

Ageing in Place Driving Urban Transformations^{**}

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Abstract:

Research question: This article provides an answer to the question: What kind of housing do the seniors in Slovenia prefer after a substantial decrease of their functional capacities, i.e. when they already need long-term care services?

Purpose: During the study, the seniors participating in the study were still able to live in their current dwelling – in the home where they lived for years together with their family or alone; but because of a substantial decrease of their functional capacities they had become aware that it would be difficult to continue to stay there. We wanted to know where they would like to migrate or move to when needed, and what kind of housing should be provided on the housing market for these cohorts.

Method: After our study of the relevant European and American literature we found that the construction of housing for seniors can be developed in different types of structures and that there is a substantial gap between the needs and the availabilities of housing arrangements in Slovenia, which also increases the rigidity of the Slovenian housing market and reduces land rent in comparison with USA and Western Europe. Seniors using long-term care services provided by municipalities in their own homes, living outside the main Slovenian central places, were included in the survey. To identify the preferred structure of the built environment for seniors we organised 3 groups of interviews with assisted living inhabitants from three Slovenian municipalities and evaluated the percentages of each desired type of housing and care.

Results: The results show that more than half of Slovenian seniors do not have the possibility to move to retirement villages or other better adapted homes in assisted living housing units, where they could protect their dignity and independence better than in institutional care in nursing homes.

Local administration and society: These findings refer to the local administration initiative to (a) built proper housing units for seniors with decreasing functional capacities themselves, or (b) to initiate investments in local areas that would, in turn, attract private investments in proper and affordable housing for seniors.

Novelty: This study is the first of its kind in Slovenia while its results provide better insight into what matters most to Slovenian seniors regarding their housing arrangements.

Further extension: The study could give different results in the case of metropolitan areas, e.g. for the case of Ljubljana.

Keywords: housing for seniors, assisted living housing facilities, ageing in place, homecare.

1 Introduction

Across Europe, communities need to respond to the unprecedented growth among their seniors. By the year 2060 adults aged 65 and older will comprise nearly one third of the EU population. In Slovenia the projections are similar. Although concentrations of community-dwelling older adults vary by region and Member States, the projected increase of older cohorts in the structure of European inhabitants is significant everywhere. As Debra Dobbs pointed out in her presentation in Portorož, based on her research project developed at the School of Aging Studies, University of South Florida (Black & Dobbs, 2013; Ros McDonnell, Bogataj, Kavšek, 2015, pp. 40–56), the consequences of societal aging will impact all domains of life and the broader infrastructure in which persons of all ages interact, in USA, Europe, and particularly in Slovenia. We agree with her that both in USA and Europe recent evidence suggests that communities are woefully underprepared to respond to this imperative.

Ageing and the general demographic decline of European population should be considered, and statistics of seniors' housing needs and opportunities have to be recorded. Such statistics could provide good information bases for decisions on investments in housing and other facilities for European citizens whose demographic structure is changing rapidly (see Table 1).

Table 1: Europe: population by age

	in 1000					in % of total population				
	1950	1970	1995	2025	2050	1950	1970	1995	2025	2050
Age 0-14	143,175	166,367	139,464	103,212	90,430	26.2	25.3	19.2	14.7	14.4
Age 15-64	359,162	421,432	487,110	451,599	364,277	65.6	64.2	66.9	64.3	58.0
Age 65+	44,981	68,642	101,338	147,524	172,985	8.2	10.5	13.9	21.0	27.6
Age 75+	14,553	22,762	38,139	63,663	91,343	2.7	3.5	5.2	9.1	14.6
Total	547,318	656,441	727,912	702,335	627,691	100.0	100.0	100.0	100.0	100.0

Source: http://www.iiasa.ac.at/Research/ERD/DB/data/hum/dem/dem_2.htm

Namely, in the next 35 years the number of children under the age of 15 will decline to 75% of this cohort in 1995, the number of people aged 65 and older in EU is expected to almost double, and the number of people aged 75 and older is projected to triple by mid-century. The described processes are changing the housing market and require a new form of housing provision. These processes and requirements are influencing the supply and demand of housing units and therefore the market value of real estate and rentals in urban areas. The question is, what kind of housing do the seniors in Slovenia prefer after a substantial decline of their functional capacities, i.e. when they already need long-term care services but are still able to live in their current dwellings – in the home where they lived for years together with their families or alone, while they are aware that they need to adopt their home to their functional capacities or to move to a more appropriate home to protect their independence and dignity. They understand that otherwise they will need to relocate to institutional care soon.

The building stock in Europe today is not fit to support the shift from institutional care to the home-based independent living model. Because of the accessibility barriers for people with emerging functional impairments, more than 70% of houses in the UK and 90% in Germany, for example, are not suitable for independent living for people with emerging functional impairments and chronic diseases, and are not equipped with the necessary digital infrastructure required for future connected care services (EC, 2015c). The same report estimates that only in Germany the needs of adapting the current housing stock to be appropriate for seniors with emerging functional impairments exceed 2.5 million of age-friendly houses. Therefore this article will enhance our understanding of older adults' perspectives about what matters most regarding housing arrangements when their functional capacities are decreasing in Slovenia.

How best to finance living conditions, the housing of elderly and long-term care have become highly topical issues in recent years (Ros McDonnell, Bogataj, Kavšek, 2015). The key issue in the financing debate is how far should people fund their own living and extra lodging expenses and how far they should be publicly funded. To respond to this challenge, the Commission and Member States set out a number of recommendations and acts (EC, 2010, 2012, 2015a, 2015b; EIOPA, 2012), but not much has been done on the question of how to support the changes of urban structures which are influenced by population aging. In order to maintain a vital society in a vital town of inhabitants, it is necessary to develop new economic and social conditions and a new kind of facility management in European urban areas. In this context we have to know what the European and particularly Slovenian seniors prefer most regarding their housing. The investigations show that the preferences between North Europe and South Europe differ (DEMHOW, 2013), while there are big differences in the availability of choices between Western and Eastern Europeans because of extremely limited funds for seniors in Eastern European Countries (EC, 2015b).

In their recently published papers, Black and Dobbs (2013) reported on community-dwelling older adults' perspectives regarding what matters most to seniors in USA. In the findings from an exploratory inquiry they concluded that the most important is their dignity and privacy. As they ranked the requirements of seniors, they wrote that communities across the USA, who are grappling with unprecedented increases among their older cohorts, and bracing for even greater growth in the decades ahead are faced with five key themes of what matters most: (1) Preserving and promoting health and well-being; (2) Continuing living arrangement and lifestyle; (3) Maintaining autonomy and independence; (4) Engaging in meaningful social opportunities; and (5) Accommodating community assets. But their dignity and independence is on top of all requirements. In their second paper, based on a qualitative inquiry, published in *Ageing & Society* (Black & Dobbs, 2013), they analysed in detail the perceptions of dignity from its core meaning to support, challenges, and opportunities. The properly arranged housing and facilities for seniors support their privacy and dignity, and moving to institutional care in nursing homes could reduce it. We know that nursing homes with the regime there, strict schedules and crowded rooms do not offer that privacy and not always

protect their dignity. Also Marta Kavšek in her study (2012) clearly presented that dignity and privacy matters most also to the seniors in Slovenia.

2 Various directions to the metamorphosis of towns

2.1 Differentiated housing needs for seniors

Housing needs of the aged are satisfied if the housing is specifically designed to meet their physical, emotional, recreational, medical, and social needs. In the European Union, Member States are responsible for planning, funding, and administration of social protection systems for the ageing population. In supporting Member States in their reform efforts, the Union recommends three long-term objectives, which should be pursued in parallel: (a) Ensure good access to health care and social services, while better urban infrastructure for these services is needed, (b) Improve the quality of care, while networks of this care need to be constructed in an optimal way, (c) Ensure the sustainability of financing. In this context we also need better local and national statistics (Council of the European Union, Social Protection Committee, 2014). As Sabrina Stula (2012) wrote in *Observatory for Socio-political Developments in Europe*: “These processes change the housing market and require new forms of housing to be developed. This is because the majority of the elderly people want to remain in their familiar environment and to live as independently as possible – even in the case when they need assistance and care. As older people spend more time in their homes with increasing age and health limitations, the age appropriateness (location, furnishing) of the living situation and age-appropriate design of the residential environment are the key to maintaining independence and quality of life”.

The primary interest of seniors is to continue to live independently in their community as long as possible, preferably in their own homes. The older people get, the smaller their household becomes. Their own homes become too big and too energy consuming. When they retire, they work less, and less work results in more leisure time. They are looking for amenities which are available in towns but have not been frequently used during their employment. Ageing after the age of 60 goes hand in hand with the declining mobility of residents, while health problems are increasing. After the age of 70 or 80, citizens are willing to use an increasingly smaller action radius and they are more dependent on public transport. The built environment in towns is placing barriers on the ageing population, having functional limitations. When nearly one third of housing stock needs to be transformed to homes and facilities for services for the elderly, substantial financial resources are needed for this metamorphosis of towns. There could be two main directions of design: (a) segregation of seniors in senior cities and (b) universality of cities including adaptability of central places and suburbs. Both directions require substantial financial resources.

2.2 Ensuring infrastructure and services in towns

In the near future the number of those needing some kind of services for seniors will at least triple. The needs will vary also according to age cohorts. There will be a range of more or less dependent persons who will need help with basic activities of daily living, caused by physical

or mental disability, but who will be still able to live in their own homes if suitable care and assistance will be provided in their homes and if the buildings in which they live will be universal and adaptable to people with impaired mobility. Universal buildings are such that are appropriate for a wide range of people with or without impaired mobility. Long-term care, as a combination of health care and social care provided to persons with physical or mental handicaps, requires the development of different new private and public organisations of health care and social care, mostly on the municipality level. Careful introduction of universality and adaptability in cities and towns will allow for a greater mobility of the elderly that will enable them to stay in their homes longer and postpone reallocation to institutional long-term care facilities. Therefore a new approach to spatial planning should be considered and new financial services should be introduced to cope with these tasks, especially because there is a significant lack of appropriately built non-profit rental units. Therefore there is an increased need of universality and adaptability of infrastructure as well as special housing for the elderly. The United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (United Nations, 1993) provide the directions according to which architects in member states should design houses and the urban environment for integration of elderly people and people with functional limitations to attain equal opportunities also for retired ageing cohorts. The guidelines with blueprint for safe and functional environment are provided addressing the needs of people with physical limitations. These guidelines for design require: (a) Equitable use where the design is useful and marketable to people with diverse abilities; (b) Flexibility in use so that the design accommodates a wide range of individual preferences and abilities; (c) Simple and easy understandable use, regardless of the user's experience, knowledge, language skills or current concentration level; (d) Perceptible information regardless of ambient conditions or the user's sensory abilities; Minimisation of hazards and the adverse consequences of accidental or unintended actions; (f) Efficient use with low physical effort, and (g) The appropriate size and space for approach and use regardless of the user's body size and mobility.

The standards for the benefit of people with mobility limitations specify accessible or adaptable design requirements. The universal design approach targets all citizens of all ages. Many limitations in these guidelines are not useful for all people, especially not for those with minor or even no physical limitations.

2.3 Special housing directions for seniors

Assisted housing for the elderly where also less intensive long-term care can be delivered is developing in three distinct directions:

- *Segregation in senior cities* far from the city centre of existing towns: Just a minority of European seniors has a preference for a senior city. Most elderly over the age of 60 do not wish to live among peers at a distance from universal services. The concept of a senior city, in which housing is built for a single age group at a distance from services in the urban area, has not been part of government policy in the European Union so far, though there are some good experiences in USA.

- *Integration in urban society:* The share of the retired population in new construction projects in city centres with all kinds of amenities has increased in Europe in the last decades. Many developers decided to construct expensive, relatively small, high-rise units in city centres. Their target group are seniors, with a relatively high-accumulated wealth. Additional financial resources are needed because of the higher differential rent in city centres (for Ljubljana see Bogataj et al., 2011).
- *Ground-level dwellings outside the city, close to existing homes.* In cooperation with long-term care and social care suppliers, the tendency is to build many relatively inexpensive accessible and small apartments in the centres of smaller towns. Their activities could be regulated by better fiscal policy. A government's role is to allocate building land in cluster areas through means of granting legal permission for building plans. Therefore it is very often the case that clusters of dwellings are built on the outskirts of cities rather than in city centres, where more amenities would be available and the cost of care could be lower due to economy of scale. But the government has also included requirements for the accessibility of housing units, to make these properties more suitable for the disabled. This concerns the requirements for indoor and outdoor accessibility of housing units and their suitability for the provision of care.

For intensive long-term care, the elderly have to move to long-term care facilities. There they receive better support, and medical and social care than previously (in the period of assisted living), but they lose independence and privacy. The more the built environment enables mobility of the elderly and enables social care provision in the period of assisted living in existing residential units, the longer the elderly can keep their independence. This delays relocation to long-term care facilities.

3 The survey on what the seniors included in home-care programmes of the municipalities in Slovenia wish most

To forecast in which direction the construction of the built environment for seniors inside urban areas of Slovenia should evolve, we conducted interviews with seniors who need home care and who still stay at home where they had been living with bigger families years ago from 3 different municipalities (3 groups: one from Savinjska Regions and two from two municipalities in the Southeast Slovenia Region) as to what kind of housing they preferred. The study combined the results from three different samples of respondents: n=51 from the first group, n=18 from the second group, and n=45 from the third group, yielding a total sample of 98. The socio-demographic characteristics of the survey samples are shown in Table 2. The respondents ranged from 42 to 97 years of age and were primarily female (70%), half of them between 76 and 85 years.

All the seniors who participated in the survey receive home care, which is organised by the municipalities. None of them had substantial cognitive problems. The interviews were performed by local nurses face-to-face in confidential discussions, after each participant

consented to participate. The demographic data are given in Table 2. Those with difficulties to respond properly were excluded from the study. Exclusion criteria for participation in the focus groups included: (a) too ill to participate, (b) non-resident, (c) distressed from a recent traumatic event, (d) severe speech or hearing problems that can prevent communication, (e) depressed to the point that an interview could be distressing, (f) communication difficult due to dementia or other mental confusion, or (g) another form of mental disorder. No typing or computer skills were required. The majority of the respondents completed elementary school (60%), 20% completed 3 years of professional education, and 14% completed high school. The respondents represented all socio-economic groups, including 47% of those with pensions between 300 € and 500 €, 26% with the lowest income, i.e. under 300 €, and 6% with medium income between 800 € and 1000 €. Only 1% of the respondents had a high income status of over 1500 €.

Table 2: Basic demographic data

	group 1 N=35 Mean age 78,7	group 2 N=18 Mean age. 79	group 3 N=45 Mean age. 77,8	Total N=98
Sex	%	%	%	%
Male	29	35	29	30
Female	71	65	71	70
Marital status	%	%	%	%
Married	26	33	17	28
Bachelor	20	5	15	15
Widow(er)	46	56	59	49
Divorced	5	6	7	6
Cohabitation	3		2	2
Education	%	%	%	%
Primary school	68	33	67	61
Vocational school	23	17	20	21
High school	9	33	11	14
Higher education		6	2	1
University diploma		11		3
Age	(42 to 97)	(57 to 94)	(42 to 97)	%
51 - 65				11
66 - 75				13
76 - 85				51
86 - 95				23
96 -				2

Because the respondents had been included in a municipal home-care program, the staff from the municipal home-care centre at each setting helped to recruit respondents and arrange the meetings in each senior resident's home. The surveys were conducted at senior citizens' homes and each lasted approximately 15 minutes. The informed consent was obtained prior to the interview. The study received approval from the Faculty Ethical Review Board.

For this study we utilized the responses to the question that elicits older adults' lifestyle, long-term care program, and housing. The open-ended question was: "What type of a housing unit

or facilities would you like to live in when you will no longer be able to live in your own home?”

For the study on the housing needs of seniors, we designed three open-ended questions:

A: “Would a good organization of home care enable you to stay at your home even if your functional capacities decreased?”

B: “Describe the necessary actions needed to stay in the current apartment!”

C: “In what kind of an apartment do you want to move to and what kind of services would you need so that it would not be necessary to go into a nursing home?”

The respondents were encouraged to reflect upon their innermost desires and values. The persons who were interviewing the elderly reminded the respondents to focus on their needs of safety and quality of independent movement, which might not be possible in the domestic environment after a substantial decrease of functional capacities.

4 Results and discussion

Only 63 seniors answered the question whether they would like to go to a nursing home or receive other housing arrangements, if available, when their functional capacities would decrease to the level that they would not be able to stay at their current home. The preferred housing of these three groups is the following (as presented in Figure 1): 44.4% of seniors would like to stay in their old home in any case, they do not see or cannot afford any other solution, 41.3% of reporting seniors would like to go to an assisted living housing unit (note that they do not even know what a retirement village or retirement community is, because such kind of housing does not exist in Slovenia, but they expect that there they will be able to protect their independence and dignity), 12.7% of them would prefer to stay totally independent, i.e. without being included in any community, but would need more services, amenities and ground floor dwelling, and only 1.6% of them would go to a nursing home.

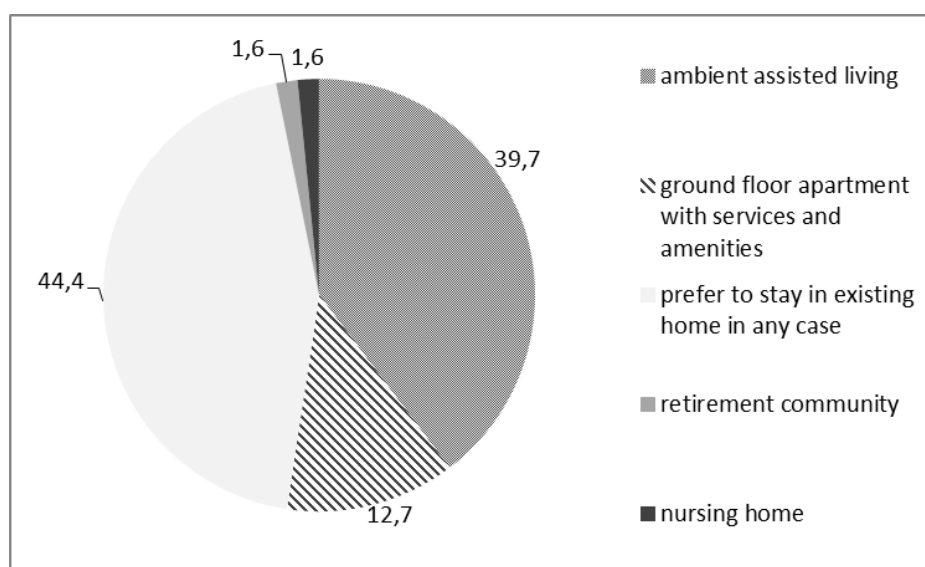


Figure 1. The preferred housing

From this investigation we can conclude that more than 40% of Slovenian seniors would like to move to an assisted living housing unit, or to a more appropriate independent apartment (54% in the sample and $\alpha \cong 0.01$), but the Slovenian housing market does not offer enough possibilities. In general, there is no significant difference in the percentage of those who would like to stay in the existing home and those who would like to move, but not to a nursing home. The percentage of those who would like to move to a nursing home is very low (1.6% in the sample).

For intensive long-term care, the elderly will have to move to long-term care facilities, like a nursing home, and nearly half of seniors will be disappointed at the end of their life if they will not finally recognise that in the nursing home they could receive better support, and medical and social care than in the previous stage (during home care). The more the built environment enables mobility of the elderly and provides social care in the period of home care in existing residential units, the longer the elderly can keep their independence. It delays relocation to long-term care facilities in intensive nursing homes. Therefore, local communities should think about the possibilities to enable the old cohorts to stay at home longer or at least to develop affordable assisted living housing units in the same community. But this manner of servicing seniors is also very expensive both for families and municipality budgets. The costs of services in existing homes are especially high in rural areas, where travel costs increase (Bogataj, Szander and Ros-McDonnell, 2015) and where, even today, local authorities are not able to cover half of travel expenses, as required by law. When the number of seniors included in long-term care will triple, this problem will be even more severe.

Therefore there is a need to evaluate other possibilities, not only expensive home care or expensive assisted living housing units in privately developed senior housing complexes (owned by senior residents or rented by senior residents) but also other arrangements through public or private investments in affordable housing.

5 Conclusion

In Table 1 we presented that in the next 35 years the number of people aged 65 and older in EU is expected to almost double, and the number of people aged 75 and older is projected to triple by mid-century. The projections of the ageing structure in Slovenia are similar, as can be seen from EC The Ageing Report 2015 (EC, 2015, pp. 20). Nearly one third of Slovenian citizens will be older than 65 and many of them will live alone in a big house, where they will have lived with their family for many years before. They do not need 100 m² or 300 m² of living space. Regarding their monthly income, they cannot maintain big apartments or houses, invest in insulation and other improvements, especially when they live alone and finance their livelihood only with their income from pension. The results show that more than half of Slovenian seniors are missing the possibility to move to retirement villages or other better adapted homes in assisted living housing units, where they could protect their dignity and independence better than in institutional care in nursing homes. At least half of them would be

willing to move to a more appropriate housing unit when their functional capacities decreased up to a certain level, but only very few of them would go to a nursing home, as presented in Figure 1.

These results are a novelty in the field of studying the housing for seniors in Slovenia. Slovenian professional studies report about the needs to intensify home care at the existing homes and not much about the needs of seniors with decreasing functional capacities to move to more appropriate assisted living dwellings with retention of housing rights assured by constitution which give them independence and privacy, which are lost when seniors move to a nursing home.

Therefore we can conclude that if local authorities and the private sector invested in the construction of more appropriate and affordable dwellings for seniors, a substantial number of bigger housing units would be sent to the market as they would be no longer appropriate for senior owners, who would be able to move to smaller, but better equipped dwellings accessible for seniors with decreasing functional capacities. If local authorities will recognise the challenge, they could support a better, more liquid housing market, affordable for young families who would buy the seniors' properties and thus improve the wellbeing of the seniors of local communities and provide an adapted environment for them. The higher liquidity would additionally increase rentals, municipality fees, and seniors' wellbeing. We have to raise the awareness regarding the challenges given to local communities to make the life of their citizens better and to increase the economic bases of the local areas, also by activities of the newly arising “silver economy”.

This study is the first of its kind in Slovenia, while its results provide better insight into what matters most to Slovenian seniors regarding housing arrangements. The seniors who participated in this study come from NUTS 3 regions, which do not include the two major Slovenian cities – central places on NUTS 2 level. The research could give different results in the case of metropolitan areas, e.g. Ljubljana. Therefore we suggest that future investigations focus also on urban agglomerations.

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Staranje v lastnem domu z vplivom na urbane transformacije

Povzetek:

Raziskovalno vprašanje: V članku odgovarjamo na vprašanje, kakšno stanovanj si starejši oskrbovanci dolgotrajne oskrbe na domu v Sloveniji želijo potem, ko bodo njihove funkcionalne zmožnosti znatno zmanjšane tako, da bo popolna oskrba na obstoječem domu otežkočena.

Namen: Anketirani so bili oskrbovani v obstoječem domu, kjer so živeli več let, skupaj s svojo družino ali sami, v velikem stanovanju oziroma hiši. Zavedali so se, da bi bilo težko, da še naprej ostanejo tam, ko jim funkcionalne zmožnosti upadajo še naprej. Povprašali smo jih, kam bi se radi preselili in kakšno stanovanje si želijo, kaj bi moralo tako stanovanje vključevati, da bi zadovoljevalo njihove potrebe in pričakovanja.

Metoda: Po pregledu evropske in ameriške strokovne literature na to temo in še predvsem ob izvajanju skupnega projekta z Univerzo Južne Floride, smo ugotovili, da bi se lahko tudi v Sloveniji gradnja stanovanj za upokojence razvijala v različnih urbanih strukturah in da obstaja velika vrzel med potrebami in ponudbo stanovanj prilagojenih starejšim v Sloveniji. To dodatno vpliva na togost slovenskega nepremičninskega trga in zmanjšanje zemljiško rento, ki jo lokalne skupnosti najemajo preko nadomestil za uporabo stavbnega zemljišča in pri prenosih lastništva, če to primerjamo z rezultati v ZDA in z Zahodnoevropsko prakso. V raziskavo so bili vključeni starostniki, ki uporabljajo storitve dolgotrajne oskrbe. Ker smo želeli spoznati želeno strukturo grajenega okolja za starejše smo organizirali 3 skupine intervjujev starostnikov, ki prejemajo pomoč na domu v treh različnih slovenskih občinah in ocenili odstotek posameznih želenih vrst stanovanj in oskrbe.

Rezultati: Rezultati so pokazali, da več kot polovica slovenskih upokojencev, ki so že vključeni v dolgotrajno oskrbo, pogoša možnost, da se preselijo v vasi ali stanovanjske skupnosti za starostnike, kjer bi lahko bolje varovali svoje dostojanstvo, zasebnost in neodvisnost kot v institucionalnem varstvu v domovih za ostarele.

Pomen za organizacije in družbo: Te ugotovitve so lahko pomembna pobuda za lokalne uprave, da (a) prično graditi stanovanj prilagojena potrebam starejših s padajočimi funkcionalnimi zmožnostmi sami ali (b), da ustvarijo pogoje za to, da bi pritegnili zasebne naložbe v primerna in cenovno dostopna stanovanja za upokojence.

Novost: Tovrstni raziskovalni rezultati v Sloveniji še niso bili na voljo, čeprav nam lahko take raziskave dajejo boljši vpogled v to, kaj je najpomembnejše za slovenske upokojence s padajočimi funkcionalnimi kapacitetami glede stanovanjske oskrbe potem, ko onemorejo.

Predlog za nadaljnje raziskovanje: Raziskava je potekala izven glavnih mest Slovenije na nivoju NUTS 2, se pravi izven Ljubljane in Maribora, kjer bi lahko dobili drugačne rezultate. Zato bi bilo smiselno tovrstno raziskavo posebej izvajati vsaj na področju Ljubljane.

Članek je rezultat dela na doktorski disertaciji prve avtorice in sodelovanja na bilateralnem ARRS projektu z USF Tampa, ZDA.

Ključne besede: stanovanja za starejše, oskrbovane stanovanjske enote, staranje na domu, oskrba na domu.