

Care Policy in Slovenia: Divergent Trends and Convergent Attitudes

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Slovenia makes a compelling case for care policy analysis since it is marked by extreme dichotomy in care. Therefore, placing Slovenia on a continuum of care regimes ranging from defamilialised to familialised with respect to care is difficult, with care for children being highly defamilialised, and care for older people highly familialised. The country's childcare policies build on a historically well-developed system of public childcare provision and generous leave policies, together with a well-developed social protection system targeting families. These have been retained and, in some cases, were expanded, still following the 2009 economic crisis, certain austerity measures were introduced. On the other hand, care policies for older people started to develop later and after the initial growth they relatively stagnated (especially the social home-care system). A comprehensive long-term care system has yet to be developed and become a subject of ongoing political debates. Further, unlike in childcare, the increasing role of private actors can be observed in this sector. In the article, we discuss these care policy developments in Slovenia in terms of the role of relevant actors (state, family, private actors) with an emphasis on the views of people regarding care, based on data gathered within an innovative method of democratic forums. The article reveals that the dichotomy of care policies, as well as the differing recent trends in family policies for children and care for older people, is not present in people's attitudes and their preferences for the arrangement of such policies.

Key words: care, social policy, Slovenia, older people, childcare, democratic forum, attitudes.

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INTRODUCTION

Care is becoming one of the most salient issues due to both population ageing and the rising labour market participation of women. European states differ in the ways they approached these care needs in the past and how they continue to address them in the changing demographic, economic and social circumstances. Slovenia is an example of a country characterised by substantial differences in its arrangements for childcare and care for older people. Childcare is supported by well-developed public childcare services (Kanjuo Mrčela and Černigoj Sadar, 2011; Rakar and Filipovič Hrast, 2017), whereas care for older people has mostly remained within the family (Hlebec et al., 2016; Filipovič et al., 2020). In this regard, Slovenia is unlike other post-socialist countries (Van Lancker 2013), where familism dominates both areas of care. Still, the divergent policies and especially different trends in the recent period in the two care fields are not specific for Slovenia (see Leitner, 2003; Saraceno and Keck, 2010; Saraceno 2016). In general, the development of childcare policies within the European countries was much more extensive than care provision for older people, stimulated by the social investment perspective with the goal to increase the participation of women in the labour market. On the other side familism, although to varying degree and forms (by default or supported), remains the prevalent approach to caring for the frail older people in majority of the developed countries (Saraceno, 2016). Furthermore, the welfare state literature shows that a prominent trend in many countries is the increasing role of the market, in line with the general retrenchment of the welfare

state (Taylor-Gooby et al., 2017; Schubert et al., 2016; Mau, 2015; van Kersbergen et al., 2014). This also holds important implications for the development of care policies. However, as several researchers have noted (Hemerijck, 2017; Chung et al. 2018), childcare policies and social investment policies generally have not been subjected to withdrawal of the state and cuts to the same extent as in other policy fields, and in many countries they have been further expanded.

In the article, we therefore pursue two goals. The first is an analysis of care policies for children and for older people, with an emphasis on current trends. The initial research question we pose is whether the dichotomy that exists in Slovenia regarding care policies for children and for older people has been continued and strengthened or reduced in time¹. We are also interested in the roles of the state and the market in these trends. In the second part, we examine whether the presented dichotomy of policies as well as recent trends in family policies for children and in care for older people in Slovenia are reflected in people's attitudes and support for care policies and how they view the role of the state vs. the role of the market in both care-policy fields. Our approach uses an innovative qualitative methodology of democratic forums, differing from the prevailing quantitative studies of welfare attitudes. While the strength of quantitative approach is a representative overview of the factors that correlate with respondents' attitudes on specific issues, its main weakness is the limited scope for revealing the reasoning and motivations behind the attitudes expressed by the survey participants. Contrariwise, the main contribution of the democratic forum approach is gath-

¹ We use the term dichotomy in the article to analyse the stark contrast of policies available. We understand and use the concept to describe the trends at the macro level of policies and institutions, in line with what Busemeyer and Kimmerling (2020) have argued also for the concept of dualisation. However, since we do not follow the concept of dualisation in the sense that the concept should be regarded as 'an integral part of a general trend toward liberalisation' (ibid. 378) we refrained from the use of the term dualisation.

ering insights into citizens' reasoning and arguments. In line with the arguments of the institutional logics of welfare attitudes (Larsen 2008) and influence of current policies on people's attitudes (Blekesaune and Quadagno, 2003; Goerres and Tepe, 2010, 2012; Chung and Meuleman, 2017), we expect that the dichotomy continuously present in care policies will also be evident in people's attitudes.

APPROACHES TO CARE PROVISION

Various welfare models incorporate care differently (Daly and Lewis, 2000) and there are significant differences in how childcare and care for older people have developed across Europe, forming different care regimes and support for defamilialism. We can broadly distinguish between two broad categories, i.e. defamilialism, where the family's care obligations are reduced/replaced by either the market or the state, and familialism, where the family is the main provider of care and receives some or little support. While developing childcare services and services for older people, countries have introduced various mixes of providers and developed different policies. Care regimes can differ significantly based on whether we are considering childcare or care for older people, and in many cases development diverges and can be located on the opposite side on the familialism/de-familialisation continuum. The typologies of care regimes and placement of countries in one of the regimes vary according to which indicators are taken into account (see Leitner 2003; Saraceno and Keck 2010; Saraceno, 2016).

In this article, we adopt the typology of de-/familialism developed by Saraceno and Keck (2010, Saraceno, 2016). This typology distinguishes between familialism by default (where family care occurs in a context without formal-care alternatives),

prescribed familialism (with legal obligations to provide care or contribute to the cost of care) and supported familialism (in which public policies through cash benefits or care leave schemes actively support the family's caring role), and defamilialisation through public provision and defamilialisation via the market. Based on the models and classifications described, the childcare regime in Slovenia may be labelled as defamilialised through public provision (Kanjuro Mrčela and Černigoj Sadar, 2011; Rakar and Filipovič Hrast, 2017), while care for older people, following Saraceno typology (2016), can be characterised as familialism by default, as well as prescribed familialism (see also Hlebec et al., 2016; Filipovič et al., 2020).

The models are of course not static, but can be changed while important trends in recent welfare state development have been increasing the emphasis on defamilialisation. The defamilialisation trends have been strongly supported by the childcare policies in most European welfare states (Ferragina and Seeleib-Kaiser, 2015). While within care for older people we can observe less consistent trends, with some defamilialisation with the gradual development of long-term care services, but also the opposite trend toward refamilialisation as a strategy that governments as well as households relied on to cope with the Great Recession after 2008 (see Yeandle et al., 2012; Deusdad et al., 2016). In addition, the work-life balance perspective of meeting working carers' needs is becoming a critical issue in European welfare states, but again most attention is paid to working parents, while public policies have rarely considered working and the holding of responsibilities for caring for older relatives as a conciliation issue (De Roit and Naldini, 2010). In terms of care for older people, this has (re)enforced the pervasiveness of family care, along with the application of traditional care values and the concept that the family provides the best

quality care (Deusdad et al, 2016; Eichler and Pfau-Effinger, 2009).

However, defamilialisation can happen through the state, i.e. by developing policies and services that support families with care within the public sector, and defamilialism via the market (see Saraceno, 2016; Saraceno and Keck, 2010). The latter implies that families can buy alternative care from a market provider (either in childcare or care for older people). According to Yerkes and Javornik's (2019) analysis of defamilialisation from the capability perspective, the difference between public and market provision is linked with strong gender and class differences in people's care opportunities. In this regard, only direct public service provision offers a real choice and access to care. Institutional care is an important instrument for defamilialisation, as it is evident in both childcare and care for older people. Yet, since institutional care reaches only a very limited share of older people, and also the gerontological trends are more into the direction of deinstitutionalisation and independent living at home for as long as possible, the development of support services that allow such independence of older people is vital. These services, like social home care and similar, can be either provided by public services or private services. In many countries, welfare development has moved in the direction of an increasing role for the market, in line with the general retrenchment of the welfare state (Taylor-Gooby et al., 2017; Schubert et al., 2016; Mau, 2015; van Kersbergen et al., 2014). However, as already noted, (see Hemerijck, 2017; Chung et al. 2018), childcare policies and social investment policies generally have not been subjected to withdrawal of the state and cuts to the same extent as in other policy fields. We now turn to the analysis of policy developments in Slovenia.

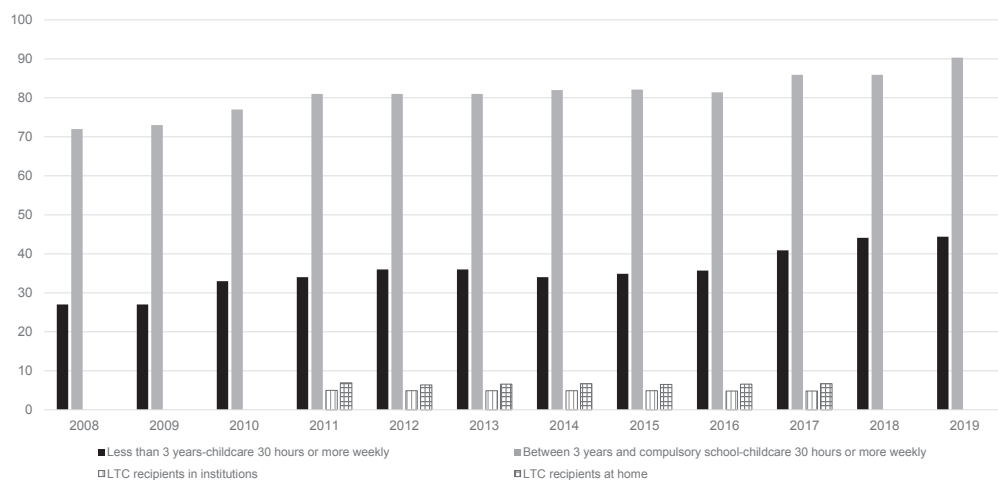
TRENDS IN CARE POLICIES IN THE LAST DECADE IN SLOVENIA

In this section, we firstly present data on the inclusion in childcare services and the use of long-term care services, with a stress on trends in the last decade, in line with the first research question of the article, i.e. the analysis of dichotomy in care policies and changes of these policies in the last decade. We use expenditure data to illustrate the state's role in financing, as well as a detailed description of legislative developments over the last decade.

As shown in Figure 1, the dichotomy of care policies in Slovenia is reflected in the data on the use of childcare services and care for older people services that reveal significant differences between care for children and care for older people in the trends and levels of inclusion compared to EU averages.

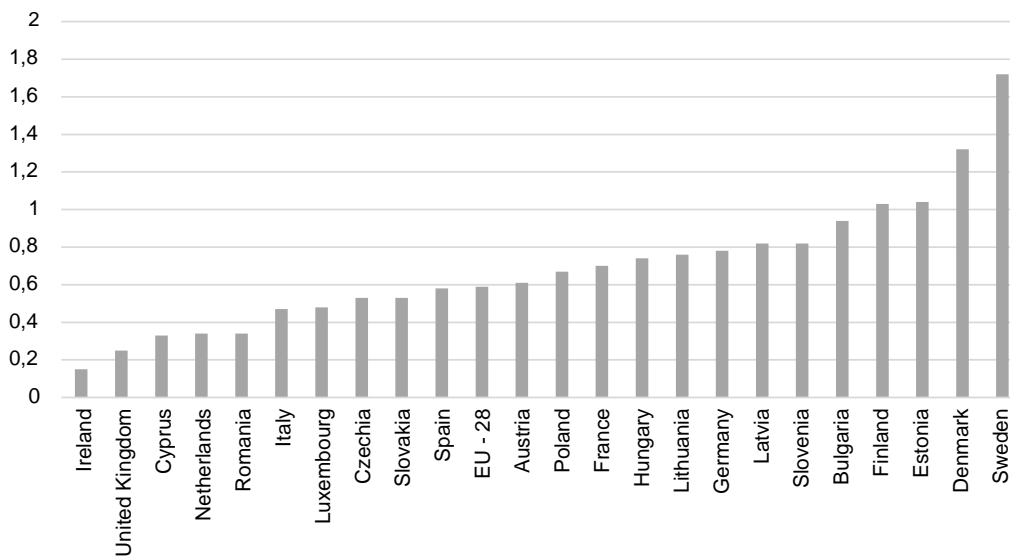
The level of inclusion in childcare is very high with 82.7% of all children aged 1–5 years being included in preschool institutions (SURS, 2020). Especially the inclusion of children below 3 years for 30 hours and more weekly (44.4% in 2019) is well above the EU-28 average (19.5%) and has been steadily rising over the last 10 years (27% in 2009). In the age group above 3 years, the inclusion in childcare in Slovenia is also comparatively very high. In 2019, 90.3% of children in this age group were included in childcare for 30 hours and more weekly, compared to the EU-28 average of 56.6%. Further, in this age group the inclusion of children was steadily growing in the last ten years, as in 2009 73% of children aged above 3 years were included in preschool care (Eurostat, 2020). In terms of expenditure, Slovenia is among the countries with higher expenditure levels on preschool education, as shown in Figure 2.

Figure 1:
Formal childcare by age group % of the population of each age group and long-term care recipients % of total aged 65 years and older²



Sources: Eurostat, 2020; OECD, 2020.

Figure 2:
Early childhood education expenditure as % of GDP (2017)



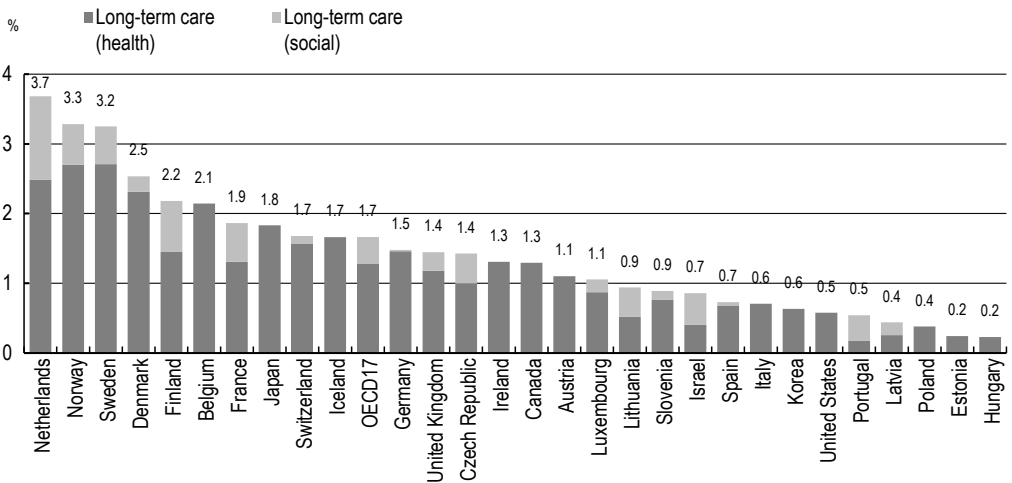
Source: Eurostat (2020).

² For long-term care recipients there is no data available before 2011 and after 2017.

On the contrary, the inclusion of the population aged 65+ in care homes, as well as recipients of long-term care at home, is very low. According to the latest available data in 2017, only 4.8% of the population aged 65+ was included in care homes and a slightly higher share (6.7%) of the population aged 65+ were long-term care recipients at home, with these figures remaining practically the same throughout the last decade (see Figure 1). This level of inclusion, especially for long-term care at home, is lower than what is found in some other European countries (e.g. Sweden 12.4%,

Germany 13.1% in 2018; OECD, 2020). This is also clearly seen in the relatively low level of long-term care expenditures in Slovenia, namely 0.8% of GDP in 2018, and these figures have remained unchanged over the whole past decade, even though Slovenia has one of the fastest-ageing populations. The old age dependency ratio was 24.4% in 2012, slightly below the EU-27 average, yet this number is projected to rise to 57.6% in 2060 (Eurostat, 2018). Also comparatively, Slovenia is one of the countries with the lowest expenditure levels, as shown in Figure 3.

Figure 3:
Expenditure on long-term care as % of GDP (2017)
Long-term care expenditure (health and social components) by government and compulsory insurance schemes, as a share of GDP, 2017 (or nearest year)



Source: OECD (2019).

The presented general levels of inclusion and financing and the detailed descriptions given in the next section show that care policies in Slovenia are denoted by significant dichotomy. Namely, childcare is marked with high defamilialisation through the state, and this has a long tradition which has not been affected considerably in times of austerity and recession. On the other

hand, the financing and levels of inclusion in long-term care have remained relatively low and the majority of responsibility remains with the family. The development of care policies for older people does indicate a slow trend of defamilialisation, yet it seems to be on a higher level based on the market rather than the defamilialisation of childcare services.

Childcare policies

Family policies in Slovenia have played a central role in supporting the high labour market participation of women, a tradition lasting in Slovenia for more than half a century. The development of such policies was sustained by the building of a widespread network of childcare services, the introduction of insurance-based social security schemes in the case of parenthood (i.e. maternity/parental leave) and other family-related benefits (e.g. child benefits) (Stropnik, 2014; Rakar and Filipovič, 2017).

Municipalities are responsible for providing childcare facilities. Since the end of the 1970s, pre-school childcare services have been widespread and subsidised, making them widely affordable. Most children attend public kindergartens (94% in 2018/2019) (Eurydice, 2020). However, up until 2008 the supply was almost completely meeting the demand, but in that year the introduction of free childcare services for the second and any subsequent child also currently included in preschool care and the higher number of births saw the demand rise considerably (Stropnik, 2014; Čelebič, 2012). *The Intervention Law* in 2012 introduced a subsidy of 20% for the cost of a private child minder if the child was not accepted for public childcare due to a lack of space, yet this did not result in a high increase in the market provision.

Parental leave schemes are well developed and generous, offering 100% compensation for one's wage. They include maternity and shared parental leave (365 days in total) and a separate paternity leave (30 days). The parental leave schemes may be labelled as supported familialism, with the support of fathers' take-up indicating a more defamilialised approach for mothers. However, in practice, fathers' take-up of parental leave is low (MLFSA, 2016; also see Rakar et al., 2010).

Following the global economic crisis after 2008, retrenchment has been evident in family policy in Slovenia, where the introduction of strict means testing created a shift towards 'social care', targeting only the most disadvantaged families. In childcare, austerity measures were introduced in childcare subsidies due to the government's new calculations of family income, and the service for the second child concurrently enrolled in preschool is no longer free, but incurs a reduced fee. Likewise, leave policies were to some extent affected and retrenchment was evident as wage compensations for parental and paternity leaves were lowered, except for the parents with the lowest income. These changes to child benefits and the introduction of austerity measures have reduced the number of child-benefit recipients and cut government spending in line with the neoliberal approach (Filipovič Hrast and Rakar, 2017, 2020).

Other minor changes were adopted in early April 2014 when the new *Parental Protection and Family Benefits Act* was enacted, altering some aspects of parental and paternity leaves, child benefits for single parents, and the rights of social parents. Moreover, it introduced more gender-equal leave policies, changing parental leave from family entitlement to individual entitlement for each parent, prolonged paid paternity leave; however, with a delayed and gradual implementation depending on GDP growth. In 2018, some of the austerity measures were abolished (in child benefit for some income groups and in the childbirth grant), and the paid paternity leave was prolonged to a fully paid 30 days, continuing in 2019 (concerning parental leave wage compensation, child benefit and a large family allowance).

Hence, in terms of family policy for children, the state maintained its dominant role in the provision of services and benefits and, despite some austerity measures, this has not resulted in an increased role for

the market, meaning that defamilialisation through the state still largely dominates. In terms of the role of the family, childcare policies remain defamilialised, while the parental leaves can be labelled as supported familialism, but with the reinforced defamilialism for women based on the emphasis on gender-equal policies through the more substantial involvement of fathers. As concluded by Dobrotić and Stropnik (2020), although Slovenia is one of only three former socialist countries that may be classified as having equality-transforming leaves, this is still not the case in practice according to the latest available data on fathers' use of parental leave (MLFSA, 2016).

Policies for older people care

Policies for older people care have traditionally mainly depended on institutional care, which has a long history and is well developed (Mali, 2008). Consequently, the majority of care homes are part of a public network, but the number of private care homes holding a concession has been growing in the last decade (Hlebec and Rakar, 2017), indicating the lower investment of the state in this area. Further, the care home costs have been rising relative to the average salary, which means that without family or state support older people are to a large degree unable to cover the costs of care at an institution (SSZS, 2016). In Slovenia, the family is legally obliged to care for an older person and therefore when the costs become too high for them, families are obliged to pay the costs. It is only when families are unable to do so that the state subsidizes the costs of care (Hlebec and Rakar, 2017). In this context, defamilialisation is therefore present as services are available, yet there is

a trend away from defamilialisation through the state toward defamilialisation via the market due to the increasing number of private providers.

Holistic care is also provided to the older people within supported housing ("*oskrbovana stanovanja*"), which in 2015 included 981 housing units. The main provider of such housing is the *Housing Fund of Pension and Disability Insurance (NSPIZ – Nepremičninski sklad pokojninskega in invalidskega zavarovanja)*, while important investors also include various municipalities and local housing funds, as well as some private investors (see Nagode et al., 2015). This indicates the state's important role relative to that of the market in the provision of this housing and care for older people.

Community-based services, such as social home care³ and day care⁴, were gradually introduced after Slovenia achieved independence from Yugoslavia in 1990. The number of users at the beginning (until 2011) saw stable increases, however from 2010 to 2013 it started to stagnate and then slowly began rising again until 2018, and it currently includes 1.7% of those aged 65+ (Kovač et al., 2019:63). The providers are diverse, ranging from Centres for Social Work, specialised institutes and care homes as well as private providers. The number of private providers has doubled in the last decade (from 2007 to 2018), as has the number of care homes, while the number of Centres for Social work providing social home care has almost been halved (Kovač et al., 2019:29). The system is needs-based (assessment of health needs), with obligatory minimal subsidies made by municipalities and additional co-payments by the users of services. This also results in significant var-

³ Social home care services are services that provide support for older people in their own homes.

⁴ Day care services are services available in separate settings for older people (not at the home of the older person, often in Slovenia these are organised within care homes for older people) that enable socialising and care during hours when e.g. a family carer cannot provide care.

iation in the costs of the services for older people across Slovenia (*ibid.*).

Despite the above described somewhat lower emphasis of the state on institutional care and the growing development of social home care services, the bulk of funds for long-term care is still intended for institutional care (Prevolnik Rupel and Ogorevc, 2010), reaching only a small part of the population. However, this is not a place where services should be extended and the development of social home services as one of the most vital parts for enabling defamilialisation is lagging. Altogether, this makes it hard to argue, despite important developments, that a stronger trend of defamilialisation is present in this case, since the majority of care is still carried out by family members. The state has an important role as the main network of providers of social home care as well as still within institutional care, meaning that some defamilialisation through the state is present. However, the role of the market has grown considerably as the majority of new institutions in this sector are private. Still, the majority operate under public contracts for services, thus representing a quasi-market.

As described, the long-term care system has undergone small and slow changes in the last decade in the way it is organised and the services on offer, although major changes, e.g. in financing, are pending. Although in preparation for several years, new legislation in this field has yet to be adopted. This legislation foresees significant changes, for example in the financing of long-term care through additional insurance. The austerity measures put in place during the great recession and subsequent years seem to have a slowing effect on the

sector's institutional design, with a stronger role played by private investors, both in social home care services as well as institutional care, and increasing personal funds for care. Therefore, these changes toward greater defamilialisation via the market seen in both the provision of institutional care and social home care show a considerable difference from the trends in the family policy for children, an area we presented in the previous section.

SUPPORT FOR CARE POLICIES IN SLOVENIA

We have discussed now the policy trends in general and in Slovenia in particular. We have stressed that often the trend was on the one hand toward a partial withdrawal of the state in care policies in many countries, and on the other hand toward increasing role of the market (i.e. defamilialisation through the market), but much more significantly affecting care for older people than childcare. This withdrawal of the state is however not necessarily a matter that people have supported. Most of the literature on support for care has examined what individuals believe the role of government should be, with the research indicating general support for the role of state, yet with quite divergent attitudes on the role of the family in providing care in EU countries, also reflecting the existing institutional arrangements.

Welfare state attitudes can largely be explained by self-interest, ideological preferences⁵ and the current policy provision (Blekesaune and Quadagno, 2003; Chung and Meuleman, 2017). Self-interest theory entails that those who are currently, or are most likely to benefit from the public policy will be most supportive of it (Blekesaune

⁵ The ideological stances individuals hold have also been shown to be important predictors of welfare attitudes (Edlund, 2006; Gevers et al., 2000; Blekesaune, 2013). This is based on the idea that "attitudes towards the welfare state are rooted in more general value systems regarding the proper relationship between the individual, the state and other institutions" (Blekesaune and Quadagno, 2003, 416).

and Quadagno, 2003; Kangas, 1997; Svallfors, 1997; Knijn and Van Oorschot, 2008). Similarly, Garritzmann and Schwander (2021) have shown that women do not support social investment policies in general more strongly than men do, but they are more strongly supporting only social investment policies that preserve their skills during career breaks and help to mobilise their skills in the labour market in particular access to childcare. Further, the principle of equality has been shown to be of relevance in many welfare attitudes including that towards childcare (van Oorschot et al., 2012; Chung and Meuleman, 2016). Finally, one crucial element explaining why individuals support public intervention in care provision was shown to be the current care provision – both in terms of quality and quantity (Chung and Meuleman, 2016; Ellingsæter and Gulbrandsen, 2007). Hence, it has indeed been shown that existing policy structures shape people's welfare attitudes and views on the extent to which the state should provide a certain benefit or services (Goerres and Tepe, 2010, 2012; Dobrotić and Vučković Juroš, 2016), or regarding who deserves benefits (Koostra and Roosma, 2018). The relationship between current structures and support can be both positive (reward/punishment reactions) or negative (improvement/overburden reactions), although a U-shaped relationship has also been found in the case of public childcare – i.e. support for public childcare is established in countries where service quality/quantity is high and low at the same time (Chung and Meuleman, 2017).

Therefore, the institutional design is reflected in attitudes that are formed (Goerres and Tepe, 2010, 2012; Larsen, 2008; Chung and Meuleman, 2017), but this also seems to influence attitudes more toward developed, old policies, while with newly developing policies the attitudes and public views can affect policies (see Raven et al., 2011). In general, vulnerable groups like children

and older people usually receive considerable support as being the subject of policies, based on deservingness theories, and we can thus expect strong support generally for these care policies in both fields (van Oorschot, 2000; van Oorschot et al., 2017). However, as support is also framed by the institutional framework, despite support for both we may expect that divergent views in Slovenia on the care for children and care for older people exist, based on the differing institutional and policy approaches.

In this section, we therefore analyse the support for care policies and look at the role people envision for both childcare and care for older people policies for the state, family and the market, addressing our second research question on how the dichotomy is evident in people's perceptions and expectations. We are hence interested in whether there is a narrative of support for the defamilialisation in both policy areas and whether this support is based on defamilialisation through the state or through the market.

Methodology

This section is based on data collected in the *Norface Welfare State Futures project "Our Children's Europe"* during democratic forums organised as two full-day conversations. People discussed what should be the priorities of the Slovenian welfare state and how they should be achieved. The main question asked was "What should be the government's priorities for benefits and services in 2040?". Besides examining people's attitudes to current policy developments, our interest hence also lies in the future aspirations for the kind of welfare state the participants wanted. The forum was organised as four plenary sessions and separate breakout sessions in smaller groups and was carried out in autumn 2015. It included 37 people of different genders, ages, ethnicities, occu-

pations and political orientations.⁶ Participants were first asked to identify the most important issues in the future development of welfare policy, which was discussed on the first day of the democratic forums. Among the five main issues, education and preschool education and care for older people were also chosen by the participants. On the second day, the discussions were based around five predefined topics prepared by the researchers, with two being gender and intergenerational issues. Our analysis was therefore based on the discussions within both days that evolved around issues of childcare and care for older people. On the last day, the participants had to define concrete priorities for the future welfare state, and the forum concluded by voting on the priorities. Transcripts of the forum discussions were coded with Nvivo11. Based on this, we performed a systematic analysis of the participants' attitudes to the familiarisation or defamiliarisation of care (through the state or the market), both in terms of care for children and care for older people, relying on a combination of inductive and deductive approach to coding. The data from democratic forums enable us to reflect on people's attitudes to various issues linked to the welfare state, and to a smaller degree they are led by researchers and to a larger degree defined by the participants themselves (for details of the method and design, see Taylor-Gooby & Leruth, 2018; also see Chung et al., 2018)⁷.

Results

Contrary to the dichotomy found in care policies in Slovenia, i.e. childcare being strongly defamiliarised and care for older

people being strongly familiarised, we find no such strong dichotomy in people's attitudes. In both fields of care policies, people expressed opinions stating that support from the state is vital and that the state should be responsible for the provision of either care itself (in the form of services) or in ensuring sufficient means for people to be able to purchase care by themselves (in the form of e.g. sufficient pensions) for both age groups, therefore partly also supporting defamiliarisation through the market.

Therefore, in care for older people **the state** is perceived as being responsible for ensuring sufficient pensions to pay for the care, but also as the provider of care services, such as social home care and subsidising various care options for older people, like assisted living.

[T]he home for the elderly costs EUR 1,500 for people who are chained to the bed. I think that is the price. So, the person should receive a EUR 1,500 pension, end of story. (P 62)

Private nursing homes are one thing, another is the tendency to build assisted living apartments, and that makes more sense, for the state to subsidise these assisted living apartments for the vulnerable, so that they can still do some mental and other work, be active. (P 83)

This important role of the state was linked to a social rights argument (see Chung et al., 2018). It therefore seems to be a moral obligation of the state to provide care. Namely, receiving care as a child or an older person was often seen as being a basic human right and therefore something the state should ensure so that *"One can keep his or her dignity"*. (P 58)

⁶ In all of the examined countries, common recruitment criteria were used and the forums included a broadly representative sample of the population, consisting of older and younger, middle and working class, women and men and those with and without dependent children, as well as some unemployed, self-employed, retired, ethnic minority and immigrant members (Taylor-Gooby and Leruth, 2018).

⁷ See also open access data repository Taylor-Gooby, P. (2020). Welfare State Futures: Our Children's Europe, 2015. [data collection]. UK Data Service. SN: 8496, <http://doi.org/10.5255/UKDA-SN-8496-1>.

If one is active for 40 years, or not due to incapacity to work or whatever other reason, but contributes in a certain way and there is so much money involved here that access to a home for the older people should not be an issue. But it is. And that's what worries me. [...] I think our government should be ashamed of itself. (P 62)

Childcare was seen as a vital part of the formation of one's personality and life and the state's involvement was seen as a guarantee of the quality of services. Childcare in state facilities was something that was quite taken for granted and seems to be embedded in people's notions of how childcare is provided, and what was mainly expressed was only the issue of the flexibility of such care, to enable working parents or lone parents better access:

Financial accessibility. And time as well, afternoon care, because there isn't any now. (P 65)

Yes, a child probably spends more time at school or kindergarten than at home. And it's important how he's being raised there. (P 87)

The market was seen as an important additional provider, ensuring care services or means through which such services may be bought, e.g. in old age through additional insurance or private pension insurance.

[...] The other thing is additional pension insurance, which some are paying into pillar pension schemes, or make savings, investment savings, or something – it's something those with a high income are able to afford. And they will have more to draw on. [...] But someone on the minimum wage cannot put anything aside to make extra savings. (P 58)

The state could support these incentives by certain companies, such as day care, organised day care inside the company, I mean, it is more appropriate for larger

organisations, but not for every small company. (P 50)

However, the role of the market was mainly perceived as limited and supportive of the primary role of the state. This was linked to expressed distrust in the market, in the sense of creating inequalities regarding the quality of the services the market provides, the abuse of funds and people's savings.

The privately-owned ones (homes for old people; authors' explanation) just milk people. (P 58)

The state took a step back and allowed private homes for older people. They are much more expensive and only available to the upper class. (P 56)

A similar consideration was also evident in the childcare field as the potential for private childcare was put forward as an important additional option, yet the abuse of employers of these services was also quickly added to the discussions as it could enable a greater workload to be put on employed parents.

On one hand, it's good (childcare provided by companies, author's note), on the other, it is a double-sided blade because the child is in care and looked after and you can stay at work very late, until six, if you have to. Or seven, or eight. (P 57)

Therefore, the market should be controlled and regulated by the state, according to the participants.

The state should define norms on what homes for older people should provide (P 85)

Family was recognised as an important provider of care for both older people and children, also seen as a norm and obligation of taking care of family members, which is entrenched in societal norms.

On the other hand, at least outside the urban environment, if a family puts an

elderly relative in a home for older people, everyone in the village comments, look how they got rid of him or her. Have you seen what they did? I think the attitude to this in Slovenia should slowly change as well. (P 55)

However, this pressure for the family to provide care was viewed as problematic. The argument put forward was not in line with (re)familialisation, but mainly supported a stronger role for other actors, such as the state and the market, to reduce the burden of care already provided within the family and to enable, especially in childcare, the inclusion of parents in the labour market.

More flexibility of kindergartens, that means that the kindergartens, the working time of kindergartens, I'm talking about state kindergartens, it should be adjusted. To these work hours which vary in this country. Some people start work at this hour, finish at that, some start and finish later. Or later still. While the kindergarten is only open until four, half past four, right. So, these kindergartens should be adjusted to the working hours. (P 80)

For them (older people: authors' note.) not to be pushed out to the margins of society and not be left all by themselves. Alone and pushed to where they are a burden, their children are also busy working and cannot care for them. (P 70)

So that the younger generation can be disburdened too. (P 01)

Yes, of course, it's difficult with the job and, I don't know, everything, to take care for them. (P 70)

Some calls for potential refamilialisation were present, mainly in the form of providing a choice and possibility for mothers to also stay at home in their caring roles, while this was not present in care for older people where the care relies much more heavily on family members.

I'd want for the family to have the option to decide, the option to have a normal life with one parent being at home. Even though that doesn't completely fit under equality, but at the moment, it's something you can't even think about. In so and so many years I wish the standard was high enough that I could afford to be home with the children, raising the quality of life significantly and at the same time having a normal life. (P 86)

In general, we may conclude that based on the discussions the prominent role of the state in providing and regulating care in both care for children and older people is present. The role of the family is recognised as important. However, the state should play a significant role in reducing the burden on the family and enabling the participation of carers in the labour market. Therefore, defamilialism seems to be the policy trend most strongly supported by people in the discussions. This also holds important consequences, as more defamilialised policies can improve the gender balance in care and therefore further support gender equality in care (Saraceno and Keck, 2010). Yet, still with the support of childcare, gender inequality in the division of work was also put forward.

And we're back on the subject of gender inequality because the woman is the one who will pick up the child, while the man can stay at work for 10 hours, if he needs to, or 11. (P 58)

But gender equality or income inequality as a result of supported care did not receive much attention from the discussants in the democratic forums. The market, however, was often a distrusted or less preferred option for defamilialisation as it was seen as creating more income inequality. In addition, the discussants noted the issue of inequality that is related to income differences among families and thus their ability to provide care. However, income-in-

equality issues were more prominent in the discussions on care for older people, while gender-equality issues were only present in debates on care policies for children.

These brackets would need to be examined. Income brackets, right. So that they'd also be taken into account while calculating child benefits or all these subsidies. Now you're out very quickly. If your pay exceeds the minimum wage by EUR 100, you're out. (P 82)

Yes, the state could put out these programmes (of assisted leaving; author's note). (P 85)

Because at the moment, assisted living apartments are for those with means. (P 83)

DISCUSSION AND CONCLUSION

In this article, we have presented care policy in Slovenia and analysed the trends in both childcare and care for older people. We find that these trends indicate that dichotomy in the sense of strong public policy support for childcare and limited support for care for older people exists, and that the dichotomy in this respect has not been significantly reduced in the last decade(s). Further, the dichotomy seems to be more pronounced when observing the growing role of the market as it has been increasing more in care for older people than in the childcare area. Older people care policies were more affected by the austerity measures following the 2008 global economic crisis, while despite some austerity measures childcare services were relatively sheltered from those austerity cuts. In addition, the privatisation trend in care for older people services was much more prominent than in childcare policies, where the rise in private providers was insignificant. We may therefore conclude that in terms of policy development the dichotomy of care policies between care for children and care for older people, already present decades ago, has in

later periods, i.e. the observed last two decades, even intensified.

Our second research question addressed how this dichotomy is evident in people's attitudes and expectations. Based on our analysis of people's attitudes to care expressed within the democratic forum discussion, we can conclude that the existing dichotomy of care policies, as well as the different recent trends in family policies for children and care for older people, are not reflected in people's attitudes and their preferences for the arrangement of such policies. People perceive that it is the state's responsibility to enable defamilialisation in line with normative state support (see Ganjour and Widmer 2016). This shows a disparity between the organisation of care and societal preferences and confirms the thesis that in "familialistic welfare states", where there are strong obligations between relatives and care is mainly provided by family, as is the case of care for older people in Slovenia, this leads to the demand for the state to take on more responsibility (see Haberkern and Szydlik 2010). Moreover, the described attitudes might be linked less to specific policy field in question and more to general high expectations from the state that exist in Slovenia (see Rakar in Filipovič Hrast, 2018). Svallfors (2012) concludes that on average, people from Eastern European countries ask for the most wide-range of government responsibility in terms of welfare provision.

Given the population's rapid ageing, the concurrent growth of care needs, increase in women's labour market participation, and rises in the retirement age, the numbers of workers with caregiving responsibilities will grow considerably in the near future. This will expose families to a particularly challenging work-life balance, especially those from the 'sandwich' generation, and this is above all problematic in fast ageing societies like in Slovenia. The Covid-19 pandemic has even more strongly exposed

the need for support, and policy responses across Europe have been focused more on childcare than care for older people (see Eurofund 2020ab), in some instances therefore even adding to this dichotomy.

The expectations for an increased role for the state might intensify, becoming a critical issue of the sustainability of the care regime. Some good practices and policies adopted in childcare could also be applied in care for older people. For example, part-time work and other flexibilities commonly recognised in Europe are still lacking relative to care for older people, particularly in CEE countries. Different leave policies or subsidised part-time working arrangements should be applicable to all dependent family members and care reconciliation issues require a better definition in the legislation to avoid the issue simply being a matter of employers' goodwill (see Filipovič Hrast et al. 2020). These approaches would gradually help narrow the gap between the divergent trends in care for children and care for older people and hence move closer to people's preferences for the future role of the Slovenian welfare state in the provision of care.

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Sažetak

POLITIKA SKRBI U SLOVENIJI: RAZLIČITI TRENDVI I USKLAĐENI STAVVI

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Slovenija pruža dobre argumente za analizu politike skrbi jer je obilježava izrazita dihotomija u području skrbi. Stoga je teško smjestiti Sloveniju u kontinuum režima skrbi koji se proteže od defamilijaliziranog do familijaliziranog, gdje je skrb za djecu izrazito defamilijalizirana, a skrb za starije osobe izrazito familijalizirana. Mjere skrbi za djecu u zemlji oslanjaju se na povijesno dobro razvijeni sustav javne skrbi za djecu i izdašne politike o dopustu, zajedno s dobro razvijenim sustavom socijalne zaštite usmjerenom na obitelji. Te su mjere zadržane i, u nekim slučajevima, proširene, no uslijed ekonomske krize iz 2009. godine uvedene su određene mjere štednje. S druge strane, politike skrbi za starije osobe počele su se razvijati kasnije i nakon početnog rasta relativno su stagirale (posebice sustav socijalne usluge pomoći u kući). Sveobuhvatni sustav dugoročne skrbi tek se treba razviti i postati tema kontinuiranih političkih debata. Nadalje, za razliku od skrbi za djecu, u ovom se sektoru može uočiti povećana uloga privatnih aktera. U radu raspravljamo o razvitku tih politika skrbi u Sloveniji u odnosu na ulogu relevantnih aktera (država, obitelj, privatni akteri), s naglaskom na stavove ljudi o skrbi na temelju podataka prikupljenih u sklopu inovativne metode demokratskih foruma. Rad ukazuje na to da dihotomija politika skrbi, kao i različiti noviji trendovi u obiteljskim politikama za djecu i u skrbi za starije osobe, nisu prisutni u stavovima ljudi i u njihovim preferencijama za uvođenje takvih politika.

Ključne riječi: skrb, socijalna politika, Slovenija, starije osobe, skrb za djecu, demokratski forum, stavovi.