

ACTIVE AND HEALTHY AGEING IN SLOVENIA (AHA.SI)

Networking report

Version 2.0

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in cooperation with partners of the AHA.SI project

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Summary

Continual and harmonised cooperation, integration and joint efforts of all stakeholders participating in the project are crucial for the successful course of the project and the attainment of the objectives set. With this purpose, we methodically and actively identified relevant stakeholders in the field of ageing in Slovenia and continuously implemented the activities that provided regular integration and communication between partners. Great attention was paid to the understanding of the needs of stakeholders and the identification of their positions and values. Activities were planned and organised that stimulated the integration and cooperation between the identified stakeholders.

The list of stakeholders was formed in the initial phase of the project which was then upgraded and complemented throughout the project. The list comprises relevant organisations and individuals of different sectors, i.e. governmental, non-governmental and private. On the basis of the list of stakeholders, the relation of the foregoing to the issue of ageing was evaluated and the visual report prepared in the project of the considered topics by using the Spider programme. The list of stakeholders was used to send two on-line questionnaires before and after the project to establish the positions of stakeholders on the respective issue and potential changes in the views.

The stakeholders met at the meetings and professional sessions where they presented their views on the basis of which the evaluation of necessary changes was made. We organised four professional meetings where we, according to the phase course of the project, mobilised stakeholders, provided the increase of their knowledge capacity and in the process of participative research in a constructive environment together with stakeholders identified and analysed the problems and good practices, formed solutions and designed and presented the final proposal to be introduced into the strategy. In January 2016, we organised the liaison meeting that did not help us only to understand, but also to feel what kind of changes in relation to the ageing our society needs. One of the important purposes of this meeting was to integrate the representatives of the regional and national level and to draw up a sustainable plan – activities with the stakeholders after the project and to identify how and what is required for this, while on the basis of the foregoing to prepare project recommendation for the maintenance of the network of stakeholders also after the project.

To preserve the network of stakeholders, the project partners, each in its own field, will maintain the contacts with the interested stakeholders in the future, while at the last consortium meeting the partners received from the Ministry of Labour, Family, Social Affairs and Equal Opportunities also an option to

prepare the proposal of a sustainable plan for further working together of the consortium of partners on the ageing-related topics.

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1. Identification of the stakeholders and formation of the network

All partners identified the relevant institutions and individuals, and on the basis of that the list of stakeholders was formed (Attachment 1) which was constantly upgraded during the course of the project. Typology of the stakeholder groups is based on the welfare mix (see Attachment 2).

Figure 1: Welfare mix for the typology of stakeholders

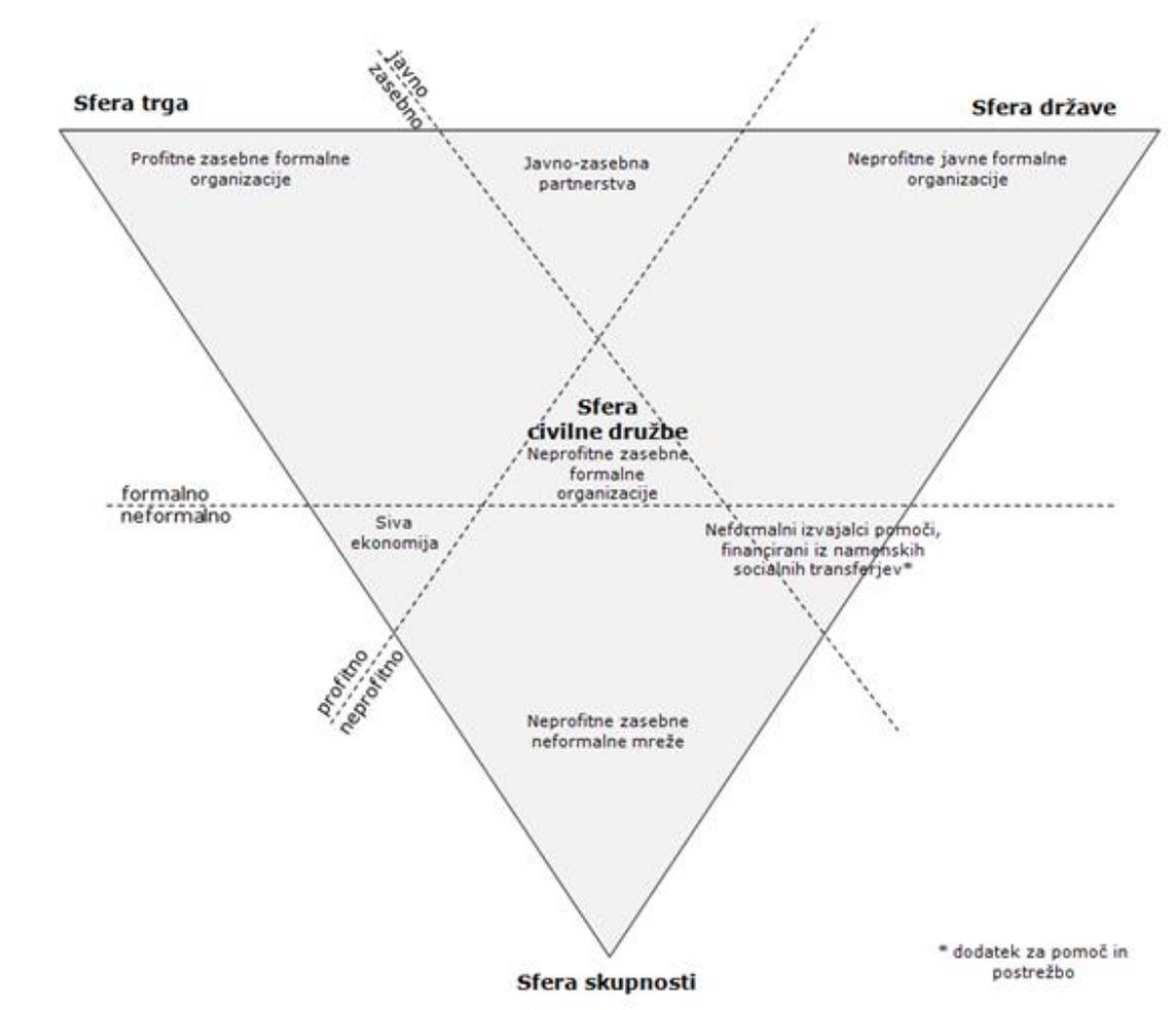


Figure 1: market sphere; country sphere; community sphere; public-private; profit/non-profit; formal/informal; profit-making private formal organisations; public-private partnerships; non-profit public formal organisations; civil society sphere; non-profit private formal organisations; informal economy, non-formal providers of assistance, financed from the earmarked social transfers*; non-profit private non-formal networks; *allowance for assistance and service.

Stakeholders (577) were divided into the groups as follows:

- national authorities (4),
- deputy groups (12),
- major non-parliamentary groups (3).
- parliamentary committees(4),
- ministries (8)
- Slovenia in EU (2),
- members of the European Parliament (7),
- EU in Slovenia (1),
- municipalities (208),
- regional development agencies (12),
- unions (7),
- national institutions (13),
- private professional institutions (3),
- health care institutions (6),
- University of Ljubljana (7),
- University of Maribor (4),
- University of Primorska (2),
- independent higher education establishments (2),
- interested chambers (6),
- national interest groupings (14),
- charity organisations (8),
- non-profit organisations (8)
- social security institutes (85),
- domestic care service (55),
- Social Work Centres not providing domestic care services (26),
- representative disability organisations (17),
- the young (15),
- precarious workers and unemployed (3),
- projects (7)
- intergenerational relationships (4) and
- miscellaneous (24 + those added during the project).

2. Classification of stakeholders in relation to the topics observed in the project

The review and analysis of social networks of the stakeholders of the AHA.SI project was conducted to establish the relationship of stakeholders to individual project fields. The analysis results contributed to the formation of the approach to individual stakeholders. Thus, the potential opportunities were identified that could be posed by the identified institutions as well as strong individuals within them. For every work set, except for WP 1 and WP 6, on the list of stakeholders, the relevant stakeholders were identified (organisations and persons). For WP 3, the stakeholders were identified and evaluated in relation to two separate topics, namely the labour market reform and pension system. In classifying the stakeholders, first the organisation was defined and then the maximum of three of their members (according to the relevance for an individual topic). For each of the stakeholders it was stated whether it is an associate, partner or listener in relation to an individual topic (Attachment 3).

The relations were defined as follows:

- Associate – an organisation or individual who is actively involved in the project work, for which it receives payment (i.e. members of the project who sign the consortium agreement and our contract agents).
- Partner – an organisation or individual who may with its (non)inclination have an important impact on the successfully implemented recommendations arising from the project. Partners must be included in the formation of recommendations and communicate with them throughout the course of the project. Partners receive no payment for the work on the project.
- Listener – an organisation or individual who has a passive role in the project. However, the project addresses them with its contents.

Intensity and relationship of the relation must also be marked for partners; whereby the intensity means how strongly a stakeholder may impact on the successful implementation of the recommendations of a work set, while the relations means to what extent he is inclined to the activities of the work set.

The intensity on the scale from 1 to 5:

- 1 – not completely insignificant,
- 2 – little significant,
- 3 – rather significant,

- 4 – very significant,
- 5 – extremely significant,

The relation on the scale from -2 to +2:

- 2 – very disinclined,
- 1 – disinclined,
- 0 – neutral,
- 1 – inclined,
- 2 – very inclined,

Figure 2: Circle of stakeholder of the AHA.SI project

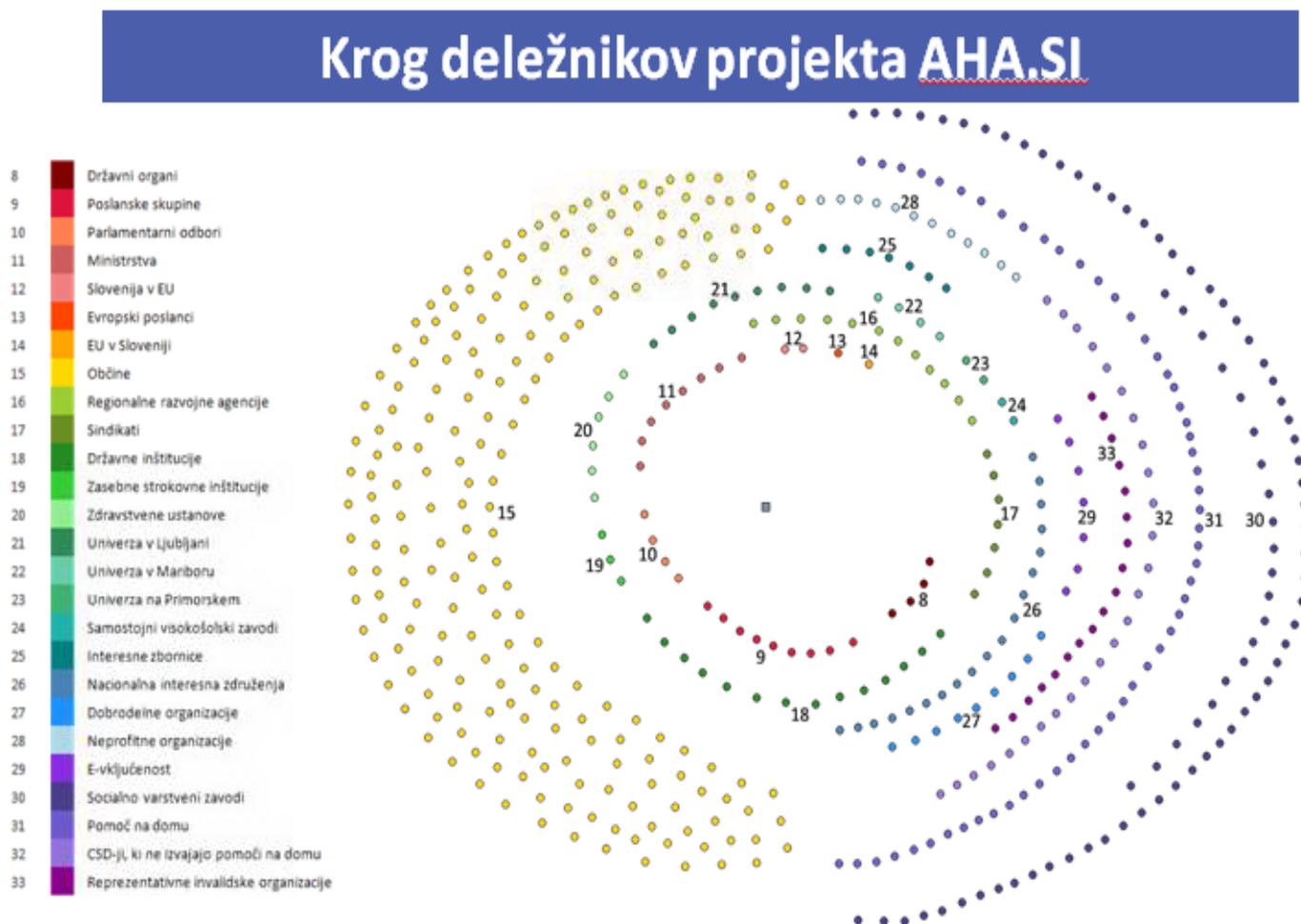


Figure 2: state authorities, deputy groups, parliamentary committees, ministries, Slovenia in EU, members of the European Parliament, EU in Slovenia, municipalities, regional development agencies, unions, national institutions, private professional institutions, health care institutions, University of Ljubljana, University of Maribor, University of Primorska, Independent higher-education institutes, interested chambers, national interest groupings, charity organisations, non-profit organisations, e-inclusion, social security institutes, domestic care service, Social work centres not providing domestic care service, representative disability organisations.

The Spider programme to analyse and display the major networks was used to analyse the network of the AHA.SI project. The prepared data was divided in individual sub-networks in the programme (separately by WS and separately by relations) and graphically displayed it (see Attachment 4).

The restricted approach contributed to the successful networking at several levels. On one hand it enabled a better understanding of the social networks of stakeholders, while on the other hand the understanding of project partners on the characteristics of individual stakeholder and challenges of the cooperation with them increased significantly as an added value in the process of classifying the stakeholders. Thirdly, it was particularly important that the project partners of these fields, i.e. economy, social acquis and health care for the first time engaged themselves to prepare a common network of stakeholders and significantly increased the multidisciplinary competence and created the possibility of cooperation and networking between the stakeholders that were previously mainly included only in 'silo' networks of their fields of interest.

3. Surveying the stakeholders

The results of the analysis of the list of stakeholders indicate the inter-relations and links from the viewpoint of the project beneficiaries. In two periods, two questionnaires were submitted to the stakeholders identified in the project. The questionnaires were used to acquire information on the positions on the topic of the AHA.SI project before and after the project. Both questionnaires were prepared by the National Institute of Public Health and partners of the AHA.SI project. They were published on-line. The questionnaires were comparable, with the second one being slightly upgraded and complemented. The purpose of repeated survey was to measure the changes in the views and relation to the project-related topics.

The first questionnaire was active from 30 May to 30 September 2014. The sample presented 543 representatives of organisations. The survey was in the final phase completed by 195 respondents, of which 190 questionnaires were applicable; the level of response was thus 35% (see content report in Attachment 5).

Figure 3: Graphical presentation of general questions of the first survey round

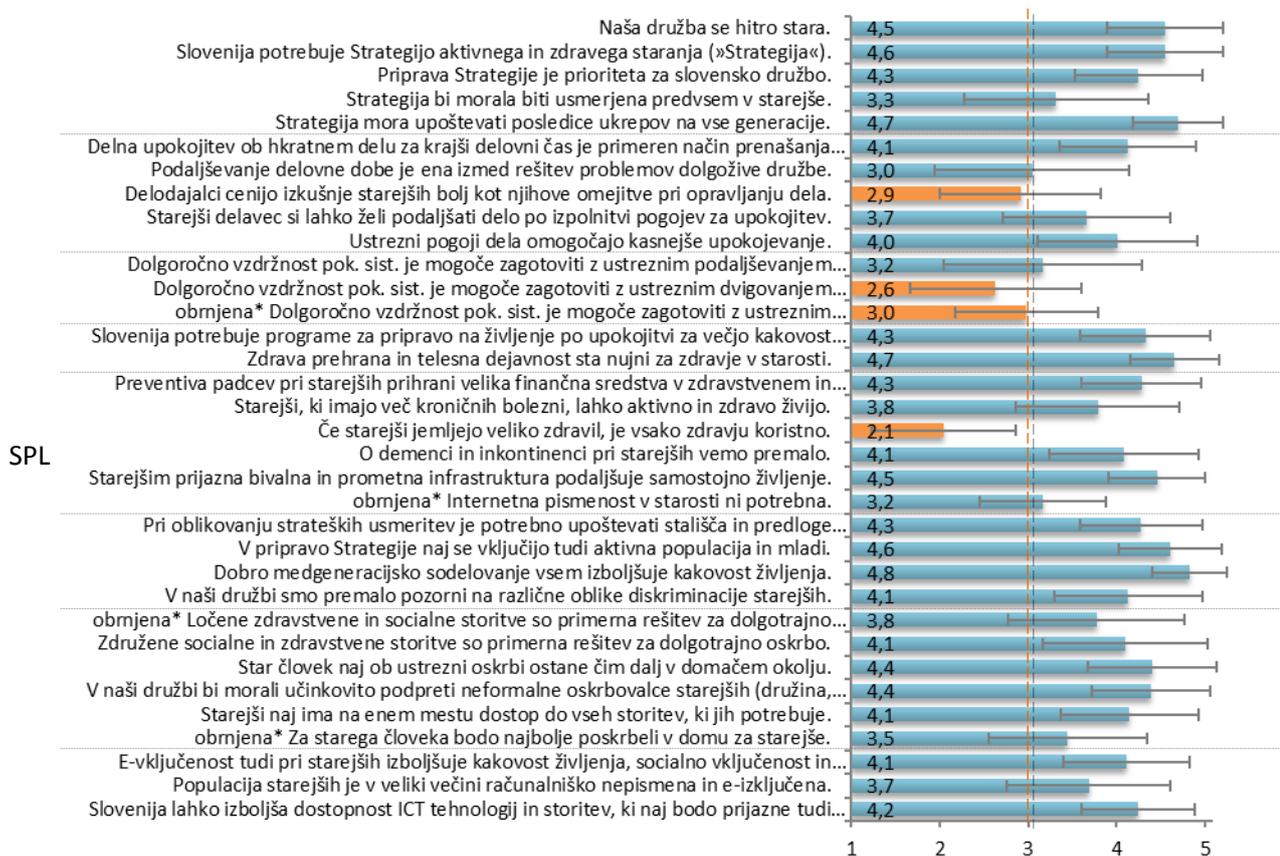


Figure 3: Our society is quickly ageing. Slovenia needs the Strategy of active and health ageing ('Strategy'). The drawing up of the Strategy is a priority for the Slovenian society. The strategy should be particularly elderly-oriented. The Strategy must consider the consequences of measures on all generations. Partial retirement with part-time work is a suitable way of transferring ... The extension of years of service is one of the solutions of the problems of the longevity of the society. Employers appreciate the experience of the elderly more than their limitations in executing work. An older worker may want to extend his work after fulfilling the retirement conditions. Suitable working conditions provide later retirement. The long-term sustainability of the pension system may be provided with suitable extension ... inversed* The long-term sustainability of the pension system may be provided with suitable ... Slovenia need programmes to prepare people on the life after the retirement for a greater quality ... Healthy diet and physical activity are necessary for the health in the old age. The prevention of falls in the elderly saves high financial means in the health and ... The elderly with more chronic diseases may live actively and healthily. If the elderly take lots of medications, every health is beneficial. There is little known on the dementia and incontinence in the elderly. Age-friendly residential and traffic infrastructure prolongs the independent life. Inversed* The internet legibility in the old age is not necessary. In drawing up the strategic guidelines, the positions and proposals must be considered... The active population and the young should be included in the preparation of the Strategy. Good inter-generational cooperation improves the quality of life to all. Our society pays too little attention to various forms of discrimination of the elderly. Inversed* Separate health and social services are a suitable solution for a long-term... Combined social and health services are a suitable solution for the long-term care. The elderly needing care should stay as long as possible in home environment. Our society should efficiently support non-formal caregivers of the elderly (family,... The elderly should have an access to all services needed in one place. Inversed* The retirement homes will take best care for the elderly. E-inclusion improves quality of life, social inclusion and ... The elderly population mostly does not know how to use computers and is e-excluded. Slovenia may improve the accessibility of the ICT technologies and services that will be user-friendly etc.

The second round of survey was conducted from 3 September to 12 October 2015. The sample included 467 representatives of organisations from the list of stakeholders. The survey in the final phase was completed by 220 respondents, of which 169 questionnaires were applicable; the level of response was thus 36 %. The preliminary and final content reports were prepared where the comparison was made (see Attachment 6).

Figure 4: The graphic display of the example of comparison of answers to general questions of both rounds of survey.

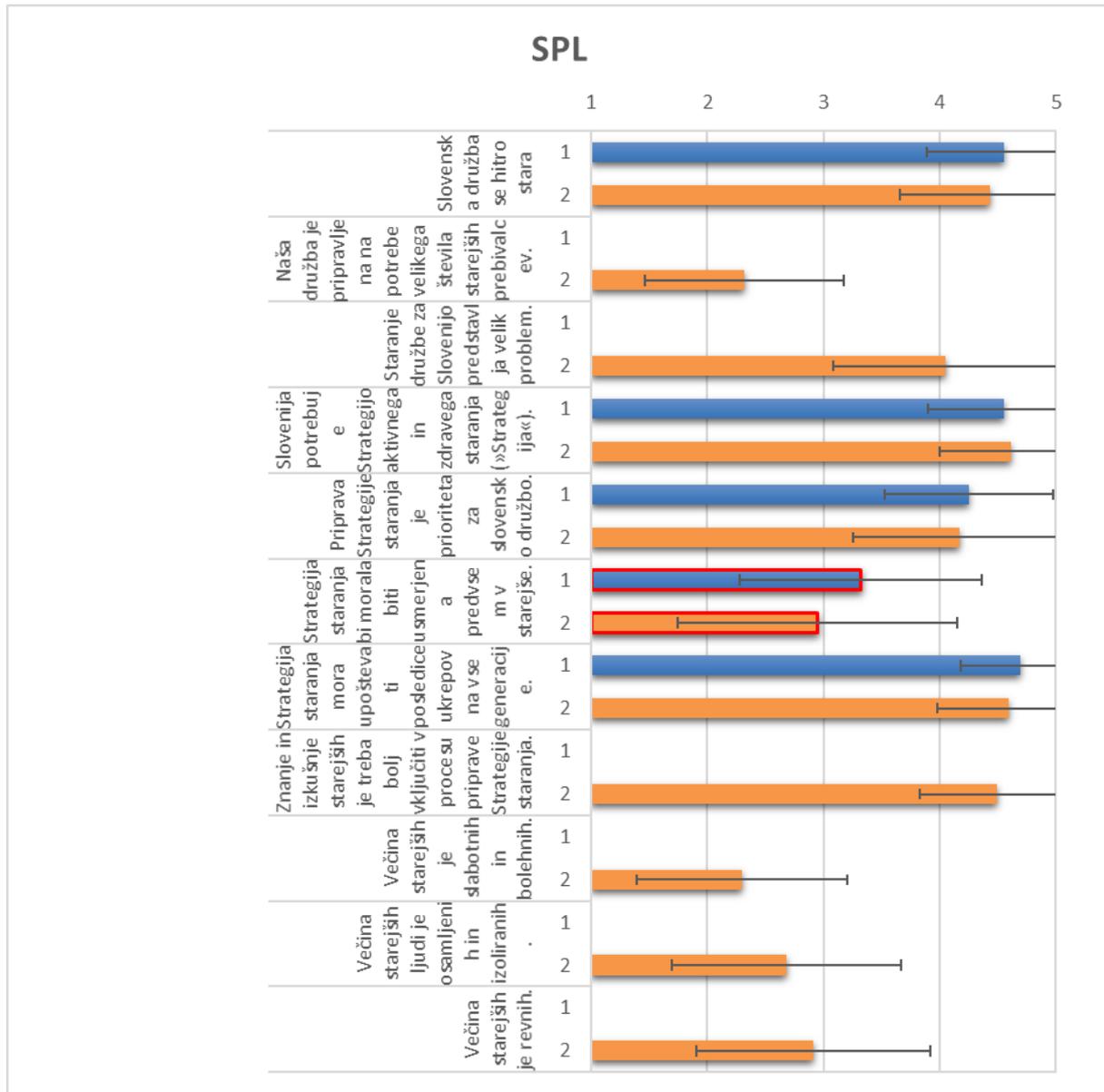


Figure 4: The majority of the elderly is poor. The majority of elderly is lonely and isolated. The majority of the elderly is weak and sickly. Knowledge and experience of the elderly must be more included in the process of the preparation of the ageing strategy. The ageing strategy must consider the consequences of the measures on all generations. The ageing strategy should be mainly elderly-oriented. The drawing up of the ageing strategy is the priority for the Slovenian society. Slovenia needs the strategy of active and healthy ageing ('Strategy'). The ageing of society is a great problem for Slovenia. Our society is prepared on the needs of the great number of old population. The Slovenian society is ageing quickly.

3.1 The questionnaire for the Slovenian Association of Secretaries

To sensitise the business entities to the issue of ageing and their greater inclusion in the project, the data was collected also with questionnaires, submitted through the Slovenian Association of Secretaries (Attachment 7).

3.2 The questionnaire for Slovenian political parties

The questions to establish views on the issues of ageing were also addressed to the leaders of Slovenian political parties in the pre-election period (July 2014) and the window of opportunity of high sensitivity of the political area for defining priority political questions was used. Upon raising the sensitivity of political parties to the problems of ageing, their position on the project-related topics was expected to be acquired (see Attachment 8).

4. Meeting with stakeholders

From September 2014 to May 2015, over 50 major and minor meetings with different groups of stakeholders were organised within the scope of the AHA.SI project. The meetings referred to the topics as follows:

- long-term care,
- extended employment and delayed retirement.
- prevention of falls in a wider health-related context and
- before-retirement activities.

The major groups of stakeholders encountered:

- retirement homes,
- home care services,
- unions,
- the young,
- precarious workers,
- Chamber of Commerce and Industry of Slovenia
- Employment Service of Slovenia.
- ministries,
- non-governmental organisations,
- educational institutions,

- health care institutions,
- municipalities,
- local communities,
- social work centres and other.

The stakeholders were met at the project level, where all project partners and smaller groups of stakeholder relevant for a specific topic within individual work sets were present (see Attachment 9). We met with a wider circle of stakeholders, invited on the basis of the list of stakeholders, at four professional meetings where we helped shape the proposals of the measures for the strategy of ageing. Since they also pointed out the importance of cooperation and integration of the stakeholders from different sectors and fields of work (public and private, non-governmental organisations, economy), the final integration meeting was organised in January 2016 after the confirmed amendment where we and the participants re-defined the paradigm in relation to ageing in an innovative and interactive way.

5. Professional meetings of the AHA.SI project

In June 2014, Ljubljana hosted the first conference of the project with over 100 experts in different fields. The conference importantly contributed to the integration with various stakeholders, added guidelines for further work and provided promotion of the project (see Attachment 10). It was followed by professional meetings in January, June and November 2015 pursuing the content dynamics of project work (from the participative analysis of the situation and the setting of priorities to the common identification of good practices and review of the results of testing these practices and participatory definition of the proposals of measures), (see Attachments 11 and 12). All conducted conferences may be regarded successful on the basis of the evaluation report since they served their purpose and objective. Over 170 participants of different sectors and organisations participated at every meeting. Due to a great interest in the participation, the last consensual conference included only a selective selection of key representatives of relevant organisations in different fields to examine the proposals of solutions of the strategy of ageing in Slovenia (Attachment 13).

Within the AHA.SI project, some professional events were also organised for the interested stakeholders with the purpose to increase knowledge capacities.

- The workshop on the topic of the **Active Ageing Index I** (AAI) for national professional stakeholders with the purpose of interactive presentation of data bases, from which the data is gained to prepare AAI (IER, 7 November 2014), Attachment 14;

- The active Ageing Index was already in the project application identified as one of the tools to form the recommendations of the project. Thus it was studied in detail at the two-day workshop entitled **Active Ageing Index II** led by Prof. Dr. Asghar Zaidi from the University of Southampton in GB(IER, 30 and 31 March 2015);
- To increase the knowledge of the ways of building consensus, the two-day workshop entitled **Stakeholder and civil society – policy connected engagement**, led by Dr Lars Kløver of the Danish Institute 'Danish Board of Technology' (NIJZ, 31 August and 1 September 2015) was organised in cooperation with the World Health Organisation; before the above-mentioned conference (Attachment 15).
- Within the Annual plan of the NIJZ 2015 tasks, we organised '**Public Health Foresight – Capacity building workshop**', led by the RIVM professional from the Netherlands and related to the project topics, while the knowledge was used in the preparation of the last liaison AHA.SI conference (NIJZ, 11 September 2015).
- To increase the capacities of knowledge with the included ministries and project partners, the workshop entitled '**Connecting EU and national level in the area of Social Investment Package for better health and higher quality of life for longevity society in Slovenia**', led by Mr Clive Needle, Policy Director of the EuroHealthNet (NIJZ; 28 January 2016) was organised before the completion of the project as well.

Before the conclusion of the project in January 2016, the final liaison meeting was also organised (Figure Liaison meeting) where we integrated the representatives of the local and national level with the purpose of forming the sustainability plan between the stakeholder after the project. The purpose is the continuation of work in the field of the respective issue of demographic changes in the society after the conclusion of the AHA.SI project. We are faced with important challenges of the ageing society that will importantly affect and shape our life in the future. That is why we need systemic solutions that must be implemented in Slovenia in a systemic, deliberate and sustainable way (Attachment 16).



Figure: Liaison meeting

6. Meetings of consortium and management groups

On 21 March, the 'Kick off meeting' (the meeting of the consortium group, joint meeting of consortium and management groups and meeting of the management group) was organised in Ljubljana. In June 2014, the second meeting of the consortium group was held, while later in September the third meeting of the consortium group, the second meeting of the consortium and management groups and the second meeting of the management group were organised. The consortium meetings were organised also on 9 January, 27 March, 19 June and 18 September 2015. In March and September 2015, the meetings of the management group also took place. As agreed with the steering group, we intensified the meetings with the representatives of sectors and held the meeting in June 2015 with the Ministry of Labour, Family and Social Affairs, and the Ministry of health and the Ministry of Labour, Family and Social Affairs in July. In August 2015, on the basis of the recommendation of the steering group in agreement with the Cabinet of the Ministry, the representative of the Ministry of Education, Science and Sport was included that participated in several meetings of the heads of work sets and harmonisation of the recommendation contents, as well as prepared the review of the documents of the Ministry of Education, Science and Sport relevant to AHA.SI and comments of the Ministry of Education, Science and Sport on the prepared material.

The last consortium meeting and the meeting of management group was held on 11 February 2016 (Attachment 17). It was successful in two respects. The project partners established that they managed to implement all activities foreseen in the project, timely submit all products and upgrade the activities. Most importantly, the representative of the Ministry of Labour, Family, Social Affairs and Equal Opportunities gave an assurance that the project products will be directly used in the preparation of the strategy of the longevity of the society, which is prepared in three different versions in 2016 and 2017. In addition to that, the project partners were also given an opportunity to prepare the proposal of the joint operation of the relevant topics of ageing also in the future and to present it to the Ministry of Labour, Family and Social Affairs.

Good cooperation between the project partners is important for further building of network in the field of the ageing of population. The cooperation with competent ministries that will be responsible to draw up the measures in confronting the demographic changes after the project is extremely important.

7. On-line networking

The world wide web is a medium that provides a quick transfer of information practically wherever, whenever and to whoever. The form 'Join us' on the project's website www.staranje.si stimulates all the stakeholders and other visitors to submit their proposal, ideas, comments, opinions and views on the contents related to the field of active and health ageing. The website also uses bulletins, Twitter and Youtube channel to network the stakeholders.

8. Sustainable aspect of networking after the AHA.SI project

If we are to keep the network of stakeholders in the field of the ageing of population after the AHA.SI project, all the project partners must maintain regular contacts with the identified stakeholders, in particular those who actively participated in the shaping of the proposals of measures of the strategy of ageing in Slovenia. The whole network of stakeholders in relation to the wider context of ageing in the public health will be preserved at the NIJZ level, since the issue will be considered in all nine regional units as one of the major tasks of the institute. Since the considered fields differ within the project, it is

important that the partners profoundly dealing with this field and building a relationship with the interested stakeholders maintain the contacts with stakeholders who showed their interest in a specific field.

At the last conference, the project partners collected proposals and initiatives of the participants for their fields in terms of the possibilities of cooperation after the project and sustainable maintenance of the network of stakeholders. At the workshops, the participants of the liaison meeting also discussed the proposals of the sustainability approach. Key questions were asked:

- What would you want to happen to the network of stakeholders after the project?
- What is required for that?
- Who may provide that?

Answers to the questions provided us with the selection of the proposals for further cooperation, upgrade of contents and topics related to the ageing that the stakeholders recognise as relevant. At the level of each individual work set and then of the whole project, the selection of proposals was formed for the maintenance of the network of stakeholders and means to attain it (Attachment 18).

The project partners together with the competent ministries and other government sectors are interested that the consortium of project partners also maintains the established contacts and pursue the joint work related to the ageing.

9. Recommendations of the AHA.SI project for future networking in the field of ageing

The stakeholders present at the last two meetings supported the need to maintain the network established in the project and, as already mentioned, discussed three key questions – what they want to happen after the project, what is required for that and who may provide it. The concrete answers were obtained that were logically arranged in different content sets:

The majority of them expressed a wish for further networking, integration, establishment of the local network, mutual coordination and cooperation of all relevant institutions at the local and national level. It is followed by the wish for systemic regulation of the field that would be determined by the legislative basis, financial and general support. Highly present is also the wish for further education, trainings and

professional events, while the efficient transfer of good practices, assessment of needs and related applicable analyses are lacking. The replies imply that they want more joint approach and activities in the field of active and health ageing which also arise from the insufficient awareness of the importance of this issue among the wider population.

Table 1. Collection of replies of the stakeholders gathered at the workshop of the liaison meeting, 28 January 2016: 'What would you want to happen with the network of stakeholders after the project?'

1	Networking, integration, establishment of the local network, coordination, participation of all institutions
2	Legislation, political financial support, support, communication plan
3	Education, trainings, professional events
4	Transfer of good practices
5	Joint approach, regional points, local community
6	Equality for all
7	Need assessment, analysis
8	Inter-generational cooperation.
9	Job for the young
10	Open-mindedness for new ideas, motivation

To attain this, the stakeholders think that we first need a good connecting body, a great deal of interconnection, cooperation and consideration of expert recommendations. On the basis of tools to assess needs, analysis, data and guidelines, the legislative basis, national strategy and action plan should be established. As an important factor to establish the foregoing recommendations, the necessity of the change of paradigm in relation to ageing – thinking out of the box of established frameworks was pointed out. In addition to the personnel and financial needs, also the interest of the wider public, good will and motivation are required to fulfil the recommendations.

Table 2. Collection of replies of the stakeholders gathered at the workshop of the liaison meeting, 28 January 2016: 'What is needed to attain the proposed objectives?'

1	Connecting body, integration, participation, consideration of expert opinions
2	Legislation, formalisation, strategy, action plan
3	Willingness and good will, motivation, interest, etc.
4	Finance and personnel, jobs
5	Media, politic support, support from the environment
6	Tool to assess needs, analysis, data, guidelines, monitoring of needs, etc.

7	Education (change of social values, empowerment, etc.), joint platform,
8	Coordination
9	Existing programmes, Support to the operating systems,
10	Equality
11	'COST BENEFIT' model, thinking out-of-the-box
12	Single website, providing information on new projects
13	Pilot approach
13	Transparency (review of all stakeholders)
13	Thinking out-of-the-box
13	Expanding good practices and inclusion in the international networks
13	Less administrative obstacles
13	Consideration and recognition of the role of NGOs and their importance in the health care system
13	The politics should listen to the patients
13	Professionalisation of the societies (at least payment to the participating experts)
13	Transparency of FI-H
13	More broadly set tenders for the non-governmental organisations (broaden the selection of chronic diseases)
13	To hear out the patients with low-prevalence diseases as well
13	Include the key stakeholders in the health care system, such as the Health Insurance Institute of Slovenia

The last question was posed to establish how and who may provide this. In this question, the importance of their own active role was also recognised to a great extent. Stakeholders, users, volunteers, civil initiative, relatives, employers, educational institutions were one of the most frequently given answers. The important identified players in the realisation of the recommendations are also the state, government, ministries, regions and local communities. We also received the proposal to establish the Centre for Active and Health Ageing and the Professional Cross-sectoral Coordination Body.

To maintain the network of stakeholders, the project partners in their own respective field will maintain the contacts with the interested stakeholders in the future. The valuable gain of the project is not only the network of stakeholders, but also a multi-disciplinary network of the project partners for which the project partners at the last consortium meeting received from the Ministry of Labour, Family, Social Affairs and Equal Opportunities also an option to prepare the proposal of a sustainable plan for further working together of the consortium of partners on the ageing-related topics.

10. Conclusion

Demographic changes and ageing in our society are our unavoidable reality. During the course of two years of the AHA.SI project – which prepares the proposals of measures to be included in the strategy of ageing in Slovenia – we together with the project partners and stakeholders faced the challenges, reviewed the scenarios, looked for concrete solutions and prepared the concrete proposals of measures. The young and the elderly, people of various statuses and occupations, members of a wide range of institutions encountered in the project. Regardless of how related we are with the field of ageing, the essential message emerged during the meetings: we shall succeed when we raise the understanding of ageing, relation to the ageing and active use of the potential of the elderly in our country.

10. Attachments

- Attachment 1: List of stakeholders
- Attachment 2: Typology of stakeholders
- Attachment 3: Instructions to classify the stakeholders
- Attachment 4: Report of the social network analysis
- Attachment 5: Questionnaire – Round 1
- Attachment 6: Questionnaire – Round 2 and comparison
- Attachment 7: Questionnaire for secretaries
- Attachment 8: Questionnaire for political parties
- Attachment 9: Table of meetings with stakeholders
- Attachment 10: First professional meeting
- Attachment 11: Second professional meeting
- Attachment 12: Third professional meeting
- Attachment 13: Fourth professional meeting
- Attachment 14: AAI Workshop report
- Attachment 15: Lars Kløver workshop report
- Attachment 16: Liaison meeting report
- Attachment 17: The last Consortium meeting
- Attachment 18: Sustainability aspect of the networking