

Article

Legal Aspects of Social Infrastructure for Housing and Care for the Elderly—The Case of Slovenia

Eneja Drobež^{1,2} and David Bogataj^{2,3,*}

¹ Department of Civil and Commercial Law, European Faculty of Law, New University, 5000 Nova Gorica, Slovenia; eneja.drobez@inrisk.net

² Institute INRISK, 8210 Trebnje, Slovenia

³ Department of Social Gerontology, Alma Mater Europaea, 2000 Maribor, Slovenia

* Correspondence: david.bogataj@almamater.si

Abstract: On 17 June 2021, the Government of the Republic of Slovenia adopted a Bill on Long-term Care. This legislative activity also raised the question of the existence and effectiveness of a legal environment to promote social infrastructure development for housing and care of older adults. Social infrastructures include the facilities in which long-term care services are provided. Therefore, the new legislative proposal also raised the issue of the regulation of this social infrastructure and the housing and care solutions as a part of the social infrastructure since they benefit individuals and communities. Furthermore, in line with the growing trend towards deinstitutionalisation, the legal environments should enhance alternative housing solutions for the elderly. The purpose of this article is to describe the foundations of the social infrastructure for older adults and examine the legal basis for its provision. The research belongs to legal geography studies, which means that the substance of laws and materialisation in space are considered. We identified two primary spatial-legal barriers to overcome, which are (a) the separate treatment of the housing and health aspects and (b) the absence of the guarantee schemes for the construction of housing-with-care solutions. The results would be helpful for the optimal organisation of integrated care, which individual research groups in Slovenia are studying.

Keywords: gerontology; legislation; social infrastructure; long-term care; home care; older adults



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1. Introduction

In recent years, long-term care (LTC) is one of the areas that has become increasingly prominent in the research of social policies of economically developed countries (Dong et al. 2021; Moon et al. 2021; Wang et al. 2021). This is primarily due to the ageing population and the increasing proportion of the elderly population needing assistance in their daily lives. For the Member States of the European Union (EU), it is expected that the population aged 65 and older will, in 40 years (from 2020 to 2060), increase by 42%, from 96 to 135 million. In the same period, the population of adults 80 years and older in the EU will more than double from 26 to 54 million (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021a). Slovenia is also, like other EU countries, where it is becoming an ageing society. Today, 21% of the population in Slovenia is aged 65 years and older, and projections predict that the proportion will reach 30% in 2050. The ratio of people aged 80 and older will increase from 6% today to 11.4% by 2050 (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b).

As the fastest-growing demographic group in Europe, older adults are diverse, including those ranging from active to disabled. The need for LTC increases with age, and the number of dependent people is especially high among the very old. The growing demand for accessible and good-quality LTC services is the critical challenge of modern society, particularly given the labour shortages in the LTC sector (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021a).

Currently, LTC in Slovenia is not uniformly regulated, to the point where there is no single definition of LTC. Therefore, citizens understand the term in different ways, which in itself makes it difficult to discuss. The biggest challenges in the field of LTC are the fragmentation of rights between different regulations, the absence of a single assessment scale, complicated administrative procedures, the lack of centralised access to information, and the insufficient development and accessibility of community-based services. All of this is also reflected in the fact that citizens with comparable needs do not necessarily have access to comparable rights (see [Republika Slovenija n.d.](#)). The Resolution on the National Health Care Plan 2016–2025 “Together for a Healthy Society” ([National Assembly 2016](#)) highlights that Slovenia is lagging behind in the OECD average regarding people’s participation in LTC; nevertheless, the proportion of people participating in it is gradually increasing.

On 17 June 2021, the Government of the Republic of Slovenia consented to a bill regarding LTC in response to the growing need for a unified systemic regulation of long-term care ([Ministry of Health 2017](#)). This law, once adopted, will provide the legal basis for the provision of a range of LTC services. The primary aspects of the proposal for systemic action on LTC include the following: (1) Setting up a single-entry point to centralise information on health, social care and LTC and to make procedures as simple as possible for beneficiaries; (2) The introduction of a single assessment of eligibility to standardise how assessments are carried out and, as a result, ensure that beneficiaries with comparable needs have access to comparable benefits; (3) The introduction of new services to ensure that beneficiaries in all settings—both at home and in institutions—can access comparable services and that services that promote and maintain independence and e-care services are also provided; (4) Establishing effective quality control and safety of services; (5) Setting up a higher share of public co-financing of LTC entitlements, which would mean that individuals pay less for the services they need, with a reduction in the financial burden on local authorities ([Ministry of Health 2017](#)).

When developing systemic solutions in the field of LTC, the need for appropriately adapted age-friendly housing should be considered. The housing options, connected with LTC services for the elderly, are regarded as a part of the social infrastructure since they benefit the individuals and communities as well as improve social cohesion ([Fransen et al. 2018](#)). Physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age ([World Health Organization 2007](#)). This can be seen in the example of the first retirement village, Whiteley Village, established in 1917; even though their residents were poor, the life expectancy of female residents was significantly higher than the general population ([Mayhew et al. 2017](#)). It is estimated that sheltered housing can reduce public healthcare expenditures in the United Kingdom by GBP 486 million annually, due to fewer inpatient stays (GBP 300 m), reduced immediate care costs of falls prevented (GBP 12.7 m), reduced health and care costs of hip fractures prevented (GBP 156.3 m) and reduced health services use by reducing loneliness (GBP 17.8 m). Since the probability of falls in sheltered housing is 50% less than family housing, this is attributed to the primary source of savings created ([Wood 2017](#)). Ageing in an individual’s own home affects the quality of life of Europeans ([Vitman Schorr and Khalaila 2018](#)), as social and psychological factors contribute to this ([Cornwell and Laumann 2015](#)). The quality and adaptability of the built environment are positively correlated with population health ([Cerin et al. 2017](#)); age-friendly residential communities also positively impact the health of community members ([Levasseur et al. 2017](#)). Therefore, understanding ageing and the active role of communities is essential in housing policy ([Provencher et al. 2014](#)). Slovenian research also suggests that living environments that are not adapted to the functional abilities of older people pose a greater risk to their health, independence and autonomy ([Kerbler 2011](#); [Kerbler and Černič Mali 2018](#); [Kerbler et al. 2017](#)). Strong evidence based on the relationship between housing and health has also been reported by various other researchers ([Dalstra et al. 2006](#); [Serrano-Jiménez et al. 2020](#); [Liang 2020](#)).

In some European countries, such as the UK and the Netherlands, the process of deinstitutionalisation, whereby care for the elderly is provided in community care settings, is increasingly taking place (Ball 2011; Glass 2014). Such environments vary from social farming to retirement villages and offer combined residential and care services, social activities and opportunities for interaction (Scharlach et al. 2014; Buist et al. 2018; de Bruin et al. 2020). The term “housing-with-care” is used often to describe such accommodations (Gray and Worrledge 2018). In countries where forms of cohabitation for older people are already well established, they present extensive literature on the subject (Buys 2001; Croucher et al. 2007; Evans 2009a; Schafer 2011; Scharlach et al. 2014; Holland et al. 2017; Schwitter 2020). However, the solutions found in this literature are not always applicable to other countries, where such concepts of cohabitation are still in development. There is also less emphasis in the existing research literature on legal aspects, which are necessary to enable coherent development of social infrastructures for cohabitation of older people, with few exceptions (Malta et al. 2018; Lundman 2020).

Legal geography studies the ways in which law is implemented in physical surroundings (Braverman et al. 2014) as well as the “co-constitutive relationship of people, place and law” (Bennett and Layard 2015)—this is the basis for this research. The present study will focus on the legal and spatial aspects of providing adequate housing for the eldercare in Slovenia. Retirement villages and other co-housing models for the elderly can provide a cheaper and safer environment for providing LTC services than individuals’ homes, thus having broad socially positive effects (van Bilsen et al. 2008). Therefore, the focus of the article is on community-based housing-with-care solutions.

In the theoretical part, we will first explore whether and which forms of cohabitation between older people and housing-with-care solutions can be defined as social infrastructure and the legal sources of social infrastructure in Slovenia. The definition of social infrastructure is fundamental in this context, as it is not unambiguous in the literature. In this part, we will also provide a short literature review on the benefits and flaws of different housing-with-care solutions. In the empirical part, we will present the current state of social infrastructure for the housing and care of the elderly in Slovenia compared to other EU Member States. We will examine the legal basis for providing and managing social infrastructure for older people in Slovenia, including the legal basis for spatial planning of age-friendly environments and integrated housing-with-care solutions. In this regard, we will analyse several Slovenian laws, acts and policy documents related to LTC and the built environment and examine how these official texts articulate the needs and barriers for further development of the social infrastructure stock for housing and care for older adults. We will also present a new project in the field of co-housing and sheltered housing for the elderly. As a key result of the study, we have identified two main spatial-legal barriers to overcome. These are (1) a separate treatment of the housing and health aspects of the social infrastructure for housing and care for older adults and (2) the absence of the guarantee schemes for the construction of social infrastructure for the care and housing of older adults.

2. Results

2.1. *Housing for the Elderly as Social Infrastructure*

2.1.1. The Definition and Concept of Social Infrastructure

Theoretical definitions understand social infrastructure in different ways. However, what all definitions have in common is that they emphasise its positive effects on both the individual and the whole society. Social infrastructure includes facilities or services in the absence of which a community is at a significant socioeconomic disadvantage compared to those communities that have access to them (Freisfeld 2016). It is the “glue that holds communities together”—an interdependent network of facilities, space, projects and services that maintain and improve the standard of living (Perrine n.d.). It comprises buildings, facilities and installations to serve the whole community. Moreover, it promotes productivity, profitability and wellbeing, laying the foundations for community housing

and creating community cohesion (Fransen et al. 2018). It acts as a platform or vehicle for promoting democracy, equality, innovation and freedom (Freisfeld 2016). Therefore, the social infrastructure can contain all uses and activities that contribute to a higher quality of living.

Social infrastructure can also be defined as (a) well-defined social value and (b) non-profitability of the associated activities. This definition also includes public administration buildings and services as well as free access roads (Han et al. 2012). In some countries, such as New Zealand, social infrastructure also includes public administration buildings, the judiciary and freely accessible transport routes as well as infrastructure for water supply and wastewater disposal, which are otherwise fee-for-service activities (Social Infrastructure n.d.). However, there is also criticism that social infrastructure is often defined (too) narrowly, encompassing only assets dedicated to education, healthcare, community facilities and social housing (Freisfeld 2016).

In the Keynesian era, the term infrastructure referred only to public facilities that enabled the population to produce and live to supply human resources (Keynes et al. 1936). But in the post-Keynesian era, it has increasingly come to include privately owned facilities on the one hand and social infrastructure on the other (National Research Council 1987). In general, infrastructure is divided into hard or physical infrastructure, which refers to the physical networks, facilities and installations that we need for the economy and society to function, and soft or institutional infrastructure, which includes all the institutions we need for the functioning of the economy, health and social welfare, and other cultural and social institutions. The physical part of social infrastructure consists of tangible assets, such as schools and parks. In contrast, soft social infrastructure comprises intangible assets, such as social security, LTC networks, government agencies, research institutes, insurance and other support services and networks of relationships that provide social security and informal networks (Freisfeld 2016).

Social infrastructure can also be divided into education and lifelong learning, healthcare and LTC and social housing (Fransen et al. 2018). Social infrastructure has strong social and economic effects on the wellbeing of local communities. It plays an essential role in improving health, strengthening social interactions and increasing social contacts. It is also crucial for creating opportunities for local ownership, entrepreneurship, employment and public–private partnerships as well as improving living standards in rural areas (Vazonienė and Kiaušienė 2018).

In Slovenia, the most recent definition of social infrastructure is included in the 2017 Spatial Management Act (National Assembly 2017b), as one of the objectives of spatial management is to ensure adequate and universal access to social and economic public infrastructure. Therefore, the definition is broad, but the activities or services that fall under social activities are not precisely defined, resulting in a certain degree of terminological confusion. This is because the 2004 Spatial Development Strategy of Slovenia (National Assembly 2004) is still in force, where the term “social public infrastructure” is used, which is more precisely defined as spatial arrangements or facilities for the activities of education and training, sport, healthcare, social care, culture, public administration and religious activities.

2.1.2. Social Infrastructure for Housing and Care of the Elderly

The most important social infrastructure for the elderly is the construction of adapted, safe, quality and affordable housing, allowing them to age safely, combined with day centres where they can meet and carry out leisure activities. For those who, due to physical and cognitive decline, are unable to live in their own homes or in a residential community, sufficient accommodation should be provided in residential homes for the elderly or, in the case of severe deterioration in health, in nursing homes. The different living units adapted for older people are as follows: (1) family housing with special equipment to improve accessibility and facilitate communication, (2) day/night centres, (3) sheltered housing, (4) extra-sheltered housing, (5) care farms, (6) cohabitation entities, (7) retirement villages, (8)

residential homes for the elderly and (9) nursing hospitals. This type of infrastructure can reduce the risks faced by older adults with declining functional capacities, consequently reducing healthcare and LTC expenditure (Rogelj and Bogataj 2018). A part of social infrastructure is also adequately equipped green spaces, adapted to older people with physical or cognitive limitations (Breznik et al. 2020). In addition, therapeutic gardens have positive effects since they improve mental wellbeing, reduce levels of aggression and agitation and increase the relaxation of the elderly (Artmann et al. 2017).

We estimate that all these housing units are part of the social infrastructure, except for family housing with special equipment. However, the boundaries between different forms of housing-with-care solutions are not clear—that is, it is difficult to draw a line between collaborative housing for the elderly and (exclusively) assisted housing for the elderly (Lang et al. 2020).

Various research has shown that it is cheaper for older adults to live and acquire LTC services in sheltered housing than in their own homes, so building new housing for older people has favourable economic effects (van Bilsen et al. 2008). Additionally, exceptionally high financial benefits of investing in specialist housing exist in the case of older people with reduced mobility (Frontier Economics 2010). Accordingly, the construction of sheltered housing should become an integral part of LTC policies. Housing older people in sheltered housing also reduces the cost of public funding for health services (Wood 2017). Actuarial studies have also shown that adequate housing care can significantly increase the life expectancy of residents (Mayhew et al. 2017).

Retirement villages and other alternative housing models that combine accommodation with care and social activities can provide a more friendly and secure environment for older people than traditional care homes, while allowing residents greater independence than in institutionally organised care homes (Bernard et al. 2012). There is a wide range of combined housing and care solutions for older people in such accommodations (Howe et al. 2013). Retirement villages provide older people with purpose-designed barrier-free housing. They also include facilities and activities that are not care-related but create opportunities for informal and formal social activities. Care and support services in retirement villages can respond quickly and flexibly to different care needs over time. They are housing-with-care solutions for later life that prioritise the social and experiential aspects of ageing (Croucher et al. 2007).

Moreover, smartly designed facilities can help people suffering from dementia (Chryssikou et al. 2018). An excellent example of this is the concept of the Dementia Village (De Hogeweyk) in the Netherlands, which enables older adults to live a life that is as similar as possible to their life before dementia, thus reducing their anxieties and fears (Archer 2012). Furthermore, the residents can benefit physically and mentally from living in a retirement village (Holland et al. 2017), strengthening their sense of community (Bernard et al. 2012).

The advantages of smaller communities for older adults, as compared to institutional care, were also demonstrated during the COVID-19 epidemic, when older adults in more populated residential and nursing homes were at a higher risk of infection (Lai et al. 2020). Nursing homes, for example, house 1% of the US population but, at the time, accounted for about 4% of cases and 38% of all deaths due to COVID-19 (Reddy et al. 2021). Outbreaks of epidemics in nursing homes in Spain also led to a complete abandonment of care for the most vulnerable in some care homes, and the combination of lack of personnel, resources and the forced isolation of care home residents due to suspicion of COVID-19, produced an evident deterioration in the care home residents' lives and wellbeing. It is estimated that around 50% of all COVID-19 deaths occurred in institutional care homes (Amnesty International 2020). In Slovenia, people in institutional care were also particularly vulnerable during the pandemic. Until 3 October 2021, of the 4899 COVID-19 deaths, 2118 (43%) were residents of institutional care (Nacionalni inštitut za javno zdravje 2021).

On the other hand, the negative aspects of retirement villages highlighted in the literature are age segregation and the exclusion of residents from the rest of society. Tensions between residents of retirement villages may also arise due to their different health statuses

(Bernard et al. 2012). A further challenge is the privatisation of care, which can prevent socially vulnerable segments of society from accessing such services (Evans 2009b). Finally, there is also the issue of the commodification of care, where care services are provided impersonally and without considering people's real needs (Schwiter et al. 2018).

2.1.3. The Current State of Housing and Care for the Older Adults in Slovenia

In Slovenia, life expectancy at birth was 81.5 years in 2018 and 81.6 years in 2019, but then it decreased to 80.6 years in 2020 due to the COVID-19 epidemic. The proportion of people aged 65 and over is expected to increase further by 2050, while the number of potential dependents aged 65 and over will increase from 107,800 to 172,500. Simultaneously, the share of the oldest group will continue to grow—the percentage of people aged 75 and over was 7.1% in 2008, 9.1% in 2019 and is projected to reach 11.9% by 2030 and 17.0% by 2050. In 2019, the share of potential dependents in the total population was 10.0%. By 2030, their share is projected to increase to 11.0% and 12.4% by 2050 (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b).

A high proportion of owner-occupied housing characterise the older cohorts in Slovenia. Older adults often live in dwellings that are too large and inadequate, and their residential mobility is low. On average, people aged 65 and over live in apartments of almost 102 m² with four bedrooms (Malovrh 2021). Staying in their own homes for as long as possible is suitable for older adults' wellbeing and psycho-physical fitness, but it also has a darker side. The first of these is inadequate housing, especially architectural barriers. The second is the inadequate location of the home, which is (too) far from LTC services. The distance from centres of social interaction can also be a reason for loneliness. The costs of maintaining the property are also a serious problem for more than a fifth of people aged 65 and over, with these costs accounting for as much as three-quarters of the total household income. In addition, the shortage of non-profit rental housing for older adults, and the low market value of older people's housing units, is often an issue (Urad za makroekonomske analize in razvoj 2017). To prolong independent living in the home environment, adaptations of living space and care services are needed, as well as other forms of institutional and group living.

According to the latest statistical data, expenditure on LTC in Slovenia increased by 5.1% in 2018 compared to 2017, reaching EUR 547 million. Real GDP growth was 4.4% over the period, and the share of LTC expenditure as a percentage of GDP was roughly the same as in 2017, at 1.19% (Statistični urad Republike Slovenije 2020). In the structure of total LTC expenditure, the largest share of expenditure was on institutional LTC (77.9%), of which 58.1% was spent on LTC in residential homes for the older adults, followed by 15.6% on LTC in various social institutions and 4.2% in hospitals. The remainder of this expenditure (22.1%) was devoted to providing LTC at home, which could be provided either as a service or as care, mainly in terms of home care, home help, personal assistance and family assistants as well a cash benefit. Expenditure on LTC provision at home (health part) was 2.5% higher in 2018 than in 2017. In 2018, 66,179 people received LTC services (or just over 1700 more than in 2017) and 35.0% (or around 23,200) received LTC services in institutions. This was followed by those who received LTC services at home, who accounted for 34.4% or roughly 22,700. Those who received only cash allowances to pay for various LTC services accounted for 29.7%, which was almost 19,700. The total number of recipients of cash allowances for LTC was slightly more than 45,100 (Statistični urad Republike Slovenije 2020). Currently, among those aged 65 and over, 7.2% receive residential care, 7.0% home care and 7.1% received cash benefits, reaching a total of 21.3% receiving LTC in any of these forms (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b).

Currently, there are not enough sheltered housing units in Slovenia. The Institute of the Republic of Slovenia for Social Care estimates that on 30 November 2020, there were 1528 sheltered housing units in Slovenia: 710 rented, 532 owner-occupied dwellings and 316 under construction or in planning (Inštitut RS za socialno varstvo 2020). Although the

Resolution on the National Housing Program 2015–2025 ([National Assembly 2015](#)) foresees the construction of another 10,000 sheltered housing units, the financial resources for it are currently not secured.

The largest providers of sheltered housing units in Slovenia are the Real Estate Pension and Disability Insurance Fund and the Housing Fund of the Republic of Slovenia, with the former owning 360 serviced rental apartments ([Nepremičninski Sklad Pokojninskega in Invalidskega Zavarovanja n.d.](#)). The rental conditions are that the applicant has a pensioner status or is aged 65 or over, has an appropriate state of health to live independently as well as the ability to pay the rent and other rent-related costs. The applicant also should not be in bankruptcy proceedings.

The Housing Fund of the Republic of Slovenia is a public fund established by the Housing Act 1991. On 31 December 2018, the fund owned 3056 non-profit rental dwellings, including two residential units in a single-parent home in Ljubljana and 53 sheltered dwellings in Tolmin and Kobarid. There are 32 sheltered housing units in Tolmin and 21 in Kobarid. The housing units are in 12 regions or 118 municipalities ([Stanovanjski sklad Republike Slovenije 2019](#)).

On the other hand, institutional care is well developed in Slovenia compared to several other EU Member States. Currently, in Slovenia, there are 1012.4 LTC beds per 100,000 inhabitants, which is less than in the Netherlands (1370.7), Finland (1190) or Germany (1152.2), but also four times more than Croatia (227.5) and two-and-a-half times more than Italy (415.8) ([European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b](#)). According to the Association of Social Institutions, by the end of 2019, there were 21,150 places for the older adults available in 59 public institutions and 43 concession providers. Of these, there were 13,258 places in public homes for the older adults, 5406 places in private homes and 2486 places in specialised institutions. However, the existing capacities are still far too limited in terms of demand. According to official data, there are 26,022 active applicants waiting to enter a home, with the number of applications continuing to increase annually ([Skupnost socialnih zavodov 2021](#)).

Despite the relatively high number of LTC beds and the planning of new housing units for the older adults, it is worrying that LTC services are becoming less and less affordable, considering the income of older adults and the cost of care. As only the minimum standards are monitored at the national level, it is also challenging to assess the quality of LTC services ([European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b](#)). In addition, older people in rural areas often have fewer opportunities to benefit from institutional and community-based forms of assistance. Retirement homes have developed primarily in urban settings ([Mali 2012](#)), and the dispersion of the population in rural areas also significantly increases the travel costs of caregivers ([Hlebec 2014](#)).

2.2. Legal Framework for Providing Housing-with-Care Solutions for Older Adults in Slovenia

2.2.1. Constitutional Aspects

From the point of view of the Constitution of the Republic of Slovenia ([National Assembly 1991](#)), Article 78 is relevant, which stipulates that the state shall actively create opportunities for citizens to acquire adequate housing. The home is a fundamental asset of human societies, essential for the individual's self-fulfillment and mental and physical integrity. It is rooted in the value of human dignity, as adequate housing is one of the prerequisites for a decent life. The minimum core of the provision of Article 78 is to prevent poverty and social exclusion of particularly vulnerable individuals ([Letnar Černič 2019](#)).

The provision of Article 78 ([National Assembly 1991](#)) is linked to the provision of the welfare state in Article 2, the right to a home in Article 36, the right to social security in Article 50 and to the principle of equality in Article 14 of the Constitution ([Letnar Černič 2019](#)). Additionally relevant is the Charter of Fundamental Rights of the European Union ([European Parliament 2012](#)), which states in Article 34(3) that, to combat social exclusion and poverty, the EU recognises and respects the right to social assistance and housing assistance to ensure a decent life for all those who lack sufficient resources, in

accordance with the rules laid down by EU law and national laws and customs. The interpretation of Article 78 of the Constitution ([National Assembly 1991](#)) also takes into account Article 31 of the European Social Charter ([Council of Europe 1961](#)), according to which, in order to ensure the effective realisation of the right to housing, the contracting parties must undertake measures to (1) promote access to the housing of an adequate standard, (2) prevent and reduce homelessness with a view to its progressive elimination and (3) influence the price of housing so as to make it affordable for those without sufficient resources. This does not mean that the state has to build housing itself, but it has a duty to provide legislative, administrative and financial measures to prevent homelessness, forced evictions and to ensure legal security of tenure (through ownership, renting and other forms). Furthermore, in this context, the state is obliged to ensure the protection of particularly vulnerable groups, including older adults and, in these cases, to provide direct assistance in the form of housing or financing of housing suitable for citizens with significantly reduced functional capacities ([UN Habitat 2009](#)).

Slovenia is one of the few signatories of the European Social Charter that has also declared itself bound by Article 31. Out of the 34 acceding countries, only Andorra, Finland, France, Italy, Lithuania, the Netherlands, Norway, Portugal and Ukraine have actioned this ([Council of Europe 1961](#)). This is not surprising, as the right to adequate housing belongs to a catalogue of social rights that do not operate on the basis of universally recognised minimum standards, and its flexibility may affect its effectiveness. On the one hand, judicial enforcement of the right to housing (in the sense of an individual suing the state for failing to provide adequate housing) could affect the division between the judicial, executive and legislative branches of government ([Kenna 2005, 2008](#)).

On the other hand, judicial enforcement of such claims could encourage states to direct financial and political resources, to address housing issues. In this context, Slovenia could join France, which legislated a bill for “Right to Housing” in 1989 and even made it enforceable in 2007. Since 1 January 2012, any applicant whose request is recognised as a priority by competent authority can bring an action in court against the government for the allocation of housing. However, the enforceability of the right to housing has not changed the reality of the shortage of affordable or social housing, which is the main tool for realising the right to housing. Since January 2008, 40,000 households have received new accommodation under the scheme, while 27,500 applicants recognised as eligible have not received any offer of housing. This is particularly true for the Paris region, where 62% of applicants for housing are registered ([Scanlon et al. 2014](#)).

2.2.2. Strategic Documents

In Slovenia, the three most important strategic documents regarding living conditions for older adults are the Resolution on the National Housing Program 2015–2025 ([National Assembly 2015](#)), the Resolution on the National Social Assistance Program 2013–2020 ([National Assembly 2013](#)) and the Strategy for a Long-lived Society ([Urad za makroekonomske analize in razvoj 2017](#)). In the first document, co-residence of older people in larger or group households is promoted as one of the most appropriate solutions to housing poverty among older people. Furthermore, it states two examples of cohabitation: (1) moving an older person into another older person’s apartment that is more functionally and locally suitable and (2) the establishment of living communities of older people in purpose-built, renovated or adapted housing, close to the day centres for older people or care centres. The inclusion of older people in wider society should be ensured through the placement of suitable housing units within mixed neighbourhoods. The resolution also emphasises that the construction of housing stock for the care and accommodation of older people must consider architectural and functional requirements as well as the principles of energy efficiency by reducing the operating costs of housing units. Appropriate housing forms should provide an adequate level of care, e.g., sheltered housing. This type of housing should be provided through public–private partnerships, which make it possible to offer purpose-built rental housing at more affordable prices. One of the objectives of the Res-

olution on the National Social Assistance Program 2013–2020 ([National Assembly 2013](#)) is also to increase the proportion of users of community-based forms of social care and to reduce the proportion of users of institutional forms of social care. However, the strategic documents mentioned are not binding statutes, they merely advise decision-makers and other actors in the field of older adults' housing and care services. These strategic documents need a solid legal framework and permanent funding sources in order to be put into practice, and as we will see further on, neither of them exist.

The Strategy for a Long-lived Society ([Urad za makroekonomske analize in razvoj 2017](#)) also sets out with the objective of the adaptation of living space for (extended) independent living of older people in the home environment, which should be integrated into different policies related to housing, social affairs and spatial planning. Such adaptations shall include (1) adaptations of living space for prolonged independent living in the home environment (homes for life—adapted for all ages, smart homes, remote monitoring networks, other mobile or home-based services), (2) other forms of institutional and group living (assisted/guarded housing for those who can no longer fully care for themselves but can still live a relatively independent life, household groups, housing associations or housing communities, care families for older adults, day centres and purpose-built housing for the older adults), (3) the exchange or sale of residential property for the purchase or renting of sheltered or smaller housing, (4) developing age-friendly cities and communities, providing opportunities for the permanent involvement of older people in all aspects of social life in their communities, in accordance with their needs, wishes and abilities and (5) encouraging the renovation of housing stock to improve the quality of living in an individual's own home (e.g., energy renovation and functional adaptations of dwellings).

However, there will not be much revenue available from the assets of older adults to adapt to private housing, as can be seen from the data on pensions being the main income of older adults. The average monthly net old-age pension in 2020 was EUR 657.99, and the average gross disability pension was EUR 509.75. The average gross amount of survivor's pensions in 2018 was EUR 411.96 ([Papež et al. 2020](#)). In December 2018, more than 70% of old-age pension recipients received a pension of EUR 500.01 to EUR 1000 ([Trbanc et al. 2020](#)). These amounts barely suffice for maintenance, let alone for the refurbishment and improvement of the homes in which older adults live.

2.2.3. The All-Encompassing Role of Public Authorities

In Slovenia, in the last 15 years, a trend towards privatisation has been observed in the field of LTC ([European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b](#)). However, the role of public authorities is still strong in organising, controlling and governing housing and LTC services for older adults. According to Article 2 of the Social Assistance Act ([National Assembly 1992](#)), the state should ensure and develop social care institutions' functioning by granting concessions. The local authorities provide a public service in home-based family support networks. Through their representatives, they also participate in the decision-making of social institutions. The social care program, adopted by the National Assembly, sets out a strategy for developing social welfare, identifies priority areas for the development of social protection and determines the network of public services provided by the state. Social protection rights under this law include services and measures to prevent and eliminate social hardships and problems of individuals, families and population groups. According to Article 43 of the Social Assistance Act ([National Assembly 1992](#)), the state should provide a public service network of institutional care, which includes providing institutional care for older adults in their homes. According to Article 16 of the Social Assistance Act ([National Assembly 1992](#)), institutional care consists of all forms of assistance in an institution, in another family or another organised form, which can replace or supplement the functions of the beneficiary's own home and family, in particular, accommodation, organised food and care and healthcare. Therefore, the law has the advantage of addressing health and housing aspects together.

On the other hand, the Social Assistance Act ([National Assembly 1992](#)) does not even mention the provision of services that promote the participation and social interaction of older adult residents, nor is it based on the principle of supporting the wellbeing, health and independent living of the older population, as is usual in modern legislation on care for older adults, such as the Finnish ([Lundman 2020](#)) and Dutch ([Kelders and de Vaan 2018](#)) legislations. Instead of promoting a safe, meaningful and dignified life for older adults, the law focuses only on providing basic services related to meeting their basic physical needs. The new legislative proposal does not remedy this shortcoming, as it is based solely on the principles of availability, accessibility and affordability of LTC services. Though Article 24 of the proposal further specifies the LTC services, which are divided into four categories—assistance with basic activities of daily living, assistance with supportive activities of daily living, nursing care related to basic activities of daily living and services to promote and maintain independence—it does not acknowledge the social and experiential aspects of human life and dignity ([Ministry of Health 2017](#)).

2.2.4. Absence of Housing-with-Care Solutions

The Social Assistance Act ([National Assembly 1992](#)) lists care homes for older adults and sheltered housing units as forms of housing for them. Still, it does not mention any intermediate housing-with-care solutions. Since retirement villages are neither homes nor institutions, this kind of fixed division between home and institutional care is not appropriate anymore. Moreover, the strict division between different forms of care is also present in the proposed legislation ([Ministry of Health 2017](#)). According to Article 40(2), there are three types of units for the provision of LTC: (A) representing residential units providing LTC services up to a maximum of 48-bed capacity at one location; (B) representing care homes providing LTC services in the range of 49 to 150 bed capacity at one location and (C) representing nursing homes providing LTC services in excesses of 150-bed capacity at one location, and where at least 80% of the bed capacity is dedicated to older adults with the highest levels of dependency. Despite the strong link between social care and social infrastructure, the proposed legislation still does not address community care for the older adults, in the case of group housing, such as sheltered housing, household communities co-housing solutions or retirement (silver) villages.

The problem is also that under the legislative proposal, care can only be provided by those who have obtained a license to operate from the competent minister or the minister responsible for social welfare. Moreover, persons carrying out LTC activities without a license can face hefty fines (from EUR 5000 to EUR 50,000 for legal persons and EUR 1000 to EUR 5000 for natural persons). However, as the situation of group housing is not regulated in the proposal, legal uncertainty could hinder or even prevent the development of group housing solutions for older adults, especially in terms of investment in such housing.

2.2.5. The Principle of Universal Construction

The United Nations Standard Rules for the Equalisation of Opportunities for Persons with Disabilities ([UN General Assembly 1993](#)) require Member States to design buildings for renovations and new constructions in their cities and environments in such a way to ensure equal mobility opportunities for older people. The guidelines require urban planners and building developers to (a) construct and install facilities or installations in such a way that they can be used equally well by those with and without reduced mobility, (b) ensure that the use of facilities is understandable for older people who have less experience with technology or who have less education, knowledge or concentration, (c) ensure that there are elements for orientation in space and handling of devices, also for those with impaired vision or hearing, (d) ensure that there are minimised exposures to accidents and untoward incidents of the occupants of the facilities, (e) ensure that the use of the facilities does not require additional effort and (g) see to it that the dimensions of the space for access to the facilities are appropriate, irrespective of the mobility of the users.

The Building Act ([National Assembly 2017a](#)) includes universal construction and universal use among the essential requirements for buildings, which are enumerated in Article 15. Universal construction and use of facilities include constructing and using facilities accessible to all people and constructing adaptable facilities. According to Article 22 of the Building Act ([National Assembly 2017a](#)), the construction and use of facilities accessible to all people, regardless of any permanent or temporary handicap they may have, means the design, construction and use of facilities should be in such a way that allows unimpeded access to and use of the facilities. Accesses, passageways, connecting routes, doors, and vertical connections (stairs, ramps, passenger lifts and other mechanical lifting devices) must be capable of being used independently by people with particularly functional handicaps. They must be equipped with the necessary signalling and equipment for unhindered movement, communication and orientation. The number of parking spaces for disabled persons in the vicinity of the main entrance shall be sufficient, and, where space permits, parking spaces for users with pushchairs shall also be provided. However, the law only requires that 10% of all private dwellings in each multi-apartment building must be designed, constructed and used in accordance with the principles of universal construction, which is insufficient to ensure an appropriate stock of lifetime homes for older adults. However, for older adults, Article 22 (paragraph 8) of the Building Act ([National Assembly 2017a](#)) is also relevant, as it states that to ensure the universal construction and use of buildings already constructed, the state or a local authority may contribute public funds for this purpose, where this is beyond the financial capacity of the owner or occupier of the building.

The rules regarding the principle of universal construction and use are also laid down and considered in Slovenian subordinate legislation, such as the rules on universal construction and the use of construction works ([Ministry of the Environment and Spatial Planning 2018](#)), applicable only to publicly accessible facilities, as well as in the rules on minimum technical requirements for the construction of residential care homes for the elderly, and on ensuring conditions for their operation ([Ministry of the Environment and Spatial Planning 2004](#)), which are applicable only to sheltered housing.

2.3. Lack of Guarantee Schemes

Guarantee schemes are of utmost importance for financing housing for older adults. Accordingly, guarantee schemes for social housing have been developed in the Netherlands, Switzerland, France, Ireland and the UK. We analysed the effects of guarantee schemes in the Netherlands and the UK. These two countries have a typical market approach to social housing development, and the critical role specialised financial institutions play in providing financing and national guarantee schemes ([Lawson 2013](#)).

In the UK, the guarantee schemes were established in June 2013, with the Housing Finance Corporation being licensed to issue guarantees on the government's behalf. The guarantees help housing associations to attract investors and create confidence in the market; the clear backing and support of the government could attract and reassure investors. In this way, the government can also play the role of a broker. The UK guarantee schemes aim to secure "investment finance" rather than more risky development finance. In order to limit government exposure, guarantees cover only 80% of scheme borrowing; thus, the investing organisation will need to contribute 20% of its equity. There are two versions of the scheme—one for affordable housing and one for the private rental sector ([Lawson 2013](#)).

Since the late 1980s, the non-profit housing sector in the Netherlands has shifted from being driven by government regulation and public financing to a public housing sector that is more independent. Capital market loans were introduced into the social housing sector, supported by joint government and sector-backed loan guarantees, and direct subsidies for new housing supply were largely abolished ([Nieboer and Gruis 2016](#)). Within the new framework, housing associations were free to sell, invest and decide on how to allocate

their resources to their social task. In 2000, 750 Dutch housing associations housed 37% of the population and owned just under 2.5 million homes (Walker and Zon 2000).

For the financial independence of housing associations in the Netherlands, it was necessary to implement an effective guarantee mechanism. The Dutch Social Housing Guarantee Fund (Waarborgfonds Sociale Woningbouw), established in 1983 as a private non-profit financial intermediary and guarantee organisation, is one of the largest social housing guarantee schemes in Europe. It operates in co-operation with the publicly-owned solidarity fund, which has the right to extract taxes from all member housing associations to aid those in financial difficulty. As a result, 96% of loans for the development of the social housing stock were secured through guarantee schemes (Lawson 2013).

In Slovenia, guarantee schemes are still in development. As a result, the volume of housing for older adults is significantly lower than in the UK and the Netherlands. Most social housing units are owned by public housing funds established by a national government and local authorities. Despite the availability of European Investment Bank funding (loans) for social infrastructure development, due to constraints in municipal borrowing, public housing funds cannot build a stock of housing for older adults, which would be comparable to the UK and the Netherlands. As in the countries mentioned, public guarantee schemes should be set up in Slovenia as risk management mechanisms for loans to social enterprises for investments in housing for older adults.

The Slovenian Investment Company (slo. Slovenska investicijska družba (SID)) is a national promotional development bank, authorised to render long-term financial services that complement the market in various areas, as directed by the Slovene export and development bank Act, which are essential for Slovenia's sustainable development. The fundamental activity pursued by the SID bank is funding market gaps, including the development of small and medium enterprises and entrepreneurship as well as regional development (Slovenska investicijska družba n.d.). However, housing stock for older adults has not yet been developed, due to a lack of public guarantee schemes.

2.4. New Projects

Some intermediate housing solutions for older adults are currently being developed or are in the planning phase. In Murska Sobota, the Municipal Public Housing Fund has renovated an apartment house and its surroundings into a residential community for older adults to provide decent housing. It has four single rooms and two double rooms with bathrooms and common areas, such as a kitchen with a dining room, a bike room, terraces and a surrounding garden for growing vegetables. This is one of the first independent living communities for older people in our country, which provides a safe and less expensive way of living, and is based on mutual assistance. In 2024, the Municipality of Ljubljana is planning to build an alternative form of housing for its residents who are older than 60. The new residential neighbourhood will also include two units dedicated to a housing community. In Novo mesto, the municipality's strategy for a long-lived society foresees new housing to be built by both public and private investors. There are also plans for a pilot project on integrated home care for older adults to be implemented by teams covering nursing, health and social care. But given the number of the older population and its growth projections, there are not enough housing projects (Malovrh 2021).

The Slovenian Housing Fund plans to build 498 housing units for rent soon in the Ljubljana-Brdo area. Of these, 25 will be rental housing-with-care units for the elderly. In the area of the residential neighbourhood in Maribor-pod Pekrsko gorco, the fund is also planning to allocate two buildings with 60 assisted living apartments, a day activity centre for older adults and a public program in parts of the ground-floor buildings, presumably retail and service activities. In November 2018, the Housing Fund and the Municipality of Velenje together adopted a decision to co-finance the construction of a residential building with external amenities, which will provide 15 assisted living apartments. The fund also participates in the Working Group on Older Persons and is leading a project to provide information on housing options for older people in local communities. In this context,

the Plan for the Provision of Housing Units for the Elderly 2017–2020 was launched to co-finance housing units for the accommodation and care of older people in residential homes, assisted living facilities and day centres for older adults ([Stanovanjski sklad Republike Slovenije 2019](#)).

3. Discussion

As the European population is ageing and increasingly more older adults need help with their daily activities, the importance of research on LTC systems is also increasing ([Dong et al. 2021](#); [Moon et al. 2021](#); [Wang et al. 2021](#)). One of modern society's biggest challenges is ensuring accessible and good-quality LTC services ([European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021a](#)). Since the LTC services are not comprehensively regulated in Slovenia, the citizens with similar needs do not necessarily have access to similar services ([Republika Slovenija n.d.](#)). Housing-with-care solutions for older adults are a part of the social infrastructure since they benefit individuals and communities and improve social cohesion. Such social infrastructure has social value linked to non-profit LTC activities and social housing ([Fransen et al. 2018](#)). Adapted, safe, quality and affordable housing can allow older adults to age safely. Such housing should be combined with day centres where older adults can meet and conduct social activities.

Slovenia could join countries, such as the UK and the Netherlands, where deinstitutionalisation is increasingly taking place ([Ball 2011](#); [Glass 2014](#)). Some intermediate housing solutions for older adults are being developed, but these are not sufficient. The deinstitutionalisation of LTC services means that institutional care, such as residential and nursing homes, should be reserved for those who, due to physical and cognitive disabilities, cannot live in their own homes or a regular residential community. Others could benefit from housing-with-care solutions, such as social farming or retirement villages, which offer combined residential and care services and opportunities for social activities and interaction ([Scharlach et al. 2014](#); [Buist et al. 2018](#); [de Bruin et al. 2020](#)). Such environments are friendlier and safer for older people than private homes, and at the same time, they allow them greater independence than residential care homes ([Bernard et al. 2012](#)) at lower travel costs ([Drobne and Bogataj 2017, 2021, 2022](#); [Szander et al. 2017](#)). Provision of LTC services in sheltered housing is also less expensive than in private homes ([van Bilsen et al. 2008](#)), especially for older adults with reduced mobility ([Frontier Economics 2010](#)). Older adults should be given the possibility to choose between different types of housing, such as (1) family housing with special equipment to improve accessibility and facilitate communication, (2) day/night centres, (3) sheltered housing, (4) extra-sheltered housing, (5) care farms, (6) cohabitation entities, (7) retirement villages, (8) residential homes for the elderly and (9) nursing hospitals ([Rogelj and Bogataj 2018](#)).

Most older adults in Slovenia are the owners of the accommodation in which they live. However, such a housing unit is often large and due to architectural barriers, inadequate for the elderly ([Malovrh 2021](#)). Its location is often far from LTC services and centres of social interaction. There is a lack of non-profit rental housing for older adults. The market value of older people's housing units is often low ([Urad za makroekonomske analize in razvoj 2017](#)). The sheltered housing units in Slovenia are also scarce. On the other hand, institutional care in Slovenia is well developed, and therefore, in comparison to several other EU Member States, the number of LTC beds is relatively high. Yet the LTC services are becoming increasingly less affordable, and their quality is difficult to assess ([European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021b](#)).

Following Article 78 of the Constitution of the Republic of Slovenia ([National Assembly 1991](#)), the Slovenian state shall actively create opportunities for citizens to acquire adequate housing. It is linked to the principles of the welfare state in Article 2, the right to a home in Article 36, the right to social security in Article 50 and the principle of equality in Article 14 of the Constitution ([Letnar Černič 2019](#)). Slovenia is also one of the few signatories to the European Social Charter ([Council of Europe 1961](#)) that has declared itself

bound by its Article 31, which imposes on the state the obligation to pursue activities to provide adequate housing. Therefore, the judicial enforcement of the right to housing could encourage Slovenia to direct financial and political resources, to address housing issues. In this context, Slovenia could join France, where since 2007, the right to housing has been judicially enforceable.

The most important strategic documents regarding housing for older adults in Slovenia are the Resolution on the National Housing Program 2015–2025 ([National Assembly 2015](#)), the Resolution on the National Social Assistance Program 2013–2020 ([National Assembly 2013](#)) and the Strategy for a Long-lived Society ([Urad za makroekonomske analize in razvoj 2017](#)). These documents are not binding statutes. A solid legal framework and permanent funding sources are needed to put their principles into practice.

In Slovenia, public authorities play an essential role in organising, controlling and governing housing and LTC services for older adults. The local authorities provide a public service in home-based family support networks. Through their representatives, they also participate in the decision-making process of social institutions. However, the emphasis is on providing basic services related to meeting the basic physical needs of older adults. The principles of supporting the wellbeing, health and independent living of the more ageing population are not rooted in Slovenian legislation, as is common in modern legislation on care for older adults, such as in the Finnish ([Lundman 2020](#)) and Dutch ([Kelders and de Vaan 2018](#)) legislations. Furthermore, the principle of universal construction of buildings, which enhances mobility opportunities for older people, is not observed enough in Slovenian building legislation.

Despite a strong connection with social care, healthcare and housing, the current legislative proposal on LTC does not place enough emphasis on the various types of housing provisions for older adults, nor does it consider the specificities of the delivery of LTC services for each type. For example, the proposal does not address community care for older adults in the case of group housing, such as sheltered housing, household communities, co-housing solutions or retirement villages (including silver villages and social farming), which are foreseen in the Resolution on the National Housing Program 2015–2025 ([National Assembly 2015](#)) and the Strategy for a Long-lived Society ([Urad za makroekonomske analize in razvoj 2017](#)). According to the proposed legislation ([Ministry of Health 2017](#)), LTC can only be provided by those who have obtained a license from the Ministry of Health or the minister responsible for social welfare. Persons providing LTC services without a national license face heavy fines (from EUR 5000 to EUR 50,000 for legal persons, and from EUR 1000 to EUR 5000 for natural persons). However, as the situation of intermediate housing-with-care is not regulated in the legislative proposal, legal uncertainty could hinder or even prevent the development of such housing solutions for older adults, especially in terms of investment in such housing. Furthermore, the bill does not even provide the instructions for collecting data on the type of housing and living conditions. Nonetheless, the impact of an age-friendly environment cannot be studied without the relevant databases.

Guarantee schemes are an essential tool to ensure financial means for constructing housing for older adults. However, since guarantee schemes in Slovenia are not yet well developed, the volume of housing for older adults is significantly lower than in the countries with well-established guarantee schemes, such as the UK and the Netherlands. Therefore, public guarantee schemes should be set up in Slovenia as risk management mechanisms for loans to social enterprises for investments in housing for older adults. Experiences from the UK and the Netherlands could help us regulate the social housing sector, managed by social enterprises. The Resolution on the National Housing Program 2015–2025 has already envisioned the development and management of housing stock specialised for older adults. However, without national guarantee schemes, the goal of building appropriate housing stock to accommodate the housing needs of the growing number of older adults will be tough to achieve at the municipality level or with public-private partnerships.

Experiences from the UK and the Netherlands could help us regulate the social housing sector, managed by social enterprises. The Resolution on the National Housing Program 2015–2025 has already envisioned the development and management of housing stock specialised for older adults. However, without national guarantee schemes, the goal of building appropriate housing stock to accommodate the housing needs of the growing number of older adults will be difficult to achieve at the municipality level or in public–private partnerships.

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