



REPUBLIC OF SLOVENIA
MINISTRY OF LABOUR,
FAMILY AND SOCIAL AFFAIRS

**THE STRATEGY OF CARE FOR
THE ELDERLY TILL 2010**

**SOLIDARITY, GOOD INTERGENERATIONAL
RELATIONS AND QUALITY AGEING
OF THE POPULATION**



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SUMMARY

The strategy of care for the elderly till 2010 – Solidarity, good intergenerational relations and quality ageing of the population is the Republic of Slovenia's answer to the issue of population ageing and European requirements to provide for new solidarity among generations. The main purpose of the strategy is to coordinate and connect the work of the competent Government Ministries with that of economy and the public third sector in order to increase solidarity and the quality of mutual coexistence among the third, middle and young generation. Furthermore, to provide quality ageing and care of the rapidly growing percentage of the third generation.

Strategy's starting points are explained in the **first section**. Strategy's formal starting points are in fact relevant European and other international as well as domestic documents that have been adopted by the Republic of Slovenia in the last years. The common denominator of the premises are based on: the growth in the percentage of the old population particularly the elderly, collapse of the intergenerational relationships and decrease of the intergenerational solidarity, the blind spot of the Western culture, its evaluation and the inconsistency of the third generation's marginalized independence in the society as well as the diminishing of the traditional role of the family and neighbourhood in taking care of the elderly.

EU Council Green Paper (2005) "Confronting demographic change: a new solidarity between the generations" directed EU Member States to providing solutions to these issues with the following assessment: "Europe is facing today unprecedented demographic change." Under the common denominator of imperative to create political and other conditions required for the new solidarity between the generations, this EU document sets four crucial findings that need to be resolved in order to ensure harmonious development and maintain settlement of the population: lowering of fertility rates of European population, efficient integration of young people, too quick exclusion of the middle and third generation from the division of labour in the society as well as rapid growth in number of the elderly and inability of the modern family to provide for them.

The strategy of care for the elderly till 2010 – Solidarity, good intergenerational relations and quality ageing of the population is based on the findings of this EU document. At the same time it is derived from the up-to-date gerontological knowledge. Slovenia was 40 years ago among the first to have established a gerontological institution. Now a new chance is offered for to become one of the leading in Europe due to the strategy of solidarity, good intergenerational relations and quality ageing of the population, as well as an exporter of knowledge and experience that gotten in this field of sustainable development that is coming to the fore.

The second section of the strategy determines its global objectives in the framework of sustainable development of human resources for all three generations of Slovenia under conditions of the ageing society. The following are determined as priority areas requiring special care: care for establishing of conditions for actively integrating of third generation in the process of work and employment, care for socially acceptable and financially sustainable pensions, implementation of insurance for long-term care, care for carrying out of services and social security programs in the field of ageing and good intergenerational relations, care for preventive strengthening of health of the elderly, for their medical treatment and for stability of the health insurance system, care for upbringing and education of the young people and the middle generation so as to provide quality coexistence with the elderly and to ensure proper lifelong learning as well as education of the elderly, guidelines in the field of culture, particularly media, for cooperating in taking care for the growth of new solidarity between the generations and for the quality humane survival of the society with a large share of the old population, guidelines in research and science in the field of ageing, age and good intergenerational relations, guidelines in spatial planning for both the housing and public regulations that shall be appropriate for life and work of the old people, development of the modern means of communication as close as possible to the old people and ensure their participation in everyday usage of these means, such development in means of transport, which shall allow mobility and participation of the old people, as well as care for efficient protection of the old people against abuse and violence.

What follows is an overview of the situation connected to public care for good intergenerational relations and quality ageing, as well as the foreseen strategic measures in the twelve fields. They are: work and employment, pension and disability insurance system, long-term care, social security, family, health care, upbringing and education, culture and information, science and research, housing policy and spatial planning, transport as well as personal and other safety of the elderly.

In the fourth section of the document you can find guidelines for carrying out of strategy as well as designing and implementation of sector programs for quality ageing and good intergenerational relations. The relation of care for quality ageing is basically inseparable with implementation and strengthening of the new solidarity between the generations. There follow: search for and implementation of the synergy of sources of individual person, family, third sector civil society, market and country, deeply rooted belonging to the local community, program variety and contractors, implementation of new programs following the principle of development projects.

A constituent part of the strategy is also the proposal that specific line ministries that took part in its design should prepare actual action plans for its carrying out as well as founding of the Solidarity and good Intergenerational Relations and Quality Ageing of the Population of Slovenia Council. The Council shall take care of the strategy implementation during the period to the year 2010, as well as for carrying out of the coordinated and continuing policy in this field in the decades to come when the ageing of population will become a crucial problem.

In the Appendix there is information on situation of population and assessment of the future demographic trends in Slovenia, as well as determinations and explanations of certain basic notions.

1. PURPOSE AND STARTING POINTS OF THE STRATEGY

1.1. Purpose of the strategy

The strategy of care for the elderly till 2010 – Solidarity, good intergenerational relations and quality ageing of the population is the orientation of the Republic of Slovenia to ensure the following conditions:

1. to keep solidarity and quality human relations between the third, middle and the young generation as well as
2. to provide for quality ageing and care of the rapidly growing percentage of the third generation.

The strategy for good intergenerational relations together with the quality ageing of population in Slovenia is oriented in establishing links between all the sectors in planning and carrying out of these two crucial tasks that shall be followed by implementation programmes (action plans) through all sectors contributing in its preparation.

1.2. Formal starting points of the strategy

Formal starting points for adoption of the strategy are as follows:

- documents of the second UN World Assembly on Ageing that took place in Madrid in the year 2002 (International contingency plan in relation to ageing and Political declaration),
- documents of the UNECE Ministerial Conference on Ageing taking place in Berlin (Report, declaration and regional strategy for implementation of Madrid documents),
- Green Paper of the EU Council 2005 “Confronting demographic change: new solidarity between the generations”,
- Slovenia development strategy
- Resolution on national program of social security during the period 2006-2010,
- The framework of economic and social reforms to increase of prosperity in Slovenia.

1.3. Essential grounds of the strategy

Adoption of the national strategy of quality ageing of the population and solidarity and good intergenerational relations in Slovenia are the result of the following crucial social facts:

1. growth in percentage of the old population particularly the elderly,
2. collapse of the intergenerational relations and the threat of dwindling intergenerational solidarity,
3. blind spot of the western culture in experiencing the notion of age, its evaluation as well as inconsistency of the marginalized independence of the third generation in the society,
4. the dwindling of the traditional role of the family and neighbourhood in taking care of the elderly.

Social situation in this field in Europe is summed up by the EU Council Green Paper from the year 2005 “Confronting demographic changes”. The document bears a distinctive title “New solidarity between the generations” and starts with the following observation: “Europe is facing today unprecedented demographic change.« With this is shows that its subject lies in vital survival issues of the European society and culture. Under the common denominator of imperative to create political and other conditions required for the new solidarity between the generations, this document unites four sets of utmost importance for sustainable development and maintaining settlement of the European population:

- Deficit in European population’s birth rate,
- Troublesome integration of the young people to the division of labour in the society,
- Quick exclusion of the middle and third generation from the division of labour in the society, as well as
- Rapid growth in number of the elderly together with the inability of the modern family to care for them.

The message of the EU's Green Paper is extremely penetrative in establishing that tasks of increased birth rate, of better upbringing of the young people and quality life in old age have the same solution. And this is having to learn of the new solidarity. The path to it leads through learning of proper coexistence and good communication. This task cannot be solved by anyone on its own: Not politics, nor the states, nor science, nor civil associations, neither religion, nor family, no more individuals. It is necessary to form local and national strategies and programs for social development under conditions of the ageing society. Europe leaves the carrying out of this task to individual Member States. It will promote any successful strategies and programs used – Slovenia may thus make use of possibilities offered in the framework of the EU for this field.

In the first section we shall list some technical literature and information and knowledge taken from the Green Paper of the EU on the main essential grounds for adoption of the national strategy on care for sodality and good intergenerational relations together with the quality ageing of the population in Slovenia.

1.3.1. Birth rate too low for natural regeneration of the ageing population

Green Paper of the EU provides statistical data on birth rate and ageing of the European population at the very introduction and through the entire course of the text. Instead of the birth rate of 2.1 children per woman that is necessary for the maintaining a steady number of population in many Member States this figure is 1.5 children – Slovenia ranks the among the lowest on the list with 1.2 children per woman. New Member States and candidates have lower birth rate than the rest of the Europe the only exception is Turkey where population shall grow by 25%, or 19 million, between the years 2005 and 2030. The only hope that remains is that Europeans want to have 2.3 children per woman in average. The Green Paper serves as a guideline for policies for improvements in work and family lives of young families. European countries shall in the years to come meet with numerous problems, among which the Green Paper particularly sets out the ageing of workforce population. As solution it notes a particular need for integration of younger generations and older citizens in the division of labour.

1.3.2. Troublesome integration of the young generation in employment (labour market) and life

The young people are more often unemployed than people older than 25 years. They are more susceptible to poverty and discrimination. The Green Paper warns that “the skills learnt in schools are not always in line with the requirements of the knowledge society and the level of school failure is still a source of concern.” A promising solution can be observed in the dynamic employment when for example »young people would be more likely to alternate education at college, work and work-linked training, in order to meet the needs of the economy. They should also have greater access to the opportunities provided by distance learning.” Very alarming are also losses caused by intoxication of the young people, which is becoming a mass phenomena, appearing for the first time in the history of mankind.

The Green Paper announces that the Europe's priority strategy should be prevention of long-term unemployment of the young people, fighting against school failure and raising the level of initial training, which has to be followed by lifelong learning.

1.3.3. Early departure from the work process of the middle generation together with the inconsistency in the marginalization of the third generation independence in the society

The middle generation has been retiring quite early so far – usually before the 60th year in average. Time people spend in retirement is rapidly growing due to the prolongation of the life span. The number of third generation members shall increase during the years 2010 and 2030 for more than a third. As great capabilities of the third generation are considered the unexploited human capital on the modern society's margins since for the modern social system the inconsistency is usual that the elderly have become by the system of the organized solidarity, pension and other insurances so independent on the individual level, as ever before. On the other hand these same

systems have overlooked the mechanisms used in integration of the great potentials this third generation has to offer in the division of labour in the society because of which the elderly are nowadays more marginalized in the society as ever before. Due to the growth in share of the elderly people the social systems feel a threat and have to adopt to the state by rapid changes. This is why the inconsistency of the third generation dependent independency has to be overcome by a new paradigm of co-dependency of generations both in providing for maximum autonomy as well as by dependency from social terms and available goods.

Two titles that can be found in the Green Paper of the EU read as follows: »A global approach to the 'working life cycle'« and "A new place for 'elderly people'". Organisations will have to rely on the experience and knowledge of the "ageing" workers. It seems that the third generation is healthier, more wealthy, active and mobile and shall in greater numbers continue their professional path with part-time work and partial retirement. Time of retirement shall be more flexible. But it shall surely move later in life. Technological development is going to enable more work done from the comfort of one's home. This means easier reconciliation of family and work life. The Green Paper in particular stresses the voluntary inclination of the third generation that already now holds an important role in the society.

1.3.4. Rapid increase in the percentage of the third generation particularly of the elderly that are in need of a lot of care and nursing

Already in the middle of the 20th century a 10-percent of the population older than 60 years would mean a truly old population. And on the verge of a new millennium the Europe already reached 20% of population of this age. The number of the elderly over 80 years shall increase by 57% between the years 2010 and 2030. The old population now already exceeds the number of the elderly by three times in comparison with the time they belonged to the young population in the countries belonging to the European culture. Slovenia is ranked in the European average according to the age of its population.

Because twice the number of children was born in the time after the second world war than now and due to longer life span, there shall be in the decades to come even two times greater percentage of the old population in comparison to nowadays if we are to take in consideration the constants in use now. That is more than a third of population will be above 60 years. It should be noted that the most outstanding increase in the number of people in the late years that is of those above 85 years who usually require nursing and medical care. Disproportion in numbers between the young, middle and the old generation of the indigenous European population is disrupted as has never been before in the history up-to-date. And in the decades to come this is expected to exacerbate. This is in itself an extremely complex social task which is strained even more in lieu of the market and consumer mentality understanding solidarity as the unproductive expense.

In the section "Solidarity with the very elderly" of the Green Paper it is written: "The proportion of people living alone, particularly women, shall increase owing to female widowhood resulting from the difference in length of survival between the sexes." Retirement pensions for women are significantly less generous than for men so that they are threatened by poverty quicker.

1.3.5. Collapse of the intergenerational relations and dwindling of intergenerational solidarity

The young, middle and third generation make up for an indivisible social whole. Development, stability and existence of every society is based on intergenerational solidarity.

Under present condition the young, middle and third generation have among themselves so little true contacts that often they even do not know each other, and that is why numerous prejudice and stereotypical views exist among them. In the past the elderly have been to the younger generations the main source of information, knowledge, skills required for everyday work and other vital aspects of survival. Nowadays the third generation only with difficulty

follows the rapid technological development. The essential ingredient of experiencing the notion of old age is this very transfer of knowledge and experience to the younger generations. Generations have in the last century achieved an enormous development in knowledge on both the material technical and nature science field, while the knowledge and chances for quality personal development and human relations have subdued/dwindled extremely - and both these are decisive for quality ageing and solidarity and good relations between the generations. Industrial consumer society praises through its advertisements and other media, sport and in the whole line of production, daring, beauty, speed, youth, success, power, sexuality... With it a blind spot for valuation of old age has been created in the public eye. It has become a social taboo surrounded by various prejudice and negative stereotype. The elderly have worse conditions for accepting their age and its possibilities in such circumstances, particularly fatigue and death. As a consequence many elderly are faced with loneliness. The elderly and helpless people are marginalized in the today's society. Furthermore, they themselves do not often accept their old age and do not see specific chances, offered to them by the third life period for the rest of their life. Alienated relatives and various entrepreneurs add their share to the widening of the generation gap by often seeing the elderly as a source of their own enrichment by means of presents and legacy or cheap services provided to them.

Rapid growth of the share of the elderly shall in the future cause more and more uncertainty and confusion among all the generations. As a natural reaction to this comes the widening of the generation gap. Yet this direction would prove fatal for the Western culture, leading to the so-called »generation war«. The alternative to this is a rapid establishment of conditions for better intergenerational knowledge, communication and relationship. This is the base of a new solidarity between the generations, which the Green Paper sets as the main goal and method for solving of the Europe's main demographic problems. Development of conditions for strengthening of the new intergenerational solidarity represents at the same time strengthening of personal and group self-help in solving of task related to quality life from the cradle to the grave.

Indispensable means of the modern strengthening of intergenerational relations and solidarity is also intergenerational volunteering that is based on the following facts:

- any human being has to be because of their own personal and social growth connected to all three generations;
- in the modern society the free personal decision is the basic principle of personal relations between the adults;
- one to two hours of voluntary work a week - this is approximately 1 percent of your time - is adequate dose of regular personal training for development and maintaining of personal solidarity as the basic human skill for ordered social coexistence under the present life circumstances of the individualistic and materially oriented Western culture where solidarity faces a serious threat.

1.3.6. Diminishing of the traditional role of the family and neighbourhood in caring for the elderly

In the developed world 25% of people older than 60 years is in need of everyday care. Around 15% of this needs relatively little help, and around 10% needs a lot of nursing and care. According to this around 100 000 persons are in need of little help, and around 40 000 in need of constant care in Slovenia today where live 400 000 inhabitants older than 60 years. There is a rule that holds good for Europe that for around 5% of the population older than 65 year nursing and care in social and medical institutions should be provided. And the capacities of the old people's homes are close to that. The pressure for settlement of the elderly in social and medical institutions is on the increase partly due to the growth in the share of the elderly and partly due to the diminished role of the family in caring for the other family members.

Until now traditional domestic or familial and neighbourhood care predominated in caring for the elderly. The data show that most elderly who are in need of nursing and care are still in domestic care. The modern family is changing drastically and an increasing share of people live alone. In the past years it can be observed with us and elsewhere in Europe that the main vehicle of the care for the elderly - the family - denounces to perform its role. The possibilities for family and domestic care of the elderly are nowadays dwindling for various reasons:

- for family-relative social network it also holds good that the share of the elderly is rapidly increasing, yet the share of the young and middle generation has fallen;

- a share of the elderly who live alone or together with another elderly is increasing;
- family care of the elderly is usually done by employed women who are at their professional work, in society and family under extreme pressure, and for the modern family care of the elderly the society does not provide for their training neither it awards them;
- the cultural taboo of old age causes to subconsciously avoid old people and their helplessness which further adds to the growing familial alienation of the elderly;
- alienation in communication and mutual lack of knowledge between the generations reduce the chances for mutual satisfactory relations between the younger and older family members;
- people of all generations, particularly the elderly, have great expectancies regarding the social coexistence but on the other hand relatively little useful knowledge and skills for good personal communication between the generations – their knowledge and competency are far greater in the material and other areas;
- the third generation went through hardships of the war and post-war years and now it for decades lives together with the younger generations in the society of relative prosperity; the third generation of nowadays is still relatively prepared for bearing the troubles, while from the current middle generation a lesser frustration tolerance is expected in personal, social and medical troubles that come with old age, which shall present a far greater burden for the middle generation that shall take care of them;
- the third generation has an ambivalent relationship to family care; on the one hand it traditionally expects attention and help of the relatives and on the other hand its high confidence in autonomy and self-sufficiency causes behavioural and oral deviation from the help of relatives (they do not want to cause any trouble);
- caring for the elderly in the family is in Slovenia - and in majority of cases this holds good at the global level – badly researched which comes as one of the main reasons why this important social-security network did not receive neither professional neither public socio-political attention nor support.

Institutional care may often be seen as an emergency exit, for many would probably choose domestic environment care instead of going to a residence. It is difficult to establish the most adequate way of coexistence in large institutions between the middle generation of the (over)burdened employees and the elderly. Health and service activities as well as national and other services experience problems in communication when contacting the elderly.

Countries and professions face a challenge to quickly develop and implement new models for helping families with an elderly person, new friendly programs for care of the elderly and other supportive social networks designated for quality ageing and good intergenerational relations in the local community. In care and nursing of the elderly an equilibrium between the family, new social programs for the elderly and their placing in the institutions needs to be found. In the framework of the EU such programs for caring for the elderly are establishing their place that are a link between the family and institutional care; particularly day care, apartments provided with care, social home help and nursing at home, respite care as well as intergenerational volunteering are modern programs for establishing of a new balance between the individual's responsibility, their family, government and civil society in the field of care for quality ageing and solidarity and good intergenerational relations. Home help is developing well by us in the last years. And globally, we prevail in terms of voluntary programs of the modern group and individual intergenerational companionship that replaced the lacking part of personal relations with relatives.

1.3.7. Blind spot of the Western culture in experiencing of the notion of old age and its valuation

In the present European American culture the doubt about the value and meaning of ageing and old age is expanding massively due to which many people coming from all three generation lack the experience that old age is as meaningful period in life as are youth and the middle age. Reasons for this form of existential vacuum are mostly those that have been already specified, particularly the diminishing of relations between the generations. Cause for experiencing meaninglessness of life at old age is not related to fear of poverty, loneliness, disease and other problems occurring in the old age, nor death even. Human fears of lack that have even in the times of the past endangered the humanity is a healthy mobilisation of life forces to prevent and solve and a meaningful point of view to these tragic facts. On the other hand experiencing old age as meaninglessness in life is a pathological spiritual blindness preventing persons to understand old age as something worthwhile offering special opportunities for

human realization and other special tasks in life. Experiencing old age emptiness numbs and blocks the available powers and capabilities of the elderly to provide for themselves and actively contribute its share to the society.

Such a disturbance among the elderly is characterized by aimlessness, discouragement, non-activity, negative attitude and behaviour towards the young, indulgence in stupefaction and addiction, depression and attempting suicides. The consequences are manifested in psychosocial disturbance, notably in apathy towards experience, bitterness, pessimism, which makes them unpleasant for themselves and their surroundings. Today's Europe is faced with alcoholism of the older people. There are a growing number of divorces occurring after the independence of children. The most suicides occur among the people of the third generation. This and similar aggravating social pathology is a psychosocial consequence of experiencing old age emptiness.

Blind spot in experiencing of the meaning of old age can be observed also with the younger people is characterized by avoiding the elderly, thinking and talking about old age.

In the light of contemporary findings this mass experiencing of old age emptiness is a disturbance in the contribution of the specifically human dimension in the area of personal freedom and responsibility as well as complete human self-awareness. That is why the preventive approach here is different than in solving the material conditions concerning quality ageing and good intergenerational relations. Here a personal task of each individual human being and basic human groups such as the family, friends and narrow work colleague group is in question. The state and the wider society have to create conditions for increasingly deeper experiencing of the special value of the third life period, its meaningful possibilities and tasks for the rest of life. As well as conditions for learning of good communication and personal coexistence between the generations in the family, workgroups, in the personal company and other basic human groups.

2. OBJECTIVES AND AREAS OF THE STRATEGY

In order to reach both purposes of the national strategy on solidarity and good intergenerational relations and quality ageing of the population in Slovenia, this strategy sets the following global objectives:

1. ensuring a long-term cooperation of government sectors, local communities, economy, services and program providers, science and civil society (particularly organisations of the third generation) for solidarity and good intergenerational relations and quality ageing;
2. ensuring conditions for widening of participation of the elderly in all levels, strengthening of their integration in the society and independent life;
3. ensuring conditions for strengthening of the adequate and permanent social protection of the present and future generations;
4. developing labour market so that it responds to ageing of the population and exploits the potentials of the elderly;
5. ensuring a steady access to quality health and social services;
6. systematically implementing and carrying out of education for solidarity between the generations as well as to create conditions for lifelong learning;
7. keeping in mind the demographic changes together with the care for quality ageing and supply in the old age when forming of all the strategic and program documents of the individual sectors where the essential grounds is synergetic responsibility of the individual and his or her family, local community and country;
8. overcoming of negative views concerning ageing and older people in the society;
9. establishing of the National Strategy for Solidarity and Good Intergenerational Relations and for Quality Ageing of Population in Slovenia Council that shall take care for the carrying out, coordination and amendments made to this strategy.

The strategy of care for the elderly till 2010 – solidarity, good intergenerational relations and quality ageing of the population is a complete national program encompassing the following areas:

- care for creating of conditions for active integration of the third generation in the work and employment process,
- care for socially acceptable and financially sustainable pensions,
- long-term care activity with insurance for long-term care,
- care for working of the modern social welfare programs in the field of ageing and intergenerational relations
- care for preventive strengthening of health of older people, their medical care and stability of the health insurance system,
- care for education and training of the young and middle generation in order to provide for quality relations with the older people by their transit to the third life period for preparation for quality ageing and existence with the younger generations and for providing adequate conditions for lifelong learning and education of the older people,
- orientation of the culture, particularly the media, for cooperation in caring for growth of the new solidarity between the generations and for quality relations the society with a large share of the older population,
- guidelines for the research and science in the field of ageing, old age and good intergenerational relations
- guidelines for the spatial planning for both the housing plan and public areas that will be appropriate for the life and work of old people,
- development of new means of communication tailor-made for old people as well as their participation in everyday use of this means,
- such development in means of transport, which shall allow mobility and participation of the old people, as well as
- care for efficient protection of the old people against abuse and violence.

The strategy of care for the elderly till 2010 – solidarity, good intergenerational relations and quality ageing of the population builds on experience and programs that have been in use until now, encourage use of all the existing sources available and inclusion of the new as of yet unexploited ones. In accordance with the EU guidelines its objective is to bring in line the existing programs in this field in five years and develop new ones to the stage that Slovenia shall in caring of the new solidarity between the generations in this field and caring for quality ageing will be competitive with the other European countries.

3. STRATEGIC ORIENTATIONS BY AREAS

3.1. WORK AND EMPLOYMENT

Demographic trends of the decline in birth-rate and longer life span influence the ageing of population, and ageing of population is followed by ageing of the work force. Changing age structure of the population and increase in the vitality of population are the result of higher life standard and quality of life. Ageing of population occurs in all developed countries and we shall have to keep track of the new state and consider it as regards employment.

Number of population older than 65 years and more has grown from 266 000 in the year 1998 to 306 000 at the end of the year 2004. In the same way the share has grown from 13.4 to 15.3%. Among the older population there is 190 000 women (62%) and 116 000 men (38%). Number of population older than 75 years is increasing and that is from 93 000 in the year 1998 to 125 000 in the year 2004. The share has grown from 4.7 to 6.3%. Among them there is 70% women and 30% men. The life expectancy in the last decade has become longer by 3 years that is 80 years for women and 72 year for men. More and more people live to old age: half the number of man live to 75 years of age and half of women to 83 years of age.

In the past five years in Slovenia the number and share of the employed older workers has grown, which represents a positive trend in the field of active ageing policy¹. With the pension scheme reform the average age at retirement started to increase, which can be observed in the growth of the employment rate of the older workers- Although regarding the employment of older workers we trail the EU by far: In Slovenia in the year 2005 employment rate of the older people averaged about 30.7%, in the EU-15 it averaged 42.5%.

Among the older workers 42.2% perform flexible forms of work. Among the older employees there are 14 000 or 21.3% self-employed and that is 11 000 men making up 24% of all employed men and 3 000 women making up 15% of all women of this age group. Next characteristic is that more older workers work for a shorter time and that is 10 000 or 15.1% employees. Of this there are 5 000 men making up 10.5% of the employed men and 5 000 women making up 27.5% of all the employed older women. According to contract for a fixed period of time works 4 000 or 5.8% of the older workers.

Table 3: Older worker's employment, Slovenia 2005

Age group	Total		Women		Men	
	Number in thousands	Share %	Number in thousands	Share %	Number in thousands	Share %
55-59	52,0	5,6	15,4	3,6	36,6	7,1
60-64	15,9	1,7	5,2	1,2	10,7	2,1
55-64	67,9	7,3	20,6	4,9	47,3	9,4
65-74	19,8	2,1	8,4	1,9	11,4	2,6
Level of employment %						
55-59	43,3		26,5		59,0	
60-64	15,8		9,7		22,5	
55-64	30,7		18,5		43,1	
65-74	6,6		2,8		5,7	

Source: Survey on work force by Statistical Office of the Republic of Slovenia (SORS), calculated by Ministry of Labour, Family and Social Affairs Labour Market Indicators System (MoLFSA LMIS)

1) According to the European methodology (Green Paper: Confronting demographic changes...) population is graded by age in the following groups: young 15-24 years, young adults 25-39 years, adults 40-54 years, older workers 55-64 years, the elderly 65-79 years and the very elderly persons of 80 years and more.

European Commission has among the priority task from the Council Recommendation on the Implementation of Member States' Employment Policies (2004) recommended to Slovenia "to increase activity by creating real opportunities for everyone and improving interaction between the wages the different components of tax burden on labour; **increase the employment of people over 55** and reducing the use of early retirement schemes; ensure consistency between tax and benefit reforms (e.g. by reducing undeclared work and implementing of the pension reform); encourage more flexible forms of work and promote access to training for older workers."

In July 2005 adopted guidelines on growth and employment in Member States of the EU determine in the framework of the active ageing incentives for up to the year 2010, to reach the aimed **50-percent** employment rate of the older workers with the aimed age at retirement of **65 years** or increase of five years.

Average age at the stage of retirement in the year 2005 in Slovenia was 58.8 years and is by one year lower in comparison with the EU (60 years). Average age of men at the time of retirement is 60.4 years and 57.1 for women. Average age of the new recipients of retirement pensions has gradually increased from the time of implementation of the pension reform (1999–2005), and it increased by 2.2 years in average that is by 2.2 years for men and 2.3 years for women.

According to the statistical data of the survey on workforce (4th quarter of 2005) 149 thousand inactive persons belonging to the age group 55-64 and 286 thousand inactive persons among the population older than 65 years. Among the inactive population that wants to work yet due to various reasons is not looking for work there were 76 thousand persons older than 15 years in Slovenia. This is the so-called reserve workforce but their number varies yet it constantly grows (from 44 thousand in the year 2000, 4th quarter). Among the reserve workforce there is 28.9 thousand or 38% of the persons older than 50 years, and among them 56% women. With the implementation of European guidelines in the field of employment police the required activities of social integration and integration to the labour market need to be determined in Slovenia. It is necessary to analyze this group of the older inactive person who want to work but are not looking for work. Reasons for inactivity will have to be examined and further encourage their integration to the labour market.

Table 4: Reserve workforce – inactive persons who want to work, 4th quarter 2005

Age group - 50 years and more	Skupaj		Ženske		Moški	
	Number in thousands	Share %	Number in thousands	Share %	Number in thousands	Share %
50-54	8,4	11,0	4,6	10,3	3,7	12,0
55-59	8,2	10,8	4,9	11,0	3,3	10,6
60-64	5,7	7,6	3,0	6,7	2,8	8,8
65+	6,6	8,4	3,7	8,4	2,8	9,0
Total	28,9	37,8	16,2	36,4	12,6	40,4

Source: Survey on work force by the Statistical Office of the Republic of Slovenia (SORS), calculated by the Ministry of Labour, Family and Social Affairs Labour Market Indicators System (MoLFSA LMIS).

Proposal on measures of the policy in employment incentives and work of older people:

- encourage employment of older people with special income tax relief;
- systematically regulate part-time and temporary work to the retired persons;
- enabling more flexible forms of employment and work for the older persons;
- increasing concern for the protection and health at work for the older workers;
- encourage employment of the inactive older persons – work reserves;
- integrating of active ageing to the collective contracts;
- integrating unemployed persons to employment programs for helping the elderly;
- encourage integration of older workers and persons to the lifelong learning;
- encourage design of products and services for the needs of the elderly;

- preparing an active ageing national program for the period from the year 2006 and the year 2010;
- preparing an implementation program for employment of the older persons for the period from the year 2007 and the year 2010;

The retirement transition to the third life period is decisive for quality ageing and good intergenerational relations with the younger generations. Much is provided for this also by adequate courses. Courses for preparation for retirement need to be systematically implemented in companies and organizations in the last employment period. Training for good relations with the younger generations needs to be carried out among the retired persons as well solidarity and distribution of the burden among all three generations.

3.2. PENSION AND DISABILITY INSURANCE SYSTEM

3.2.1. Current situation in the field

According to the data provided by the Statistical Office of the Republic of Slovenia (SURSTAT) at the end of September 2005 there were 2 003 584 inhabitants in Slovenia. Of this 26.7% of retired persons. In the year 2005 the average number of retired person in the Republic of Slovenia was 531 075, of this 315 092 entitled to the retirement pension, 96 665 to the invalidity pension, 73 254 to the family pension, 19 977 to the widowhood pension and 17 178 to the national pension. Here the average age of the insured persons at the occurrence of the retirement pension was 58 years and 10 months (with women it was 57 years and 1 month, and with men 60 years and 5 months).

Thus insurance and exercising of the rights from the retirement and disability insurance is and will be a significant aspect in ensuring of independent life and adequate socio-economical protection to the current and future generations of the elderly. These rights are ensured by the retirement and disability insurance system which is constituted by the obligatory pension and disability insurance together with supplementary pension insurance.

In accordance with the ongoing reform of pension and disability insurance from the year 2000 (legally it is based on the Pension and Disability Insurance Act - Pension and Disability Insurance Institute of the Republic of Slovenia - (ZPIZ1)) the pension system of Slovenia is made up mostly of the obligatory pension and disability insurance. It is financed by way of pay-as-you-go and in it are involved all the employees, the self-employed, farmers as well as other categories of persons provided by law including family help (also for helping the elderly under the statutory conditions). The insured persons are with the obligatory insurance are ensured the rights to the retirement, invalidity, widowhood, family or partial pension as well as the rights to the disability insurance and supplementary (income support to care allowance) and other rights if meeting the prescribed conditions following the principles of reciprocity and solidarity.

Vertical solidarity between the generation of the active and retired (contributions are obligatory and in proportion according to the contributed base; the insured persons with higher salaries or revenues pay contributions according to the base that are not limited upwards while their rights are limited with the defined highest pension rating base) and horizontal solidarity between the retired persons (maximum ration between the pensions for the same length of period of insurance).are included in the system of obligatory insurance. 4) and solidarity between the retired persons that retire in different periods.

Groups of older people that are most exposed to poverty and social exclusion are under conditions provided by law entitled the right to: lowest pensions guaranteed to all pension recipients regardless of how they have been insured (there were 8 232 entitled persons in the year 2005), charging of the lowest pension base rate that is guaranteed to all the insured persons containing all the rights whose consolidated pension is charged by the actual pension base rate and does not amount to that to which the recipient should be entitled if the pension would be charged by the lowest pension base rate, income support and national pension.

Mostly from the aspect of ensuring long-term financial sustainability of the pension system also under the expected extreme demographic circumstances this strategy has to include also the voluntary supplementary pension insurance. It is based on the capital financing and can be divided into the collective and individual insurance.

3.2.2. Field strategy

In the year 1990 there were 384 094 persons entitled to pensions from the pension and disability insurance (excluding persons entitled to the national pension) and later in the year 1998 there were 472 394 and in the year 2005 513 897. Coefficient ratio between the number of the insured and retired persons was in the year 1990 2.3, in the year 1998 1.7 and in the year 2005 1.6.

The specified statistical data confirm regardless of the short time frame that Slovenia just like Europe faces in this field the challenges of demographic changes. Causes for these are decreasing birth rate, prolongation of the life span, ageing of the population, and subsequent structural change of the population together with other factors.

Long-term Eurostat projections show for the period till the year 2050 that these challenges shall only escalate for Slovenia. The number of population is to fall by 5% till the year 2050. The percentage of population aged 0-14 years that was in 2004 14.6% shall in the year 2025 drop to 13.4% and to 12.8% in the year 2050. The percentage of population aged 15-64 years that was in 2004 70.4 % shall in the year 2005 drop to 63.8% and to 56 % in the year 2050. On the contrary the percentage of the population older than 65 years or more shall grow from the present 15% to 22.8% by the year 2025 and 31% by the year 2050.

According to the specified long-term projections the following strategic goals for the field are significant in the field of Slovenia's pension system:

- additional adaptation of the pension system or policies related to it for the ageing population and other adverse demographic trends with the intention of ensuring of appropriate and sustainable pensions;
- adopting of policies that shall contribute to the increasing of the share of the insured persons of the whole population, longer active period for each individual and maintaining of the adequate ratio between the active and the retired population;
- maintaining of the stable and financially sustainable system of the obligatory pension and disability insurance based on the intergenerational solidarity;
- maintaining of the proper pensions from the obligatory pension insurance that together with other social rights provide at least coverage of the minimum life costs to the complete implementation of the two or three pillar system;
- encouraging of the supplementary pension insurance with capital coverage and assessment of chances for implementation of the obligatory second pension pillar.

Targeted additional adapting of the pension system is already underway with the reform of the pension system that is in the normative form represented by the Pension and Disability Insurance Act (ZPIZ-1). As an answer to the demographic trends in the framework of the adopted pension reform were in the system of the obligatory insurance integrated the following: gradual increase of the age of retirement, gradual decrease of differences under term of retirement between men and women, making equal the indexation of the pension base rate by using the formula for pension calculation, strengthening of the relation between the rights and contributions (prolongation of the accounting period from the most suitable 10 to 18 years, decrease of the charging rate, and so on) as well as combining of the various types of insurance financing (pay as you go or investment systems).

The reformed pension system is (by assuming a complete fulfilment of the reformed measures by the expiry of the transitional period provided by law) also when tested against the so-called aims reached at Leaken for the area (11 aims from the field of acceptable and sustainable pensions that were determined together with other aims by the European Council in its meeting at Leaken in the year 2001) now and also in the long-term successful from the aspect of ensuring socially acceptable pensions. In the field of financial sustainability of the pension system the present pension reform without the support or reform of the policies that are related to this system and without any further upgrading of the pension system it will not be acceptable in the long run.

With the whole structural reforms in the framework of the economy and social reforms for increasing prosperity in Slovenia an attempt is made of approaching towards reforms, synergetic combination and coordinated implementation of policies in connection with the pension system that shall particularly:

- increase sustainability of economic growth and gross domestic product, reduce the amount of debt in GDP through the public financial position closer to the balance or create public financial surplus in the long run (economic and fiscal policy),
- encourage and increase sustainability of the employment rate after entering in the active period, during this period and before its termination of both the individual and of the whole population as well (economic and employment policy),
- increase sustainability share of the insured persons in the whole population, prolong active period of each individual as well as build or maintain the adequate ratio between the active and the retired population (employment policy, labour policy, pension insurance policy),
- encourage better responsibility of the individuals of their social position (social and tax policy),
- encourage rapid increase in the number of the insured persons of the voluntary supplementary pension insurance at higher premiums (tax policy supplementary pension insurance policy).

In the narrower field of the pension system the following measures shall be taken in order to reach the objectives set for the period 2006-2010:

A. Obligatory pension and disability insurance

1. Growth in stimulation for staying active longer.
2. Widening of the obligatory insurance coverage to part-time or temporary contract works with minimum wages, yet which are not working relationships (also for the retired people).
3. Adequate combination of social acceptability and economic sustainability with the obligatory pension insurance.

Ad 1: **Measures embodied appropriately** (with examples):

- for each insurance year the pension increases after the age fulfilment (the current system offers as stimulation only for five years and even this mostly in the first year and least in the last, then there are no more stimulation),
- employers are facilitated by easier employment of the older workers by not having to pay all contributions for them,
- partial retirement can be regulate as open as possible (after the fulfilment of the conditions for retirement).

Ad 2: **Measures embodied appropriately** (with examples):

- enabling payment of contributions also for contractual work of this kind.

Ad 3: **Measures embodied appropriately** (with examples):

- prolongation of the period that is relevant for determining of pension base rate (considering of the paid contributions over longer period which enables a more just way of charging the pension),
- consolidating ways of indexation at the level of all social transfers.

B. voluntary supplementary insurance:

1. Systemic division of the collective and individual insurance.
2. Additional stimulation for voluntary pension insurance.

Ad 1: **measures embodied appropriately** (with examples):

- introduction of the complete division of the collective and individual insurance.

Ad 2: measures embodied appropriately (with examples):

- introducing of the adequate tax relief policy,
- to allow for introducing of individual pension plans without the minimum guaranteed rate of return with the present forms of the pension plans (plan managers can determine the investment strategy themselves and the insured person can decide where and in what way will he savings).

3.3. LONG-TERM CARE

3.3.1. Situation

In Slovenia we do not have a regulated uniform system for long-term care of the elderly, chronically ill, disabled and weak persons that in carrying out of the basic life activities and other day chores need partial or full help of another person. There are rather various services and benefits ensured in the framework of the existing social protection systems (health care, social security, pension and disability insurance).

Part of the services are ensured through the institutional forms of health care such as non-acute hospital treatment that is carried out in nursing departments and prolonged hospital care as well as community health nursing and home health care.

In the scope of social security system users are ensured different services such as day and full-time forms of institutional care, services of (social) domestic assistance, the right to a family assistant, care in sheltered housing as well as various social security programs of personal assistance for the disabled persons.

Persons who are found to need help of another person can from this address also get financial benefits with which they ensure themselves informal help or pay for or pay some of the mentioned services with this resources. Recipients of the retirement and invalidity pensions and those receiving financial social assistance, as well as those persons that cannot be employed due to heavy disability including war-disabled persons and war veterans are entitled to financial benefits for long-term care.

The specified rights (services and benefits) are partially financed from taxes (ensured by the national and municipal budgets) and partially from the contributions to social insurance (they are ensured in the framework of the obligatory health insurance and the obligatory pension as well as disability insurance). Social security services are covered by public sources only in case of incapability of one's own payment. Otherwise they are paid for by the users or their relatives.

The fact that the existing services and benefits are not connected in complete system and that in practice there does not exist the best possible coordination between the offices that provide them this makes it difficult to access services and reduces their quality. Services in the living environment are still relatively undeveloped which additionally puts pressure on prolongation of expensive hospitalizations and widening of the institutional forms of care.

The current needs for long-term care in Slovenia exceed the available capacity that are ensured by the two public networks in the area of health and social security.

3.3.2. Strategic orientations

Increase in needs and requirements for long-term care has become a global phenomenon which can be particularly observable in the 2nd half of the previous century. The phenomenon is closely related to the ageing of population and with it with the increase in requirement of services for persons that cannot care for themselves on their own. Due to such trends the Social Security Committee of the European Union noted three goals in connection with health and long-term care in the April 2004 that should be enforced by the Member States in their legislation and development strategy. And they are:

1. to ensure access to high quality long-term care that has to be based on common accessibility, justice and solidarity. Persons who are ill, injured, handicapped or disabled due to old age must not be excluded from this long-term care. This holds good also for their families;
2. to enforce high quality care with the purpose of improving the health situation and quality of life;
3. to ensure long-term financial sustainability or stability of a high-quality long-term care accessible to everyone.

The specified goals should be reached gradually and with they would be integrated in their national programs and regulations.

In Slovenia we have adopted the planned orientation and confirmed then with crucial development strategic documents. In accordance with these orientations we have started preparation on amendments to the present regulation by establishing new legal basis for the area of long-term care and to divide it from other branches of social insurance integrating it to a complete national social security system. With it we would consider financial sustainability of the system or adequately adapt it to options of public financing. With amendments to the legislation and changes in practice in the Republic of Slovenia we should:

- enable accessibility of services of long-term care for all the population needing it,
- enable better and uniform accessibility of these services in all the regions of the Republic of Slovenia where home at home having an advantage;
- to make possible for higher transparency of resources and more just distribution of investments for long-term care funding and ensuring long-term financial sustainability of the system;
- bringing together contractors of long-term care to a full functioning, rational and efficient system;
- enforce solidarity financing in the field of long-term care following the principles of social insurance;
- make possible the equality of rights among all the persons entitled to such help regardless of the place of stay or type of help (institutional or at home);
- increase responsibility and family care together with incentives for care of relatives needing the help of another person;
- with enforcement of the special insurance for long-term care and looking at it globally will not increase the present burdening of salaries shall improve social security and quality in lives of people that due to illness, injury, old age fatigue or disability need help of others in carrying out daily life activity.

3.3.3. Goal

- 1. Ministry of Health and Ministry of Labour, Family and Social Affairs shall in connection with the Ministry of Finance, Health Insurance Institute of Slovenia and Pension and Disability Insurance Institute prepare a proposal on Long-term Care and Insurance Act and submit it to the Government of the Republic of Slovenia.**

3.4. SOCIAL SECURITY

3.4.1. Situation overview

It holds good for Slovenia that inclination to poverty is on the decrease in the past years. The poverty risk rate in the year 1997 was 14% and according to the last information it was only 11.7% in the year 2003.

Also with persons older than 65 years there can be observed a reduced rate of poverty risk.

But the risk rate for persons older than 65 years it is still higher than for those younger than that and that is by 9.9 percentage point. The poverty risk rate further increases if the person is living alone. In case that the persons is older than 65 years the poverty risk rate is increased by 10.4 percentage point in comparison with the person younger than that. It should be noted that women older than 65 years who live alone are significantly more inclined for poverty risk than men of the same age class and that is by 18.5 percentage point.

According to the data on the given financial social assistance in the year 2005 it can be observed that among the beneficiaries there were only a few persons older than 65 years - only 2.5%. The cause lies in the fact that the older people ensure the basic social security by retirement, invalidity, family, farmer, veteran and national pensions.

As for any other population groups programs are carried out in the field of social security for persons older than 65 years. The purpose of which is prevention of social hardships occurring (prevention programs), and programs and services (inside or outside the public service network) that are intended for the older persons experiencing social hardships as well as ensuring of financial benefits for those that do not have any other sources for providing of social security (or have relatively little sources).

In the last decade we have witnessed in the field of social security intensive services and programs development intended for the older persons who need help with everyday activities and chores. Besides services of institutional care that prevailed in the past years there has started development and carrying out of the home help services, remote help, day-care centre activity and assisting persons living in the sheltered housing. Here the country and local communities in particular encourage services enabling to the older persons who due to old age or health problems cannot get along without help of someone else, thus staying at home or as close to home as possible and choose to be placed in an institutional form of housing as late as possible. Given this approach life quality and integration to the social environment are provided and on the other hand social isolation of the elderly is prevented.

In the beginning of the year 2006 the institutional care was carried out in 70 old people's homes offering more than 14 200 places. Assistance services at home have been provided in more that 85% of Slovenian municipalities for around 5000 users older than 65 years. In the country at that time there have been 22 day-care centres active, 6 regional centres for remote help. Sheltered housing have been built at 9 locations all over the country.

In the same period the network of intergenerational and other groups for self-help have increased significantly as well as other programs that ensure reducing of social exclusion of the elderly from the living environment. Ministry of Labour, Family and Social Affairs (MoLFSA) co financed five contractors having common capacity of more than 1319 support groups for the elderly.

3.4.2. Objectives of the strategy

1. Maintenance and development of the existing social security services for the older people with objectives laid down by the Resolution on the National Social Security Program from the year 2006 till the year 2010, particularly:

- enlargement of capacities for care at old people's homes (granting of concessions and encouragement of public private partnership). Here new constructions should follow the modern model of household groups both in architectural and program scheme that meets the requirements of the elderly, particularly demented and otherwise retarded. This should be provided for with bids and other mechanisms. With the existing network of old people's homes it is required to maintain its qualities as well as maintaining and adapting to the modern social concepts of the smaller groups where each tenant could have his or her own key professional worker. In the norm system of functioning of old people's homes and control exercised over them it has to be aimed at the balance between the material care and quality human relations in the institutions. Besides the established forms of institutional care it is required to provide also for development of service providers network with the other family and care home network intended for the elderly that want to live independently in specially adapted structures (objective: is to integrate at least 5% of people older than 65 years);
- upgrading of the capacity network for the day care with a chance of integrating at least 0.3% of people older than 65 years;
- distribution of home help services so that to the year 2010 3% of people older than 65 years shall be entitled to it;
- distribution of the system of sheltered housing so that it shall enable integration of at least 0.5% of people older than 65 years;
- distribution of the remote help system provider with common national and local community investments as well as its rational organization so that public access contractor network is ensured including whole region of the country.

2. To develop the existing and enforce new social security programs intended for intergenerational cooperation and the elderly, in particular:

- Training of the family with an old person and help provided to the family;
- Local intergenerational centres that combine all public and civil potentials for quality ageing and solidarity and good intergenerational relations at location. Basic programs of the intergenerational centre are the following: various forms of training and help provided family with an older family member, day care, social home help, various forms of intergenerational volunteering, permanent awareness and training for local population programs in the field of care for quality ageing and solidarity and good intergenerational relations, local old people's home as well as sheltered housing. Work of the local intergenerational centre is based on the synergetic work relation of the local schools, social security, health service and culture as well as voluntary, humanitarian, free-time and other organizations of all generations in form of the modern organized local self-help.
- Encouraging of varied existing systems of organized intergenerational volunteering particularly enlargement of the modern forms of intergenerational association in order to include 5% of people older than 65 years to the year 2005.
- Systematic care for development, gathering and distribution of new gerontological knowledge as well as knowledge on good intergenerational relations.

3. Pluralisation of the provider programs for quality ageing and good intergenerational relations particularly to create favourable circumstances and national support in development of the third sector.

4. To provide for creating of new social knowledge on old age, ageing and good intergenerational relations and trying to boost increase awareness of the entire population on tasks and possibilities for quality ageing and good intergenerational relations under the present circumstances as well as to ensure favourable conditions for positive views of old age and establishing relations between all three generations in the society.

5. **To maintain the third generation in the society by integrating its great potentials** in concern for our own quality ageing and cooperating between the younger generations in managing of their tasks.
6. **To care in particular for quality ageing of people with particular needs (retarded together with their relatives, disabled persons, people under the threshold of poverty...).**

3.5. FAMILY

Ageing of population and other structural changes can be observed particularly in the structure of families and in diminishing of the roles that the family traditionally performed in upbringing for solidarity in good intergenerational relations and in providing for the older family members. The basic characteristics of the family nowadays are among others two or one generations living together with a small number of members, small number of children, first child born at a later age (protogenetic interval), high intergenetic interval existing between the births of children, overburdening of women with having to provide for the family that is only escalated by having to take care for the older family member.

Objectives, tasks or strategies in the field of family policy connected with this are the following:

1. **maintaining the number of Slovenian population at least at the present level:**
 - preparing and carrying out of the strategy for increasing fertility where all measures for encouragement of parenthood are envisaged (financial, legislative and others);
2. **to achieve greater balance between larger groups of the population in particular between the persons older than 65 years and those younger than 15:**
 - to achieve population balance in the yearly increment of the young population that would meet the number of population in Slovenia that is approximately 25 000 to 27 000 births per year (births and migration with more stress put on improving of conditions for the first child birth occurring earlier and achieving the adequate interval between the births of children in the family)
 - implementation of the EU guideline in the field of demographic policy (the Green Paper) in particular where the young people are after obtaining quality education quicker integrated to employment and at the same time realizing the family mission of giving birth to children as well as continuing on their path of further education;
3. **to improve conditions for uniform distribution of care for the older family members among all the family members with the vital role as well as strengthening of intergenerational solidarity in the family (through education, public advertising...);**
4. **to the families who care for an older family member proper training should be provided as well as various forms of local service help and day or respite care for the older family members;**
5. **to encourage active integration of the elderly on the local communities or rather activities where their contribution is needed and wanted:**
 - to ensure greater active participation of the elderly in social activities, childcare and other forms of help for the families on a local level;
6. **to support adoption of measures for more flexible working time and more effects from the address of the right to the shortened working time without the closing of social security of the employed person due to the urgent care of the close family relative:**
 - to enable systematically besides the right to the shorter working time also the right to payment for caring for and older family member requiring help.

3.6. HEALTH CARE

3.6.1. Situation overview

In the elderly care strategy an important area is represented by the health care since health and health care represent an important part of every human's social security. This is particularly the case with older people that are required due to their special needs related to old age and constant repetition of more than one disease at a time with one person and regarding their increasing number to enable healthy life and ensure adequate health care and in this way to contribute to the quality of life also at a late age.

Age structure of patients is changing: there were 41.7 % of all patients in the year 1997 that were from 60 to 74 years old and 39.4% of those older than 75 years; and in the year 2002 there were 37.6% of patients from 60 to 74 years of age and 45.7% older than 75%.

According to the number of hospital treatments for the year 2003 in the age structure of people older than 65 years are in the first place regardless of the sex hematopoietic diseases, followed by neoplasm, gastrointestinal diseases, respiratory disease and genito-urinary diseases. The difference between the sexes occurs only in that with the men respiratory diseases come third among the causes and with women gastrointestinal diseases.

Among the hospital treatment of injuries and poisoning there were in the age group of 65 years and more most common hip and thigh injuries, followed by head, stomach and the lower section of the back injuries, injuries to the thorax area and injuries of the shoulder and the upper arm. Falls have been most often specified as the external causes followed by insignificant events and exposing to live mechanic forces and injuries gotten in traffic and transport. Women after 75 years of age are more prone to injuries.

3.6.2. Objectives

Objectives of the policy in the area of health care for the elderly mostly comprise:

- maintaining of the activity of the elderly in all the fields and prolongation of the number of years that they are healthy,
- reducing differences in the health of the elderly,
- independent life on the local environment for as long as it is possible and as long as they want it and are capable of it with the help of health care and services that are required,
- quality and equally accessible health care during disease and health,
- fully integrated multidisciplinary and interdisciplinary care at home or in an institution when the elderly person is not capable of leading an independent life.

In achieving of goals in the field of health care for the elderly persons it needs to be considered particularly principles of responsibility for one's own health, accessibility to health care and treatment, free choice of doctor and health institute. Furthermore, it needs to be considered the right to be communicated and given the option of decision-making in cases of operations, to dignified treatment as well as ensuring privacy and dignity, the right to managing and carrying out of health care and finally to a dignified reaching of life's end.

Program tasks from the aspect of objective policy of the health care for the elderly

1. Prevention programs

By teaching of healthy life in all environments it is required to encourage people in particular the vulnerable groups such as the elderly persons and groups of people from 45 years of age in to set their health at the highest place in their list of human values, to actively care for it and to exert more influence on the economic and social influences of health.

- General prevention programs on educating of healthy life, omitting of bad habits (alcohol abuse, smoking), physical and other activities, healthy food, appropriate social contacts and so on shall via the means of public media, the Pensioners' Organisation and other forms of associating of the elderly people mostly in their direct living environment accessible to a wider circle of older people on the territory of Slovenia.
- Carrying out of prevention programs will strengthen in the local communities and for this it is required to know the characteristics of people living in the community, their life conditions, risk factors to which they are exposed for disease, distribution of resources for promoting of health and health care.
- Community health nursing as a special form of health care at the home of the insured person and in the local community must in the specified health zone in a larger measure develop programs of health promotion and thus encourage the elderly to better care for their own health and health of their families.
- Special prevention programs shall be formed for prevention or slowing down the development of dementia, preventing depression and suicides, cancer, cardiovascular diseases, osteoporosis, incontinency and injuries. In the framework of the community health care centres or at a local level as well as with the help of the appropriate nongovernmental organizations there shall be organized thematic groups of older people and their relatives in order to prevent and alleviating of these problems as well as of obtaining the required information.
- In the framework of the health educational and other prevention work done at the community health care centres we shall encourage and support establishing and organizing of consultation services for the elderly that shall enable them to talk to the health care employee about their medical troubles and in this way help them seek adequate help or the way to the solution.
- The older persons shall be invited by the personal doctor whom they have not visited in more than three years to come to the regular prevention check up that is for the adults foreseen in the framework of the obligatory health insurance.

2. Primary level of treatment for the elderly persons

- By improving the primary level network uniformity in accessibility to medical services shall be ensured to the elderly persons also.
- The chosen personal doctor is head of the medical team at the primary level and shall in the future solve health problems of the elderly through work with the interdisciplinary team in relations with other services from the area of health and social care for the elderly. The practice of medical treatment at home shall expand.
- The chosen doctor shall provide help with the service subscription and queries made should such assistance be necessary, assignment to the hospital so that the waiting period would not prolong unreasonably.
- Medical professionals will have the possibility to obtain the necessary knowledge on characteristics of a healthy and ill older person. They will be provided from time to time with chances of improving and strengthening their knowledge from the field of gerontology, psychiatry, palliative care and psychology of the elderly, peculiarities in communication as well as other specific knowledge.
- Activities of the community health nursing shall in the future also be directed towards boosting, maintaining and strengthening of the individual's health, their family and community, then prevention of illness and risk factors and prolongation of life span and increasing the quality of life as well as restoration of health. The global goal of community health nursing represents achieving of positive health situation of individuals, family and community with the help of health care services that are preventive, curative and of social nature and accessible according to the needs of the individual.
- With the present organization of the health and social care that is required by the elderly mostly in combination

of services the community health service holds an important position in managing and coordination of the integrated long-term care. According to the health situation of the individual, other states and circumstances as well as considering the medical-social state in the local community the medical team includes also other professional and co-workers in a wider scope.

- Medical teams shall include adequate number of physiotherapist and other occupational therapists. To perform health care at home the nursing team shall include also nursing care technician.

3. Secondary level of treatment for the elderly persons

- Older people shall due to acute illness or acute worsening of chronic disease in the future also receive medical treatment in hospitals or wards to which they belong because of the characteristics of their disease. Hospitalization or specialist out-patient clinic treatment at a secondary and tertiary level shall depend only on the characteristics of the disease and urgency that is needed because of the patient's medical condition, and not because of age.
- We shall in the future reduce inappropriate (empty examples) hospitalizations with the corresponding consultation support and corresponding services provided to the elderly and their families in their local environment.
- With development of non-acute hospital treatment the individual and in particular the elderly are provided with a quality preparation for safe remission home or return to institutional care. Activities of non-acute hospital treatment shall for the patient remain directed to recovery or improving the skills of self-sufficiency in cases where due to the patient's medical condition such treatment is more difficult or even cannot be realized.
- In the future period we shall provide establishing of the so-called nursing wards in all regional hospitals.
- In the framework of non-acute hospital treatment it needs to be provided in the future period also for the adequate capacities necessary for performing of long-term health care for individuals with specific needs where long-term care shall be provided for the persons that mostly need health care and other health services.

4. Palliative care

Increase in number of persons with the advancing chronic and cancer due to ageing of population and changes occurring in life style increase the need for palliative care as well as of support and help at the patient's home and demand establishing of the organized palliative care within the very health system.

- Preparation of the national program for palliative care that shall determine palliative care as the constituent part of the public health system (public health service network). The program and systematic implementation of palliative services and of the organized professional network related at all levels of medical services as well as in organizational units with adequate technologic support and financing shall provide for adequate patient care and appropriate life quality according to the state of the advancing disease. It shall also help the patient's relatives that face this problem.

5. Rehabilitation in old age

Rehabilitation services significantly contribute to the recovery and maintaining of physical capabilities after suffering through different diseases and injuries which is particularly important for the elderly. In the next period we shall:

- ensure equal quality in rehabilitation services through hospitals, rehabilitation centres, health centres and local old people's homes,
- improve access to this services,
- provide for performing of physiotherapy and occupational therapy at the home of the patient.

6. Monitoring of the health condition of the elderly, research and pedagogic activity

To ensure for actual data on the health condition of the elderly and their promptness and their requirements in the Republic of Slovenia, their orientation, coordination and carrying out of research work in the area of health and social care of the elderly as well as to design and carry out educations undergraduate and postgraduate programs from the area of old age and ageing we shall once more establish Institute of Gerontology and Geriatrics with the interdisciplinary framework with other professions and sectors.

7. Health insurance and other questions of financing health services

Ministry of Health shall pursue that the scope of health care of the elderly belonging to the obligatory health insurance will not reduce. In the field of supplementary insurance it shall pursue more just burden distribution according to the profitability position of the elderly.

8. The role of the civil society

Ministry of Health shall encourage and in the framework of the budgetary possibilities support humanitarian activities and other organizations adding to the existing programs in the field of prevention and other forms of health care intended for maintaining of independency of the elderly, improving the quality of their lives, voluntary work and exploitation of knowledge, experience and work potentials of the elderly and prepare them for retirement as well as providing solutions to diverse troubles of the elderly.

Implementation of the program policy

Ministry of Health shall continue with the health reform whose best consequences for the citizen offering a more quality treatment and better accessibility even of the top services from the field of health care system's resources distribution. Upgrading of the poll-tax system with the socio-demographic and economical criteria shall enable forming of new teams in the framework of the existing resources. As a consequence of the coordinated treatment of contractors this shall mean that the need for a great number of beds for acute needs shall reduce and so perhaps it will be possible to offer free capacities for the needs of non-acute hospital treatment in nursing, palliative and psycho geriatric wards. In the area of basic health services the very manner of working shall be stressed with transition to quality, coordinated care with active searching of the medically endangered citizens. Medical practitioners shall direct themselves to a higher quality and more efficient medical treatment in day care at out-patient clinic level or as treatment at home to which certain range of programs could be added due to the projected savings in resources.

Ministry of Health shall in agreements on use of sources for health care conducted with partners at all levels, supplementing or amending programs according to the needs of the population and in particular of the endangered groups.

Health Insurance Institute of Slovenia

Partner negotiations between the holders of various interest as method of managing with the health services programs represent more and more awareness of partners of their role and responsibility for the whole health care field, and with it the possibility on consolidation of one's own interest and development with financial possibilities of the health insurance at the national level.

Strategic goals and global strategies of the Health Insurance Institute of Slovenia among other determine for the insured persons:

- providing access to new quality and content of the obligatory health insurance together with maintaining of the rights to health services and their gradual enlargement in accordance with the new medical knowledge, technology and material capabilities of the society. Furthermore, this should mean enlargement of the rights to treatment and medical care at home, to palliative care services and long-term care services;
- ensuring of the same possibilities to exercise rights of all the insured persons;
- committing for greater adaption of health service programs to the needs of the insured persons;
- enlargement and enforcement of the voluntary insurance as the constituent part of health security and financial source for carrying out of health services programs;
- ensuring the scope of public resources with contributions paid for the obligatory health insurance in the amount of at least 6.9% of the gross domestic product;
- maintaining and gradual enlargement of the rights issuing from the obligatory health insurance and services programs, as well as ensuring of a balanced and stable financing of medical programs and other rights issuing from the obligatory health insurance.

3.7. EDUCATION

Only some decades ago it seemed that demographic changes such as ageing of the population do not influence significantly on the development in the field of upbringing and education. Modern social processes such as the ageing society the life style of the modern generations and a changed understanding of the field of upbringing and education (not only formal education) demand a basic re-conceptualization of the understanding of intergenerational relations as well as the role of different generation in the fields of upbringing and education.

Search for adequate solutions and instruments used in carrying out of the strategy for solidarity and good intergenerational relation and quality ageing of the population in Slovenia in the field of upbringing and education mostly includes the following:

- 1) informing of the young generation of the characteristics of old age, ageing society and knowledge useful for quality intergenerational relations
- 2) development of social skills and training of the younger generation for intergenerational communication
- 3) enforcing of lifelong learning in the third life period.

Modern life style divides different generations more and more – in particular the younger and the oldest generations. Living in multigenerational communities is becoming a rare sight more and more and that is why it is not possible any more to expect that knowledge of the characteristics of ageing, of the way older generations live would be present and the same is also true of establishing everyday communication between the older and younger generations. This life style influences mutual understanding, possibility for good intergenerational relations and also a chance of intergenerational experience, knowledge and skills transfer.

Because of this one of the important roles of the formal school system is to add to the curriculums (programs, teaching plans, knowledge catalogues) as a significant intersubject content/field of interest of presenting ageing to the young and presenting to them the characteristics of the ageing society. **The specified contents have to become part of activities in sustainable development and have to include all the activities and forms of work that are otherwise used in implementation of the goals of the sustainable development** (identification goals have to be instilled in teacher plans and knowledge catalogues and the school has to in the framework of integrated education – that is in the framework of the annual school plan - to ensure that the content/dimensions of the good intergenerational relations, presented to the young people the notion of old age and ageing shall be carried out in the framework of different parts of school program (interest activities, project days at the level of primary school, open curriculum at the level of vocational education, obligatory, compulsory electives at the level of secondary school program) carried out as various projects and other school activities.

To implement the specified goal it is necessary to provide for:

- adequate supplementation of national document (teacher's plans, knowledge catalogues)
- adequate teacher training (carrying out of programs of additional education and teacher training)
- preparation of adequate didactic materials and instruments.

It is necessary to provide for **adequate examination of good intergenerational relations in school-books** and other teaching materials.

It should be noted that it is true also of the modern society that understanding of the field of education and upbringing is changing. This field of education and upbringing does not encompass the school system.

Preparing of the young people for further studies and for efficient integration to work and so as to in a constructive meeting of life situations is not based **only on valuation of the formal knowledge, skills, and competence but also values and integrates the non-formally and informally obtained knowledge, skills and competence.**

The very widely known knowledge (not only the transfer of formal knowledge) necessary for the efficient integration

to the world of work, further education or in solving of complex life situations opens new chance for good intergenerational relations.

Forms for cooperation (projects) and integration of the elderly to the work of the school need to be developed who can transfer their knowledge/competence and experience to the young people both in the field of the professional development as well as in for example offering help for re-integration to school (e.g. the program of re-integration of those who left school) or in solving of life situations.

An important goals of the system of upbringing and education and school especially is development of **social skills** (developing of socio-integration role of the school) needed for life in more and more complex society. Development of social skills cannot be implemented without integrating different areas of the human living environment. Here belongs the question of good intergenerational relations. One of the oldest forms that is still being developed in the framework of the system of upbringing and education are forms of **voluntary work**, visits of school youth at homes and the local old people's homes, and so on. Too often these forms of work are narrowed down only to focus on the elderly that already find it hard to actively participate in various activities or are not able to anymore should we give them a chance. For this reason it is necessary to develop in the future besides the already routine forms of work also programs for successful intergenerational communication intended for understanding of the elderly and to provide for better relations with them. The programs would have **to enable common creativity and cooperation** (e.g. preparation of research tasks, creation of a family tree, recording of life...) with an actual task since only in this way it is possible to make a bond of intergenerational understanding and cooperation.

Integration of the elderly in the process of lifelong learning includes two important aspects. On the one hand it is a question of integration in the learning process of older employed people and also other older persons who are not employed anymore.

One of the important measures is encouragement of lifelong learning with integration of the elderly, who are still employed, to the education programs. With implementation of regular measure it is provided for quality in work of the elderly still employed persons as well as their active (not only passive role) in the work process.

At the same time it is necessary to ensure conditions for active spending of old age to those elderly who are able to do it and want it. Active possibility of integration of the elderly needs to be ensured in the field of education and upbringing in two ways at least:

- by integrating them to carrying out of activities, projects at school (optional activities, projects...),
- by possibility of active integration to the education programs for the third life period. The elderly who are not employed anymore maintain bonds and integration in the society by integrating them to various forms of lifelong learning as well as ensure spending of active old age. By integrating to the education forms for the third life period the period when the elderly is capable of taking care for himself is prolonging too.

The essential three tasks are thus that it is necessary to enter to the public education at all levels the following:

1. social education for understanding old age,
2. systematic training of the young generation for complementary good relations with the third generation,
3. enforcing of lifelong learning in the third life period.

3.8. CULTURE AND INFORMING

Culture is an essential ingredient of the strategy for the solidarity and productive intergenerational relations and for providing quality life for the older population as well as to ensure safe and human ageing of the population. Due to the growing share of the third generation in the population and prolongation of the period of the actual activity of any kind the care for cultural participation of this generation at the same time means a great contribution to the entire cultural life and creativity of the society at large.

The third generation has from the aspect of culture an ambivalent social role. It is a very important carrier of a somewhat more traditional value system and cultural practices and lore where with it a tendency for positive valuation of the Slovenian cultural identity and somewhat lower acceptance level for the new and more radical culture practices and poetics. From this point of view the third generation functions as a medium of cultural identity convictions and basic values to the younger generations and with it performs a very significant role of a defined culture actor in the Slovenian social cultural landscape.

Its active participation in transfer of the tradition and intangible cultural heritage as well as participating in mass amateur culture activities in particular in less urban regions of Slovenia is of utmost importance in this sense. At the same time this generation is classified among the most frequent visitors of public libraries and public media. Slovenia with its tradition to some extent of polycentric cultural activities facilitates the third generation various levels of participation in culture in particular through the Culture Activity Foundation network, public libraries network, museum network and in particular with the access to classical and digital media.

On the other hand the third generation meets with certain restriction that influence its participation in the culture life and also in the circles of culture voiced patronizing views.

National cultural program and the current cultural policy are oriented to encourage removal of physical and socio-economical circumstances that restrict possibilities for active participation of the third generation in the cultural and social life. It is about enabling access to culture immobile and in a similar way impeded older people and at the same time enabling access to those that have lower financial income or second thoughts on suitability of their participation in certain cultural practices.

In the modern cultures of the Europe there are also negative views and certain blind spots regarding ageing and old age. This should be overcome so that a new solidarity between the generations might thrive together with providing for quality ageing and enabling larger contributing of the third generation to the entire social life and development.

Language and style of expressions that is nowadays used in the area of ageing shows processes of social stigmatization of old age, stigmatizing of the elderly and stereotypical images of old age. It shows to emotionally loaded words used in connection with ageing and further to some lack of positive display of older people. Overcoming of this state is a condition for successful enforcement of strategies for solidarity and good relations of the generations and for quality ageing of the population. This overcoming presents itself as a task that can be performed only by means of culture itself. Politics needs to pave the way and create favourable conditions for this processes.

Social media are nowadays are a super power fashioning the public opinion with information and other programs it wields. In the media space it holds good – and in Slovenia this is especially visible – that only the “bad news is good news” because it stirs attention and makes profit to the media owners as well as bestowing popularity to the newspaper journalists. This holds good also for the field of ageing and good intergenerational relations. Mass media must of course critically observe the negative social phenomena in all the areas they appear - in the area of intergenerational relations and ageing no less. We could speak of a movement in order for reporting on events and states of media that cause in us the readers learning processes of positive ways and patterns in the area of good intergenerational relations and ageing. We should strive in different ways for this movement from the mostly analytical-destroying to constructive writing in the field of good intergenerational relations and ageing. The programs with which this could be done are most difficult to carry out. The following are the actual chances: to add a subject and exercises for the undergraduate studies for journalist where quality ageing and good intergenerational relations would be plastically presented and experienced in a positive way; postgraduate specialization from this field; intensive courses for journalists; clearly set program guidelines in the national media that are co financed by the Government; enforcement of a glamorous national award for extraordinary media achievements in positive informing on quality ageing and good intergenerational relations; integration of visible newspaper and media company owners to the national committee for quality ageing and good intergenerational relations.

Implementation program that takes care for solidarity and good intergenerational relations and quality ageing will have to encompass all cultural areas. With the further care for functioning and development of decentralized networks of individual cultural activities and systematic support of possibilities for stronger activation of the third generation in culture. This would include the use of their expertise and accumulated experience as well as wide communication networks and hence it projects of better access to culture of those members of the third generation that old age impaired them with a certain reducing of psychophysical capabilities need to find support.

3.9. SCIENCE AND RESEARCH

Ministry of Higher Education, Science and Technology (MHEST) has among its long-term goals and strategic orientations written down also goals concerning the elderly. In its goals and orientations we are concerned in particular with fields of the information society educational fields and research fields which are all areas where the older population may actively cooperate and is integrated in the work processes. Only active integration of the elderly in the coexistence with the modern information-communication technologies (ICT) ensures overcoming of the digital limitation and increases the level of computer literacy and indirectly means of identification to the modern more and more information society. Ministry of Higher Education, Science and Technology sets as a global goal concordant and uniform development of the information society.

The goals of the Ministry of Higher Education, Science and Technology in the field of the strategy for the elderly are the following:

1. Boosting and strengthening of development as well as better use of information-communication technology and e-business in connection with the ICT- industry

The aim is to provide support for the sue of the information-technology in economy and society as well as support for Slovenian information-communication technology in developing of new advanced and innovative products and services. Information-communication technology presents the base and condition needed for development of the information society and in the framework of this for development and Internet usage, e-contents and e-business. The specific goals in this field are the following: support and promotion of the competitiveness of the domestic information-communication sector; ensuring of the innovative environment and identification of the needs in order to develop advanced products, applications and services; linking of the development potentials in the economy and research sphere; positioning and integration of the information-communication sector for launching on the global market; promotion of the application development and open source code based services. Furthermore the goal is also to boost development and use of e-business in order to increase cutting edge capabilities and company productivity. For efficient enforcement of electronic business are of crucial importance are adequate informing, access to knowledge and solutions, adequate legal framework and adequate information infrastructure as well as adequate level of user trust. The most important are open character and mutual connectivity of solution. Specific goals in this field are ensuring of conditions that shall enable easier development of new application systems and their mutual connecting as well as enforcement of interoperability and open standards.

2. Establishing of intergenerational centres for encourageing and development e-contents as well as training for life in the information society

The goals of boosting development and usage of Internet and e-contents as one of the essential conditions for access to and diffusion of knowledge, information and services increasing productivity of economy and competitiveness as well as reducing of the digital limit and enabling of the integration of everyone to the information society. The specific goals in this field are the following: encourageing development and Internet-usage in the entire society with monitoring of indicators and regulatory issues (protection of intellectual property, security and trust, protection of personal information, consumer protection, education and obtaining skills of digital literacy); development of e-contents and e-services (including digitalization) in Slovenian language in the area of cultural heritage, science, education and business; design of the

development environment and partnerships designated for effective development and establishing of e-services; enabling access to information-communication technology and Internet. In the framework of cooperation in European initiatives for determining guidelines for development of the information society (i2010) and in programs of this field is essential eContentPlus, eTEN, MODINIS, Safer Internet Plus program, ENISA). As a goal we can define training of everyone for life in the information society where points in forms of intergenerational centres are the source of knowledge and experience. Here knowledge and experience of the elderly meet with the skills of the younger. All participants help themselves in mutual way. As a result of this we get points including information-communication technology equipment where an intergenerational transfer of knowledge is carried out.

3. Lifelong learning and educating

The goal is the integration of everyone in constant improvement and training. Only active population can lead a quality life and sociologically acceptable way integrates to the modern currents of the society and life. Motivation and interest for constant education are crucial factors if the people should feel the need for absorption of new knowledge. Preparation of adequate programs and contents adapted for the elderly may lead to results when new knowledge shall be available to as wide a circle of people. Active old age shall be ensured to them. Ensuring of integration of everyone to the information society demands ensuring access to all social and economic groups. Here are included also the elderly and people with limited capabilities. One of the essential conditions is ensuring of adequate interfaces enabling a specific way and capability of access to individuals – This further includes both the functionality and various devices as well as adequate content and interface design.

4. Preparation and carrying out of public bids

The goal is to prepare grounds for content in development and preparation of public bids that shall ensure the results of bids to be such as to provide added value to the elderly and not to exclude them. Guidelines ensuring intergenerational cooperation, integration of the elderly and considering of socio-social aspects, have to be defined as condition of the bid. In preparation of bids it should be enabled that the results would be generally useful and multidisciplinary. Bids that are oriented towards a goal that are indirectly intended for the elderly and intergenerational cooperation are a condition, should the active role of the elderly be ensured in designing development of society and life.

5. E-Health

The aim of the project e-Health is exploitation of the modern information-communication technologies and services as well as all its possibilities in achieving a higher quality life. E-Health is a project ensuring access of everyone to medical professional services and there being no time nor location restrictions. The service is available 24 hours a day, 7 days a week and restricted only by the World Wide Web access. The knowledge base is formed with registrations of doctors and medical professionals so that patient can access answers given by them at any time via the smart interface that can search for answers to posed questions. In this way leading the patient chronologically through the description and all to the definition of the disease or medical problems. Furthermore, it is provided for the gathering of specific medical data that are entered to the system by the patients themselves. On the other hand data are collected and valued by medical professionals. E-Health is a complete project ensuring faster response time of medical professional and enabling patients to perform medical services without visiting the doctor. This is even more important with the ill and the elderly.

6. “Safe home” project

The aim of the project is to ensure a completely information technology based and technically developed living environment intended for the elderly, immobile persons and those that move with difficulty. Safe home is an accommodation that is equipped with the modern information-communication technology and enables independent stay to persons since with all the equipment in the rooms is managed via the computer or indirectly by using the remote interface or voice commands. Furthermore, the room is provided with

the highest possible level of protection so that the room is equipped with movement sensors monitoring the activities of the person in the room. In case of the unforeseen situation (fall, no response) a rescue operation is launched. All the equipment and the inventory are adapted and specialist and that is why top class professionals from the field of informatics, computer science, digital communication, sensorics, rehabilitation, social welfare, psychology, andragogy and gerontology must participate in the realization of the project. The result of the project shall be a complete information-based housing that shall enable stay in the rooms to persons that should otherwise be placed in the hospital, old people's homes or rehabilitation centres.

7. Research and education development in the field of intergenerational solidarity and gerontology

Content fields of intergenerational solidarity and various industries of the gerontology science must in the future get its own special place in the fields of basic and applied research. Based on the domestic and world-class science it needs to be provided for the specialized interdisciplinary higher education and postgraduate training in these fields that shall ensure the necessary personnel for this field.

Gerontology knowledge and that of good intergenerational relations are rapidly developing in the world nowadays. Another of their characteristics is obvious interdisciplinary. In order to follow this development going on in the world and to reach adequate scientific and practical results on an national level, an integrated scientific and professional approach to questions on ageing and solidarity and good relations between the generations in interdisciplinary national gerontological institutions.

3.10. HOUSING POLICY AND SPATIAL PLANNING

3.10.1. Situation

In Slovenia there were 73 036 one person households in the population census of 2002 where a 65-year old person or older were living, of this 12 221 were men and 60 815 women. Increasing of the share of older population will by all means also cause the increase in the share of one person households where the resident would be 65 years old or more. This will only increase the needs for regulation of their stay and housing.

The elderly have now as far as housing in the mature age is concerned the following options:

- **stay in the old people's homes** (institutional care for the elderly);
- **staying in the sheltered housing** (accommodation for the elderly where the residents can get assistance from the specific institution 24 hours a day under the condition that the accommodation is architecturally adapted for accommodating of the older persons with their own household in a multi-storey building or in an alternate form of agglomerations);
- **staying in purpose rental housing** (here they are mainly provided by the Pension and Disability Insurance Real Estate Fund);
- **staying in one's own or rental housing** with a possibility of home care.

The current legislation which indirectly or directly regulates the mentioned issue:

- 1. Housing Act** defines that the Minister competent for housing matters shall prescribe the housing norms and functional standards of technical conditions as well as maintenance standards for sheltered housing. On the grounds of which the following **Regulation on minimum Technical Requirement for Construction of Sheltered Housing for the Elderly** was adopted together with ensuring the conditions for their operations – the regulation besides the technical requirements which have to be taken into consideration by the investor when building such housing (width of door, width of stairway, prohibition of stairway in the housing, equipment, and so on...). There are additional conditions prescribed for operation of such housing. That is a 24-hour assistance and an attendant. The Housing Act at the same time specifies among the types of rental housing also **purpose rental housing** that is defined as an accommodation intended for institutional

care for the older or retired persons or for special groups of adult population.

2. **Social Security Act** and on its grounds adopted **Regulation on Procedures to Exercise the Right to Institutional Care**.
3. **Construction Act** and on its grounds adopted **Regulation on Requirements on Access to, Entering and Use of Buildings in Public Use and Multi-Storey Buildings**.

3.10.2. Tasks

It must be kept in mind that the growing needs of the ageing population demand for additional policies, nursing and treatment and encouraging a healthy way of life adapted to the living environment. Independency, access and enabling to the older persons full participation in all aspects of the social life needs to be encouraged.

Because as has been specified in the introduction the ageing population has grown and with it the needs for adequate accommodation, measures enabling to the older persons in particularly subsequent living in the environment they are familiar with and in which they are integrated. At the same time all the necessary assistance should be provided to them so that they could function independently. The elderly need to be integrated in the intergenerational flow and not to treat them in isolation from the rest of the population. To this end the legislation and other measures needs to be oriented in particularly in **improving of the housing standard of the structures**. Not only those intended for the older persons, but rather strive on the basis to construction of buildings adapted for accommodation of people with specific needs at any moment (older persons, mothers with little children). At the same time it is not enough that various needs of the population are considered only with the new constructions. Measures should have to be adopted for gradual removal of barriers in the existing structures. Equipment will have to be improved in the old people's homes that need to be provided in regions that are already intended for housing and mixed constructions. That is not in isolation, outside the settled regions and on the outskirts of settlements. They should be adapted even more so for the accommodation of the disabled persons, and to be opened to the outside world so that the elderly would not lose contact with people and the surroundings.

3.10.3. Objectives

The measures that should have to be adopted with the purpose of ensuring adequate living environment for the older persons.

- With amendments made to the housing legislation enable as efficient change of accommodation (proprietary or rental) as possible with the purpose of providing to the elderly a more adequate accommodation (smaller, located in the first floor, cost effective and adapted to their needs) and if possible in the environment they are familiar with (consider on real-estate agency that shall take care for realization of these needs). Perhaps such replacements could also be exempt from tax on real-estate transactions;
- Providing good credit conditions or with acknowledgment of the owner's share of the accommodation to the lender, and to enable to the older owners of the accommodation that they renovate it according to their living requirements.
- Encourage and develop possibilities for the rental acquisition of the accommodation by way of instalment payments to enable to the older people to obtain some assets by selling off their apartment which they could use either for improvements in their living environment, renovation or use it for a trip, cultural activities, education in the third life period, and so on. At the same time they would have the chance of staying for the rest of their lives in that accommodation. After they would pass away the housing would become property of the one paying the rent (e.g. municipality, Real-estate Fund, bank, insurance company, Pension and Disability Insurance Institute of the Republic of Slovenia (ZPIZ), Capital company (Kapitalska družba)..)
- Ensure as many sheltered housing as possible either for acquisition under certain conditions (only for persons older than 65 years) or rent where as good quality 24-hour service should be provided – medical, technical, food service, and so on.
- Building old people's homes within intergenerational flow and adapting the living standards of these same

homes so that their tenants were ensured a great amount of privacy and individuality (their own rooms, one-room apartments – bed-sitters). At the same time as much room as is possible should be devoted to bringing together of the elderly as well as bringing them together with other population.

- As efficient a home assistance and care should be provided to those that chose they want to stay in their own home as long as possible. At the same time everyone should be enabled access to this services regardless the financial resources.
- Design of apartment buildings, quarters and the overall image needs to be adapted to the up-to-date architectural trends in the best possible way providing for mobile and other needs of the older population, disabled persons and all other categories are taken into consideration. They should spatially encourage spending of time together between the older and the younger generation at all levels (preschool facilities and old people's homes, public culture institutions, recreational facilities for the older persons...).

3.10.4. Spatial planning

The spatial planning field is regulated by the Spatial Planning Act that as its basic goals determines that the purpose of spatial planning is to enable a coherent spatial development with coordination of the economic, social and environment aspects involved in the development.

Orientation of development processes and with them connected spatial arrangements must arise from the balanced development needs where land has to be regulated by:

- enabling quality living conditions in the city and on the country as well. This ensures quality and humane development of cities and other settlements and provides for their supply;
- achieving coherent spatial arrangement that complements itself with various activities at the location;
- ensuring possibilities of the location for the community's coherent development;
- ensuring functionally handicapped persons unrestricted access to structures and their usage as provided by the law;
- ensuring protection of the environment, maintaining natural and cultural heritage, enabling sustainable use of natural resources and protecting any other qualities of the natural and living environment.

Amendment to the law in force is being prepared that shall maintain the above cited principles and supplement them with greater stress put on the quality of living conditions in the city and on the country, while maintaining spatial identity, protecting of the cultural heritage as well as of keeping nature intact, with a complete renovation of the existing settlements where development is directed on a primary basis.

3.11. TRAFFIC

The elderly persons are vulnerable group of traffic participants. The mobility of this population in the public traffic is of a great importance for their quality of life and also for the whole society. Therefore, the traffic development should be regulated in such a way so that it will provide for mobility and participation of the elderly people. High demands of this population considering safety, comfort, and especially availability require special care and attention for stimulating the use of public means of transport in road, as well as in rail transport. When designing and constructing the traffic means, as well as the required infrastructure, various needs of the elderly have to be taken into account. The elderly have to have equal options of using means of transport. The passenger education is needed for creating public passenger traffic in the intermodal way (e.g. bicycle – car – taxi boat – bus – train – plane). When designing intermodal terminals, also the needs of the elderly, who have equal options of their use, have to be included. . One of the more important aims of traffic policy is to connect the bicycle lanes with public passenger traffic stops and parking lots for motor vehicles.

Positive measures of traffic policy regarding bicycle lanes and footpaths could be estimated with longer, uninterrupted bicycle lanes, the increase of public passenger traffic users, air pollution decrease in city centres, the greater

number of the physically active in travel habits, and a drop in number of bicycle accidents. Because of the population ageing in Europe, and also in Slovenia, the problems of the elderly traffic participants become more noticed. The age group above 65 years, especially pedestrians and bicyclists, is above average risk in the majority of countries. The elderly people participate in traffic also as bicyclists. They have equal rights in traffic therefore we have to pay them more attention, in terms of designing the whole traffic infrastructure. The bicycle lanes have to be projected in a way that the bicyclists are not at such risk, and at the same time more considered participants in traffic. The main task is to reduce the number of crossings between the bicyclists and the motor traffic. In practice, it means separating the bicycle and motor traffic where it is possible. Besides, within the unified public passenger traffic it has to be provided for that the bicyclists do not have to pay the additional fee for the bicycle transport when using public passenger transport.

For the safety of the elderly bicyclists, the following actions are needed:

- stimulating the bicycle traffic development,
- stimulating the use of different bicyclist equipment, especially cycling helmets,
- repressive procedures against drivers, stopping or parking at the bicycle lanes,
- controlling drivers with mopeds or motorcycles driving on bicycle lanes.

Whereas, the main problem with elderly vehicle drivers is preserving the driving fitness and revising the knowledge (at least every 4 000 km per year), and also care for health and driving abilities. The care is pointed at preserving the mobility together with the appropriate safety for this group age and other participants.

For elderly persons (above 65 years) safety, the following actions have to be done:

- Preventive actions for various groups of traffic participants, with the goal of enhancing the understanding and patience between traffic participants of various generations,
- Stimulating the knowledge and skill revising,
- Evaluation of medical examinations control,
- Evaluation of the system for warning the elderly drivers of eventual medical problems and abilities for driving the motor vehicle,
- Stimulating the health care personnel to direct the patient to medical examination, when the diagnosed diseases influence on safe traffic participation.

The elderly are also the passengers in air transport. The air passenger transport is constantly increasing; with Slovenia connected to wider European region and with ever increasing competition of air carriers within the EU, it is expected for this trend to continue. Also the elderly passengers have to have the optimal air transport offer, enabling them the adequate mobility in Slovenia, EU, and in the world.

3.12. PERSONAL AND OTHER SAFETY OF THE ELDERLY

The elderly persons are an especially vulnerable group. The elderabuse has become a subject of study only in recent years. The studies and conclusions show that in Europe and USA between 4 and 10 % of the third generation are abused every year. It is assumed that only every fifth abuse of the elderly people is recorded, because these people are usually silent about the violence and abuse, feel ashamed, afraid of revenge and institutionalization, or responsible for the mistakes of their children. According to some research data, the most abuses are in a form of physical violence, with verbal violence, material abuse and neglecting following. Above three quarters of abuses of the elderly people are done by spouses or adult children, frequently daughters or daughters-in-law, who have to nurse the elderly without any support or education. One of the most frequent risk factors for elderabuse is bad relationships and breakdown between the perpetrator and the victim, the reason for breakdown is the gap between the generations and inability for communication. Because the abuse happens mostly to the people older than 75 years, the danger for abuse is increasing with the increasing of the population of the elderly. Less studied, but also frequent and dangerous is the institutional elder abuse. The abuse in the institutions happens, if the personnel is

not qualified enough for working and living together with the elderly persons, and if the personnel is overburdened. The dangerous symptom of the gap between the generations in postmodern society is also the intergenerational violence of the young over the old and vice-versa, i.e. the old over the young, although in this case it is more an instance of verbal abuse, whereas in the first case, the violence is also physical and material.

On the basis of the stated facts, it has to be provided for the protection of the elderly persons against the violence and abuse in the scope of the public safety system. For this purpose, the following programs have to be introduced:

- to inform the whole population, especially the third generation, about the self-protection against violence and proceedings in case it happens (pamphlets and media);
- qualification of the relatives for the complete knowledge about the old age, educate them about the methods for nursing the elderly person, about the communication with the elderly and provide for the system assistance to the family carers of old people, including respite care that enables family carers to take a break;
- informing the care recipient and relatives about the rights and obligations in the institution (pamphlet and other methods);
- training the personnel in the institutions for the elderly to not only perform the tasks from the material viewpoint of their occupation, but also for the successful working and personal communication with the elderly persons in the institution;
- promoting the forming of the social network of volunteers in the institutions and domestic environment, thus raising the quality of life for the elderly persons, their nursing personnel and volunteers, and at the same time increasing of informal public control with all which crucially influence the reduction in the abuse against the elderly persons;
- organizing the system of advocacy for the elderly persons in the institutions, as well as in the home environment;
- developing and implementing the prevention programs regarding the excessive alcohol abuse and drug abuse, and the more strict sanctions for this kind of violence in the family and otherwise;
- guaranteeing the expert and successful work of the competent authorities and organizations, and also their mutual connection and cooperation on all levels, including the participation of non-governmental organization for preventing violence against the elderly family members;
- examine, and if necessary, amending and supplementing the legislation, in order to become more efficient in the field of victim of violence protection and persecution of the perpetrators;
- in larger extent use legislative institute “restraining orders”, already in force, in cases of family or other violence against the elderly persons;
- making the analyses of causes and effects of intergenerational violence in family, together with implemented activities of the competent institutions;
- making the program of assistance and protection actions against elder abuse;
- providing for the efficient cooperation of the Ministries of Labour, Family and Social Affairs, of Education and Sport, of Health, of Internal Affairs, and of Justice in preventing and sanctioning the violence against the elderly persons, and on the local level the cooperation between the police, centers for social work, civil organizations of the third sector of the local community.

Prevention of the violence against the elderly persons and solving the consequences of the experienced violence are included also in the programs which have been put in force in recent years: Help lines for the people in distress, remote help, safe houses, etc. The main contribution for preventing violence against elderly persons could be made by local intergenerational centres with their programs for the society, including advocacy.

4. GUIDELINES FOR DESIGNING AND IMPLEMENTATION OF PROGRAMS FOR THE QUALITY AGEING AND GOOD INTERGENERATIONAL RELATIONS

The strategy of care for the elderly till 2010 – solidarity, good intergenerational relations and quality ageing of the population is the common directive of different sectors with the purpose of achieving the inter-sectoral and interdisciplinary interaction and cooperation of solving the urgent tasks due to swift increase of elderly population, especially of the oldest elderly persons. For its implementation, and designing and implementing individual sector programs and program documents. For its successful implementation, and designing and implementing individual sector programs and program documents, the following guidelines have to be followed:

- Considering the relation of care for quality ageing is basically inseparable with implementation and strengthening of the new solidarity between the generations. The programs for new solidarity between generations have become a condition for successful operating of previous and new programs for quality ageing and care for the elderly persons. In accordance with the EU policy and expert findings, the new programs for solidarity harmony of generations are more demanding, whereas the educational system and institutions, culture, and mass media are most responsible for their introduction;
- the search and realization of source synergy of the individual person, family and civil society of the third sector, market and state. When designing and implementing the programs for solidarity and good relations between generations and for the quality ageing, the successful interaction between the mentioned subjects has to be achieved. Regarding the programs in the domain of the state, the efficient interaction between all sectors and services relevant for the individual case (health, social security, police, etc.) have to be achieved;
- the primary place for the programs for solidarity and good intergenerational relations and for quality ageing is the local society;
- the various programs and their operators in the society have to exist, according to the needs of different categories of the third generation, from preventive possibilities for enabling full development, activity and life-long education of vital people, to the programs for the demented, for palliative care, hospice for the dying people and mourning. For the same need it has to be provided for the variety of goods according to the content, quality and price. All programs have to be directed intergenerational according to the principle showing that the ageing is a life-long process and the preparation for quality old age takes place in two younger periods of our life;
- new programs have to be introduced according to the principle of development projects: the competent production and testing of the new program, followed by organized, publicly supported and controlled expansion of the new model into the social environment. In view of the wider European context, the successful programs have to be taken, and adjusted to our environment. Regarding the quality, pleasant design and availability, there are two hidden reserves in the process of introducing the new program for solidarity harmony of generations and for quality ageing:
- Unused or ill-used social capital of the family, third generation and civil third sector, regarding volunteer and self-organizational potentials according to the principle of self-assistance.
- Systematic interaction of many programs in the society on the lowest local level, for the purpose of cumulative synergetic effect of their operation, and people's sense of their own power and responsibility for solving the tasks.

5. GUIDELINES FOR STRATEGY IMPLEMENTATION

In Slovenia we are aware of great influence of the increasing share of older population in the population structure. Demographical changes indicated in the decreasing child births and the longer lifetime has already an important influence on our life, but in the future this influence is expected to be even greater. To effectively deal with the challenges presented by the changing age structure, we prepared full strategy of good intergenerational relations and quality ageing.

Commonly designed goals of the strategy are the basis for partial action plans of the individual Ministries. These plans will define in detail the key strategies and actions, encouraging intergenerational harmony, and providing for the elderly persons of the Republic of Slovenia the safe and quality life, and full social integration.

To achieve goals of the strategy and monitor the implementation of individual actions of the sectors, the Slovenian government will establish "Council for solidarity, good intergenerational relations and quality ageing of the population in Slovenia", consisting of:

- representatives of all government sectors, holders of activities of this strategy and Government Office for Growth;
- representatives of service providers and programs for the elderly and representatives of scientific research sector;
- representatives of civil society of organizations in the third sector;

Apart from the care for strategy implementation until 2010, the council will take care for continuous and coordinated interaction between the state, experts and civil society in planning and implementation of the policy in this field.

APPENDIX 1:

Ageing of the population and estimate of the future demographic trends in Slovenia

One of the main achievements of the second half of the 20th century, due to improving of medical and social conditions, is the increasing of lifetime. Especially in the developed countries, this process coincides with great decrease of child-births. Thus, the average age is increasing and in the long term the number of population is decreasing.

Such characteristics are also true for Slovenia, which is considered as a country with old population. The Population census in 1991, had the 11.2% share of people older than 65 years, the census in 2002 the share increased to 14.7%, whereas at the end of 2005, the share of older people was 15.5%, meaning that more then 310 000 citizens in Slovenia falls under the old age level.

The expected life span at birth was 77.5 years in average, in 2003 (for women 81.08 years and for men 73.5 years). There are great differences in average life expectancy between regions in Slovenia; According to the data of Statistical Office of the Republic of Slovenia, in southwest Slovenia the life expectancy is 75.5 years in average, whereas only 72.0 years in Prekmurje. The major reasons for death of the elderly in Slovenia are cardiovascular diseases and cancer, with accidents in fourth place. Data on the mortality rate in Slovenia from the year 2000 period show, compared to former EU members, that people older than 65 years in Slovenia die more frequently due to accidents and suicides (especially men), tumors (breast cancer - women, cancer of the lung - men), diseases, connected to alcohol abuse, cardiovascular, digestive organs, and partly respiratory diseases.

Among all elderly citizens there are more women, i.e. 62 %. People older than 80 years represent 20% or 60 000 citizens among all the elderly. In 2003, the total number of citizens older than 65 years for the first time exceeded the number of citizens between 0 and 15 years.

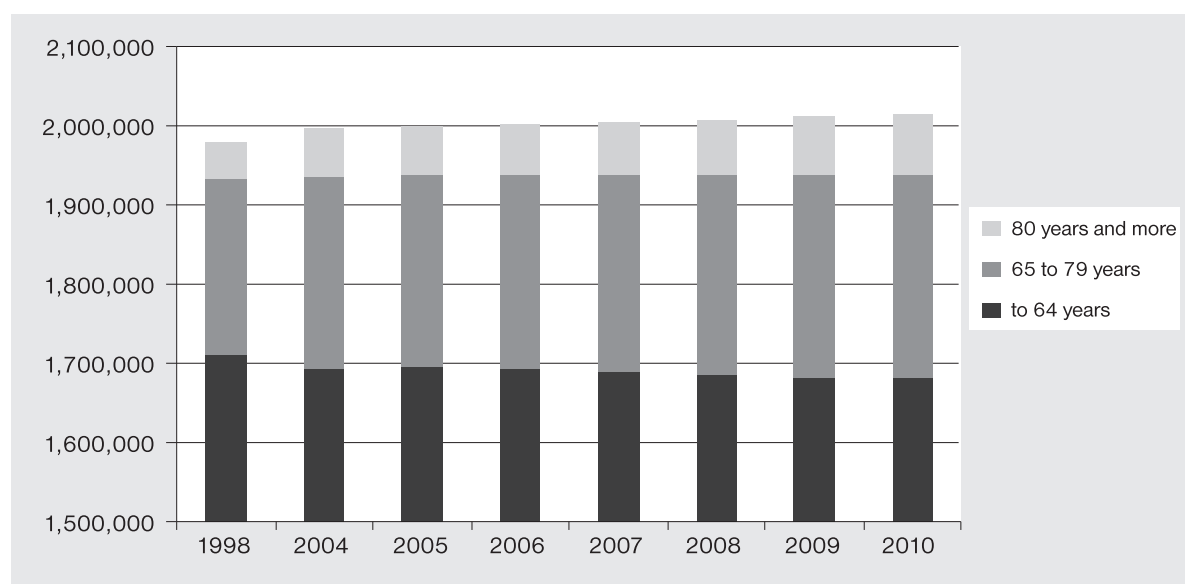
The share of the elderly in the whole structure of population will on the basis of Eurostat projection from 2006 to 2010 increase somewhat slower than in years before, because in this period the age 65 years will be reached by the generation, born in the time of the 2nd World War, when the number of born children was smaller than in years before, and especially after. Substantially the share of population above 80 years will increase. The people aged 65 or more will increase for 26 815 or the share in the whole population will reach 16.5 %, according to the latest EUROSTAT projection.

Table 1: The number of the elderly population in the Slovenia 1998 – 2004 and 2005 – 2010 projection

	1998	2004	2005	2006	2007	2008	2009	2010
to 64 years	1 709 747	1 691 106	1 693 942	1 691 260	1 688 905	1 685 652	1 682 798	1 682 207
65 to 79 years	224 598	246 025	245 750	248 096	250 154	252 837	255 130	255 165
80 years and more	43 989	60 459	60 030	63 497	66 834	70 440	74 065	77 430
Total	1 978 334	1 997 590	1 999 722	2 002 853	2 005 893	2 008 929	2 011 993	2 014 802
Structure %								
to 64 years	86.4	84.6	84.7	84.4	84.2	83.9	83.6	83.5
65 to 79 years	11.4	12.3	12.3	12.4	12.5	12.6	12.7	12.7
80 years and more	2.2	3.0	3.0	3.2	3.3	3.5	3.7	3.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Eurostat projection 2005 – 2010 by the Statistical Office of the Republic of Slovenia (SORS)

Figure 1: The number of the elderly population in Slovenia in years 1998, 2004 and 2005-2010 projection



Source: Statistical Office of the Republic of Slovenia, Eurostat 2005-2010 projection, basic variant

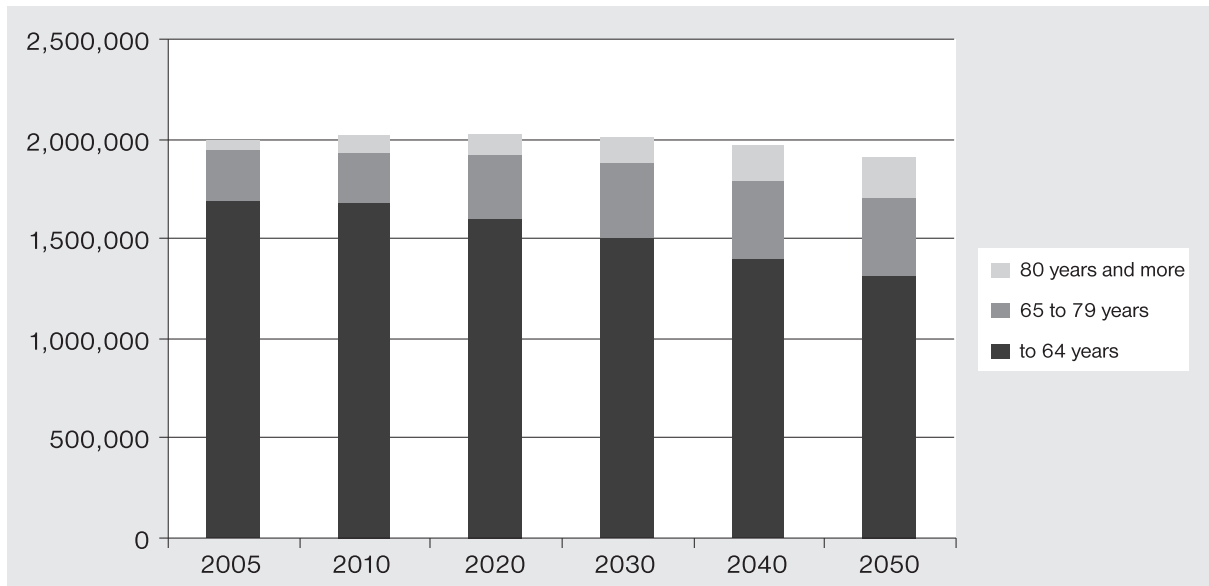
Long-term population projections, made by Eurostat on the basis of unified methodology, for the members of EU until 2050, show the further increase of the share of the elderly in Slovenia, with the considerable increase of the population older than 80 years.

Table 2: Projection of the number of elderly citizens in Slovenia in periods 2005–2050

	2005	2010	2020	2030	2040	2050
Up to 64 years	1 693 942	1 682 207	1 605 975	1 503 132	1 406 978	1 308 802
65 to 79 years	245 750	255 165	307 931	377 093	379 836	391 475
80 years and more	60 030	77 430	102 784	125 772	178 507	200 572
Total	1 999 722	2 014 802	2 016 690	2 005 997	1 965 321	1 900 849
Structure %						
Up to 64 years	84.5	83.5	79.6	74.9	71.5	68.9
65 to 79 years	12.3	12.7	15.3	18.8	19.3	20.6
80 years and more	3.0	3.8	5.1	6.3	9.1	10.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

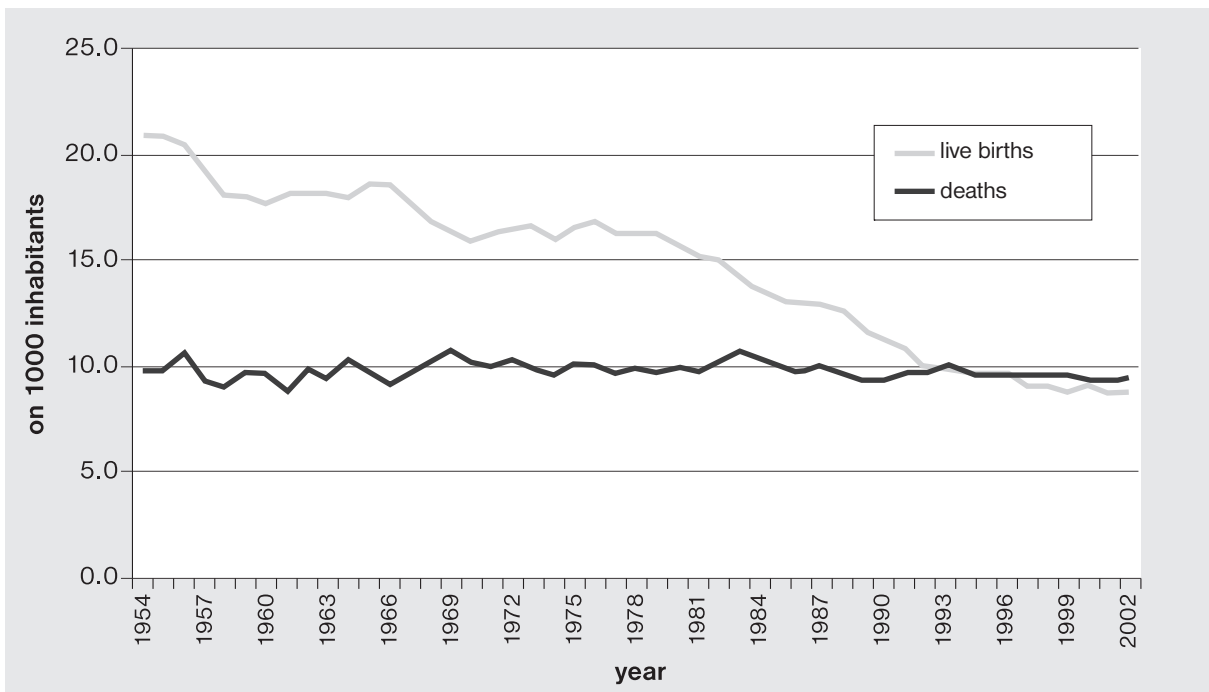
Source: Eurostat projection 2005 - 2050

Figure 2: Projection of the number of older citizens in Slovenia in the period 2005–2050



Source: Eurostat 2010-2050 projection, basic variant

Figure 3: Natural trend of population, Slovenia, 1954 - 2002



Source: Statistical Office of the Republic of Slovenia

APPENDIX 2:

Definitions and explanations of certain basic notions

LONG-TERM CARE

The long-term care is the organized form of medical and social help for the person, who is in need of second person assistance to perform basic life activities in the period of more than 6 months.

AGEING

Ageing is a lifelong process. It includes chronological ageing, which is in linear course with calendar and without the influence of men, functional ageing of organs and skills, with a relatively great influence of men themselves with their way of life and environment conditions, and person's own experience of ageing. Policies, and programs and actions for quality ageing thus cannot be restricted only to the period after 60 or 65, to achieve their long-term success. The essential importance for quality ageing is the education, acquiring the appropriate attitude towards life, of which the old age is its part, and thus the attitude towards one's own (future) age and preparation for it, and the ability of all generations for solidarity and good relations among themselves. The education for healthy, active and profound old age experience includes in various ways the young, middle and third generation.

OLD AGE

The old age or the third life period starts with the retirement, until recently this age was 60 in average, but with longer life span and increased share of third generation it goes up.

According to functional ageing, the third life period is divided into early old period, until 75 years, when the majority of people are very independent, middle old period, from 76 to 85, when there is a greater need for social assistance, and late old period, after 86 until death, when the so called the oldest elderly people usually need a great deal of assistance even total social care and nursing.

The population in the third life period is usually called the third generation.

MIDDLE GENERATION

The middle generation is the active population in their middle age; it starts with the average time of employment and professional work, and it ends with the retirement. The middle age also means the beginning of the independent household and the birth of the first child. Today, in Europe, the boundaries of entering the middle age close in on the year of 30.

The population of the middle generation is called the second generation, the middle age the second life period respectively, whereas in the working sphere it is called the active or employed population.

YOUNG GENERATION

The young generation is the population from the birth until the middle age. It comprises of the population, living their childhood and youth, but the public care includes also the prenatal period of life. The young generation is also called the right generation.

SECTORS

First sector – the state with its institutions and offices.

Second sector – enterprise, operating according to profit market principle.

Third sector – civil, non-governmental and non-profit organizations.



REPUBLIC OF SLOVENIA
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