



**LIGHTS,  
CAMERA,  
ACTION!**

65+

# Slovenian Research Report

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## Introduction

This report summarizes the research done by the Slovenian team of the CINAGE project regarding two topics: Chapter 1: active ageing and learning for active ageing and Chapter 2: European features films fitting in the CINAGE framework. The work was undertaken in accordance to the guidelines and methodology defined by the partnership.

## Chapter 1: Active ageing and learning for active ageing

### 1 Background and policy context in Slovenia

#### 1.1 Learning

The establishment of the Slovenian Third Age University back in 1984 paved the way for numerous current providers of older adult education. 46 third age universities, museums, libraries, folk high schools, hospitals, social work centres, societies of pensioners, gerontological institutes, non-governmental organisations, professional retirees' clubs, Ministry of Defence of RS, centres of older people's daily activities, older people's homes (where education existed even before 1984), etc. Education in later life is meant for different target groups of older people, for personal growth, paid or non-paid work as well as active citizenship and local development, and recently, for consolidating intergenerational relationships.

#### 1.2. Population demographics, factors underlying policy

##### ***Socio-demographic context***

According to the data of the Statistical Office of the Republic of Slovenia, in 2003 for the first time the number of inhabitants older than 65 in Slovenia exceeded the number of young people up to 14 years of age. In July 2011 the population of Slovenia was 2.052.496. Among the Eastern European countries Slovenia is experiencing the slowest population ageing. The mean age of the total population was 38.8 years in 2000, whereas in 2011 the mean age went up to 41.8 years. In 2011 the male mean age was 40.2, whereas the female mean age was 43.4 (Slovenia in Figures 2012). The mean age has increased by three years over the last eight years.

In comparison with the share of young inhabitants from 0-14 years of age, the share of those over 65 will increase considerably by 2059. In 2020 24.8% of the population is expected to be at least 65 years old and in 2059 33.5% (The Older people in Slovenia 2011). The number of the oldest inhabitants aged 85 or more went up the fastest. By the end of the 2050s, their number shall have increased five times and they will represent 7.6% of the total population (ibid).

Life expectancy at birth for men is currently 76.6 and for women 82.9. (SURS 2012)

In 2012 585,408 pensioners were receiving a pension. Their number increased by 2.7 % in comparison with the number in the year 2011. The number of pensioners increased in 2012 by 4.0 %, which was due to several reasons: the announced pension reform, the economic crisis and more dismissals, and retirement of the baby boom generations. The number of partly retired individuals went up by 13.1 %. (Letno poročilo 2012). Obviously part time retirement (an active ageing measure) is not being encouraged by public campaigning etc.

##### ***Political & legal framework***

##### ***Main relevant policies and laws***

*The Law on Adult Education (2006) determines the fundamental principles of adult education in Slovenia, referring among other aspect to older adult education.*

*The Law on Health Care and Health Insurance is one of the laws where older people are more often referred to, compared to other laws. It can be deduced that the medical aspect of old age is still one of the preponderant ones in this country.*

*The Law on the Regulation of Labour Force Market. Pensioners are entitled to occasional work (160 hours a month).*

*The Law on Voluntary Work was adopted in 2011 after a long public discussion. The law stipulates volunteering as non-paid (and not free time activity) organized voluntary work, and establishes basic principles of volunteering.*

*The Slovenian Adult Education Strategy (2007). In general, the strategy aims at adjusting learning to the needs of the individual and society.*

*The Strategy for Quality Ageing, Solidarity and Co-existence of Generations in Slovenia 2011-2015 set up a framework for active and quality ageing.*

### Legislative framework

Whenever the Government is homogeneous, it starts being interested in the quality of life of older people, if this is not the case; it predominately focuses on pensions, which is currently the case in Slovenia. Mandatory retirement age for women is currently 58 years and 4 months of age, 40 years of work for men, and 38 years and four months for women. At the age of 60 men will be retiring in 2018 and women in 2019.

Considerable age discrimination can be felt at work, and in the media. Slovenia seems to have been adopting “American” values: hard work, youth, efficiency, speed, profit, etc. Older people’s values: having time for relationships, culture, transmission of culture, being fragile and consequently more sensitive about the essential values and other people, have been replaced by longer and more intensive work, squeezing older people more towards the edge of society.

There are no age limits as to volunteering in contrast with some other countries and even EU policies privileging volunteering of young people before the European year 2012. From 2007 to 2011 the reviewer was acting as an Age Platform Europe expert responsible for the issues of employment, education and also volunteering. Older people’s volunteering was not understood (Findeisen 2013).

## **2 Conceptual overview of active ageing in Slovenia**

### **2.1 Definitions of active ageing – individual and social**

“Active ageing ideally means having more or less equal active access to social resources: education, culture, health, work, transport and accommodation etc. Thus active ageing means ageing in good health, being more satisfied at work, having access to decision making processes especially in the local community, contributing to society as an active citizen, and being able to deploy one’s talents and live independently as long as possible” (Findeisen 2013).

The active ageing index is rather low for this country, and Slovenia has been ranked 19th among the 27 EU countries. This is due mostly to poor employment measures addressing older workers and employers.

**Table 1: Active ageing Index (Unece.com)**

| Employment (TOTAL) |                | 1.1                   | 1.2                   | 1.3                   | 1.4                   |
|--------------------|----------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                    |                | Employment rate 55-59 | Employment rate 60-64 | Employment rate 65-69 | Employment rate 70-74 |
| Nr.                | Country        | LFS-2010              | LFS-2010              | LFS-2010              | LFS-2010              |
| 1                  | Belgium        | 53.1                  | 20.2                  | 4.1                   | 1.8                   |
| 2                  | Bulgaria       | 62.2                  | 26.6                  | 7.0                   | 2.4                   |
| 3                  | Czech Republic | 67.1                  | 25.2                  | 9.5                   | 3.6                   |
| 4                  | Denmark        | 76.9                  | 40.8                  | 12.3                  | 6.0                   |
| 5                  | Germany        | 71.5                  | 41.0                  | 8.6                   | 3.6                   |
| 6                  | Estonia        | 63.1                  | 42.8                  | 19.7                  | 12.1                  |
| 7                  | Ireland        | 58.9                  | 40.4                  | 16.7                  | 7.8                   |
| 8                  | Greece         | 53.9                  | 30.5                  | 9.5                   | 3.5                   |
| 9                  | Spain          | 54.4                  | 32.0                  | 5.3                   | 1.5                   |
| 10                 | France         | 60.6                  | 17.9                  | 4.0                   | 1.3                   |
| 11                 | Italy          | 52.7                  | 20.5                  | 7.0                   | 3.4                   |
| 12                 | Cyprus         | 69.7                  | 41.9                  | 20.3                  | 12.3                  |
| 13                 | Latvia         | 64.3                  | 29.4                  | 12.8                  | 6.7                   |
| 14                 | Lithuania      | 61.1                  | 33.8                  | 10.7                  | 3.9                   |
| 15                 | Luxembourg     | 55.7                  | 20.1                  | 5.5                   | 3.0                   |
| 16                 | Hungary        | 51.7                  | 13.0                  | 4.9                   | 1.5                   |
| 17                 | Malta          | 49.3                  | 14.2                  | 5.8                   | 3.7                   |
| 18                 | Netherlands    | 70.1                  | 37.3                  | 12.0                  | 6.2                   |
| 19                 | Austria        | 61.0                  | 22.3                  | 9.3                   | 5.9                   |
| 20                 | Poland         | 45.8                  | 19.1                  | 9.4                   | 5.0                   |
| 21                 | Portugal       | 57.8                  | 40.2                  | 24.0                  | 19.1                  |
| 22                 | Romania        | 50.2                  | 29.5                  | 24.5                  | 21.4                  |
| 23                 | Slovenia       | 46.9                  | 19.5                  | 11.4                  | 8.7                   |
| 24                 | Slovakia       | 57.9                  | 17.2                  | 3.6                   | 1.8                   |
| 25                 | Finland        | 72.5                  | 40.8                  | 10.6                  | 4.2                   |
| 26                 | Sweden         | 80.7                  | 61.0                  | 15.4                  | 6.9                   |
| 27                 | United Kingdom | 70.8                  | 44.0                  | 19.8                  | 7.2                   |
|                    | Mean           | 60.7                  | 30.4                  | 11.2                  | 6.1                   |
|                    | STDV           | 9.3                   | 11.7                  | 6.1                   | 5.0                   |
|                    | N              | 27                    | 27                    | 27                    | 27                    |
|                    | Min            | 45.8                  | 13.0                  | 3.6                   | 1.3                   |
|                    | Max            | 80.7                  | 61.0                  | 24.5                  | 21.4                  |

Source: Active Ageing Index<sup>1</sup>

In the age category 55-59, 46,9 % people are employed. In the age category 60-64 19,5%, in the age category 65-69 11,4% and in the age category 70-74 8,7% of older people are employed.

The approach to active ageing is based on the following underlying principles:

- Active ageing is a balanced life course process.
- Active ageing is based on generativity towards younger generations and one's peers.
- Active ageing is about participation in social and economic development.
- Active ageing is about being safe in old age.

<sup>1</sup> Active Ageing index available on

<http://www1.unece.org/stat/platform/display/AAI/Results+for+the+1st+domain%3A+Employment>

## 2.2 Element of Active Ageing, components

Active ageing is being viewed from both an individual and social perspective. Older individuals argue that active ageing involves the following:

”I am not excluded from society. (...)

»you can do what you want upon your own initiative«

» you do what you like (...)

» you remain healthy mentally and physically (...)

»you are surrounded, not alone (....)

»younger generations ask you for advice«

“Active ageing is about being optimistic and healthy«(...) ,

“Active ageing is “to change” ,

“Active ageing is not necessarily about producing an economic effect, it is more about doing good to other people, who need you and want it«

“Active ageing is about setting up a small group of people you meet, you exchange opinions with and finally it may grow to become something greater«. (Knežević 2007) To summarize, according to the respondents involved in Knežević's empirical research, active ageing is about being socially included, related to other generations, seen as a contributor, not a burden, contributing to one's family, friends, and local community by being active.

## 2.3 Determinants and Challenges of Active Ageing

Some of the key determinants of challenges for active ageing are:

- Social exclusion, emotional deficiencies, poor access to “public sphere”,
- Emphasis on costs rather than contribution of older people,
- Health promotion and literacy specifically targeted at older people is not given enough attention,
  - Social and cultural pressure on life style; other people interpreting older people’s needs, setting limits, taking decisions instead of them, preventing older people’s autonomy,
  - Limited access to paid activities. Low employment rate of older people,
  - Inequalities in accessing to social resources; accommodation, income, transport, culture, health, education (capacity, enabling environment).

## 2.4 Aspects considered in prevalent concepts

The WHO’s definition is being referred to without an important impact on national policies: Kenda, A., Zupančič, M: Overview of the activities of the European Year for Active Ageing and Solidarity Between Generations 2012 in Slovenia. The same goes for the Active Ageing Index 2012.

All in all, this research has shown limited political and legislative will to deal conceptually with old age issues (in terms of vision of education in old age, vision of leisure time’s activities in old age, vision of health systems in an ageing society, etc.). In terms of policies Slovenia has not taken a great step forward, it has been more successful, however, in establishing new practices (for example, a Third Age Festival, daily centres for activity of older people, intergenerational centres etc.)

The active ageing model in Slovenia does not really focus on productive ageing, more on happy ageing; nevertheless there are active ageing measures, that were adopted encouraging older people

to remain in the labour market. Measures for promoting active ageing in Slovenia adopted in 2010 by the Government included among others active labor market measures for older workers and improving Public Employment Services (PES). Further on, the provision of education and training especially for older employees as well as unemployed older people is one of the main targets in order to raise their competences and skills. The percentage of older workers involved in lifelong learning and training was only around 5.4% in 2008 and compared to other EU 27 countries far too low. Besides these measures, a comprehensive campaign for raising public awareness in order to deconstruct negative stereotypes of older people has also been implemented in 2008. Ageing issues are also an important part of the Slovenian National Reform Programme 2012 and within this framework the pension system should be reformed. The first proposal included flexible working hours for older workers and their gradual withdrawal from the labor market, but this has been rejected at a referendum.

In terms of intergenerational/cross-generational approaches, the new Act on Labor Market Management encouraged publishing a lifelong learning career guidance fostering mentorship for efficient exchange of skills, knowledge and experience of older people with young people entering the labour market. The recently introduced 'mentorship scheme' under the National Reform Programme targets knowledge and skills exchange and their preservation. Furthermore funds will be increased for providing further education and training, especially informal learning, for older workers and low-skilled persons in order to guarantee a higher inclusion of this specific group into lifelong learning qualifications. (Cf. European Commission (online): National Reform Programmes: Slovenia [http://ec.europa.eu/europe2020/pdf/nrp/nrp\\_slovenia\\_en.pdf](http://ec.europa.eu/europe2020/pdf/nrp/nrp_slovenia_en.pdf))

Some of the structural barriers to active ageing have been removed. It is possible now also for those in freelance professions to work part time and to be partly retired, it is also possible to work after retirement while keeping a pension, etc. Older workers are supposed to have equal access to education as younger ones. On average older people earn 20% more than younger ones and this seems to be an obstacle to their remaining in the labour market. There is an obvious tendency to replace older male workers by younger female workers.

In this country women with rare exceptions used to be employed, for this reason their pensions do not differ much from the pensions of their male peers. All in all, health is very much dependent on the level of education and environmental factors. Healthy age in this country lasts till 67 years. A life course model has been in place in the field of work, income, health.

### 3 Competencies

#### Culture

Policies have tended to demonstrate responsibility »towards social groups with low cultural capital« and not necessarily age groups and their cultural context (Bračun 2009).

When older people are explicitly mentioned in policies they are approached in tandem with the handicapped (physical access to cultural heritage etc.) (National Programme for Culture 2013-2016. Draft). Specifically, old age is still being treated in policies as a handicap or illness, requiring social protection, assistance or health measures like long term care.

There are cultural stereotypes and prejudices associated with older people and old age that can be detected in several policies and mission statements of different organizations, such as: older people are dependent, in need of long term family care, have to be supported in taking decisions about their life style, have to be helped to preserve their capacities, should be supported to perform everyday activities, are lonely and isolated and therefore need help (Zgonik 2012; Doberšek 2001). Pensioners and older people are supposed to perform "personal supplementary work" like picking mushrooms



etc. (Pravilnik o delih, ki se štejejo za osebno dopolnilno delo, ter o postopku priglasitve teh del (Ur.l. RS, št. 30/2002). They can work 60 hours per month and the annual income thus gained is limited if they want to keep their pension.

Stereotypes about old age are not expressed in policies explicitly, but implicitly, through the choice of topics and the sequence of topics dealt with (for example education features in the end) and finally through public calls for tenders. When topics of active ageing are approached they may appear under the heading of Social protection or long-term care. (Strategija varstva starejših do leta 2010-solidarnost, sožitje in kakovostno staranje prebivalstva). "Accidental leisure" or passive leisure is privileged against "serious leisure" leading to the construction of self and community.

The culture of older people has become more visible due to a number of recent events: major social interruptions and joining the European Union, as well as the process of globalization which triggered localization processes and searches for social, local and national identity. The Slovenian Third Age University was initially set up to "bring back culture to goal-oriented education" and is still focusing on culture (Annual International Festival of older people's knowledge and culture, etc.). The activity of cultural associations is also important, but they do not specifically put an accent on older people's culture. The Slovenian Third Age Universities' innovation (animation, education of museum staff and older students, public campaigning) put an accent on older people's intangible culture and their possible contributory role (Bračun 2010). The Draft National programme for Culture 2013-2015 does not consider older people as possible creators of (official, high level) culture, but mostly as recipients of culture in need of having access to culture.

### Gender

Gender equality means that women and men participate equally in all areas of public and private life and have equal rights and possibilities for personal growth. (Law on equal opportunities for women and men, Robnik 2012).

The gender aspect is poorly represented in key national policies except in relation to poverty and socio-economic status, older single and widowed women being more at risk than older men and health (mortality and morbidity of women and men). Men and their specific issues are not being addressed. Older people are being referred to as older men. The male gender is thus generalized to both sexes. Older women's situation is not addressed, though women are recognised as prevalent carers for their older relatives.

The principle of equality was introduced into all social areas (family, community, work) taking into account women's and men's needs. Nevertheless, during this research we did not come across many specific applications of this principle in various policies. Gender equality should be present in the field of finances, care for children, education, employment and career. The Index of gender equality in family life is 74.7 for Slovenia. Older men and women are not addressed specifically (SURS 2013).

The following laws and programmes deal with the gender issue:

- Law on implementing the principle of equal treatment which is against discrimination on the basis of any personal condition, harassment, preventing unequal treatment on the basis of personal conditions.
- Law on equal opportunities for women and men.
- Gender equality in family life and partner relationships). Ljubljana: Ministry of Labour, Family, Social Affairs and Equal opportunities of RS.

### Older people's health and social services

The values of public health: health, equality, solidarity, fairness, accessibility, quality etc. form the basis of the rights of older people. (Voljč 2011). Moreover, in all regions there are ombudsmen deciding on patients' rights.

Health and social services for older people are addressed in several documents, old age in this country having been traditionally considered primarily as a health and social protection matter. Health and social services are integrated especially in hospitals, old people's homes, community health centres, etc. Following are some examples of health and social services for older people in various spheres.

Within educational activities for older people, health promotion is well spread, and several national programmes have been launched:

- SVIT is the National Programme for early detection of colon cancer for men and women between 50-69 years of age. ZORA is a national programme meant for reducing morbidity and mortality due to uterus cancer- It is meant for women from 20 – 64 years of age.
- CINDI Slovenia is a centre for preventing chronic diseases (healthy life style).

National Programme CINDI is a programme for primary prevention of cardiovascular diseases, etc.

Within Community Health Centres there are educational centres for health. There are healthy life style programs, health help lines for dropping smoking etc.

Changes affecting the ageing society have been reflected also in the field of social work: involving care for older people, etc. Measures of social protection on the national level are integrated with the measures at the level of family and community.

There are different social services (institutional care for older people, daily centres, professional support and orientation, counselling for older people, etc.). Access to these services has been developed in the framework of rights for older people.

Slovenia is well equipped with at present 55 rather modern residential homes for older people where social, psychological and medical care is available for older people with good socio-cultural and work therapy activities, but the residential homes are not always geographically well distributed. The reduction of health inequalities is one of the country's strategic priorities. (Šušteršič et al, 2005).

There are several laws and strategies dealing with health and social services, among them:

- Law on Health Care and Health Insurance and Strategy of Care for Older People till 2010.
- Solidarity, relationships between generations and quality ageing of the population.

### Behavioural and psychological determinants

WHO argues that behavioural determinants are connected with healthy life styles, participating in one's own care, physical activity, healthy eating, not smoking, using alcohol and medications wisely, and oral health. All of the above mentioned health national programmes (CINDI etc.) carried out research on some of these topics. In our view, however, there are also psychological determinants of active ageing meaning that one has friends, one has reconstructed one's ties with peers and can meet new ones, that one is not emotionally over dependent on one's grown up children and grandchildren, that one belongs to new groups of people with meaningful activities. (Findeisen 2010)

### Physical environment

Some Slovenian towns have joined WHO's Age friendly towns' initiative. Archtonic barriers are addressed in »building laws« (Vovk 2000).

Most recently public buildings and also new residential buildings have been equipped for people with reduced mobility. There is a new Counselling Service for Co-habitation (Federation of Retired People's Societies). Attention has been paid to smart flat arrangements. The older rural population has poor access to public transport since the separation of Slovenia from Yugoslavia. Small grocery shops in the vicinity are dying away. On the other hand, clean water and clean air are mostly accessible. There are regulations dealing with architectonic barriers as for instance Pravilnik o zahtevah za projektiranje objektov brez grajenih ovir.

### Social Environment

Important factors in the social environment are: the availability of support from social networks, e.g. neighbours, close friends, relatives and needed services, a safe environment; open social networks (other generations included) where one gets informational, emotional, material help when needed – these factors can support or their absence can hinder active ageing. (Hlebec et al 2008). There are several networks providing a social environment for older people: Slovenian third age universities network, “Federation of pensioners” societies, cultural societies, professional retirees’ societies, centres of older people's daily activities, social networks and platforms for older people like Mavrične novice etc. Moreover, there are ever more opportunities for voluntary work.

### Economic Determinants

Income, work and social protection, level of literacy.

Unlimited older people's access to work is not being supported by national policies, at most it is only allowed. Only those who work as authors according to the Law on authorship work (on heavily taxed work contracts) can continue working without limits and constraints after retirement.

**Table 2: Pension 2000-2010 (€) (SURs 2010)**

|      | Men                  | Women                |
|------|----------------------|----------------------|
| Year | Average pension, EUR | Average pension, EUR |
| 2000 | 439                  | 347                  |
| 2001 | 491                  | 392                  |
| 2002 | 508                  | 409                  |
| 2003 | 540                  | 438                  |
| 2004 | 553                  | 452                  |
| 2005 | 577                  | 476                  |
| 2006 | 588                  | 491                  |
| 2007 | 614                  | 518                  |
| 2008 | 661                  | 562                  |
| 2009 | 669                  | 580                  |
| 2010 | 670                  | 589                  |

The average old age pension in November 2013 was 613,73 euros (Mesečni statistični pregled November 2013). Many older people in rural areas do not have a reliable or sufficient income. This seriously affects their access to nutritious foods, adequate housing and health care, and capacity for paying bills. The most vulnerable are older women and men who have no assets, little or no savings, no pensions or social security benefits or who are part of families with low or uncertain incomes. Particularly, those without children or family members often face an uncertain future and are at high risk for homelessness and destitution (The Elderly in Slovenia 2011).

### 3.1 Learning

Adult education is meant for people over 15 years of age having stepped out of the system of formal education and having gained experience and come back either to formal or non-formal education. Their experience has to be taken into account on all levels and in all aspects of their education.

Older adult education means educating older people - these are older workers, persons close to retirement, and persons in the third or the fourth age, the age and state of dependence - and also everybody who is in contact with older people either as employers, professionals or relatives, etc. As older adult education also aims at improving the symbiosis of generations, educational programmes provide an insight into the problems of both, older and younger generations.

Older adult education (education, research, counselling) is meant for personal growth, paid work, non-paid work, and voluntary work. It has numerous effects on community development (projects, studies, exhibitions, concerts, events, new permanent activities, new local services etc.) The transmission of knowledge from older to younger people is important (Findeisen 2010).

The Implementation of a Lifelong learning strategy enhances all opportunities for learning and education in later life and in connection with it, particularly (Jelenc 2000):

- education of older workers for work, employers, and making the public aware of the issue of cooperation and symbiosis of generations at workplace;
- training for life after retirement, which may take place either in enterprises and institutions or in local communities;
- preparing a plan for quality life of older adults with sufficient emphasis and opportunities for different contents and forms of learning;
- training older people to understand younger generations and to communicate with them;
- systematic training of younger people to get to know old age and inter-generation symbiosis;
- training for different forms of self-help for older people and also in mixed-generation groups;
- training for work and other career paths;
- training for participation and work in voluntary non-governmental organizations;
- training older people to transfer their knowledge, acquired by experience, to their own and other generations;
- training media for reporting on quality ageing and inter-generation symbiosis.

Research on the work, life, educational and other needs of older people has to be conducted in order to develop educational programmes. Older people's learning is often more focused on validating and improving the skills they have already acquired than on acquiring new ones. Older people should be encouraged to join programmes which bring new skills and new knowledge – which should help them to be involved in social and economic development. It is an advantage for old people that they can make decisions about their learning themselves ("à la carte" learning) and they can meet different interests without being forced (by work or in any other way) (Krajnc 2012). A network of third age universities provides systematic education and learning for older people and so do numerous other providers (mentioned above) but in a less systematic and conceptual way. The share of ageing people is constantly increasing; therefore, this network should be strengthened and the university operations should be supported by public funds.

Many older people have acquired much general and/or specific knowledge and rich experience; society can use that and these older people could act as mentors, partners in learning or mutual learning, promoters of learning for young people, either in everyday life or in enterprises and organizations (e.g. work with trainees, probationers, new employees, the unemployed). Learning organizations may take those opportunities and thus contribute to nurturing more active older people and more symbiosis of generations.

Older adult education is getting support in Slovenia, especially non-formal education of older people which is life-wide. Learning has wider effects on the individual and community in terms of independence, autonomy, productivity, health, and personal growth. It also creates jobs for other generations.

In the field of education practice has influenced policies and not vice-versa.

The most important documents and programmes in the field of education are:

- Memorandum on Lifelong Learning (2000).
- Operativni program krepitve regionalnih razvojnih potencialov za obdobje 2007-2013.
- Operativni program razvoja človeških virov za obdobje 2007-2013.

### 3.2. Civic and community

In Slovenia active citizenship of (older) people has been promoted by education for democratic citizenship carried out through enlightenment or through engagement of older people or both. The general aim is to make citizens aware of their interdependence and of the interdependence of their problems. Democratic competencies are being acquired through non-formal education such as forums of citizens, discussion groups in neighbourhoods, public round tables, lectures, seminars or workshops carried out within non-governmental organizations, local communities, folk universities and generally in all interested organizations. Especially important for acquiring democratic competencies in older people are study circles (a system of education that encourages social, cultural and self-development as well as active citizenship) and third age universities. Study circles are being funded and to some extent also Slovenian third age universities and centres of older people's daily activities where older and other citizens can offer their voluntary work.

Slovenian Philanthropy, Federation of Pensioners' Societies of Slovenia and above all Anton Trstenjak's Institute have been dealing with older people's voluntary work. The Slovenian Third age university has introduced cultural mediators into Slovenian public institutions; museums, hospitals, Botanical garden etc. Corporate volunteering in the field of education within Each -One -Teach -One movement at Slovenian Third Age University have been introduced (Findeisen 2012).

In the framework of the research »Social integration of older people in Slovenia« the level of social integration was studied through an analysis of social networks offering social support to older people at a individual and community level. Social networks are supported also by non-formal adult education, individual and organized voluntary work. Networks of social support and community networks are widespread. Social networks offer personal help. Mutual learning is interactive, it creates solidarity. Most recent studies show that in Slovenia the most important social networks are relatives and partner, but social exclusion of older people can be overcome by community education and other formats of education (Hlebec 2009).

Volunteering is not a priority on the political agenda as such, but it is included in the governmental coalition programme. There is no national strategy of volunteering in Slovenia. Moreover, there is no national strategy concerning older people's volunteering. However, a few strategic public documents refer to all age groups' volunteering and there are documents suggesting volunteering in the domain of drugs abuse prevention, sports, violence etc. On the other hand on the Government's portal for older people there can be found "Volunteering by older people in the EU" a Eurofund report suggesting again that older people have reduced capacities and "should take on only the voluntary work they are capable of "though the same could be stressed in relation to any other age group!" <http://www.eurofound.europa.eu/publications/htmlfiles/ef1134.htm>. In Slovenia a Law on Voluntary Work has been adopted as well as Ethical Code of Voluntary Work.

### 3.3. Health

In the research titled "The Health Status in Slovenia in 2007" the following data can be found. The higher the age, the worse older people evaluate their general health condition. Only 24% of the respondents over 75 years of age evaluated their general health condition as good or very good. In the age category 55-64 45 %, in the category 65-74 61% and in the category 75+ 74 % of respondents had a long standing illness.

In general, and in most of the older age categories, the share of people with a long-standing illness or long-standing health problem was higher among women. The share of older people in the age

category 54-64 limited in their usual activities due to a health problem was 15.5 %, in the category aged 65-74 and in the category 75+ the share was 28.4%.

The most frequently reported health conditions are: low back disorder or other chronic back defect in 40.7% of respondents; high blood pressure (hypertension) in 26.3% of respondents; neck disorder or other chronic neck defect in 20.1 % of respondents. The share of those suffering from severe headache, such as migraine, has been found to be 15.7%. Among the respondents declared to have some kind of allergy: allergic asthma was declared in the age category 55-64; for 11 % of respondents, in the age category 65-74 for 15 %, in the age category 75 + for 23 %. Respondents had been hospitalized prior to the research: 60% of respondents in the age category 55-64, 82.7% in the category 65-74, 83% in the category 75+.

**Table 3: Health conditions in older people**

| Diseas  | Percent |
|---|---------|
| <b>Low back disorder / chrnic back defect</b>     | 40 %    |
| <b>High blood pressure</b>                        | 26,3 %  |
| <b>Neck disorder or other chornic neck defect</b> | 21 %    |
| <b>Headacke</b>                                   | 15,7 %  |

**Table 4: Share of allergic asthma**

| Age            | 55-64 | 65-74 | 75 + |
|----------------|-------|-------|------|
| <b>Percent</b> | 11 %  | 15 %  | 23 % |

Mammography is used as a screening test for early detection of breast cancer. In Slovenia the national screening program started at the end of March 2008 and covers the target population of women aged from 50 to 69 (Health and Health Care in Slovenia 2009). Home-dwelling older people who are able to perform their daily activities, are in good functional capacity and have good family relations, are mostly proud of their past and present working performance. Their self-care is at a high level. Older people who have spent their life working hard (a generally accepted value of older generations) are more involved in self-caring and demonstrate higher level of life satisfaction. They are responsible for their health, therapies and maintaining functional capacity and they are satisfied with their life. If this is not the case their life scenarios are to be researched (Gorjan 2007; Železnik 2007).

Self-care (relations with medical and nursing staff and handling medication) depends on older people's functional capacity, family relations, more or less stimulating ageing, working habits and perspectives. Older people with responsible, formally guided and independent self-care are capable of demanding physical activities, whereas people with careless self-care are far behind them. The same conclusion can be made also concerning the comparison with life satisfaction and self-esteem. Older people who do not care for themselves and are abandoned; are not satisfied with their way of

life and have low self-esteem. A higher proportion of older people who are beneficiaries of good health care with good family relations accept their future. (Gorjan 2007; Pahor, Domanjko 2006).

The law on Health Care and Health Insurance regulates the system of health protection and health insurance and stipulates who the providers of social health protection are as well as their tasks: health protection at work in the working environment. Health protection is a system of social, community and individual activities, measures and services, preventing illness, early detection and timely cure, care and rehabilitation of sick individuals and the injured. This law comprises rights from health insurance, social protection system, health care and insurance in case of of illness, maternity or death. Everybody has the right to the highest level of health and has the duty to take care of his or her health; nobody should threaten other people's health.

### **3.4. Emotional**

Mental health and wellbeing, social and emotional engagement, autonomy/agency, resilience, adaptability.

The most frequent complaint about/of people over 65 in Slovenia, at the primary level of the health care system, is dementia, the next most frequent complaints are depression, anxiety disorders, and sleep disorders. At the secondary level the most frequent reasons for consulting are dementia and other organic mental disorders, followed by depression, schizophrenia and psychosis. There are no accurate data available regarding the frequency of dementia in Slovenia. Therefore, unofficially it is estimated that there may be approximately 30.000 patients with dementia in Slovenia. According to the anticipated trends their number should increase by 40% over the next 10 years". (Dr. Helena Jeriček Klanšček from the Institute of Public Health, oral source).

An active and socially engaged lifestyle has long been associated with successful ageing. Leisure time activities are considered as predictors of positive bio-psychosocial outcomes. The results from an empirical study about engagement in leisure time activities - from a sample of 243 older adults - indicate that older adults are, on average, engaged in 30 of 55 different activities, including private and social activities, physical work and mental activities. The time investment in these activities is also the highest. Advanced age and low educational level of education are most consistently related to as less active lifestyle. (Petrič and Zupančič 2012)

### **3.5. Financial/economic**

#### Productive work and social protection

Only one out of three persons aged 55+ is employed. In reality the average retirement age- instead of 65 targeted by the Government- is 59 and 11 months. A Fair number of companies have introduced measures for increasing wellbeing of their workers, decreasing absenteeism, for being more productive and competitive. In knowledge based society work productivity depends very much on adult education (in-service courses, inter-company educational and training programmes etc.) but participation of older workers in lifelong education is diminishing in the age category 55-64. In 2008 only 5,4 % of older workers participated in lifelong education. (Average in EU is 7, 49 %).

Social protection services. A Policy of social protection is based on the assumption that the State and local communities should provide for such conditions that all citizens will be able to lead a good quality and decent life within the family, working and living environment. If this is not the case, citizens are entitled to a number of rights to social protection; with several kinds of professionals help in alleviating social issues and difficulties: these include material and non-material help, targeted professional support, organised protection, and care as well as organised protection to which citizen should have equal access under equal conditions. Also educational support is provided for family assistants and sheltered employment etc.

The most important laws are: the Law on the Regulation of Labour force market.



The Law on Social Protection stipulates that social services are a right in themselves. Based on the principle of social fairness. Social protection of older people is being stipulated on the basis of five-year strategies. Strategija vseživljenjskosti učenja v Sloveniji. (2007). Ljubljana: Ministrstvo za šolstvo in sport Republike Slovenije.

The operational Programme of Human Resources Development 2007-2013 is planning 75% employment in the age category 20-64 and higher employability of older workers till 2020 Resolution on national programme Adult Education 2012-2020. (2013). Ljubljana: Ministry of Education, Science and Sport.

The resolution on the national programme of social protection is planning the inclusion of 5% of older people over 65 years of age into institutional care and also into adopted families, in sheltered flats, into daily centres, and into care in family.

Strategy of Development of Slovenia: the fourth developmental priority: modernized the social state and higher employability).

Strategy of Care for Older People till 2010. Solidarity, relationships between generations and quality ageing of the population. It was adopted by the Government RS in September 2006.

In 2007 the Federation of Employers of Slovenia took part in the project the »Ageing workforce«. It has been found that approximately 40% of employers are aware that in the future older employees will be having a more important role in companies than today. 12 % of Slovenian companies employ more than one fifth of older workers. 42% companies employ 5-10% of older workers. 46% employers employ less than 5% of older workers over 55 years. Employers in general do not think that older workers' productivity is lower than average (Zupančič 2009).

### 3.6. Technological

Assistive communication technology, transport, secure living enabling environment for active ageing.

Assistive technology and ambient technology are of some limited use in Slovenia when meant for older people receiving distance help at home. Social protection support (telecare) and medical care support (telehealth) are offered to older people. Formal and non-formal carers can be alerted when a change in health occurs. There are also communicative systems enabling simple communication and participation in leisure time activities. Assistive technology in Slovenia refers to a heterogeneous area of applications like intelligent distributors of medication, fall detectors, presence detectors and bed presence detectors up to more complex systems like interactive services and ambient intelligence (sensors etc.) (Zupančič 2009).

While more simple appliances are accessible in this country though rarely used, more progressive ambient solutions are in the testing phase. One of the most wide spread ones in Slovenia is the programme Red Button (SI: program Lifeline ali rdeči gumb) which was introduced in 1992. It includes distance protection and services at home. The number of users is extremely low - around 300, out of which one third are in Ljubljana. (At the Institute of Rehabilitation Smart Safe Home has been set up, a developmental, experimental, learning and demonstration environment. Evaluation studies have shown that red button users are extremely satisfied with this service (Dom Iris: <http://www.dom-iris.si/>).

Further, Slovenia is much below the EU average in Internet use among the retired and the professionally inactive population. Low level ICT literacy has been identified among retired low educated people, out of these users 30% are women. In this group, in comparison with others, the respondents less frequently use cell phones. 75% have never used a personal computer, 89% have never used a DVD player. The average index of computer skills of this group is low. 76% of respondents do not use the Internet in this group (E-kompetentni državljan Slovenije danes 2011). Computer skills seem to be decreasing with age, this being due, probably, to the changing structures

of challenges and to the decreasing scope of challenges. But they can decline also due to changes in the memory structure, short term memory being weaker. The main factors for participation of older people in ICT use are: level of formally completed education; profession; living settings; health and special needs; access to the Internet and ICT, use of cell phones and smart phones; awareness; personal needs; fear of the unknown; accessibility of contents (Vehovar and Prevodnik 2011; Radojc, 2011).

**Table 5: Last use of Internet (pensioners and unemployed people; in %; Eurostat)**

|                               |          | pensioners and other inactive persons | unemployed people |
|-------------------------------|----------|---------------------------------------|-------------------|
| in the last 12 months         | EU-27    | 40                                    | 69                |
|                               | Slovenia | 24                                    | 65                |
| in the last 3 months          | EU-27    | 41                                    | 65                |
|                               | Slovenia | 21                                    | 59                |
| more than 1 year ago or never | EU-27    | 60                                    | 31                |
|                               | Slovenia | 76                                    | 35                |
| Never                         | EU-27    | 57                                    | 27                |
|                               | Slovenia | 74                                    | 33                |

Among persons aged 10-74 years, 72% were regular computer users (in the age group 10-15 years 99% were regular users, and among elderly 65-74 years only 11%). The results of research on the use of ICT among older people show that approximately 80% of the population older than 65 years, has never used the Internet (E-kompetentni državljan Slovenije danes 2011).

Older people in their post retirement phase who live alone or due to health or other reasons cannot engage in ICT activities are the most disadvantaged group. ICT can be an important contact with the world, relatives, friends and hobbies for them (Vehovar and Prevodnik 2011).

There is no legal or financial structure behind the red button service, assistive or ambient technology support yet. There are some general documents:

In the Draft Developmental Strategy of Slovenia 2014-2020 it is argued: "Our aim is to raise the digital literacy of all target groups, for a more fair inclusion into information society".

## 4 Evidence on effective solutions

In most areas under discussion, some effective active ageing solutions have existed in Slovenia before WHO's active ageing definition. In 1984 the introduction of education for older people in this

country started changing the image of old age and the process of ageing (not involution but also evolution).

Education for the third age was initially partly inspired by the already existing education for older people in institutional care which is still rather well organized. (Findeisen 2010; Gorjan 2007)

The Strategy of lifelong learning in Slovenia is comprehensive, devoting a long paragraph to learning and education of older people (different age groups with different social status and roles) and to education of those who deal with older people (doctors, nurses, teachers, staff, relatives, employers, personnel directors etc.)

The network of third age universities (46 universities in 44 localities) is active in the field of education for: different social groups of older people, research, counselling for active later life, education of specialist mentors, civil dialogues, advocacy, public campaigning, creating new networks like Each-One-Teach-One etc.) It has created some 1000 jobs for all generations.

Numerous providers of education in later life exist (e.g. museums, libraries, centres of autonomous learning, daily centres of older people's activities, the Defence Ministry of RS, herotological institutes).

In the field of culture older people are quite active and their activities are being supported by the National programme on culture. They have become also voluntary cultural mediators in public institutions (museums, hospitals, Botanical gardens). Public campaigning is demonstrating the importance of their knowledge and culture.

There are also some good examples of health promotion targeting older people in Slovenia when health promotion is taken over by organizations of older people and for older people. "Do mature people have to use so many medications" was one of the campaigns led by Slovenian Third Age University in 2010 and 2011.

Each citizen, regardless of his or her age, is entitled to a personal doctor who can be freely chosen. In addition citizens have access to regional patients' rights ombudsmen.

Pension reforms have risen retirement age and have helped change the image of ageing. Part time retirement is now possible in Slovenia even for self-employed people exercising a "liberal profession". Ageing society needs a strategy of older people's leisure time and of older adult education.

Some companies have introduced corporate volunteering, networks - Each- One- Teach- One network have been created.

## 5 Needs and recommendations

### **(1) The need for knowledge, culture and self-realization**

Both formal and non-formal studies for older people are needed!

### **(2) The need to be integrated, respected, taking decisions**

Municipality policy on old age and ageing should develop mostly in three directions. (1) A permanent dialogue with those who have just retired and are aware of their own old age to come and old age as it is today for those who have been retired for some time. (2) Development of services in close collaboration with families and their neighbourhood. (3) Creation of opportunities for older people to be, on equal basis, a part of the community. Government should regularly consult with older people when preparing new laws.

### **(3) The need to reshape and support intergenerational relationships**

The cultural model of the organisation of different ages has been changing as a result of new production modes, and this fact seems to be at the origin of the crisis called 'ageing society'. The life course model is being changed and relationships among generations are slowly changing along with this. Not easily, of course, not without frictions. Therefore, it is not surprising that older people want to get educated in order to participate in community affairs as active citizen and volunteers. Intergenerational councils could be set up.

#### **(4) The need for lifelong education but also lifelong (voluntary) work**

Occasional paid or voluntary work for older people can result in new jobs for younger people. Older retired people are interested in work, but are mostly not interested in having a full time job. Younger people facing their developmental tasks like raising a family, acquiring a shelter etc. do not have time to wait for occasional work to develop into a steady full time job. Older people's occasional work can develop into this kind of job that is taken on by younger people. Slovenian Third Age University has currently around thousand working contracts for mentors of all generations and for a fair number of younger mentors they are the only source of earnings.

Pension reforms and increased mandatory retirement age have contributed to changing the image of retired older people "withdrawn" from society and work. Therefore the title "retiree" should be changed too into, shall we say, "retired doctor", "retired teacher" etc. demonstrating that work and profession are still a retiree's reality and a pillar of his or her identity. The third age has changed too and is now often referred to as "the time between work, education and old age".

Older people should not go into retirement without a transition, lasting some years. Part time work is now possible also for those who are self-employed, which is an advantage. Older people could be partly retired and partly employed. During the last five years of professional work they should be systematically used as mentors, working in tandem with a younger person. Their paid and voluntary work should be encouraged.

#### **(5) The need for new technologies (not just assistive technologies)**

If older people are without access to information they cannot integrate in the community, they cannot keep pace with progress, they cannot enter e-economy, e-government, e-education, e-communication, etc. and, thus, they are dependent on the active working population. Without older people having access to technology they are less integrated into communities. Tele care and tele-health could become a task of retired qualified volunteers, students of the third age universities and members of other structures. There are too many regulations in this field and not enough support.

#### **(6) The need for older people's knowledge to be recognised and utilized**

A fair number of older people with readily available and experientially validated knowledge are now available for the benefit of all. Structural support is needed.

#### **(7) The need to have one's psycho-social needs met**

We have to think about the psycho-social needs of older people. Quality of life depends also on how well older people's higher psycho-social needs are met. These psycho-social needs are often left out of the ageing policies.

#### **(8) The need to have access to adequate accommodation and transport**

Various forms of co-habitation could be set up. Thus Slovenian Federation of Societies of Older People has started educating older people to envisage co-habitation. Public transport should be adapted to different impairments. Those who are in charge of public transport of older people should be adequately educated and trained to understand older people's common characteristics and needs when they reach an advanced age.

#### **(9) The need to consider older people as a differentiated group**

In Slovenian policies older people are still frequently treated together with the handicapped. They are implicitly considered as poor, with restricted mobility, suffering from a number of impairments, they are considered as low educated ... to summarize, once "retired" their image is subordinated to stereotypes.

## Chapter 2: Selection of films

### 1. Finding films from all the allocated countries

Personal past and culture were of great help. We all have seen and appreciated films in our lives. Using personal experience was thus the first step into the selection process.

We co-programmed the Film encounters in later life and over a cup of coffee of the Art cinema Ljubljana. A good source to broaden our film horizons.

Lahire Bernard. 2006. La culture des invidious. Dissonances cultureless et distinction de soi. Paris: La Decouverte was a valuable book for general reflection on culture and legitimism of culture. It offered better understanding of cultural inequality and cultural differences of the audience. Also, active ageing is different for different social layers.

Encyclopaedia Universalise under the heading "cineastes" <http://www.universalis.fr/>

We watched again films by Ingmar Bergman, Krzysztof Kieslowski, Maurice Pialat, and Mike Leigh (<http://www.telegraph.co.uk/culture/film/film-blog/8110085/Mike-Leigh-his-10-best-films.html>) which have to do with psychological relationships in general. This has made us more sensitive for the selection process.

We have been studying the value of films featuring old age for some ten years now and have been presenting them in the e-news of Slovenian Third Age university. The same holds good for books, articles, research studies etc. Wolke 9 was seen at the Ljubljana Festival, we had a discussion with the actress and the film director in vivo.

Optionally we wanted to select Late Bloomers but it was impossible to obtain a copy from the Austrian TV Archive.

We turned to the president of Život90, an ex-film director and today an expert in active ageing and other t colleagues from previous projects and AGE Platform Europe experts on active ageing.

We turned to Prof. Nadja Hrapkova from Comenius University, Bratislava.

We turned to our graduate students from Kaunas.

We turned to the members of our European Association Of Danube Networkers for Europe ( DANET)

We turned to our national partner: The Art cinema Ljubljana.

We went through internet pages and lists produced by film institutes and museums.

We interviewed our older students involved in the programme of Critical geragogy.

We read a number of publications on internet and elsewhere.

Our advice: We would start from older people and their opinion!

## 2. Selection process

In the final stage of the selection process various persons from the Slovenian team were involved with, watching, analysing critically and discussing the six remaining films within the CINAGE framework. The final selection, taking into consideration all data collected, was the responsibility of Dušana Findeisen, Alenka Gabriela Čeh and Ana Krajnc (see Table 6).

**Table 6: Responsibility for the final selection of the films**

|                     |                 |   |
|---------------------|-----------------|---|
| DUŠANA FINDEISEN    | Researcher      | 65<br>Head of the Research Institute. Ass. university professor of andragogy                  |
| ALENKA GABRIELA ČEH | Project manager | 31<br>Project manager   |
| ANA KRAJNC          | Researcher      | 75<br>President of Slovenian Third Age University. Professor of andragogy. Professor emeritus |

## 3. Rejected films

**Table 7: Reasons for rejection of films by country**

| NAME OF FILM               | COUNTRY OF PRODUCTION | WHY REJECTED  |
|----------------------------|-----------------------|---|
| Late bloomers              | Germany, Austria      | Inaccessible  |
| Baba                       | Thechia               | Awarded student film- sensitive about life course and changed family relationships in later life but no active ageing since the main role features a terminally old person. But may be still this type of ageing is active since it impact other generations. |
| Don't wait for May         | Slovenia              | Produced before the year 2000   |
| Days and hours             | Bosnia                | Extremely sensitive film about post war Muslim family relations ships, traditional respect of older people, respect of others. But the film was not produced within EU countries. It's a pity!  |
| The Death of Mr. Lazarescu | Romania               | There were not many elements of active ageing   |

|                      |         |   |
|----------------------|---------|---|
| I am a communist Hag | Romania | There were not many elements of active ageing |
|----------------------|---------|---|

## 4. Selected films

At the end, three films were selected (see table 7), those considered as best fulfilling the criteria established for the selection within the CINAGE framework: Good to go, Wolke 9 and Empties.

**Table 8: Selected films**

| NAME OF FILM | COUNTRY OF PRODUCTION | WHY SELECTED  |
|--------------|-----------------------|---|
| Good to go   | Slovenia              | A Slovenian film of recent production. There are not so many! It has produced a vivid discussion in the focus group.  |
| Wolke 9      | Germany               | Excellent psychological analysis of close emotional relationships crisis between Inge and her partner showing that active ageing should be based on life course approach. Audience's award of the Ljubljana Film festival |
| Empties      | Czech Republic        | Sverak is an excellent film director, good sense of humour, stereotypes against older people's work overcome, personal growth of an older man having impacting his married life.  |

## 5. Comments/observations

We think that there is not one way to select this kind of films. We are glad that we have produced a Facebook page where ageing is not treated only from the point of view of active ageing competencies (among which the most important competence generativity is missing!) but from the point of ageing as it is lived in different cultural settings, old age and older people of different ages.

Problems are of technical nature mostly. Smaller film productions in smaller countries have less to offer for selection.

## 6. Conclusions

This research is dealing with different aspects of active ageing. It has been found that some aspects of active ageing (learning, education) have been well dealt with in different strategies and also are well developed in Slovenia.

Also older people's work is being debated and discussed and supporting measures have been introduced with pension reforms, though a lot has still to be done in this field mostly as concerns employers' attitudes. The transmission of experiential knowledge from older to younger workers has

not been provided for in policies. In any case, active ageing in Slovenia is more about happy than it is about productive later life. Policies that encourage active ageing are associated with mostly older people being involved in free time activities belonging more to accidental than to serious free time (constructing the individual and community). Old people's health and social protection have been in focus in this country but the accent should be shifted from receiving treatment and help to health prevention and older people's health literacy. Functional illiteracy is an obstacle in the field of active ageing. The mental health of older people is less often dealt with, except senile dementia and Alzheimer disease.

Old age is still over medicalised and described mostly as advanced old age in need of help and assistance, and residences for older people are still the most representative institutions of old age, conveying the image of frail older people needing help. Medicalization of old age overlooks other older people's higher order needs. Gender issues of older people are not taken into account except in the area of health, with the evidence that morbidity of men and women and mortality of men and women differ.

Though Slovenia has widely provided for public access to new technologies, and though Slovenian households are equipped with computers, older people rarely use the internet. Computer literacy and use of computer applications decreases after retirement. Assistive technologies are limited in number and scope and not financed by the State. Organised volunteering in ex-socialist countries was not recognized as a value and now it is slowly coming back, though as individual volunteering within families it has always been present. There are no legal limits imposed on older people's volunteering.

Some national strategies concerning some aspects of later life are well developed (educational, health, social protections strategies), but some are less developed or missing. Slovenia would thus need a national strategy of active ageing, a national strategy on alleviating functional illiteracy in older people, a national strategy on overcoming the digital divide, and a national strategy on older people's volunteering.

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