt an interdisciplinary approach within and between users' organisations.

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#### 5.1.11. Programmes for immigrants

Migration is the mass global process of the movement of people within or between states for economic, political, demographic, religious, personal or other reasons. Ever more people from poverty-stricken parts of the world are looking at exit in search of work and better lives for themselves and their families in wealthier parts of the world. Political persecution and war are also often causes of migration.

As with other European capitals and larger cities in the developed world, Ljubljana is also encountering increased numbers of immigrants. Some of these cope well and integrate into everyday life in the capital without difficulties, while others are more dependent on special care and hospitality. Regarding this, in 2005 the Institute for Ethnic Studies undertook analysis entitled *A simulation of migration into Ljubljana Urban Region: Analysis of the ethnic structure of the population of Ljubljana*. In their analysis they stress that appropriate integration is that which preserves original culture and cherishes the mother tongue and other parts of their cultural identity while simultaneously achieving successful inclusion in the majority society. It is a process of mutual acceptance and respect and not just the adaptation of one culture to another, namely the majority (Komac, Medvešek (ed.) 2005).

That integration is a concept that experiences many ups and downs is shown in cases of ethnic conflict in most parts of the world, including in Europe in the last decade where the financial crisis has triggered unemployment, constriction of social rights and consequently caused ethnic conflicts. Often the majority population blame the poor state of affairs on 'foreigners' and 'others' which can be a serious obstacle to successful coexistence.

A successful integration policy is that which focuses on both aspects, namely on the preservation of cultural identity and on successful inclusion into the majority community. Integration is most effective when the programmes are community-oriented, when immigrants are accepted by their neighbours and the neighbourhood in which they live and where they can create a new social network. This is impossible in ghettoised settings where immigrants are concentrated in neighbourhoods which can quickly become targets of stereotypes and prejudices. Ljubljana's Nove Fužine is an example of a well-planned urban housing estate with good infrastructure, but is nevertheless known by the syntagm 'u Fužinama', meaning, in Fužine' in Bosnian, which causes discomfort to many people and is a stereotype of a dangerous and criminal neighbourhood. The facts are quite the opposite. By European measures, this is one of the best-kept neighbourhoods. This reflects primarily on the difficulties that the majority population have in accepting foreigners and building trusting and respectful relationships.

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City policies towards immigrants are oriented towards integration. With City financial support, there are a diverse range of activities and programmes carried out as part of NGO programmes across Ljubljana. Guardianship is implemented in special cases of unaccompanied underage asylum seekers who are in the asylum application process as well as unaccompanied underage immigrants. There are organised forms of individual counselling and informing, creative workshops, learning assistance, social and educational games, sports activities, social participation, assertiveness training, literacy and Slovene language lessons, practical forms of integration assistance (eg arranging documentation, help in finding work) and direction to professional services and State institutions as well as public awareness-raising. There is also a support and counselling programme for foreigners who have come to Ljubljana for working purposes.

The experience of operators working with immigrants and the recommendations of the aforementioned analysis show that programmes for immigrants must be enhanced while at the same time observing the diversity of individual characteristics and needs within the target groups. It is a very diverse and disparate group of individuals that have little in common beyond the fact that they face the same circumstances and similar difficulties in inclusion in a new society.

#### 5.1.12. Programmes for Roma people

Regarding its demographic structure, Ljubljana does not face any specific problem that affects the Roma community exclusively. There are places in Ljubljana where Roma people live but it is not possible to speak of traditional or indigenous Roma settlements as there is a mixed picture of Roma people with other residents. In Ljubljana, Roma are treated in the same way as other citizens. The City has no legal basis or competence for maintaining population records on ethnic lines, so we do not possess any data about their numbers in Ljubljana.

In 2008, the City commissioned research about the Roma community in Ljubljana, which was carried out in partnership by the Peace Institute and the Faculty of Social Work (Roma in Ljubljana: differences in perspective, Hrženjak et al 2008). The main findings showed that Roma, as with other groups included in this strategy, are not a homogenous group with common characteristics and the same problems. The general public, who mark them down as being idle, often see and define them solely as a social problem and relate them to criminality. Research has shown a fundamentally different picture of Roma people in Ljubljana. Many of them live in their own, non-profit or rented housing, are employed or have their own trades or companies and are well integrated into Slovenian society.

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Roma in Ljubljana are the first, second and third generation of immigrants particularly from Kosovo, Macedonia, Bosnia and Hercegovina and southern Serbia. Their position in Slovenia or in Ljubljana is, as research shows, to a much greater extent than their origin dependent on when they came, how much success they have had in finding work and in obtaining social housing, to what extent they have managed to learn Slovene, how successful they were at school, whether they were erased from the register of permanent residents or not and how their individual destiny in life has unfolded.

The first wave of immigration began in the 1960s when Roma people as economic and working migrants who could not find work in their places of origin came to Slovenia, which in the former Yugoslavia was economically better developed and they had no problem finding work and housing. Once established here, they arranged for their families to be reunited, thus the migration of their wife and children and sometimes also their extended families.

The difficulties encountered by Roma people in Ljubljana are primarily social exclusion, the discrimination they face in seeking work or in dealings with public services, the poor education and illiteracy of many, leading to difficulties in communication and arranging their official status, applications and documents and the lack of language courses, especially for children. Here it is important to emphasise that only one organisation operates social care programmes for Roma people in Ljubljana.

#### 5.1.13. Programmes for same-sex oriented people (the LGBT community)

Discrimination and stigmatisation due to sexual orientation are still a part of everyday life for lesbian, gay, bi- and transsexual (LGBT) people. In addition to discrimination based on sexual orientation, they also face intersectional discrimination, namely discrimination for multiple personal circumstances, not just one. “ /.../ By conforming to one-dimensional discrimination, we can overlook the dimensions simultaneously in effect and which create ,new content‘ in discrimination which it is necessary to address through various dimensions” (Kuhar 2009, 133).

Research findings from *The Everyday Lives of Same-sex Oriented Youth in Slovenia* highlights that those who have at least one experience of homophobic violence “in school or at work /.../ include 63% of school pupils, almost 35% of students and nearly 34% of the employed and those currently unemployed” (Kuhar et al, 2008, 30).

“Social stigmatisation of LGBT people can result in a high level of mental health issues and consequently a high level of drug abuse. 12% of LGBT people surveyed always or often consume alcohol or

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drugs as a way to overcome their fears or doubts regarding their sexual orientation” (ibid, 30).

NGOs also point out the unprofessional and discriminatory responses of professional public services such as the not-uncommon reply by gynaecologists to lesbians “Come back for a check-up when you have a real sexual relationship” (ie. with a man).

The response of LGBT people is frequently to move to countries where there is less stigmatisation, especially among higher educated people who can afford it. On the other hand, many young LGBT people who stay in Slovenia experience poverty.

Personal counselling and information, education and workshops and forms of mutual support in diverse groups, in the health protection field and also support in preventing HIV/AIDS are available as part of various programmes to LGBT people in Ljubljana. Programme operators highlight the need for larger-scale programmes which would have the effect of modifying broader social attitudes to LGBT people. There is a necessity for adequate and accessible legal aid, awareness-raising among professional (eg. health) staff and staff at official and public services, in restaurants, workplaces and the like. Thus there is a project underway against discrimination at work. Abroad, there are projects to award certificates of friendliness to diversity, bestowed by municipal district authorities to such people and places as restaurants, medical personnel and so on (similar to the Family-Friendly Company certificate in Slovenia).

Programme operators also see the parents of LGBT people as a resource to sensitise society and propose more specific programmes for them. Currently, work with parents of LGBT people runs more on an individual level oriented at alleviating their distress upon discovering the sexual orientation of their offspring.

NGOs have also pointed out the lack of programmes for older LGBT people. Among them there is a strongly felt fear prior to moving to homes for the elderly, and thus in other countries there are already special homes just for LGBT older people.

NGOs and operators of existing LGBT programmes see mutual interconnection as one of the key actions in future implementation of their activities in this area. This means the possibility of locational links where programmes by various operating organisations are run under one roof as well as in content terms.

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## 5.2. Strategic objectives, measures and indicators

The City's operations in social care from 2013 to 2020 will be oriented towards achieving the objectives set out below within the limits of our competences and the extent of funding allocated to social care in the City's annual budgets. The objectives are supplemented by measures, via which the objectives will be achieved in specific ways and indicators for measuring and evaluating the final results of the objectives achieved.

The predominant part of the measures is under Objective 3, where initially via joint measures the City's continued operations are determined within the framework of co-financing social care programmes through public tenders, under the headings of individual vulnerable groups (on the basis of which the public tender fields are also defined) followed by measures whose contents relate specifically to the particular vulnerable group and their specific needs.

The City of Ljubljana will strive to maintain at least the present extent of co-financed social care programmes and the level of social care services from the City's competences that derive from the strategy.

### Objective 1:

Meeting the City's statutory obligations in the social care field

#### Measures:

- assuring the implementation of the family help at home social care service through fulfilling the founder's obligations to the Ljubljana Home Care Institute and fulfilling grantor's obligations to the Pristan Social Care Institute;
- subsidising 80% of service costs to all users and (co)payment of the family help at home social care service to those citizens partly or fully exempt from payment through a decision issued by the competent social work centre;
- assuring funding for (co)payment of the institutional care social service of City residents in institutes for adults (homes for the elderly and special social care institutes), where the beneficiary or other obligor is partly or fully exempt from payment;
- assuring funding for payment of the wages or reimbursing wage payments including insurance contributions to family assistants;
- inclusion in probate proceedings regarding beneficiaries for whom the City (co)paid care costs for family help at home services, institutional care services and/or the right to a family assistant;
- promoting the introduction of an appropriate systematic regulation of financing of care of the terminally ill in the hospice (concession from the Ministry for Labour, Family and Social Affairs for institutional care service implementation).

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#### Indicators:

- the number of care hours provided as part of the operation of the family help at home social service as a public service per year;
- the number of users of the family help at home social service per year;
- the number of family assistants across Ljubljana per year;
- the number of the City's residents in institutes for adults for whom the City (co)pays the costs of institutional care social services per year;
- City funding to subsidise the family help at home social service, for (co)payment of the family help at home service and institutional care services and funding for the wages of family assistants per year;
- City activities for systematic regulation of financing of care of the terminally ill in the hospice (monitoring initiatives and communication with the Ministry for Labour, Family and Social Affairs) and the grant of a concession by the Ministry for Labour, Family and Social Affairs for institutional care service implementation in the hospice.

#### Objective 2:

Public awareness-raising about the City's activities and current content in the social care field in the city

#### Measures:

- at least five articles a year published in the Ljubljana magazine (a free monthly magazine distributed to every household in the city);
- preparation and issue of publications (at least one pamphlet and/or one brochure every two years);
- at least five individual public appearances per year (round tables, professional meetings, openings etc);
- organisation of and/or participation in various events and projects (at least one each year).

#### Indicators:

- the number of articles published in the Ljubljana magazine;
- the number of publications issued;
- the number of public appearances;
- the number of events and/or projects with active participation;
- the content of the published articles, pamphlets and brochures, individual public appearances, events and projects.



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Objective 3:

Support and monitoring of the implementation of social care programmes and/or services for ...

... diverse vulnerable groups in Ljubljana (jointly)

Measures

- tendering City funding for co-financing social care programmes through public tenders for co-financing programmes and/or projects in Ljubljana: SOCIAL CARE AND HEALTH PROTECTION – LJUBLJANA – HEALTHY CITY;
- regular annual co-financing of social care programmes;
- carrying out visits to co-financed programme operators for the purpose of monitoring programme implementation and the targeted use of the City's resources (caretakers of City contracts visit jointly at least half of all co-financed programmes each year).

Indicators:

- total amount of City funding for co-financing social care programmes per year;
- amount of City funding for co-financing social care programmes per individual vulnerable group;
- total number of social care programmes included in City co-financing per year;
- the number of social care programmes included in City co-financing per individual vulnerable group as well as the number of users included per year;
- the number of visits to operators of social care programmes included in City co-financing per year.

... the elderly

Measures:

- support to the various (existing and new) social care programmes for the elderly;
- set up the implementation of social services within the framework of the Ljubljana Home Care Institute;
- training care staff with the family help at home service operator to work with deaf people;
- programme support for education, informing and self-help for relatives of people with dementia (at least one programme co-financed each year);
- broadening the network of activity day centres for the elderly (at least three new day centres for the elderly in Ljubljana by 2020);
- continuing active membership of the World Health Organisation (WHO) network(s) dealing with the elderly.

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#### Indicators:

- the number of social care programmes for the elderly included in City co-financing per year;
- the number of social service users within the framework of the Ljubljana Home Care Institute per year;
- successful completion of training care staff with the family help at home service operator (public institute or concession holder) to work with deaf people;
- the number of social care programmes for education, informing and self-help for relatives of people with dementia included in City co-financing per year;
- the number of new activity day centres for the elderly in Ljubljana;
- the number of events with (active) City participation as part of the World Health Organisation (WHO) network(s) dealing with the elderly.

#### ■ ... children and young people

##### Measures:

- support to the various (existing and new) social care programmes for children and young people;
- support at least one innovative programme of peer integration for children and young people from underprivileged social groups and with problems in adolescence with children and young people who do not face such difficulties per year.

##### Indicators:

- the number of social care programmes for children and young people included in City co-financing per year;
- the number of peer integration co-financed programmes per year.

#### ■ ... women and children who experience violence

##### Measures:

- support to the various (existing and new) social care programmes for women and children who experience violence;
- support to social care programme(s) that offer crisis accommodation without restrictions regarding age or gender of the children and for especially vulnerable groups of women (women without Slovenian citizenship, older women).

##### Indicators:

- the number of social care programmes for women and children included in City co-financing, per year;
- the number of places in social care programmes included in City co-financing that offer crisis accommodation; the number of accommodation places without restrictions regarding age

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or gender of the children and for especially vulnerable groups of women.

■ ... people with mental health issues

Measures:

- support to the various (existing and new) social care programmes for people with mental health issues;
- continued support to the concept of residential groups;
- promoting the introduction of appropriate systemic regulation of financing accommodation in residential groups.

Indicators:

- the number of social care programmes for people with mental health issues included in City co-financing per year;
- the number of residential groups included in City co-financing and the number of users included per year;
- City activities for systemic regulation of financing accommodation in residential groups (monitoring initiatives and communication with the Ministry for Labour, Family and Social Affairs).

■ ... people with problems arising from eating disorders

Measures:

- support to the various (existing and new) social care programmes for people with problems arising from eating disorders;
- promoting additional assistance in programmes for the comprehensive treatment and resolution of the problem of eating disorders;
- support social care programmes intended for prevention of and awareness-raising about the problem of eating disorders.

Indicators:

- the number of social care programmes for people with problems arising from eating disorders included in City co-financing per year;
- the number of programmes for the comprehensive treatment and resolution of the problem of eating disorders with the possibility to treat men;
- the number of and extent of preventative activities and awareness-raising activities about the problem of eating disorders in programmes included in City co-financing.

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- ... people with problems arising from the use of and/or addiction to illegal drugs

#### Measures:

- support to the various (existing and new) social care programmes for people with problems arising from the use of and/or addiction to illegal drugs and public awareness-raising programmes about the issue of illegal drug use;
- broadening the network of day centres for users of illegal drugs in Ljubljana (at least three day centres by 2014);
- promoting the additional extent of fieldwork with users of illegal drugs in Ljubljana (at least three co-financed programmes by 2015).

#### Indicators:

- the number of social care programmes for people with problems arising from the use of and/or addiction to illegal drugs and public awareness-raising programmes included in City co-financing per year;
- the number of day centres for users of illegal drugs included in City co-financing;
- the number of programmes with fieldwork activities with users of illegal drugs included in City co-financing.

- ... people with problems arising from drinking and/or alcohol addiction

#### Measures:

- support to the various (existing and new) social care programmes for people with problems arising from drinking and/or alcohol addiction;
- encourage the additional extent of fieldwork with young people intended to reduce the harmful consequences of excessive alcohol consumption and other forms of potentially harmful behaviour among young people related to this (at least two co-financed programmes by 2014);
- support social care programmes with adults with problems arising from drinking and/or alcohol addiction who would like to but have yet to give up (at least one co-financed programme by 2015).

#### Indicators:

- the number of social care programmes for people with problems arising from drinking and/or alcohol addiction included in City co-financing per year;
- the number of fieldwork programmes with young people intended to reduce the harmful consequences of excessive alcohol consumption and other forms of potentially harmful behaviour among young people related to this (such as alcohol in connection with sex, violence and road safety) included in City co-financing;
- the number of programmes for adults with problems arising from

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drinking and/or alcohol addiction who would like to but have yet to give up included in City co-financing.

■ ... people with problems arising from the excessive use of and/or addiction to modern technology and the internet and other forms of addiction

**Measures:**

- support to the various (existing and new) social care programmes for people with problems arising from the excessive use of and/or addiction to modern technology and the internet and other forms of addiction;
- support social care programmes for targeted public (parental) awareness-raising about the dangers, signs and appropriate measures related to excessive use of modern electronic technologies in children and youngsters.

**Indicators:**

- the number of social care programmes for people with problems arising from the excessive use of and/or addiction to modern technology and the internet and other forms of addiction included in City co-financing per year;
- the number of programmes for targeted public (parental) awareness-raising about the dangers, signs and appropriate measures related to excessive use of modern electronic technologies in children and youngsters per year.

■ ... for people facing the risk of poverty and homelessness and their consequences

**Measures:**

- support to the various (existing and new) social care programmes for people facing the risk of poverty and homelessness and their consequences;
- provide funding for municipal financial assistance in line with the Ordinance on Financial Assistance (Official Gazette RS, no. 18/08 - official consolidated text and 4/12);
- promote the setting up of residential social care programmes in accommodation with support for women and children in housing distress (as an alternative to the current programme of mothers' refuges) – at least one programme by 2014;
- support a shelter for homeless women social care programme (at least one programme by 2016).

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#### Indicators:

- the number of social care programmes for people facing the risk of poverty and homelessness and their consequences included in City co-financing per year;
- the amount of City funding for municipal financial assistance per year;
- the number of residential programmes in accommodation with support for women and children in housing distress;
- the number of programmes of shelters for homeless women.

#### ■ ... people with various forms of disability

##### Measures:

- support to the various (existing and new) social care programmes for people with various forms of disability;
- continued support to the concept of personal assistance;
- encouragement and support of the linkage of operators of programmes for people with various forms of disability included in City co-financing;
- promoting, planning and implementing measures for greater accessibility of places to people with disabilities.

##### Indicators:

- the number of social care programmes for people with various forms of disability included in City co financing per year;
- the number of personal assistance programmes included in City co-financing and the number of users included in Ljubljana per year;
- City activities for the linkage of operators of programmes for people with various forms of disability included in City co-financing (eg. initiatives for networking, provision of meeting rooms);
- action plans with planned measures, reports on actions carried out and other City activities as part of the initiative Ljubljana – local authority tailor-made for people with disabilities (LOMI).

#### ■ ... immigrants

##### Measures:

- support to the various (existing and new) social care programmes for immigrants aimed at their easier inclusion and management in the local environment.

##### Indicators:

- the number of social care programmes for immigrants included in City co-financing.

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■ ... Roma

**Measure:**

- support to the various (existing and new) social care programmes for Roma people aimed at easier inclusion into the local environment.

**Indicator:**

- the number of social care programmes for Roma people included in City co-financing.

■ ... the same-sexoriented or LGBT people

**Measure:**

- support to the various (existing and new) social care programmes for the same-sex oriented or LGBT people;
- support a social care programme for parents of the same-sex oriented or LGBT people (at least one programme per year);
- support an awareness-raising social care programme for destigmatising the same-sex oriented or LGBT people organised for staff in public services (priorities are City public institutes, above all Ljubljana Health Centre) – at least twice by 2020;
- support an awareness-raising social care programme in schools.

**Indicator:**

- the number of social care programmes for the same-sex oriented or LGBT people included in City co-financing per year;
- the number of programmes for parents of the same-sex oriented or LGBT people per year;
- the number of awareness-raising programmes carried out for destigmatising the same-gender oriented or LGBT people at Ljubljana Health Centre;
- the number of awareness-raising programmes carried out for destigmatising the same-sex oriented or LGBT people for staff of other public services;
- the number of awareness-raising programmes carried out in schools.





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