
SOCIAL WORK WITH THE ELDERLY: FROM HISTORICAL DEVELOPMENT TO FUTURE PERSPECTIVES NOT ONLY IN THE CZECH REPUBLIC

LUKÁŠ STÁREK

AMBIS VYSOKÁ ŠKOLA, A.S./ AMBIS UNIVERSITY, KATEDRA PEDAGOGIKY/ DEPARTMENT OF PEDAGOGY,
LINDNEROVA 575/1, 180 00 PRAHA 8 – LIBEŇ, CZECH REPUBLIC
ORCID iD: 0000-0002-6068-215X, EMAIL: lukas.starek@ambis.cz

JARMILA KLUGEROVÁ

AMBIS VYSOKÁ ŠKOLA, A.S./ AMBIS UNIVERSITY, KATEDRA PEDAGOGIKY/ DEPARTMENT OF PEDAGOGY,
LINDNEROVA 575/1, 180 00 PRAHA 8 – LIBEŇ, CZECH REPUBLIC
ORCID iD: 0000-0002-7174-3704, EMAIL: jarmila.klugerova@ambis.cz

ALOIS DANĚK

AMBIS VYSOKÁ ŠKOLA, A.S./ AMBIS UNIVERSITY, KATEDRA PEDAGOGIKY/ DEPARTMENT OF PEDAGOGY,
LINDNEROVA 575/1, 180 00 PRAHA 8 – LIBEŇ, CZECH REPUBLIC
ORCID iD: 0000-0003-0239-7358, EMAIL: alois.danek@ambis.cz

FRANTIŠEK VLACH

AMBIS VYSOKÁ ŠKOLA, A.S./ AMBIS UNIVERSITY, KATEDRA PEDAGOGIKY/ DEPARTMENT OF PEDAGOGY,
LINDNEROVA 575/1, 180 00 PRAHA 8 – LIBEŇ, CZECH REPUBLIC
ORCID iD: 0000-0002-7598-8370, EMAIL: frantisek.vlach@ambis.cz

ABSTRACT

This article explores the importance of social work in the context of an ageing population, linking the historical development of care for the elderly with current challenges and future trends in this area. Based on an interdisciplinary approach, it explores the transformation of perceptions of old age, the development of the concept of active ageing and quality of life, and their impact on social work practice. It also highlights the need to overcome ageism, to promote participation of the elderly and intergenerational solidarity, the development of community services and the use of modern technologies. The article also emphasizes the importance of professional social counselling as a key tool to support the elderly and their families. The text focuses on strategic approaches to enable seniors to experience old age with dignity, meaning and in accordance with their individual needs, and emphasises the need for systemic change and interdisciplinary cooperation. Finally, the paper reflects on the future of social work as it faces the growing challenges of demographic ageing, offering practical recommendations for innovation in this area.

Keywords: Aging; Challenges; Changes; Senior; Social work.

INTRODUCTION

The relevance of social work with older people/seniors with historical reflection. The historical development of care for the elderly reflects broader social changes, cultural values and economic structures of different eras. Already in ancient societies, the status of the elderly and the way in which they were cared for was strongly influenced by cultural norms and the structure of family life. In some ancient cultures, such as ancient Egypt, older people were viewed with respect as bearers of wisdom and experience. However, their role was often conditional on their ability to continue to contribute to family or community life. Elders who lost this ability were often at risk of marginalization.

In ancient Greece and Rome, society had an ambivalent attitude towards the elderly. While philosophers such as Socrates and Plato highlighted old age as a time of wisdom and contemplation, the general population often associated old age with weakness and dependence. Older people who did not have property or family support often found themselves marginalized. Yet there were laws and norms that required families to provide care for their elderly members. Medieval Europe brought about a significant shift in the care of the elderly, with the church taking on a key role. Christian doctrine emphasized mercy and charity, which led to the establishment of asylums and hospitals that provided care not only for the sick but also for the elderly. However, these institutions often focused on providing basic housing and food rather than on the individual needs of the elderly. The care of elderly family members remained primarily on the shoulders of family members, especially women (Falk, Lagerlöf, Rydberg & Skoog, 2022).

With the advent of the Renaissance and the Reformation, the influence of the Church declined, which affected the way care was provided. At the same time, the first secular institutions began to take shape during this period to provide support for the poor, including the elderly. In this context, however, old age was often associated with poverty, leading to the stigmatisation of older people as a burden on society. A significant turning point came during the Industrial Revolution in the 18th and 19th centuries, when urbanisation and industrialisation led to the breakdown of traditional extended families and the increasing isolation of the elderly. The elderly, no longer able to work, often became dependent on charity or became residents of almshouses, which were the precursors of modern homes for the elderly. However, these institutions were often overcrowded, provided only minimal care and were seen as a last resort for those who had no other support (Carswell, 2012).

During the 19th century, the first attempts to reform care for the elderly began to appear. Philanthropic organisations and later government initiatives began to emphasise the need for more humane conditions. Specialised homes for the elderly were established, offering not only basic accommodation but also some form of health care. These changes were partly motivated by the growing recognition of the rights of older people and the need to provide them with dignified conditions (Kodymova, 2018).

At the same time, the idea of the welfare state developed in the 20th century, laying the foundations for the modern pension system. The introduction of pensions, which allowed the elderly to be more financially independent, had a major impact on their position in society. This development was accompanied by changes in the concept of old age, with an increasing emphasis on active and meaningful ageing as an alternative to passive survival (Payne, 2020).

Elderly care, in its historical perspective, reflects the constant search for a balance between the needs of older people and society's ability to meet them. Although earlier forms of care were often limited by available resources and cultural norms, they formed the basis for modern approaches that emphasise individualisation, dignity and quality of life. The evolution of care for the elderly and their position in society in modern times reflects the fundamental social, political and economic changes that have led to a transformation in attitudes towards the elderly. The 20th and 21st centuries have seen an increased emphasis on human rights, equality and the need to create systems that ensure dignified conditions for ageing. These trends are the result of a combination of factors, including the demographic ageing of the population, the development of gerontology and social work as professions, and the introduction of social policies at national and international levels.

The demographic structure of the elderly in Europe has been undergoing significant changes in recent decades, with far-reaching implications for the social, economic and health systems of individual countries. Population ageing is characterised by an increasing proportion of people aged 65 and over in the total population, due to a combination of low fertility, increasing life expectancy and other demographic factors. According to Eurostat's interactive publication 'Demography of Europe - 2023 edition', the proportion of people aged 65 and over in the European Union will increase from 16% in 2002 to 21% in 2022. This ageing trend is evident in most EU Member States, with some countries facing a more significant increase in the proportion of older people than others.

Italy and Portugal have the highest proportion of seniors in Europe, with 24% of the total population aged 65 and over in 2023. This high share can be partly attributed to low fertility, high life expectancy and limited migration of the younger population. Countries such as Bulgaria, the Czech Republic and Finland followed with only slightly lower shares of the elderly. These countries also face similar challenges, including demographic ageing and increasing demands on pension and healthcare systems. The average share of the population aged 65 and over in the European Union was around 21.3% in 2023. This average masks significant differences between Member States. Countries with higher incomes and better health systems tend to have longer life expectancy, which increases the proportion of older people. At the other end of the spectrum (the lowest proportion of elderly), countries such as Iceland, Luxembourg and Turkey had a proportion of less than 15%. These countries have a younger demographic structure, which may be the result of higher fertility rates, lower life expectancy or higher rates of immigration of younger people. In the case of Turkey, the relatively young population plays an important role (Statista, 2023).

The main factors influencing the ageing of the European population include:

- **Low birth rates:** one of the main factors contributing to Europe's ageing population. In many European countries, the total fertility rate has fallen below the level needed for simple reproduction of the population, which is 2.1 children per woman. In 2021, the total fertility rate in the European Union was 1.53 children per woman. This trend has important demographic and socio-economic implications. The decline in fertility leads to a decline in the younger population, which causes an imbalance in the age structure of the population. This results in an increase in the proportion of older people in the population, which places increased demands on social security and health care systems. At the same time, the working age population is declining, which may affect economic growth and the sustainability of public finances. Low fertility is influenced by a number of factors, including changes in value preferences, economic insecurity, difficulties in reconciling work and family life and insufficient support for families with children. Tackling this problem requires a comprehensive approach including pro-family policies, support for youth employment, affordable housing and quality childcare services (European Commission, 2024).

- **Increasing life expectancy** is another key factor contributing to Europe's ageing population. Medical advances, improved living conditions and higher levels of healthcare have led to a gradual increase in life expectancy. In 2019, life expectancy at birth in the European Union reached 81.3 years. However, the COVID-19 pandemic has temporarily reversed this trend. Life expectancy in the EU fell to 80.4 years in 2020 and further to 80.1 years in 2021. This decline can be attributed to increased mortality caused by the pandemic, especially among older age groups. Studies show that more than 90% of deaths associated with COVID-19 involved people over 60 years of age. Despite this temporary decline, life expectancy is expected to increase again as the pandemic fades, further contributing to the ageing of the population in Europe. This trend places increased demands on health and social care systems and requires the adaptation of policies and strategies aimed at promoting healthy ageing and ensuring quality of life for an ageing population (OECD, 2022).
- **Migration** has a significant impact on the age structure of the population, especially if the immigrants belong mainly to younger age groups. This can slow down the ageing process in host countries. In the European Union, migration is a key factor in demographic change. Immigrants often come for employment opportunities, which means that most of them are of working age. This increases the proportion of the younger population, which can compensate for low birth rates and increasing life expectancy in host countries. In the Czech Republic, for example, the age structure of foreigners differs significantly from that of Czech citizens. According to 2008 data, more than half of the registered foreigners were between 20 and 39 years old, while the average age of the Czech population was around 39. This fact suggests that migration can contribute to the rejuvenation of the population and slow down demographic ageing. However, it is important to note that although migration can temporarily mitigate the ageing process, it is not in itself capable of completely reversing long-term demographic trends. The combination of low fertility and increasing life expectancy requires a comprehensive approach including pro-family policies, support for youth employment and integration of immigrants into society (Eurostat, 2017).

Demographic changes associated with the increase in the proportion of older people in the population have far-reaching implications for politics, economics and social norms. In countries with a higher proportion of older people, such as Italy or Portugal, pension and health systems are coming under increasing pressure as a smaller economically active population has to support a growing number of pensioners. This imbalance has a significant impact on public finances and places increased demands on the development of sustainable social security systems. Conversely, countries with younger populations, such as Turkey or Iceland, have greater economic potential due to their larger working populations, which brings an advantage in terms of economic growth. Nevertheless, these countries also face challenges related to the gradual ageing of their populations, underlining the need for long-term planning and adaptation of policies to changing demographic conditions.

The fundamental challenge for all European countries is to create an environment that ensures ageing with dignity for older people through sustainable policies, the promotion of intergenerational solidarity and the active participation of older people in society. Social work has a key role to play in this process, linking the different aspects of demographic ageing to the specific needs of older people and offering strategies to improve their quality of life. Social workers can help to address the impact of demographic change through programmes aimed at strengthening social cohesion, promoting the independence of older people and involvement in community life.

The economic consequences of an ageing population are one of the most discussed topics. Pressure on pension systems and public finances is increasing as the sustainability of these systems is threatened by the rising number of pension beneficiaries and the declining number of contributors. In response to this situation, many countries are resorting to reforms of pension systems, such as raising the retirement age or promoting private pension savings. Social work can make a contribution here by focusing on educating seniors in financial literacy and retirement planning, thereby promoting their economic self-sufficiency. The social impacts of an ageing population include changes in the structure of families and communities. Traditional models of family care for the elderly are increasingly being replaced by professional services and institutional care. As stated by Stárek & Zpěvák (2024) In Europe and in the Czech Republic, we can observe a recent trend of provision of social services by business companies. These were mainly private companies focused on the provision of social services. Although the number of social services has grown, the capacity that is provided is not sufficient and there is still a shortage of these services. This is due to changes in social services. In most European countries, there is a growing trend towards privatisation and marketing of these services - especially for residential and long-term service providers. This change emphasises the need for intergenerational solidarity and support, which can be implemented, for example, through community programmes and intergenerational projects. Social work here focuses on building bridges between generations, promoting mutual understanding and sharing experiences, which contributes to strengthening social cohesion.

The health implications of an ageing population include an increasing need to adapt health services to the specific needs of the elderly. Older populations are more at risk of chronic diseases, which requires the integration of long-term care into health systems. Social work plays a key role in linking health and social care, providing individual care planning and supporting older people in managing chronic diseases. Psychosocial support is also an important aspect to help older people cope with isolation, loss of life role or changes in their health status.

Promoting active ageing is another key objective of social work with the elderly. This approach emphasises the involvement of seniors in social activities, education and volunteering, which not only enhances their quality of life but also contributes to their sense of usefulness and self-fulfilment. Social workers can promote active ageing, for example by organising educational courses, cultural events or physical activity programmes. These initiatives not only improve the physical and mental well-being of seniors, but also strengthen their social ties and sense of belonging. Aging is a natural physiological process that involves a number of changes affecting the organism. Changes in the physical field are reflected in education primarily by worsening resistance to adverse and disruptive influence, loss of energy, by reducing sensory capacity (Špatenková & Smékalová, 2015; Na et al., 2024; AlZubi, 2023; Kusuma et al., 2022).

The impact of an ageing population is a complex challenge that requires a multidisciplinary approach involving social work, health, economics and policy. Social work with the elderly has an indispensable role to play here, offering practical solutions to address the individual needs of the elderly while supporting the systemic changes that are necessary to maintain social cohesion and quality of life in European societies.

Social work with older people and their relatives will therefore become more relevant in the coming decades, if only because the number of older people, especially the very elderly, will grow rapidly and the issues of care and support for these target groups will become increasingly important.

The public often perceives the current demographic developments as a threat that can lead to a difficult-to-manage crisis scenario. The phenomenon of 'old age and ageing societies' is often discussed and presented as a disproportionate burden on social, economic and health systems. The problem of elderly care, which is sometimes described as unmanageable, is also mentioned in this context. However, this view overlooks an important fact, namely that in many European countries there are now more older people than ever living independently and healthily into old age (Lehr, 2011; Stosberg, 2003). Social work is therefore faced with the challenging task of responding to demographic change and its multifaceted effects. At the same time, however, it must remain vigilant against becoming itself a vehicle for alarmist scenarios that, instead of promoting constructive solutions, only reinforce an image of crisis and hopelessness. Ways must be found to respond to these changes, with an emphasis on strengthening the self-sufficiency of older people and building a society that respects ageing with dignity as a natural part of human life.

SOCIAL WORK WITH OLDER PEOPLE/SENIORS

It is quite difficult to describe the target group "elderly or seniors" precisely because it is a very diverse group. Calendar age has little relevance to a person's physical health and subjective self-perception. Age is therefore one of the basic characteristics of ageing and old age. It must be emphasised that every person ages from birth, but ages individually in a different way. Some people show the signs of ageing very early, others remain vigorous in all areas until old age. Research on self-perception in old age (Tully-Wilson et al., 2021) shows that retirement as a socially institutionalized transition from working life is described as a biographical turning point but is not perceived as an age transition. Ageing is a complex and dynamic bio-psycho-social-spiritual process of naturally involutionary (regressive) and adaptive changes. One of the distinctive components of aging is the decline in health potential, resilience and adaptability at different rates (Cevela et al., 2014). The consequences of involutionary changes in functional and morphological - interindividual variability - are manifested. A holistic approach has recently become part of social work and can be considered to begin when a social worker, when meeting a service seeker, first asks how they feel and only then considers and decides what service or benefit they need (Doříčáková, 2020). The subjectively experienced transition to old age, specifically to older age, is usually accompanied by self-perceived limitations that impair the ability to lead an autonomous lifestyle. Thus, subjectively perceived health status plays an important role. From a calendar perspective, this can happen at different times, and sometimes it can come on very suddenly. Age therefore arises in a wide range of life settings and life situations, with a high diversity of values, educational and occupational biographies, family and social ties and different financial resources (van Dyk, 2015). A clear definition of the target group, which can be determined on the basis of calendar age or other parameters, is therefore not possible. Taking this complexity into account in social work with older people and their relatives is an essential potential of our professional group.

Social work with older people is not limited to working with people who need care. Otto (2001) in the early 2000s proposed a very plausible distinction between social work for the elderly and social work in nursing to make the differentiation more visible. According to his understanding, social work for the elderly refers to the stage of life before the need for care, social work in nursing refers to that.

The focus of social work with older people is their needs and the increasing need for support and care of older people and their relatives in terms of a good life, i.e. **the area of quality of life**. Older people have a variety of life experiences, knowledge and skills that can have considerable social potential. Demographic changes are altering the age structure of the population and we are seeing the population ageing, leading to an increase in the number of older people. Older people in particular require a more specific approach and support. In the context of our topic, the theme of multidisciplinary cooperation must be emphasised, where, with regard to the target group of older people, it is precisely the medical care and the need to provide social services that need to work more intensively together for this target group. The physician, whether general practitioner or specialist, must know the family climate of the ageing person and should be able to offer general information on what support options are available for the person themselves, so that the essence of a happy old age is fulfilled in the context of a quality service or support for the caring family itself.

Within the framework of a responsible approach of state authorities - especially self-governing units (municipalities, municipalities, municipalities with extended competence), there are changes in attitudes in the perception of the needs of seniors living with dementia. If dementia is perceived as an international priority, this phenomenon must also be treated as such. Issues relating to the financial provision of the necessary care; quality of life; support for outreach and outpatient services, as well as the construction of a residential social service for the elderly; the sufficiency and availability of the above services; the quality of the social services offered ... are being opened up and addressed. Fear of stigmatisation and lack of information about support/assistance options is an obstacle.

According to Kisvetrová (2020), quality of life is an individual and very personal concept, in the context of each person's individuality, where each of us perceives the value that creates his or her quality of life in different ways. Sleezer et al. (2004) characterize quality of life as subjective, holistic, dynamic, multidimensional, value-oriented, which includes both subjective and objective factors related to the satisfaction of needs. However, quality of life is not only represented by individual standards of living, it is also linked to the environment in which people live with respect to their needs and requirements. Holmer (2014)

defines quality of life as a largely subjective concept that includes perceptions of one's own health and functional status, as well as social interactions and overall satisfaction with one's life.

The World Health Organization (World Health Organization, 2012) defines quality of life as the process of perceiving an individual and their position in life in the context of culture and value system in relation to the individual's goals, expectations, norms or concerns. Contemporary times have encouraged interest in the area of quality of life - QOL (Quality of Life). The World Health Organization has based the breakdown of the different domains of QOL on its definition of quality of life. WHO recognizes four basic domains that capture the dimensions of human life regardless of age, gender, ethnicity or disability:

- physical health and level of independence (energy and fatigue, pain, rest, mobility, daily living, dependence on medical assistance, ability to work, etc.),
- Mental health and spirituality (self-concept, negative and positive feelings, self-esteem, thinking, learning, memory, concentration, faith, spirituality, religion, etc.),
- Social relationships (personal relationships, social support, sexual activity, etc.),
- environment (financial resources, freedom, security, access to health and social care, home environment, opportunities for acquiring new knowledge and skills, physical environment (pollution, noise, traffic, climate, etc.) (Pipekova, 2006)

Such a definition of quality of life assumes the intellectual ability of a person to make complex decisions about him/herself (Kisvetrová, 2020).

The quality of life of seniors with reduced self-sufficiency, who need mainly long-term care provided in a residential social facility, should be given extensive attention, if only because there will be more and more seniors who will need this kind of support. At present, great emphasis is placed on maintaining the quality of the service and care provided. Social workers should be aware of the subjective experience of the quality of life of clients and be able to respond to their individual needs (Dvořáčková, 2012).

The comprehensive breakdown according to the WHO points to the concept of quality of life as a reflection of the development of society and can also point to the client and their perception. When the individual himself, should be the starting point for the provision of care.

According to Lužný (2013), the assessment of the quality of life of the elderly is strictly subjective. Quality of life is reflected in different areas of a senior's life. Self-sufficiency or the occurrence of diseases or health complications have a great influence on the perception and evaluation. The senior faces various changes, whether physical, social or emotional, associated with his or her illness (Huber et al., 2011). Given the fact that this is a topic that has received long-term attention, new findings are therefore emerging. These include the association with lower quality of life in the elderly, dementia and depression, where it has been shown that dementia per se may not reduce quality of life, but depression, which may be closely associated with dementia, is a factor that reduces quality (Banerjee et al., 2009).

Quality of life in the context of social work tends to focus on the nature of the daily skills and activities of an older person living with dementia, which serves as a measure of independence. Ageing has an unquestionable impact not only on the person but also on the life of the family and carers. It is evident that daily activities and time management change or adapt to life circumstances. Sometimes everything cannot be done as before, but the right to meaningful daily activities remains. However, reflection on previous lifestyles is essential, as are the personal choices, values, cultural practices, education or career path of the elderly person.

Quality of life is a personal issue. Its assessment can be conceived as a subjective view of the elderly person's own life stages. The areas below give us a little more insight into the concept of quality of life. However, whether someone considers their life to be of high or low quality is a matter of judgement for the person themselves. Several different methods, questionnaires, have been developed that focus on quality of life. The assessment of quality of life has its importance, both for the individual and for the perception of the importance of the help and care provided. However, we need to be aware of the psychological and physical state of the individual, from which the subjective experience of life is derived, and it is important to be aware of how the person views his or her life. In general, we can talk about what influences the quality of life today:

- Self-determination - this is the realm in which someone experiences personal influence and can be concerned with controlling what happens in their life. No one has control over their entire life, our dependence on our environment is too great for that. But if we experience our freedom of choice only in questions like "What am I going to eat?" then it doesn't enrich our lives very much.
- Personal development and the attribution of meaning - the creation of identity, self-esteem and self-worth. Acquiring knowledge and skills in areas that the individual considers important, but also competence or responsibility in situations where difficulties arise.
- Physical well-being - in this area we mainly refer to human health, nutrition, exercise, but we must not forget the possibility of relaxation or the possibility of relaxation.
- Emotional satisfaction - when we think of emotional satisfaction as a co-determinant of quality of life, we mean security and challenge. Too much challenge can lead to stress, but too little challenge results in bored clients. It is important to note the clarification of terms when emotional satisfaction may be confused with good quality of life. Emotional well-being only affects quality of life.
- Relationships with other people - these are mainly relationships with family, friends, other clients or service providers. The actual frequency and variety of contacts is important, in addition to the importance of these contacts: belonging, warmth, love, friendship...
- Living climate - what the housing and living environment we live in offers, whether it is safe or not. Can we have privacy or are we surrounded by noise also depends on the condition of the apartment we live in and its surroundings, where it is located or what location it is in.

- Tangible satisfaction - it is the assets and financial security that should form the basis.
- Social position - the place one occupies in society is important, as are the chances one has to participate and contribute to the creation of values or other social elements in that society.

The main task of the workers is therefore to record the daily skills and activities in the process of providing social and health care/support. With regard to the assessment process itself, there are a number of options/tools that have already been developed and validated.

It is the context of quality of life and social work that can be a great stimulus, as measures and changes are being made that bring greater emphasis on quality of life in the lives of older people and promote the importance of social relationships for quality of life. Furthermore, the idea of self-determination of seniors and creating space for their own opinion or decision, in the context of respect or awareness of this opinion/thought by the environment in which the senior lives.

With regard to the topic of quality of life of the elderly, many other questions or areas arise. One such theme is the **autonomy of the elderly**.

The principle of autonomy, or selfhood, is one of the fundamental ethical principles in social work, which is closely related to the life of every elderly person. This ethical principle points out that each person should have the right to determine his or her own behaviour and actions according to his or her own ethical principles. Everyone should respect the autonomy of the elderly person and allow them to make choices according to their personal values and beliefs. Particularly in social work, the topic of autonomy is strongly emphasized. (Kutnohorská, 2005) The area of autonomy in old age is taken into account with regard to the various limitations that are individual for each elderly person. Unhappy feelings can be triggered by a person's own experiences with old age. Although old age has negative aspects, the attitude towards it is not necessarily negative. Attitudes towards one's own old age are largely determined by the attitude that society takes towards the elderly. Sometimes there is a feeling of exclusion from society and an inability to assert oneself.

Pichaud and Thareau (1998) state that for a person to be truly autonomous, three conditions must be met:

1. to have the capacity for self-determination, i.e. "the ability to choose, decide freely and act in accordance with one's needs",
2. to want to exercise this ability, to be motivated to make independent decisions about oneself (perhaps some senior clients are already resigned to this and heteronomy is a relief for them) - and finally:
3. to be able to exercise autonomy - i.e. to have the environmental conditions for this, from the side of others.

The notion of autonomy is seen as an approach to freedom, which is important in making decisions about how to live or behave. There are periods in everyone's life that are related to the development of personality. Thus, when decision-making abilities are impaired, one is dependent on the help of others. This condition is therefore linked specifically to dementia, when cognitive functions, thinking, memory, orientation in space and time, and the loss of the ability to plan and organize one's life are impaired.

It is the responsibility of the social service provider to create the conditions for the fulfilment of the basic needs and dignity of the person (Lukasová, Hradilová et al., 2014). A particular role of social work is to support advocacy, where the concepts of empowerment, resource orientation and social networks are as important as multiprofessional collaboration with other social and health professions when working with older people in need of care.

Sýkorová (2007) discusses voluntary and involuntary loss of autonomy. We speak of voluntary loss when an individual realistically considers his or her options and abilities and gives up some part of autonomy. Practical experience shows that people are best able to cope with autonomous limitations in the area of self-care or minor mobility limitations. In my environment, I very often meet older people who sometimes choose voluntary loss even when they are still self-sufficient. The other side is the involuntary loss of autonomy. This occurs when the elderly person's mental as well as physical schema is severely disrupted - this is dementia.

Autonomy can manifest itself in different areas in the lives of seniors. For example, in the psychological sphere, where the aforementioned social contacts play a major role. Social contacts in the context of social isolation should be seen as a risk factor. Especially in old age, the likelihood of losing a life partner, relatives or friends increases. Issues/thoughts in the context of childlessness or living alone without a family or partner deepen. Social ties and contacts decrease and the senior becomes more introverted. The ability to realistically view the aging individual's view of self and the associated ability to make decisions. In addition to the psychological domain, autonomy in the health domain is important. Here the opinion of expert physicians is of value, who should know as much information as possible about the patient's condition. It is necessary to take into account the patient's mobility and motor skills. These abilities are linked to autonomy of health, where the ability to decide, for example, to go to a visit is linked to the need for the client to dress and use his own strength to meet social contact. This can be linked to autonomy in the area of self-sufficiency and self-care - people who, even at an advanced age, can use their skills to perform personal hygiene, sit down to a meal together, where they can dine and eat without assistance, have an advantage. It is therefore essential to recognise the maximum integration and cooperation of activities that are fundamentally dependent on autonomy. Whether or not there is a disruption, there is always a difficult step ahead - for some it may be difficult in that they cannot dress themselves, for others it may be the fear of fitting into the tribal community that weighs on them. We are each unique and therefore our inner feelings, whether of fear or success, are different.

Social work with the elderly is therefore firmly opposed to the one-sided deficit image of old age and age discrimination in all its manifestations. Older people's access to social resources, their participation in social life and their freedom of choice should be guaranteed for as long and comprehensively as possible. The primary aim of social work with older people is to **prevent exclusion** from socially functional systems and to promote inclusion. In particular, older people with physical, cognitive and/or financial limitations and their relatives are at increased risk of experiencing social problems or crises in the transition to life. These usually have multifactorial causes. Their treatment is therefore necessary at both individual and structural levels. Social exclusion is discussed by Daněk, Klugerová (2023). Social exclusion is a major issue that modern society is attempting to address. It has negative impacts not only on a local level but also on a national, European, and even global scale. In today's

interconnected society, it is important to recognize that social exclusion issues in other countries or on other continents will have an impact on us. Therefore, it is crucial to strive for the elimination, prevention, and combat of social exclusion through all possible means. Cooperative learning, which replaces traditional competitiveness, plays a crucial role in strengthening social bonds among students and developing their collaborative skills (Bačová, 2024).

Specialist social counselling is one of the key tools of social work, providing support to individuals and entire social groups in difficult life situations. This form of counselling aims to help people overcome obstacles and problems that may threaten their stability, autonomy or social inclusion. It aims not only to solve current problems, but also to strengthen individuals' abilities and skills to best face future challenges (Novosád, 2019).

Specialist social counselling focuses on different target groups that may face specific needs and risks. These groups include the elderly, people with disabilities, victims of crime and domestic violence, but also people whose way of life may lead to conflict with society, such as those at risk of social exclusion or addiction. Counselling is provided in different types of facilities, such as civil counselling centres that offer general support, marriage and family counselling centres focusing on relationship issues, counselling centres for the elderly specialising in the needs of the older population, or special inpatient hospice-type facilities that provide support and care in the terminal stages of illness (Mojžišová, 2019).

The main mission of professional social counselling is to respond to the specific needs of individuals and social groups and to support their integration into society. This objective includes material support as well as emotional and psychological assistance aimed at restoring or strengthening their ability to cope with everyday life situations. An individual approach that takes into account each person's uniqueness, history, abilities and current needs plays a key role. This approach enables the provision of tailored assistance that seeks not only to address immediate problems, but also to strengthen individuals' self-sufficiency and ability to achieve long-term stability.

The specialist social counselling service covers a wide range of activities to support individuals in different areas of their lives. One of the main activities is the provision of advice to address specific problems such as securing housing, getting a job, accessing welfare benefits or legal aid. In addition, counselling helps individuals to re-establish or re-establish contact with their social environment, which is essential to prevent social isolation. This aspect includes facilitating contact with family, friends or the community, which can contribute significantly to the psychological well-being and overall stability of clients (Novosád, 2019).

Another important element of professional social counselling is therapeutic activities that focus on addressing emotional and psychological problems such as stress, anxiety, depression or post-traumatic conditions. These activities may include individual or group therapy to help clients cope with their situation and acquire new coping strategies. Counselling also includes assistance in asserting rights and legitimate interests, which includes, for example, assistance in dealing with official matters, support in dealing with institutions or representing clients in situations where their rights are at risk.

Specialist social counselling also seeks to create conditions that minimise the risk of social exclusion. This includes not only direct assistance to clients, but also working to improve structural conditions in their community or society as a whole. Thus, counselling promotes individuals' active participation in social life, which contributes to their sense of belonging and worth (Mojžišová, 2019).

Overall, professional social counselling can be seen as a dynamic process that combines elements of support, intervention and prevention. Its success depends on the ability of social workers to understand the specific needs of their clients, to use the available resources and to create the conditions for their long-term integration into society. This form of support is not only an important tool for solving current problems, but also an investment in the future stability and quality of life of individuals and society as a whole.

Specialist social counselling for the elderly is an important and specific area of social work that responds to the unique needs and challenges associated with the demographic ageing of the population. As the proportion of the older generation in society grows, the importance of services that help seniors to manage life transitions, overcome difficult situations and minimise the risk of social exclusion increases. This form of counselling aims to provide seniors not only with material and practical support, but also with the psychological and emotional stability that is crucial to their overall quality of life.

The basis of professional social counselling for the elderly is professional social work, which should be firmly anchored in interdisciplinary teams. These teams bring together professionals from different fields such as health, psychology, law and sociology to respond together to the complex needs of the older population. Here, social workers act as a counselling and support component to help seniors overcome the challenges associated with changes in their living situation, whether it is retirement, changes in health, loss of loved ones or transition to a different type of housing.

The key tasks of specialist social counselling for the elderly include a wide range of activities. These include providing information and support in areas such as livelihoods, access to social benefits and programmes specific to the older population. Legal representation for older people also plays an important role, which may include assistance in dealing with official matters, protection of their rights or support in resolving disputes that may affect their property, housing or access to health care. Planning for life transitions is also an integral part of this, which involves preparing for the changes associated with older age, such as adapting housing to new needs or planning for long-term care.

An important component of this service is field social work, which focuses on seniors who find themselves in precarious situations, for example in the area of housing or care. Social workers work directly in the clients' environment, which allows them to better understand their specific needs and situation. This form of work involves not only the provision of psychosocial support, but also crisis intervention in cases where seniors are exposed to acute stress, threat or loss of life stability. Particular attention is paid to working with family members, who often play a key role in the care of the elderly, but may themselves be struggling with overload and exhaustion.

Another important area is the protection of the elderly from violence and discrimination. Seniors are often at risk of various forms of abuse, whether physical, psychological, financial or social. Social workers therefore actively seek to prevent these phenomena through education, support for victims and cooperation with the relevant institutions. At the same time, they

support the development of community programmes that aim to create an environment where seniors are respected and protected.

In the context of community work, professional social counselling is closely linked to projects focused on alternative forms of senior housing and the development of social services. These projects support the integration of seniors into local communities and create conditions that minimise isolation and strengthen their sense of belonging. Examples include community centres, which offer various activities focused on education, culture, sport or volunteering, thus contributing to active and meaningful ageing.

An essential principle of professional social counselling for the elderly is the participatory approach. This approach emphasises cooperation with the seniors themselves and their environment in finding solutions to their problems. Solutions are developed on the basis of an individual analysis of the situation and resources, which allows services to be tailored to the specific needs and preferences of seniors. The aim is to promote their self-esteem, independence and self-determination, which are key to their psychological well-being and quality of life.

Particular attention deserves to be paid to the care of people with dementia, which brings specific challenges not only for the elderly themselves, but also for their families and the environment. Social work in this area focuses on mitigating the impact of the disease through support services such as specialised therapy sessions, counselling for family members or ensuring access to appropriate forms of care.

Specialist social counselling for the elderly is an indispensable tool for ensuring dignified and meaningful ageing. Its importance will continue to grow with the continuing demographic ageing of society, placing increased demands on innovation, interdisciplinary collaboration and the development of services that respond to the specific needs of the older population.

KEY CHALLENGES OF SOCIAL WORK WITH OLDER PEOPLE

Social work with older people is an interdisciplinary field that faces complex challenges arising from demographic, economic and social changes. Given the growing proportion of the older population in Europe and worldwide, it is essential to respond to the needs of older people in a way that emphasises their dignity, autonomy and quality of life. This issue affects not only older people themselves, but also their families, professional carers and society in general. Gerontology, as a scientific discipline, plays a crucial role in this regard, contributing to a deeper understanding of the biological, psychological and social aspects of ageing that shape social work approaches in this area.

One of the key contributions of gerontology has been the introduction of the Concept of Active Ageing (Hasmanová Marhánková, 2014), which redefines old age as a period of personal development, social participation and contribution to the community. This approach, in contrast to earlier notions of passive old age, emphasises the preservation of the autonomy of older people and the promotion of their participation in social and cultural life. Social work therefore plays a key role in promoting active ageing through individual care planning, the organisation of educational and community programmes and the provision of support for families caring for older people.

The concept of quality of life for seniors encompasses a wide range of factors, from physical and mental health to social connections and economic circumstances. Research shows that seniors engaged in cultural, educational and physical activities have higher levels of satisfaction, self-sufficiency and health. Community-based approaches to social work, which include day centres, community centres or outreach services, enable seniors to remain in their natural environment, minimise isolation and foster a sense of belonging. These services are funded by public and European funds in many countries, making them more widely available, and their further development should remain a priority for social care policies.

Intergenerational solidarity is another key topic in social work with the elderly. Programmes aimed at bridging generations, such as intergenerational projects or volunteering initiatives, contribute to breaking down stereotypes about old age and create a space for mutual understanding. In these programmes, seniors get the opportunity to pass on their experience and wisdom, while the younger generation benefits both personally and professionally. Strengthening intergenerational links should be an integrated part of social work approaches (Stárek, 2024).

Despite these advances, social work faces many challenges. An ageing population is increasing the demand for social services, while skills shortages and financial constraints threaten the system's ability to respond to these needs. Ageism, i.e. age discrimination, further complicates access to services for older people and negatively affects their position in society. Social work must therefore focus on overcoming these barriers, promoting equal access to services and building an inclusive society. Social work has specific potential in the area of care for relatives, who often bear the main responsibility for the care of the elderly. This group, mainly made up of women, often faces physical and mental exhaustion. Through counselling and support programmes, social work can alleviate their burdens while extending their support network to include friends, neighbours and other community members who can play a role in caring for the elderly. In this way, a sustainable model of care can be created that relieves the burden on professional caregivers while strengthening mutual aid in the community.

The future of social work with the elderly is inherently linked to interdisciplinary cooperation, the use of modern technologies and the development of alternative forms of care and housing. Telemedicine, assistive technologies and smart homes represent an opportunity to improve the quality of life of the elderly and at the same time increase the efficiency of the services provided. Social work can integrate these technologies into its approaches while ensuring that they are implemented ethically and with consideration for the individual needs of seniors. The emphasis on prevention, education and community support remains a key pillar of future strategies to enable seniors to live their old age actively, with dignity and respect for their autonomy and individual values.

CONCLUSION

The demographic changes brought about by the growing proportion of the elderly population represent one of the most important societal challenges of our time. As the proportion of older people in the total population increases, there is increasing pressure on health and social systems to respond to the new and increasingly complex needs of this group. However, this trend should not only be seen as a problem or burden for society, but also as an opportunity for its development and transformation. History shows that the position of older people has always been shaped by the cultural, economic and social conditions of their time. While in some periods older people have been valued as bearers of wisdom and experience, in others they have been marginalised and seen as a dependent group. Today's era, characterised by technological innovation, globalisation and an increasing emphasis on human rights, offers an opportunity to redefine the role of the elderly in society. Ageing should be seen as a natural process and an opportunity to create an inclusive society that respects the dignity, autonomy and individual needs of older people. Such an approach requires a comprehensive strategy aimed at maintaining the quality of life of the elderly, which involves multidisciplinary cooperation between professionals from the fields of social work, health, psychology, urban planning and other disciplines. An important aspect is the involvement of older people in decision-making processes so that they can actively influence services and policies that directly affect them. This participatory approach not only strengthens their autonomy but also contributes to a better understanding of their needs and preferences.

Maintaining the quality of life of older people also includes the development of community services that enable older people to remain in their natural environment for as long as possible. Community services such as day centres, assisted living and intergenerational centres play a key role in preventing social isolation and improving the overall mental and physical well-being of older people. To achieve these goals, it is essential to create sound socio-political structures and sustainable legal frameworks that ensure equal access to quality care regardless of economic status, place of residence or other constraints. One of the main challenges for contemporary society is to combat age discrimination (ageism), which negatively affects the position of older people. Ageism often manifests itself as a stereotypical and simplistic perception of older people as unproductive, dependent or less valuable members of society. This discrimination not only weakens the position of older people but also hinders their full participation in community and social life. Social campaigns, educational programmes and legislative measures aimed at eliminating ageism are key to creating a fairer society. Promoting active ageing is another key priority that can make an important contribution to addressing demographic challenges. Active ageing emphasises the importance of lifelong learning, participation in social activities and physical activity, which not only improves the health and self-sufficiency of older people but also enhances their sense of fulfilment and usefulness. Investment in disease prevention, promotion of healthy lifestyles and the development of technologies such as telemedicine and assistive technologies can significantly facilitate the daily lives of older people and improve their access to services. Promoting intergenerational solidarity, which creates a space for mutual understanding, respect and cooperation between generations, is also key to successfully tackling demographic challenges. Intergenerational programmes that bring together younger and older generations through joint activities can make an important contribution to breaking down stereotypes, improving social ties and building a more cohesive society.

Overall, the demographic ageing of the population is not only a challenge but also an opportunity to rethink and strengthen societal values that emphasise respect, inclusion and support for individual needs. Through strategic planning, investment in innovation and the promotion of participatory approaches, society can create an environment in which seniors can experience old age with dignity, activity and meaning. This vision requires commitment at all levels of society, from individuals to politicians and institutions, but its realisation is essential to ensure a sustainable and equitable future.

Social work with the elderly is an essential tool to support their dignified, active and meaningful ageing. Demographic changes, which bring an increase in the proportion of the elderly population, not only create an increased demand for specialised social services, but also the need to adapt existing approaches and methods. Social work focuses on the elderly and their families and responds to their changing needs, which include not only the practical aspects of life but also emotional, psychological and social dimensions. Ensuring their full participation in society is therefore a key challenge that requires innovative approaches, interdisciplinary cooperation and systemic change.

One of the most significant challenges of social work with the elderly is the need to raise the profile of the profession's potential, which often remains undervalued. Despite its crucial role in supporting older people and their relatives, social work still faces low levels of recognition compared to other professions. Working groups and professional organisations such as the Austrian Association for Social Work (OBDS) therefore stress the need to recognise social work as a health profession and to develop clear professional standards that will promote its legitimacy and professional profile. These steps could help not only to improve the status of social workers but also to attract new professionals to this increasingly sought-after field.

A key challenge in this area is to promote the participation of seniors and prevent their social exclusion. Social work should actively counter the stigmatisation and stereotyping of older people, which often presents them as

passive or dependent individuals. Instead, it should strengthen their rights, interests and autonomy, including in situations where they face health or social constraints. Participatory approaches that involve older people in decision-making processes and tailor services to their individual needs can contribute significantly to their sense of self-realisation and worth. In addition, it is important to ensure the availability of quality services that respect the uniqueness of each elderly person, while providing support to their relatives, who often bear a significant part of the burden of care.

In the future, innovative approaches are expected to develop, including alternative forms of senior housing, the use of telemedicine and the expansion of community services. Alternative housing, such as senior villages or intergenerational housing, offers the possibility of combining social support with an active lifestyle, which reduces the risk of isolation and promotes social integration. Telemedicine and other assistive technologies enable seniors to remain in their natural environment for as long as possible and improve access to healthcare and other services. These technologies can be a key tool to facilitate the work of social workers while increasing the efficiency of the services provided.

An essential part of this transformation is increased networking between practitioners, research institutions and educational organisations. Sharing knowledge and experience not only promotes innovation but also improves the quality of services provided. Multidisciplinary cooperation allows for better responses to the complex needs of the elderly and brings new perspectives to the challenges faced by this population. At the same time, sustainable policy and legal frameworks need to be established to embed social work as an integral part of the elderly care system. Such frameworks will ensure that social work is not only empowered but also has the necessary resources to achieve its goals.

The challenges facing social work with the elderly go beyond the individual level and include structural changes that will affect the future shape of the profession. Investment in social work education, professional development and the promotion of new technologies are key to ensuring quality and sustainable care. At the same time, it is important to promote intergenerational dialogue, which strengthens solidarity between generations and contributes to a more cohesive society.

Social work with the elderly is not only a response to the current demographic challenges, but also a strategic tool for building an inclusive and sustainable future. Its importance will continue to grow in the coming years and it is therefore essential that it is fully recognised as a key element of a support and care system that reflects the changing needs of older people and society as a whole. Social work has a high professional potential to promote the participation and inclusion of older people in society and to make a significant contribution to improving the quality of care for older people through collaboration with other professional groups.

REFERENCES

- AlZubi, A. A. (2023). Application of Machine Learning in Drone Technology for Tracking Cattle Movement. *Indian Journal of Animal Research*, 57(12), 1717–1724 <https://doi.org/0.18805/IJAR.BF-1697>
- Bačová, V. (2024). Developing a safe learning environment in primary-level innovative schools in the Czech Republic. *Education 3-13 International Journal of Primary, Elementary and Early Years Education*, 1–11. <https://doi.org/10.1080/03004279.2024.2410482>
- Banerjee, S., Samsi, K., Petrie, C. D. et al. (2009). What do we know about quality of life in dementia? A review of the emerging evidence on predictive and explanatory value of disease specific measures of health related quality of life in people with dementia. *International Journal of Geriatric Psychiatry*, 24(1), 15–24. ISSN 0885-6230.
- Carswell, A. T. (Ed.) (2012). *The encyclopedia of housing*. (Vols. 1-2). SAGE Publications, Inc., <https://doi.org/10.4135/9781452218380>
- Čevela, R. et al. (2014). *Sociální gerontologie: východiska ke zdravotní politice a podpoře zdraví ve stáří/ Social gerontology: starting points for health policy and health promotion in old age*. Praha: Grada Publishing a.s..
- Daněk, A., & Klugerová, J. (2023). Inclusive education as an instrument for preventing social exclusion. *AD ALTA: Journal of Interdisciplinary Research*, 13(02), 142-144. [www.doi.org/10.33543/1302](https://doi.org/10.33543/1302)
- Dořičáková, Š. (2020). *Sociální práce se seniory/ Social work with the elderly*. Ostrava: Ostravská univerzita.
- Dvořáčková, D. (2012). *Kvalita života seniorů: v domovech pro seniory/ Quality of life for the elderly: in homes for the elderly*. Praha: Grada Publishing, a.s..
- Eurostat. (2017). *Statistika migrace a migrující populace/ Statistics of migration and migrating population*. Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=259729&title=Migration_and_migrant_population_statistics%2Fcs
- Eurostat. (2023). *Demography of Europe – 2023 edition*. Available from: <https://ec.europa.eu/eurostat/web/interactive-publications/demography-2023>
- Evropská komise. (2024). *Dopad demografických změn v Evropě/ The impact of demographic changes in Europe*. Available from: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe_cs

- Falk Erhag, H., Lagerlöf Nilsson, U., Rydberg Sterner, T., & Skoog, I. (eds) (2022). *A Multidisciplinary Approach to Capability in Age and Ageing*. International Perspectives on Aging, 31. Springer, Cham. https://doi.org/10.1007/978-3-030-78063-0_12
- Hasmanová Marhánková, J. (2014). Aktivní stárnutí jako idea, nástroj a kapitál. Kde hledat kořeny úspěchu konceptu aktivního stárnutí? *Sociální Studia*, 3, 13-29. ISSN 1214-813X.
- Holmerová, I. (2014). *Dlouhodobá péče: geriatrické aspekty a kvalita péče/ Long-term care: geriatric aspects and quality of care*. Praha: Grada Publishing, a.s..
- Hubert, M., Knottnerus, J. A., Green, L. et al. (2011). How should we define health? *BMJ: British medical journal/British Medical Association*, 343(d4163), 1-3. ISSN 0959-8138.
- Kisvetova, H. (2020). *Demence a kvalita života/ Dementia and quality of life*. Olomouc: Univerzita Palackého v Olomouci.
- Kodymová, P. (2018). Propojení americké a československé sociální práce na území Čech v letech 1918–1936 prostřednictvím aktivit Alice Masarykové. *Sociální práce / Sociálna práca Czech and Slovak Social Work*, 5(18), 19-34. <https://socialniprace.cz/wp-content/uploads/2020/11/2018-5.pdf>
- Kusuma, K. B. M., Arora, M., AlZubi, A. A., Verma, A., & Andrzej, S. (2022). Application of Blockchain and Internet of Things (IoT) in the Food and Beverage Industry. *Pacific Business review (International)*, 15(10), 50–59.
- Kutnohorská, J. (2005). *Etika v ošetrovatelství/ Ethics in nursing*. Praha: Grada Publishing, a.s..
- Lehr, U. (2011). Zum Geleit: Langlebigkeit – Herausforderung und Chance in einer Gesellschaft des langen Lebens. In H. G. Petzold, E. Horn, & L. Müller (Eds.), *Hochaltrigkeit*. Wiesbaden: VS Verlag für Sozialwissenschaften, 13-20.
- Lukasová, M., Hradilová, A. a kol. (2014). *Ochrana práv seniorů v instituci s důrazem na osoby s demencí/ Protection of the rights of the elderly in an institution with an emphasis on people with dementia*. Brno: Kancelář veřejného ochránce práv.
- Lužný, J. (2013). Kvalita života u pacientů s demencí. *Česká a slovenská neurologie a neurochirurgie*, 76/109(1), 90–95. ISSN 1210-7859.
- Mojžíšová, A. (2019). *Sociální práce s osobami se zdravotním postižením/ Social work with persons with disabilities*. České Budějovice: ZSF JU v Českých Budějovicích.
- Na, I. S., Lee, S., Alamri, A. M., & AlQahtani, S. A. (2024). Remote Sensing and AI-based Monitoring of Legume Crop Health and Growth. *Legume Research*. <https://doi.org/10.18805/LRF-795>
- Novosád, L. (2019). Sociální pracovník a sociální poradenství s přihlédnutím k potřebám osob se zdravotním postižením. In MPSV ČR (Ed.), *Sociální práce a sociální poradenství* (p. 10–25). Ministerstvo práce a sociálních věcí. Available from: <https://www.mpsv.cz/documents/20142/1864403/Se%C5%A1it%2BSP%2B7.pdf/c8d16ad7-4658-f6bf-2823-2fc36717d902>
- OECD. (2022). *Health at a Glance: Europe 2022*. Available from: https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2022_cb852a4f-en
- Otto, U. (2001). *Altenarbeit - Handbuch Sozialarbeit/Sozialpädagogik*. Neuwied: Luchterhand.
- Payne, M. (2020). *Modern social work theory*. Bloomsbury Publishing.
- Pichaud, C., & Thareau, I. (1998). *Soužití se staršími lidmi: praktické informace pro ty, kdo doma pečují o staré lidi, i pro sociální a zdravotnické pracovníky/ Living with older people: practical information for those who care for the elderly at home, as well as for social and health workers*. Praha: Portál.
- Pipeková, J. ed. (2006). *Kapitoly ze speciální pedagogiky/ Chapters from special pedagogy*. Brno: Paido.
- Sleezer, C. M., Conti, G. J., & Nolan, R. E. (2004). Comparing CPE and HRD Programs: Definitions, Theoretical Foundations, Outcomes, and Measures of Quality. *Advances in Developing Human Resources*, 6(1), 20-34. ISSN 1552-3055.
- Stárek, L., & Zpěvák, A. (2024). SYSTEM OF SOCIAL SERVICES IN THE CONTEXT OF POSSIBLE CHANGES DUE TO THE INFLUENCE OF ENTREPRENEURSHIP ACTIVITIES. *Fonseca, Journal of Communication*, 28(1), 410–420. <https://doi.org/10.48047/fjc.28.01.27>
- Stárek, L. (2024). Social work and its methods not only in the context of direct work with seniors living with dementia. *European Journal of Social Work*, 1–12. <https://doi.org/10.1080/13691457.2024.2426699>
- Statista. (2023). *Share of elderly population in Europe by country*. Available from: <https://www.statista.com/statistics/1105835/share-of-elderly-population-in-europe-by-country/>.
- Stosberg, M. (2003). Das Bemühen um Langlebigkeit: Wieviel Lebensjahre trägt eine Gesellschaft. *Zeitschrift für Gerontologie und Geriatrie*, 36(2), 89.
- Sýkorová, D. (2007). *Autonomie ve stáří. Kapitoly z gerontosociologie*. Praha: Sociologické nakladatelství (SLON).
- Špatenková, N., & Smékalová, L. (2015). *Edukace seniorů: Geragogika a gerontodidaktika/Education of seniors: geragogy and gerontodidactics*. Praha: Grada Publishing a.s..

Tully-Wilson, C., Bojack, R., Millear, P. M., Stallman, H. M., Allen, A., & Mason, J. (2021). Self-perceptions of aging: A systematic review of longitudinal studies. *Psychol Aging*, 36(7), 773-789. doi: 10.1037/pag0000638

van Dyk, S. (2015). *Soziologie des Alters*. Bielefeld: transcript Verlag.

World Health Organization. (2012). WHOQOL: Measuring quality of life (WHO/HIS/HSI/Rev.2012.03). World Health Organization. Retrieved from <https://www.who.int/publications/i/item/WHO-HIS-HSI-Rev.2012.03>