Slovenia’s population of about 2 million is aging rapidly, even faster than the European Union average. The aging of the population in Slovenia is mainly the result of longer life expectancy and a decrease in birth rates among younger generations. More than a fifth of the population (20.7 percent) is now age 65 or older, and by 2050 this proportion is projected to reach 31 percent, representing nearly a third of Slovenia’s population.

To fully grasp the longer life expectancy in Slovenia, consider the number of centenarians (i.e., those ages 100 and older) living in the country. In 1991, when Slovenia became independent, there were 26 centenarians. Today there are 281. This occurred despite a stagnation, and slight decrease, in the number of centenarians between 2013 and 2019 due to the long-term consequences of World War I and World War II. On the other hand, we are faced with young generations that are fewer in number. At the time of baby boom, in the 1950s and 1960s, around 30,000 children were born in Slovenia every year. Today, the number of live births per year is only around 20,000.

In response to population aging, the Government of the Republic of Slovenia has sought to emphasize an interministerial approach, promote aging as a human rights issue, encourage intergenerational responses and support, and take part in discussions in the international level. Since its independence, Slovenia has evolved its aging strategies to become broader and more integrated into the larger community.

An Evolving Strategy for Addressing Demographic Change

While Slovenia initially inherited a system of care that predominantly focused on state institutional care, the country began to better respond with the 1997 Programme of Care for the Older Population. Over the years it has updated its policies to look beyond the institutional options of supporting people as they age and better include the broader community.

The 1997 Programme’s most important achievement was to develop services that enable older people to live in their homes or in facilities where they can maintain greater independence for longer (home help, care in the host family, sheltered housing). The Programme also established equality in the provision of social protection services between private and public providers and recognized the role of non-governmental organizations as a complement to the public services. Still, the approach at the time was too narrowly focused and failed to look beyond the field of social protection to include strategies for the society as a whole.

A new strategy emerged in 2006 that began to acknowledge the importance of an interministerial approach to addressing demographic change; moreover, it tackled the issue from an intergenerational perspective. This strategy came out of a document, developed by multiple ministries, aimed at linking the work of such ministries with the economy and civil society. Its purpose was also to increase solidarity and quality of coexistence between all generations. Although this strategy undoubtedly contributed to raising awareness among stakeholders about demographic change, its guidelines were not fully transferred into practice.

Slovenia Adopts its Active Aging Strategy

In 2017, Slovenia’s government adopted the current Active Ageing Strategy with the goal of creating a society friendly to all generations. The strategy follows the concept of active aging, recognizes the heterogeneity of the older population, and shows an understanding of aging as a process and recognizes the need to age with purpose — in sum conveying a positive vision of extended life years. In seeking intergenerational cooperation and solidarity to address demographic change, the strategy’s purpose is to spur various sectors to take action. In addition to
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pursuing immediate solutions, the government is seeking to prepare for the future by focusing on the trends that will shape that future—including technological development and digitization of the society, a shifting understanding of the working life cycle, and changes in the labor market resulting from the increase in flexible forms of work.

The Active Ageing Strategy is divided into four clusters:

1. Labor market and education
2. Independent, healthy and safe living for all generations
3. Participation in society
4. Creating an environment that supports an active life throughout the life course

A key driver of the work within each cluster is a conscious effort to consider a broad range of actions, from creating provisions on immigration to addressing inequalities in health care. Efforts also include supporting active engagement in society through political engagement and volunteerism, especially with the support of technological solutions. Other aspects involve adjusting the labor markets and economy to the changed age structure of the population and reduced labor supply, improving housing and transportation systems, and creating social protections.

On the basis of the adopted Strategy, the Council for Active Ageing and Cooperation between Generations was established as a permanent expert consultative body of the Government of the Republic of Slovenia. The Council is responsible for the continuous and coordinated participation of the state, the profession, the economy and civil society representatives in the implementation of policies concerning long-lived society and intergenerational cooperation, as well as the monitoring and implementing of the Strategy and the well-being of older people. Key components of the Active Ageing Strategy among others include preventing ageism, addressing the personal safety of older people, and the protection and exercise of the human rights of older people. By actively raising awareness about ageism within the public and private sectors, the aim is to better identify discriminatory practices and create institutional cooperation to address it. To tackle ageism, the Strategy includes the establishment of a formal, high-level group composed of representatives of ministries, the human rights ombudsman, and non-governmental organizations focused on the human rights of the older population. This is still awaiting implementation.
The action plans of different clusters are crucial for the implementation of the strategy and are monitored based on the indicators of the Active Ageing Index, a UNECE tool to measure the untapped potential of older people for active and healthy ageing across countries. This index includes four main criteria with different sub-criteria which are presented in brackets below:

1. Employment (employment rates for different age groups, also for those above 70 years)
2. Capacity for active ageing (voluntary activities, care to children and grandchildren, care to infirm and disabled, political participation)
3. Participation in society (physical exercise, access to health services, independent living, financial security, physical safety, lifelong learning)
4. Independent, healthy, and secure living (remaining life expectancy at age 55, hare of healthy life expectancy at age 55, mental well-being, use of ICT social connectedness, educational attainment)

In implementing the strategy and other activities related to aging, the ministries consult with various groups representing the older population, especially with the largest organization, the Slovenian Federation of Pensioners’ Organisations (ZDUS). This is Slovenia’s largest non-governmental, non-political and humanitarian organization of pensioners. They fight for older people’s rights, better social legislation, housing standards for a good long-term care legislation, etc. Their main goal is that older people can stay at home for as long as possible. This is why they themselves, with the financial support of the state, implement the Older for the Older Program, where they make house visits to over-69-year-olds to check if they need any help. If needed, representatives of this organization inform the official institutions. Older people more easily share their problems with the representatives of the ZDUS, because they are their peers in whom they can trust.

Response to the COVID-19 Pandemic

Slovenia was heavily affected by the COVID-19 pandemic and, like other countries, adopted several measures to protect the most vulnerable groups, especially the older population. In the initial stages of the pandemic this included reserving early hours in shops for older people, relying on NGOs, neighbors, and other volunteers to bring supplies to older adults, and providing recipients of low pensions with a solidarity bonus twice. Physical distancing and quarantine measures, which effectively limited the spread of the virus, caused considerable feelings of loneliness, social exclusion and mental distress, especially in the older population.

In nursing homes, which were hit harder by infections in the first and second waves compared to the rest of the older population, the residents were additionally affected by restrictions on movement in their homes and visits. Virtual contact with family and friends could not replace genuine human contact, socializing, and walks, especially for residents suffering from dementia.
The health, well-being, and physical abilities of many older people were undoubtedly affected by these measures. The current policies are much more friendly to older people, as they and their relatives are allowed more freedom and opportunities for contact. This was possible due to the high vaccination coverage of residents and the experience and good practices gained during the epidemic.

The Slovenian Presidency of the Council of the European Union 2021, Conference on Ageism

As part of its tenure as the Presidency of the Council of the EU, Slovenia hosted an international conference to shine a light on the link between ageism and human rights. Human Rights for all Ages: Promoting a Life-Course Perspective and Intergenerational Cooperation to Combat Ageism was hosted virtually on November 18, 2021.

Unfortunately, ageism is not always recognized on par with other forms of discrimination despite having persisted for a long time. The growing awareness of the implications of ageism on older people’s lives and health, overall public health, individual wellbeing — and even the overall economy — must continue to be explored and discussed. Despite the fact that older people are a very heterogeneous group, they are losing their individual characteristics and becoming invisible members of the older people’s group due to different forms of ageism. To tackle ageism, the Conference sought to spur intergenerational cooperation and activities (in accordance with the WHO guidelines), and highlight aging as an interconnected, lifelong process.

Conclusion

Slovenia has worked tirelessly to develop a comprehensive response to population aging. With the adoption of its Active Ageing Strategy, Slovenia has embraced the need to emphasize a broad understanding of aging — that is, aging is a lifelong process — and one that should be rooted in respect for human rights. By working with the international community to raise awareness of ageism as a form of discrimination, Slovenia is committed to tackling this issue at home, throughout the EU, and elsewhere.

The implementation of the Strategy’s commitments remains high on the Slovenian policy agenda. Finally, development of such policies requires good cooperation on the national, regional and local level and the strong participation of older individuals and leading organizations that represent them.

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