

SENIORS IN THE DIMENSIONS OF OUR STATE POLICY

SENIORI V DIMENZIÁCH POLITIKY NÁŠHO ŠTÁTU

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Abstract: The paper emphasizes the social policy of our state towards seniors. It introduces social policy instruments and the aging process. It draws attention to some risks of the senior population.

Key words: Seniors. Social policy. Aging. Age. Social Security.

Abstrakt: Príspevok zdôrazňuje sociálnu politiku nášho štátu smerom k seniorom. Približuje nástroje sociálnej politiky a proces starnutia. Upriamuje pozornosť na niektoré riziká seniorskej populácie.

Kľúčové slová: Seniori. Sociálna politika. Starnutie. Staroba. Sociálne zabezpečenie.

Bočáková (2015) writes that the aim of social policy is to attenuate social tensions, reduce social inequalities. Social policy is oriented on man, on his living conditions, development and quality of life. Social policy has an important place in society. Social policy is part of a social unit.

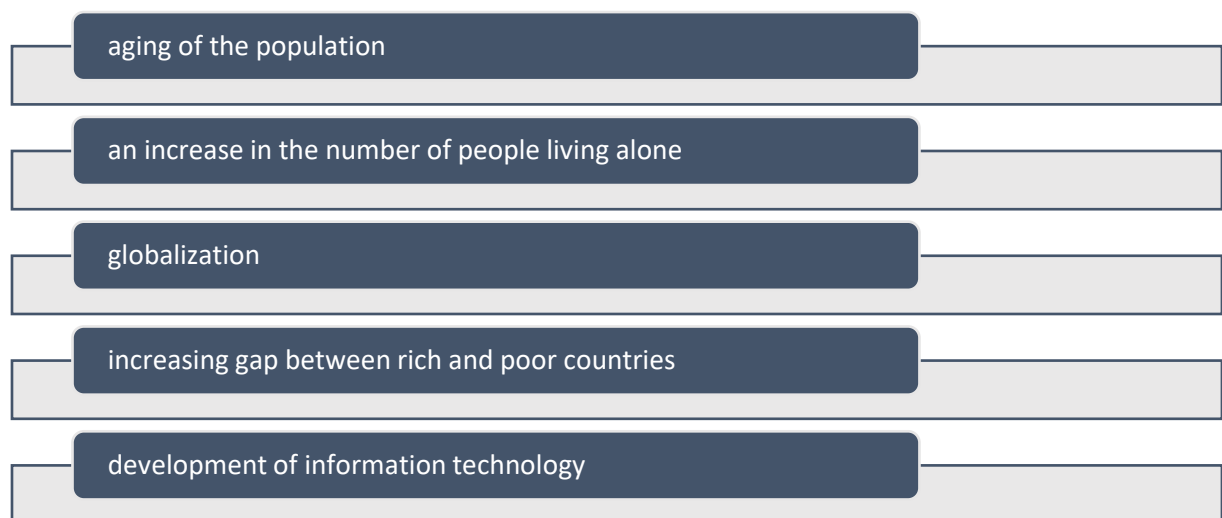
The state represents such a basic social unit and is characterized as an organizational system of human society within a certain territory and is organized on the basis of several elements such as:



Social policy has its core in humanism and presents its research in social life through issues such as (Kečkéšová, 2005):



Ensuring the functioning of all social elements is very important for society to function smoothly. Social policy is currently influenced by the following factors:



Social policy focuses on man as a human being, his or her abilities, interests, needs and thus fulfills the general goal of human development and way of life. It focuses mainly on people's living conditions, human development, personality development and individuality. These objectives are achieved by applying the general principles of social policy in the state.

According to Krebs (2010) application tools include:

- *social income*: they are an important instrument of social policy, namely cash benefits of social help and unemployment benefits, pension benefits, insurance, sickness insurance, social assistance benefits
- *special-purpose loans*: various preferential loans (social fund) may be provided to influence different social situations
- *concessions and benefits*: they are provided to different target groups of the population, such as travel, study, and others
- *benefits in kind*: they are associated with health protection, such as medicines, medical devices and aids, protective work aids, but also social help such as the provision of food, clothing, etc.
- *social services*: focus on the provision of social services for certain population groups and different target groups

Social policy is not the only scientific discipline dealing with the social issues of seniors. Morovicová (2004) mentions the scientific discipline of gerontology which is characterized as a scientific discipline based on several scientific disciplines. It is characterized as an interdisciplinary science dealing with aging and the old age.

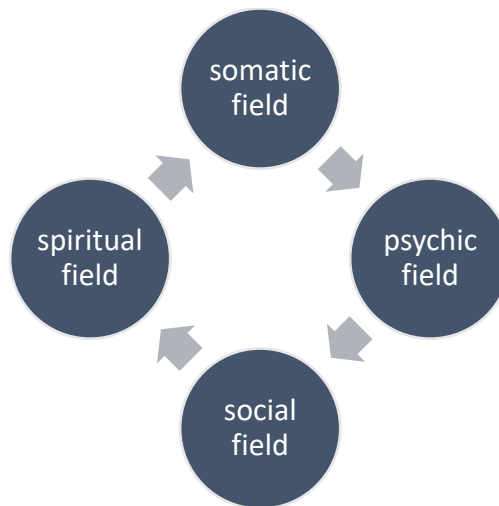
The Government of the Slovak Republic draws attention to the importance of quality and effective social services aimed at adequately meeting the needs of dependent people. In its Policy Statement for 2016-2020, it states that it will pay particular attention to the care of older people, particularly in connection with the linking of health and social services. The Government of the Slovak Republic is interested in making the system of multi-source financing for social services more effective, will support the introduction of an allowance according to a degree of reliance for all founders in the same way and will continue to support the process of deinstitutionalisation of social services. The emphasis is on addressing the issue of remuneration of social service workers who are among the lowest paid employees (Government Policy Statement for 2016 to 2020).

The main role of social policy is to safeguard people against various social risks and also to offset undeserved differences. There is a worldwide tendency of aging population not only in developed but also in developing countries. Social policy is very closely related to economic policy. The economy creates tangible resources for social policy. Otherwise, this can only be solved by borrowing the present society at the expense of future generations. However, social policy can in turn affect the economy.

Health is the most important factor in the development of society. Every society was in its own way interested in the health of the population and developed certain measures to protect it. Care for the elderly in our conditions is still divided into social and health care, although we know that the mutual conditionality of both is crucial for the elderly person. (Bočáková, 2010).

Despite significant scientific advances in the field of biology and medicine, the aging process is a natural, irreversible and inevitable process for humans which affects a citizen's life regardless of gender, education, social status or world-wide value profiling.

Bočáková (2010) states that the final form of the aging process is the old age. The term old age is described as the period at the end of the natural developmental process, and for each person the old age is individual. Structural and functional changes that arise during aging and the old age are predominantly regressive and irreversible. Changes are made in:



Aging takes place in the form of adaptation to retirement, changes in life programs, and changes in social status and acceptance of the social consequences of a health disorder:

- *retirement*: sudden interruption of any activity can have a traumatic effect, especially in people who do not find any other meaningful activity. A gradual, rational and smooth transition to retirement reduces the risks of psychosocial failure. If one wants to maintain a social role, maintaining activity is a condition of peaceful old age. Insufficient activity leads to apathy, a sense of helplessness, an inability to change something, depression or even a loss of physical and mental strength.
- *lower incidence of more generations co-existence*: acquisition of independence and the separation of young families leads to a deepening of the social isolation of older people

- *change in economic security*: it concerns mainly retirement, it causes considerable problems for many seniors. Money allows them to be independent and take care of themselves.
- *loss of life partner*: can lead to social isolation and closures. In the case of single women and men friendships are formed. There are also cases of marriage. A strong bond is created between the spouses which makes it easier for them to live and experience old age.
- *change of residence*: older people sometimes have to move for various reasons. This can be associated with a great deal of stress, especially if it is involuntarily relocated to another environment with strangers. (Morovicsová, 2004)

The autumn of life, as old age is sometimes called, must not mean seniors being marginalized. In all areas, conditions should be created for a full life in old age, as people have been retired for more and more years. A healthy society uses the wisdom and experience of seniors. The aging of the population is a challenge to look for new modern social models that will ensure decent conditions for seniors. Particularly topical is the question of linking health and social services for long-term ill people. Seniors, with their increasing age, often find themselves in situations where they experience health discrimination. Their health often requires care. In less serious illnesses, seniors can be helped by a close family who can perform or assist the seniors for their health condition (Bočáková, 2017).

Aging and the old age are the source of various problems that the elderly have to deal with in life. Zavázalová (2010) lists the following risks in senior's life:

- *a state of immobility and reduced self-sufficiency*
- *reduction and loss of self-sufficiency, which affects the problems of ensuring day-to-day routine activities, such as home or self-care*
- *ensuring proper nutrition, its balance in terms of content and energy*
- *incentives for all-round activities, both working and leisure*
- *difficulties in adjusting the life program and its implementation after retirement (planning a new daily schedule, changing learned daily stereotypes, etc.)*
- *provision of funds that are a prerequisite for satisfying the senior's life needs*
- *ensuring adequate housing in line with the senior's financial capacity and his / her physical self-sufficiency and vitality*
- *leisure activities in the form of sufficient exercise, engagement in public affairs and various activating and mobilising programs for seniors.*

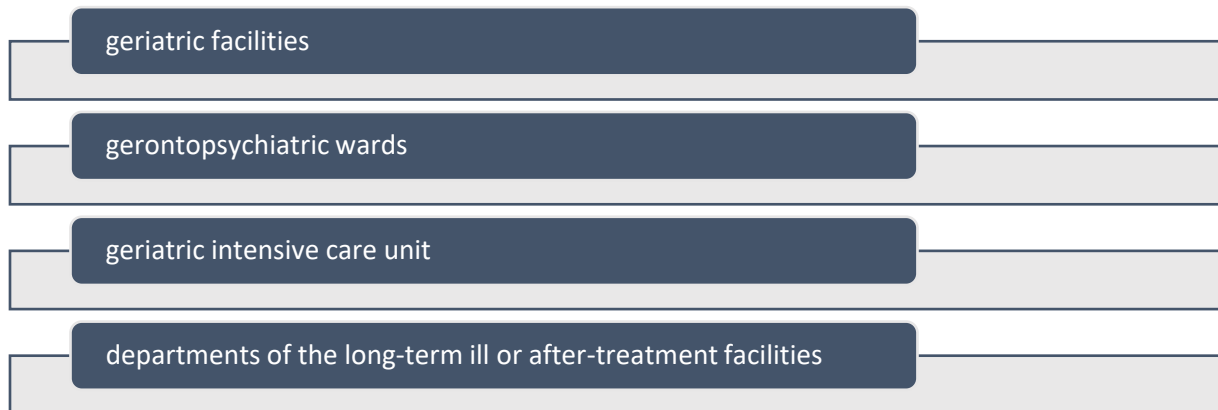
- *psychological problems in terms of coping with risk situations such as the death of a partner, the loss of the last loved one, retirement, family disagreements and others; mental activity, social enjoyment, danger of social isolation and other problems related to loneliness.*

Mühlpachr (2004) lists some risks of the senior population:

- *ageism*
- *segregation*
- *maladaptation for aging*
- *financial problems*
- *generation intolerance*
- *prejudices*
- *higher morbidity*
- *underestimating the curability of health problems and the need for age modification of health and other services*
- *neglect and abuse of non- self-sufficient seniors*
- *a decrease in the ability and will to signal your needs and difficulties*
- *manipulation, loss of decision-making skills*
- *rapid development of society, the lack of technological knowledge, loss of competition in the labour market, deterioration in social affairs and intergenerational communication (new activities, new technologies)*

Self-sufficiency and loneliness are ones of the main problems in the life of seniors. In the case that a senior's health requires daily care and assistance in moderate daily routine activities, he / she can use the services of a home nursing care agency. Social services have an important benefit for the elderly because, despite their health problems, they are still in their natural home environment and other family member or family members are not constrained by their state of health to such an extent that the stable income of the family, which is important for ensuring and maintaining its socio-economic standard, could be in danger. However, if seniors decide to give priority to the assistance of a family member who can meet their needs, that person is entitled to receive a care allowance or personal assistance allowance. However, the amount of these allowances does not correspond to the financial expenses of the person providing care to their loved ones, and therefore, even in less severe health conditions, such patients are entrusted to institutional care. Most often these are facilities for seniors, social

service homes, or specialized facilities. Only geriatric hospitals provide medical and not social assistance to seniors. Such facilities include (Hegyí, 2012):



With the increasing demographic crisis affecting the current population, it is important to realize that the financial burden on health care and social services for the elderly will continue to increase. Prudká (2015) states that in order to increase the pressure on public spending and expenses in these areas as little as possible and if possible at all, sophisticated public attitude towards seniors is needed which is primarily based on prevention at different levels.

The quality policy of social service provision can be implemented when employees fulfil their work responsibilities responsibly towards clients also in the context of interpersonal relationships in each job position. Respect for the elderly and understanding for the difference of others should not be lost when working with the senior, client, social service recipient. Teamwork for social service users is very important in this area. Older people deserve patience, understanding, respect and help on our part. The quality policy of social services for seniors aims to ensure the satisfaction of clients, recipients of social service users.

Health and social preventive care for seniors has three levels (Derňarová, Rybárová, 2008):



Social preventive care in its primary stage is focused on prevention of the occurrence of socio-pathological phenomena. It is realized through education of family members, professional counselling, etc. The secondary level focuses on the identification of social disorders of the individual and aims to prevent their deepening and escalation. Tertiary prevention in the social field supports the re-socialization process of individuals and seeks to prevent relapses.

In the case of *preventive health care* and its primary level, it is the prevention of diseases before they develop. The secondary stage involves actively seeking risk groups and detecting initial preclinical disease changes when health problems are curable and health is capable of recovery. Tertiary health prevention is helping people who are already suffering from the disease. At this stage, prevention can take place in various forms, for example: nutrition adjustment, rehabilitation, adjustment of activities, etc.

The family plays an important role in the life of the elderly because the quality of life of the elderly depends largely on the environment in which he or she lives. The most important thing for a senior is his/her natural environment which is naturally family life. His loved ones can greatly facilitate and make easier the aging process (Bechyňová, Konvičková, 2011).

With the increasing age, many seniors are losing their flexibility and interest in making new friends and other social contacts, thereby gradually isolating the senior. Isolation is also intensified because the senior loses his professional role, which is directly linked to further weakening of social contacts and indirectly connected with a decline in the economic standard which may lead to reduced possibilities for human self-realization. The combination of a serious lack of social communication, social contact and family dysfunction leads to the desocialization of an individual who may experience psychosomatic changes and serious mental and psychological problems. Given the magnitude and severity of the disease, the elderly should seek or be offered professional assistance, whether by a psychologist or a psychotherapist and the help of a psychiatrist in case of need for medical treatment. The search for such help is often accompanied by prejudice and concern and it is therefore necessary to continue to disseminate awareness and information to the general public and thus to the elderly in the field of mental health (Rößing, 2008).

In the process of full integration into the society, leisure, interest and religious organizations play an important role. Most often, seniors keep and maintain social contacts with their peers in interest organizations which offer them active and valuable leisure time. The most widespread organizations of this type in Slovakia are, for example, the Pensioners' Association of Slovakia, the Association of Christian Seniors of Slovakia and others. Interest organizations can contribute to maintaining senior's fully functional self-realization in the life. Membership in such organizations is easily accessible, does not require significant financial resources and the allocation of basic organizations covers almost the entire territory of the Slovak Republic, thus bringing it close to the environment in which the senior lives. Seniors have the opportunity

to gain social contacts while contributing to their mental and physical condition in various organizations, such as: Slovak Gardeners Association, Military Veterans Club, Slovak Fishermen's Association, Club of collectors and growers of medicinal plants, women's associations and more.

For a senior an active membership in religious and ecclesiastical organizations can be a cardinal part of his or her life. It affects not only his spiritual experience of faith but also his social contact with other members of a particular ecclesiastical organization. Such a senior's participation in ecclesiastical life is financially undemanding, it is close to his / her home environment and brings wider opportunities to participate in social life. These include membership in church singers groups, volunteer work in the preparation of prayer and temples for the festive season and throughout the year, better financially situated seniors have the possibility of trips or recreational stays associated with visiting pilgrimage sites or for their church important sites.

Hegyí (2012) writes that education also contributes to maintaining mental well-being. This process can be carried out directly by educational institutions, for example through education at a third age university. However, such education is more expensive because the senior has to pay tuition fees which is in tens of euros. Attending the University of the Third Age may be associated with complications in transport and physical participation on lessons which narrows down this activity only for really active seniors. The benefit of a third-age university lies in acquiring new knowledge and skills of the audience, often focusing on personal development and benefits for the whole society and these universities contribute to maintaining the mental and physical balance of the senior.

Cultural life is also a natural part of the full life of a senior in society. Seniors tend to preserve the traditions, customs of their ancestors. Thus, they become irreplaceable bearers of the cultural heritage of their regions, ethnic or religious groups (Kubíčková, 2014). Also from the state, it is important not to neglect the promotion of the cultural life of the population, even though it is not an essential part of man, and of the elderly, as well. Functional cultural institutions can be beneficial to the elderly themselves and indirectly to the whole of society, as such a senior acquires social contacts and feels a more fully-fledged time when participating in cultural life, which has a positive impact on his mental health.

In order to meet the demands of the elderly and to guarantee their sustainable development of quality of life, the government needs to continually increase financial expenses on a range of social policies affecting the life of the elderly taking into account adverse demographic trends. The largest capital expenditures of the state in this area are: old-age,

widow's and widower's pensions, Christmas allowances, drug policy expenditures, social infrastructure expenditures (facilities for seniors, social service homes, day care centers ...), expenditures on educating the qualified employees working with senior (carers, medical staff ...) and other expenditures burdening the public budget. The extent to which, in what way, and if at all, the welfare state will be implemented in the country is decided by the executive components of state power. In the case of the Slovak Republic, it is the Government of the Slovak Republic which is responsible for maintaining the current legislation, adopting reforms and putting new elements and laws into force. As the composition of the government reflects the results of the parliamentary elections, there is a need for an information campaign to inform citizens of the importance of taking part in the parliamentary elections in order to be aware of the importance and weight of their election or absence.

The outcomes of the state's social policy affect most seniors very much but some people are less affected. The access to elections known as "citizens' obligation" is a responsible approach not only to the performance of the act in which the citizen participates in power, but also represents the result of a mature reflection on what a senior expects from the government, including what social policy the government will implement along with a set of other issues. Of course, not every senior make a decision primarily based on the socio-economic approach of the candidate party, but his/her decision may, for example, be based on value orientation in the ethical-moral spectrum of issues, however, the unfavorable social situation is often the primary starting point of a citizen-senior in decision making process in elections. The political parties themselves have a socializing function, but given the political elite crisis or significant success of independent candidates in local and regional politics, or failure to identify with the party's program and leadership, the membership in political parties has become uninteresting for seniors and the number of politically active seniors decreases every year.

The rate of state spending on social policy towards the elderly, Šulcová (2012) writes, may not be agreed with other age groups who are not affected or are distant by the problems of older people. Such misunderstanding often results from the feelings of young people that they are not sufficiently focused on by the state and its expenditure policy.

The statistics of the Social Insurance Agency show that the number of recipients of old-age, early retirement, widow's and widower's pensions increases from year to year and with them the demands of seniors for their adequate financial security from the state taking into account their merit and their long-term social and health contributions and payments to the insurance companies. Seniors argue that they have not caused a demographic crisis and that their demands are justified. However, from the point of view of young people whose demands

for the common standard have increased intergenerationally, it is very difficult to imagine the establishment of a family with more children. As a result of the lack of state support, young people delay maternity, refuse to raise another children and do not give adequate weight to the institute of marriage whose economic benefits are significantly less than the socialist model. Not only financial under-dimensioning of youth policy and youth family policy is the reason for the low natural increase. Behind this decline it is necessary to see a change in values, preferences, lifestyle, or a decline in the impact of traditionalist tendencies in society. Effective support for young families is one of the effective tools but with benefits in the medium to long term. But the state is hitting the problem of lack of finances.

The issue of young families is directly related to housing policy which is often neglected by the state, there is an acute shortage of affordable housing units on the market, the number of social housing does not correspond to demand, the degree of burden on the monthly family budget by paying mortgage loans is so significant that it does not allow further social development of family members. Leaving work and taking parental leave is so expensive for many young couples that they simply reject it. Many of the above-mentioned problems of young families, even in a market economy, will not be solved by the market, so intervention by the authorities and state bodies is understandable. Only the state can implement social policy and it is the government that decides on the redistribution of funds, therefore pressure and systemic expectations from the public towards the state are justified. A state, in need of taxpayers, must consider whether it is willing to make investment into an increase in birth rates or would prefer to continually increase the financial burden on workers, or change the redistribution of state budget revenues in order to cover the financial costs of pensioners and their needs.

Kubíčková and Bočáková (2017) explain that the higher demands of young people for socio-economic security of the family are also reflected in the refusal to live together in multi-generation families. This weakens the contact between the young person and the senior. Negating the requirements of seniors by young people is largely due to the diametrically different way of life of the young and older generations. At present, individual generations are no longer attached to land as a source of livelihood and agriculture requiring the active participation of all generations is not so interesting to young people because of poor and not satisfying lifestyle and low earnings in this economic segment.

The fact that a young person very often fails to accept the demands of seniors is to some extent natural. This nature may also stem from the above-mentioned factors, but the key factor for a working young person is a significant levy burden such as social and health insurance levies, which the one does not use as his / her health requires significantly less health care than

a senior's health and is part of an economically active group of the population which at that time participates in the creation of values and resources as opposed to the elderly.

Inadequate attitudes of young people can be prevented by enlightenment, education, but also by an adequate interest in solving their problems. A young person is unaware of the merit of seniors throughout the welfare system during the period of his professional activity and fails to develop empathy to the point that he will realise that once he will be older and his health condition will require an increased burden on public finances. It should be in the interest of society as a whole that young people get a job after completing their studies, start families, raise children, ensure a favourable social standard, understanding in employers in the case when parents with young children are applying for a job and have necessary social infrastructure such as nursery schools, kindergartens, primary schools, etc. Here, however, the financial burden becomes too high for the state and it is forced to stagnate and in exceptional cases to reduce expenditures both on the welfare state and on the support for young families.

Without the support of young families, intergenerational reconciliation and reverse demographic change cannot be achieved. The ideal starting point, which in practice is much more difficult to implement, is the balanced support of all age and socially vulnerable target groups.

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