



CARING FOR THE ELDERLY AND WORKING WITH THE AGING POPULATION

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Abstract/Izvleček

Older people receive care and assistance in both formal and informal ways. About 4% of people aged over 65 are living in institutional care. Most of the help is provided by families and other informal carers. We must arrange assistance for informal carers and direct the care not only to the medical aspect but also to the social component. The social care component helps vulnerable older people to overcome the crisis caused by exclusion from their environment and reduction in their social network. This is an important opportunity for social pedagogical work, either in various institutions or through

Skrb za starejše in delo z njimi

Starejši prejemajo pomoč in nego na formalne in neformalne načine. V institucionalni oskrbi je okrog 4 % starejših od 65 let. Večino pomoči potrebnih oskrbujejo svoji v okviru družin in drugi neformalni oskrbovalci. Treba bo urediti finančno in strokovno pomoč neformalnim oskrbovalcem ter oskrbo starejših usmerjati ne le v medicinsko, ampak tudi v socialno komponento. Socialna komponenta oskrbe ranljivejšim starejšim pomaga prebroditi krizo ob izločitvi iz njihovega okolja in redukciji njihove socialne mreže ter družinskih stikov. Tu nastopi socialnopedagoško delo s starostniki, tako v institucijah kot v neformalnih oblikah oskrbe za ohranjanje njihovih kognitivnih sposobnosti in preprečevanje osamljenosti.

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Introduction

For the entire developed world, the population segment over the age of 80 has the fastest growth rate in the whole population. The life expectancy of the population is rising. In EU countries, as much as one-third of people over the age of 80 need at least some help or considerable help to live independently. share of the population over the age of 65 is expected to increase from today's 20% to 30% by 2050. At the same time, the share of people over the age of 80 will increase from about 5% to just over 11%. It is also worth considering that currently, there are 131 people over the age of 65 per 100 children (under 15 years of age) in the population, and this ratio will change to 200 over the age of 65 per 100 children by 2033 (SURS, 2020). If we try to define elderly people and whether we distinguish several groups among them, we quickly recognize that we are aging from birth. Aging means a progressive and general decrease in physical ability, which increases the likelihood of death. Between the ages of 20 and 30, the first signs of aging can be observed. However, the perception of age is strongly conditioned by social and cultural perception. We should also remark that age is not determined solely by the biological component. Age cannot be prevented; however, we can significantly influence its quality, both systemically and each individual for himself.

Ramovš (2003) mentions three aspects of aging:

- the *Biological* aspect of aging, which brings declining physical abilities and impaired functions of the human body;
- the *Psychological* aspect of aging, where we can observe a decline in intellectual and sensory functions and the ability to adapt to new life circumstances; this component of aging is based on the structure of an individual's personality and on the level of maturity, self-confidence, and maintenance of life optimism he has achieved; the attitude of the individual towards himself as well as towards other people on the basis of his or her own abilities is also important;
- the *social* aspect of aging, which is associated with withdrawal from active life and increasing dependence on others; it depends on the expectations of the environment towards the individual (whether they will reduce their activities and become more reserved); this is, of course, also indirectly affected by the given financial situation.

In some segments, slightly different aspects of aging are defined by Macuh (2017), who distinguishes four aspects:

- the *health aspect* of aging, based on the fact that the vast majority of old people have various health problems, which directly and indirectly affect their way of life and put them in a dependent position according to the assistance required; dementia is a particular problem, affecting 25% to 30% of the population over the age of 85;
- the *social aspect* of aging, where he emphasizes that the vast majority of people do not change either their social habits or their emotions; we all retain the need to belong and a fear of isolation;
- the *economic aspect*, which is related, on the one hand, to increasingly delayed retirement and the reduction in pensions; it is the latter that severely limits a good proportion of the elderly population and brings some to the brink of (or into) poverty; with each pension reform, the pensions of new retirees are reduced; this is a relevant piece of information that should be used to assess the situation (and the necessary corrections), if the individual's pension is sufficient to pay maintenance in a home for the elderly.
- the *demographic aspect*, which is characteristic of all EU countries and their different social policies, places new, sometimes seemingly intractable demands.

Although the social aspect of aging can mean reducing activity and retreating to privacy, the converse is always possible, such as maintaining physical, mental, and social activity. These are essential elements for achieving successful aging and a quality old age (Milošević Arnold, 2003).

The economic aspect of aging is also coming to the fore. The problem of low pensions will force many of the elderly to extend their work (and paid) activity - not only to maintain vitality through activity but also for fear of poverty or inability to pay for care when it is necessary.

If we divide the period of life into youth, middle age and old age, the last category can be (Macuh, 2017)

- *functional (biological)*, which is generally more difficult to measure,
- *chronological* (the number of life years cannot be influenced by anything), or
- *experiential*, related to the activities that we maintain or develop anew.

Moreover, we cannot classify every person over the age of 65 into one group. The age group over 65 can be divided into several groups up to the nineties, among which there are significant differences (as among adolescents).

Chronologically, the period of old age can be divided into three subperiods:

- *younger (early) old age* of 65 to 74, when we adapt to the life of an older person, often associated with the freedom (and restrictions) of a retired person,
- *middle old age* of 75 to 84 years, associated with a more intense decline in strength and often the death of a partner,
- *late old age* from 85 onwards, when we become increasingly frequent recipients of help from young people and tackle our last tasks in life.

Old age should be viewed without prejudice. This is just another period of life. In all probability, designating this period by the term maturity should also help us avoid undesirable stereotypes. It is unacceptable to view the elderly part of the population as a cost to society. This generation has already dedicated its most productive period to society. It is also necessary for the elderly to be actively included in solving their problems; they should be allowed express their views and wishes. These issues should not be decided by the younger generation exclusively. We must keep in mind that the elderly really are a source of experience, knowledge and wisdom.

Methodology

Our aim is to review the field of care for the elderly in our society to determine what we can do as a society, as politicians, as professional institutions and as individuals, to make the life of the older generation during all stages as safe, as active and as rewarding as possible. We also want to explore the range of options for social pedagogical work in caring for the elderly part of the population.

Both goals can be achieved if we try to answer the following two questions:

- How are issues associated with the elderly being addressed, both formally and informally, in our country?
- In which area do the elderly residents of our society experience the most problems in their lives?

How are issues associated with the elderly formally and informally addressed?

In Slovenia, issues associated with the elderly are addressed through the following forms of activity:

- First, social assistance provided by the social work centres and nursing homes,
- personal assistance to individuals,
- help for families with elderly members at home,

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- home help and social service (Centres for social work, nursing homes, concessionaires and volunteers of various associations),
 - serviced housing,
 - nursing homes.

According to the general opinion of experts (Hudobivnik, 2020), Slovenia offers good institutional care for the elderly in their nursing homes. Home care has been introduced but is still evolving. It is characterized by a high level of family involvement (both physically and in terms of responsibilities). Stephany, quoted in Hudobivnik (2020) emphasizes (according to Stephany, 2020) that support for informal caregivers of the elderly (family members, relatives, friends, neighbours and other non-professionals caring for the elderly) is very important for this system. This support should be offered in the forms of education and training, the provision of alternative care and measures at the national level to enable the coordination of informal carers' paid work and their care for the elderly.

Institutional care in the nursing homes has the following numerical structure:

Residents of the nursing homes are supposed to be people over the age of 65. The average age of residents in Slovenian homes for the elderly is 87 years. As a rule, most of these residents are admitted to a nursing home when they can no longer take care of themselves, nor can their relatives take care of them, and they usually need 24-hour care.

Among the reasons for admission to a nursing home, health problems predominate by far (actual care in the nursing homes also follows this directive). However, we must not neglect social reasons (loneliness), which is another huge problem.

Informal types of long-term care are favoured in most countries of the European Union (including Slovenia). The reason is probably largely because it is cheaper for the state.

In EU countries, (unpaid) informal carers cover between 70% and 95% of care needs for the elderly. Informal care is cheaper at first glance, but it incurs a number of indirect costs. If informal caregivers do not have adequate support, their health, well-being and professional work suffer. Sometimes they have to reduce their employment and thus risk poverty and social exclusion.

Informal care is sometimes equated with family care, which is not always right. Informal caregivers can be divided into several categories:

- adults in their active working life taking care of their parents, acquaintances, friends or neighbours,
- retired or elderly people taking care of their parents or spouses, acquaintances, friends or neighbours,
- young people taking care of their parents, grandparents, other family members, or neighbours,
- paid or unpaid, non-professional carers who replace or supplement the care of family members.

According to research in EU countries (Ogrin, 2020), carers comprise from 40% to 55% adult relatives, and from 20% to 45% partners. A smaller share of help is also provided by siblings, friends and neighbours, most of whom are women. (In the field of health and social services, 86% of all employees are also women (NIJZ, 2020)). The number of paid, informal caregivers has been increasing in the last decade.

Most older people spend most of this period of their lives with their family. The role of the family in this period depends on the lifestyle of the individual. Those who have developed patterns of family connection in earlier periods of life maintain and live these patterns in old age, as well. Čačinovič Vogrinčič (2006) sees the important role of the family in the old age of some of its members mainly in the following:

- connections between the younger generation and parental generations;
- maintenance of generational differences, acceptance of different family roles and parental alliances;
- the family as a working group is a productive starting point for co-creating cooperation during the old age of its individual members.

Thus, aging can also be seen as a family project. At the same time, it is true that individual members of such families and the family as a whole need more useful knowledge about the family, as well as about the necessary activities during assistance to the elderly.

A large share of care for the elderly and people in need in our society is provided by volunteers within the pensioners' associations, the Red Cross and Caritas. In particular, volunteer work by pensioners is an important segment of this care for relatives, neighbours, the local community, the state and, of course, for themselves, as they actively extend the period of their vitality.

Components of this help can include nursing care for the sick, household assistance of various kinds and maintenance of social contacts, socializing (Kožuš Novak, 2015).

In which area do the elderly residents of our society experience the most problems?

The increased share of the elderly in the population consequently means an increase in the required capacity of nursing homes. According to the Community of Social Welfare Institutions of Slovenia, the vast majority of care recipients need full care. In Slovenian nursing homes, two-thirds of residents are women (perhaps older men are typically being cared for at home by women, who retire to the nursing home later - after the death of men).

During the pandemic, there were many warnings that ageism was occurring in relation to the elderly. Judging people on the basis of their age is unacceptable. We would like to mention the viewpoint that the elderly are less promising for medical treatment. You could also say this means a lack of elementary compassion for vulnerable people.

In developed countries, the negative attitude towards the elderly (Čeh, 2019) is increasingly strengthening. Age stereotypes often prevail, and there is a lack of intergenerational cooperation. Consequently, there is more abuse of and violence and discrimination against the elderly, which often remains overlooked. Poverty (material violence) is often associated with physical violence. Gerdina and Jogan (2019) point out that the vulnerability of the elderly is conditioned by their social and physical weakness, the shrinking of social networks and their increasing health problems. The perpetrators of violence against the elderly may be third parties on the street, or partners and children. A legally established, long-term care system, as well as all official institutions, should necessarily create zero tolerance for violence against the elderly. Educational institutions of all ranks also play an important role here, by raising awareness and training young people for solidarity between generations.

During the pandemic, nursing homes became the centres of the most extensive infections in the country and the elderly, the most vulnerable group in society. This problem was addressed by profession and politics in various more or less appropriate and successful ways.

An important fact presented to the media by the elderly residents of the nursing homes, was that no one asked their opinions, including about their well-being, even though they had been in isolation for two months. Even before the crisis, many issues in the relationship and in the field of work with the elderly were too vague and not good, and the crisis only emphasized these segments.

The pension system represents a particular problem. The share of the working population is decreasing, while the share of persons receiving pensions is increasing. Life expectancy and thus the period of receiving a pension are also increasing. At the same time, we can also conclude that the average amount of pension is decreasing compared to the average salary. The relation between the pension and the cost of care for the elderly (institutional or other forms of care) is very important. Often, this relationship is why the elderly cannot financially cover the cost of their lives and any necessary care.

In old age, virtually all people have a particular problem with their social networks. For natural reasons, members of these networks are leaving, and the lower levels of activity undertaken by an individual significantly reduce the chance of establishing new connections and maintaining old ones.

Interpersonal connections are the foundation of every individual's existence, regardless of age. The absence (or presence) of satisfactory interpersonal relationships also affects the well-being and health of people both directly and indirectly, which is even more important in the elderly population. In social networks we can distinguish two branches:

- informal social networks based on solidarity and reciprocity and moral obligations, which include family, relatives, friends, and neighbours;
- formal social networks based on interpersonal connections via employment or various activities.

Formation of an individual's social network is based on the communication and relationships he/she has with other people. With most people, the need for a relationship increases with age, but unfortunately it often remains unsatisfied. This leads to loneliness, which is the worst distress that the elderly can face (Ramovš, 2003). It is in relationship with others that an individual develops their objectives, defines their values and directly builds their development, which is necessary even in old age (Kristovič, 2016). The death of the peers, siblings and especially partners of the elderly reduces this social network.

Results and discussion

What can we do?

When thinking about and planning solutions to the problems of the older generation, we should not keep in mind only the oldest part of this population, which is helpless and most vulnerable, but also representatives of the remaining two chronological groups of the older generation, who are able to participate in society (while aiming to ameliorate the general situation of the older generation) with their experience and activity. Finally, Marovič and Bajželj (2015, p. 26) maintain that “Participation, as a basic premise of human rights and a democratic society, offers different ways of communication, integration and design of aid processes.”

It is important to achieve a good quality aging status in the minds of all people. Good quality aging is influenced by several external factors, such as the accessibility of various facilities for the disabled, an adapted (and more accessible) public transport system and, above all, establishing an active old age. All these factors would improve the physical and mental health of the elderly; it is therefore important and necessary for the state to enable their realisation through interventions, since these could directly affect the prolongation of a healthy life, thus reducing the cost of health care.

The basic tendency of society and individuals in relation to the elderly population is to establish the conditions for achieving good quality of life in old age. It contains components of productive and healthy aging, which are mostly related to the need to prolong work activity, to maintain productivity and active health care. Such active aging is a process that encourages and strengthens the opportunities to maintain health, safety and societal inclusion, thereby improving the quality of life. Active aging enables older people to realize their potential for physical, social and mental well-being and participation in society, while society provides the protection, security and assistance they need (World Health Organization, 2019). In this context, the European Commission provides a large amount of earmarked funds for various projects each year. Schwaiger (2020) points this out: “There is virtually no subject area, no target group and no geographical region for which European Union funding can not be obtained.” Aware of this, it is possible to activate many programs intended for the elderly population.

Good quality, active aging begins at a young age. The foundations for functioning in old age must already be laid in the earlier stages of life.

Quality of life can also be defined as the welfare or well-being of an individual, based on personal satisfaction with life, in conjunction with their understanding of their own needs and capabilities. This is the most valuable thing an individual can have in their life (Thomas, 2007). It makes sense to look at the quality of life of an individual in the context of their circumstances, including economic and especially social conditions in society (Macuh, 2017). The quality of life an individual has achieved is directly influenced by their family and social network, and what support this network offers.

Kožuh Novak (2015) points out that in Slovenia, the potential of the elderly after retirement is insufficiently exploited. These are the people in the earliest stage of their old age, who can still make a significant contribution to the functioning and development of society. They have numerous abilities, not only for activities aimed at improving their own lives, but also for active participation in all segments of society. It makes sense that the experience of the elderly should form the basis for development of any environment. This is important for two reasons:

- that the elderly take care of the quality of their life, that they are active,
- that their activity contributes considerably to the development of society.

At the state level, it is therefore necessary to legally define informal care for the elderly and provide families and other caregivers with training and assistance, while enabling greater flexibility of working hours in their regular employment. It is also necessary to improve the availability of occasional home help (for crisis relief), day care and alternative care (to allow informal caregivers annual leave, etc.). Informal caregivers also need to be provided with some income, social protection, pension contributions and insurance. In the case of informal providers of assistance to the elderly, it is essential to establish a system to regulate control over their education and knowledge. Only in this way can we guarantee the proper functioning of the care system and prevent abuse.

The right direction is the constant improvement of social solidarity, intergenerational connections and cooperation. Perhaps this is an opportunity to create a new paradigm for interpersonal relationships.

Ramovš et al. (2018) assert there are approximately 400,000 family or other informal caregivers of elderly people in Slovenia, a figure which includes approximately 90% family members and 10% others (mostly neighbours). This means the segment of informal caregivers forms an irreplaceable link in the system of long-term care.

For this reason, it is essential to systematically provide for their education and training, as well as offering various services and types of assistance.

It is also important to arrange social care for the elderly in nursing homes as well as outside them. It is worth emphasizing the importance of the legally established system of long-term care and, of course, the regulation of a suitable working environment and the salaries of those who work with the elderly.

It is necessary to enter the social content of work with the elderly into the legally justified system (these bring content into the everyday life of the elderly).

Within nursing homes, it would make sense to establish household communities, and we need to strengthen the assistance for work with the elderly at home.

In addition to geriatric medicine, social services and the environment in general must also be involved in caring for the needs of the elderly.

Caring for the needs of the elderly is a space for volunteering, including volunteers from the group of the elderly.

Apartments or houses in which older people live represent a particular problem. According to SURS, older people are the owners of the largest share of residential real estate. These apartments are often too large and, above all, architecturally unsuitable for the elderly. They do not have facilitated access, elevators, or custom bathrooms, and they have operating costs that are not manageable with low pensions.

Social pedagogical work with the elderly

When considering the elderly population in need of care, whether institutional or informal, we should not talk exclusively with the medical component of this activity. Social care, involving the prevention of social exclusion and loneliness among older people, is just as important and urgent. Once an elderly person enters institutional care, this means he or she is dependent on the help of others, owing to his or her disability and medical condition. They can no longer perform their necessary life activities on their own, regardless of the fact that they would rather live at home (Kobentar, 2008). When the elderly are admitted into institutional care (nursing homes), this means they are torn from their home and environment, which further increases their vulnerability. In this period, social care for the elderly is also necessary in addition to medical care. The conclusions of a study in a nursing home (Lisjak Simčič, 2019) also show that the residents need (and miss) a genuine relationship and contact with a counsellor (a trained, pedagogical social worker).

They seek understanding, listening, kindness and conversation. For them, it is very important that someone listen to their problems and offer help. This is especially important for residents with a weak social network and scarce family ties. All these needs of the residents increase in proportion with their health problems. Older people in home care need contact with other people, opportunities to talk and a person they can trust and with whom they feel comfortable.

Potential social exclusion, which is quite likely during old age, is not only the result of material deprivation, but is mainly conditioned by social relations and by the extent to which the elderly person is included in social networks. An unsatisfactory social network and social exclusion can directly affect the older person's sense of life quality. Support and social contacts in old age are essential for maintaining cognitive function and in recovery from health crises. Research confirms that these significantly extend life expectancy (Charles, Carstensen, 2009). In social pedagogical work, it is very important to be aware of the value and uniqueness of each individual. We need to treat everyone with respect, while providing support, encouragement and a space in which they can function normally. It is necessary to accept the holistic perspective of an individual with his or her physical, mental and spiritual condition and well-being. It is important to promote a positive self-image, decision-making ability, and independence.

The basic components of the social environment are the family and the social support network. The field for a social counsellor working with the elderly includes more than emphasizing the importance of the family and external support in the care of its elderly members, but also a legally justified system that anticipates and provides the conditions for its realization.

Social pedagogical work with the elderly contains the following guidelines:

- it is based on knowledge from various fields, which may form the basis of assistance and intervention;
- assistance is often focused on mobilizing the strength and potential of the elderly or on the acquisition (restoration) of lost (reduced) abilities.

A social pedagogical worker must have the knowledge and competences to assess the mental, emotional, cognitive and social abilities of an older person. He must determine the rank of the elder person's independence in various life situations and find sources of help in himself and in his environment. The work of a social counsellor with the elderly includes counselling, monitoring, support, cooperation and observation of their problems.

Based on this, the counsellor can understand the problems of the elderly and seek solutions in connecting the older person's personal social resources. Using insight, they can structure, organize, and coordinate relationships for conflict mediation and maintaining trust. Their understanding of everyday situations, recognizing the forms of behaviour of individuals and their material, social and emotional needs is very important (Zorc Maver, 2006). A social pedagogical worker, as an expert who advises and provides assistance to an older person, must be able to assess his or her social and cognitive abilities and help him or her maintain his independence, using various personal sources of power, as well as the family and social network. Thus, the elderly person can strengthen their ability to deal with daily challenges (Mali, 2013). The main emphasis in social pedagogical work with the elderly is improving quality of life by empowering the elderly as much as possible and creating an environment that contributes to problem solving (Bern Klug, Byram, 2018).

Older people quickly find themselves in a condition of social vulnerability. Many older people live on the periphery for several reasons, such as lack of education, or often owing to economic and social factors. Technological development and the processes of globalization often threaten them and place them in a subordinate and vulnerable position. In this case, a social pedagogical worker can help on the basis of personal competencies, theoretical expert knowledge and, above all, an analytical understanding of the situation. The elderly might be people with special needs, they might be demented, they might have problems with various addictions, and sometimes they are even violent (Mali, 2013). In social pedagogical work, a special place is dedicated to dialogue, which opens up an interspace between two participating individuals. Where partners are unequal and do not have equal power, dialogue can be difficult or even impossible, so in this case the social pedagogical worker lends their professional voice to marginalized individuals and groups within a society (Razpotnik, 2006).

In social pedagogical work, the relationship that a social counsellor establishes with his client is of key importance. The establishment of this relationship is influenced by personality and experience. In their work, they must always proceed from the characteristics of the client and his or her social environment. The relationship between a social counsellor and their client is a mutual process of giving and receiving. Within this process, a good contact is created that raises the energy of the relationship and allows for relaxation. This closeness is completely natural and intuitive, but we must establish it on a conscious level (Krajncan, Bajželj, 2008).

The social pedagogical worker must be genuine, empathetic and compassionate and must accept the client with respect. Once a relationship is established between the social counsellor and his or her client, the counsellor gets to know the older person and works with them to strengthen opportunities for solving the challenges facing the elderly.

Considering the issues discussed above, we conclude it to be essential for all types of assistance provided to the elderly, whether part of institutional or informal care, to include a social component of care. Depending to its scope and intensity, it must, of course, also be foreseen in legislation. Only in this way will planned long-term care be complete, high in quality and friendly to the recipients.

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