

BEING ME INCLUSIVE AGED CARE

COUNTRY REPORT: SLOVENIA



University of Ljubljana



Foreword

The **BEING ME** project aims to support the social inclusion of Lesbian, Gay, Bisexual and Transgender (LGBT) older people who use care and wellbeing services. As the population of Europe is ageing, more and more older people are in need of care and support. This will include older LGBT people, who often need more professional care and support as many may not have children or the traditional support networks of the general population. Research has demonstrated that older LGBT people experience social exclusion while interacting with care providers and that their life stories and relationships are overlooked and undervalued. In some cases, they experience direct discrimination within health and social care environments.

This project aims to promote and support the social inclusion of older LGBT people in receipt of care through positive interaction with educational institutions that prepare future professionals to work with older people. By exchanging good practices, including good practice in teaching and learning and by developing tailored educational resources and pedagogies, we aim to improve the knowledge and competencies of future care professionals in the area of LGBT affirmative practices. By enhancing skills, knowledge and competencies, practitioners will be in a position to develop a culture of support, openness and respect for LGBT identities, which is essential to older LGBT people's inclusiveness in care environments.

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About this report

The first stage of the BEING ME project was to compile information about issues that affect older LGBT people and health and social care provisions for them in each of the partner countries involved in the project. This report presents the findings of that review and includes information about good practices in working with older LGBT where applicable. An overview of the methodology that was used to compile this report is available at beingme.eu.

This report was compiled by:

Mojca Urek

Anže Jurček

Faculty of Social Work, University of Ljubljana

<https://www.fsd.uni-lj.si/en/>

Contact: Mojca.Urek@fsd.uni-lj.si

University of Ljubljana
Faculty of social work



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BEING ME COUNTRY REPORT: SLOVENIA

Introduction and Background¹

Location	South Central Europe.
International affiliations	A member of the European Union since 2004
Political	Slovenia is Parliamentary democracy and constitutional republic. Power is shared between a directly elected president (head of state), a prime minister (head of government), and a parliament composed of the National Assembly and the National Council.
Population	2,066,880
Surface	20,273 km ²
Capital	Ljubljana (279,653 residents).
Border countries	Austria, Croatia, Hungary, Italy
Languages	Slovenian (official) 91.1%, Serbo-Croatian 4.5%, other or unspecified 4.4%, Italian (official, only in municipalities where Italian national communities reside), Hungarian (official, only in municipalities where Hungarian national communities reside).
Ethnic groups:	Slovene 83.1%, Serbs 2%, Croats 1.8%, Bosnians 1.1%, other or unspecified 12% (Macedonians, Montenegrins, Albanians etc). The status and special rights of Roma communities living in Slovenia are determined by statute.
Religions	Roman Catholic 57.8%, Muslim 2.4%, Orthodox 2.3%, other Christian 0.9%, unaffiliated 3.5%, other or unspecified 23%, none 10.1%. Among the oldest is the Evangelical Church, most widely spread in the north eastern part of Slovenia.
Urban population	Slovenia is approximately 50% urban and 50% rural. Over a third of the population lives in towns and cities of more than ten thousand inhabitants.
Way of life	A great majority of the Slovenians live in their own flats or houses and the share of homeowners is among the highest in Europe. Households are not large. Recently, the share of those living as couples or alone has increased considerably. Slovenia was in last place among EU countries in 2009 with 3.2 marriages per 1000 population. In 2016, 58.6% of all births were outside of marriage. The divorce rate per 1000 population is 1.1. Only in Italy and Ireland, is the divorce rate lower than in Slovenia.
Policy on women	In Slovenia, women make up almost half of the work force and usually work

¹ Information was taken from the following sources:

- National Institute of Public Health (2017) Svetovni dan preprečevanja samomora: "Vzemi si trenutek, reši življenje". Retrieved from : <http://www.nijz.si/sl/10-september-2017-svetovni-dan-preprecevanja-samomora-vzemi-si-trenutek-resi-zivljenje> on 1st May 2018.
- Republic of Slovenia, Government of the Republic of Slovenia. Retrieved from: http://www.vlada.si/en/about_slovenia/ on 1st May 2018.
- Republic of Slovenia, Government Communication Office: Slovenia.si. Retrieved from: <http://www.slovenia.si/> on 1st May 2018.
- Republic of Slovenia Statistical Office. Retrieved from: <http://www.stat.si/StatWeb/en> on 1st May 2018.

	full-time like men. Despite the fact that women are on average better qualified than men, it is more difficult for them to find work, they are in more junior positions, often have lower career prospects than men, and are not paid as much with regard to their qualifications.
Older people	Similar to other developed countries, Slovenia's population is ageing. Just over 19% of the population are aged 65 or older. Almost all Slovenian inhabitants older than 64 are retired, with no significant difference between genders. Institutional care for older people is the most developed and widespread form of care for older people in Slovenia. The majority of homes operate within the public sector (80%), and about 20% within private sector (more expensive option). Community care options are less developed, but their use is on the increase (such as social home care, day centres etc). Municipalities differ immensely in the availability of care for older people (Hlebec <i>et al.</i> , 2018).
Suicide rates	Suicide rates in Slovenia are among the highest in Europe although over the last 15 years with the introduction of suicide prevention initiatives, there has been a significant decrease in recent years. Nevertheless, suicide remains a Slovene social and public health problem. The eastern part of Slovenia is still considered a more endangered area as far as suicide rates are concerned. Older people are considered a more endangered group, as <i>suicide risk increases with old age</i> , and the risk factors for suicide accumulate (physical strength declines, increases in morbidity and multiple morbidities, social isolation and worsening socioeconomic circumstances). Significantly <i>more men than women</i> die by suicide - the ratio between men and women in 2016 was 3.8 : 1.

Background on LGBT rights in Slovenia

History of legislation and policies concerning rights of LGBT people

Recognition of same-sex relationships

Same-sex sexual activity has been legal since 1977 (Slovenia was part of the former Yugoslavia and became an independent state in 1991). Registered partnership for same-sex couples became legal from 2006, with limited inheritance, social I security and next-of-kin rights. After two referendums (2012, 2015) in which voters rejected same-sex marriage equality by large margins, the Assembly approved the Civil Partnership Act in 2016 (which became operational in February 2017), giving same-sex partners in Slovenia the same rights as married couples, except for access to joint adoption and in-vitro fertilisation. The act also introduced protection for non-formalised same-sex partnerships that are treated equally as extramarital unions of opposite sex couples. Although the Civil Partnership Act does not bring absolute equality, its passing and enforcement mean a step towards greater equality for same-sex couples (ILGA-Europe 2016, ILGA-Europe 2017).

Legal protections

Since 1998, discrimination on the basis of sexual orientation in workplaces is banned. The same goes for people seeking employment. Discrimination on the basis of sexual orientation is also banned in a variety of other areas, including education, housing and the provision of goods and services. In 2009, the Constitutional Court held that Article 14(1) of the Slovenian Constitution bans discrimination based on sexual orientation. In 2016, the government introduced a new anti-discrimination bill (replacing the previous 'Implementing the Principle of Equal Treatment Act' dating from 2004), which prohibits discrimination based on sexual orientation, gender identity and gender expression, among others. It also introduced a new independent equality advocate mechanism. The law's provisions are applicable to areas of life including employment and work, education, social security, social benefits, access to goods and services (ILGA-Europe 2017). In 2016, during the Montevideo Global LGBTI Human Rights Conference, Slovenia, together with 30 other states, joined the Equal Rights Coalition, a coalition committed to work towards equal rights and the eradication of discrimination and violence against LGBTI people (ILGA-Europe 2017).

Slovenia does not have a special law regulating legal recognition of gender. Legal recognition of gender on the basis of *self-identification* without medical diagnosis is not possible. The Register of Deaths, Births and Marriages Act enables transgender persons to have their gender legally recognised and entered in the register. Article 37 of the this act stipulates that *the basis for authority to issue a decision is a certified statement by a competent health care provider or medical doctor which clearly states that a person has changed his/her sex*. Evidence show that criteria for legal gender recognition are interpreted arbitrarily by state officials, in some cases, it appears, requiring the individual to undergo hormonal and surgical treatment or in other cases, just accepting a certified statement from a psychiatrist. (TransAkcija 2016).

LGBT movement

The lesbian and gay movement has been active in Ljubljana since 1984, when MAGNUS, the gay section at ŠKUC (Student Cultural and Art Centre, Ljubljana), was founded as the "Cultural Organisation for Socialisation of Homosexuality." A pro-lesbian feminist group, Lilit, formed in 1985, followed in 1987 by LL, a lesbian group within ŠKUC. In 1990 MAGNUS and LL founded the national lesbian and gay campaigning organisation, *Roza Klub*. A list of the existing LGBT organisations is in the appendices.

Homophobia, Biphobia and Transphobia

The law considers crimes against LGBT persons to be hate crimes and prohibits incitement to hatred based on sexual orientation. While the law prohibits discrimination based on sexual orientation, societal discrimination is widespread. In Slovenia, for example, it is rare to see a non-heterosexual couple who holds hands, kisses, or otherwise shows their affection in public.

According to a FRA survey from 2014, the number of violent incidents per 1,000 respondents in Slovenia is one of the lowest in Europe (138 in Slovenia, 525 in Lithuania or Romania) (FRA

2014, p. 59). Nevertheless, there have been numerous reports on instances of violent 'gay-bashing' all over Slovenia, such as an attack that occurred during a literary event at one of the famous gay bars in Ljubljana by younger males with torches when a gay activist, Mitja Blažič, was injured. A Slovene study from 2013 reporting homophobic violence showed that there is a variety of factors that converge to cause the under-reporting of homophobic incidents, such as limited understanding of hate crime and homophobic violence in criminal justice policy which leaves LGBT vulnerable to specific instances of homophobia that are often not validated as legitimate violence. In addition, the effect of sexual stigma evokes discomfort and insecurity around self-disclosure. The decision to report is also most often bound up with feelings of oppression and inferiority in relation to the structures of authority (Magić 2017).

In 2015, two LGBT rights NGOs conducted a survey on the needs of transgender persons in Slovenia. The results indicated that 48 percent of respondents experienced discrimination on a daily basis due to their sexual identity. With only one team of doctors performing gender reassignment surgery, transgender persons often choose to seek treatment at private clinics abroad due to lengthy waiting times at home. Some difficulties in accessing hormone therapies and scheduling second opinion medical appointments have been reported (TransAkcija 2015).

Individuals who identify as bisexual, and especially bisexual men are, according to FRA research results (2014), much less likely to be open about themselves than the other LGBT groups. In Slovenia, their visibility and awareness about their needs are very low arguably making them the most invisible LGBT group.

Some challenges:

In order to improve the legal and policy situation of LGBT people, ILGA-Europe recommends:

- Developing a fair, transparent legal framework for legal gender recognition, based on a process of self-determination, free from abusive requirements (such as sterilisation, GID/medical diagnosis, or surgical/medical intervention).
- Introducing laws designed to tackle hate crime that contain express mention of the crimes on the grounds of sexual orientation, gender identity, sex characteristics.
- Adopting legislation to allow same-sex couples to have access to joint adoption (ILGA-Europe 2017).

Main issues facing older LGBT people in Slovenia

There is almost no empirical data regarding the issues that the older LGBT people face in Slovenia. Maljevac & Gračanin (2014) pointed out that a number of studies about the everyday life of gays and lesbians and the development of activism were conducted, but in all the studies, older LGBT people were strongly underrepresented.

The lack of research and social invisibility of this group led to a small quantitative research study with 11 participants, with just 7 of them above the age of 60. According to the research, one of the main issues older lesbian and gay people face in Slovenia is a lack of

activities, social events (which mostly target LGBT youth) and meeting places. Older gay and lesbian adults don't report having smaller social circles, especially those with their own families (most of the participants were previously in heterosexual relationships). Many respondents don't talk about their sexual orientation and are pushed into the closet, even though their sexual orientation is known to people around them. Furthermore, many older lesbian or gay people don't identify with the gay or lesbian sub-culture. The respondents in the research reported the need to inform the LGBT community about older LGBT individuals towards which many have a negative attitude. When talking about their plans for the future, the respondents mostly pointed to their families (children, nieces and nephews) as primary support systems in old age and did not think about institutional care or support from NGOs (Maljevac & Gračanin 2014).

Invisibility and a lack of research evidence on the Slovenian LGBT population in general is also expressed in documents such as 'Standard to Ensure Equality in Healthcare of "Vulnerable" Groups and Tools for Self-assessment of Health Care Institutions' (NIJZ 2016a) and in the 'Manual for Developing Cultural Competences for Health Care Workers' (NIJZ 2016b). The aforementioned documents take into account social economic and cultural determinants of health and focus on minority and other vulnerable groups such as poor people, women, homeless people, migrants, Roma people, older people, substance misuse, people with mental health problems, people with various disabilities, unemployed and self-employed people and people in insecure employment. At the same time the Institute of public health (NIJZ 2016a, p. 16) is aware that their research does not include everyone who could be classified as a "vulnerable" group such as LGBT people, victims of violence and others.

Specific issues in relation to older LGBT minority groups

There is no demographic data available about specific minority groups within the LGBT population in Slovenia (either in general or for older people). In public discourse, the LGBT population is considered a homogeneous group and a minority by itself.

Main barriers to inclusive health and social care for older LGBT people in Slovenia:

Current state of education of health and social care professionals on older LGBT issues in Slovenia:

In Slovenia there are 11 secondary schools of nursing, none of which offer any learning material, guidelines or any other information of working with LGBT individuals. There is no reference to sexual orientation or gender identity within any national standards or curriculum requirements for education programmes. It is similar in the field of higher education schools which educate future practitioners in health and social care. Publicly (online) available outlines of the curricula and courses which we have reviewed have reflected the absolute lack of LGBT issues in the preparation for practice of healthcare professionals. This was confirmed in an interview with a representative of Legebitra – a leading LGBT organization in Slovenia (Blažič 2018). No systematic approach to address LGBT issues and needs in health care has been made so far. Of all higher education programmes educating the future practitioners in health and social care, the Faculty of Social Work

(University of Ljubljana) is the only one that offers an entire course '*Social work beyond heteronormativity*' which is an example of an LGBT related course available to future social workers. Beside this, LGBT topics are integrated in many other courses. At the Faculty of Health Sciences (University of Ljubljana), the LGBT related topics are integrated across different obligatory or elective courses in the 1st cycle study programmes.

Although it can't be found officially in curricula, we have found out in personal conversation with an activist from the LGBT organisation Legebitra that some of secondary and higher education (not necessary nursing or social care) institutions sometimes invite Legebitra to carry out various workshops, but on topics other than older LGBT people (Blažič, personal communication 2018).

Therefore, we can state that the issues affecting LGBT older people are addressed even less which correlates to the findings of Legebitra, that older LGBT people are a silent and hidden population whose individuals are often lonely (especially in rural areas) or socialize in smaller closed groups (Blažič 2018). Both social and health practice and education in Slovenia remain relatively heteronormative, even more so when it comes to older people.

Example of good practice in education of health and social care practitioners on older LGBT issues in Slovenia:

As mentioned above, the **Faculty of Social Work** offers the elective course called '*Social Work beyond heteronormativity*' in the 2nd cycle of studies (MA programme of Social Work). A course with a similar content (*Gay and lesbian studies for social work*) was previously offered (from 2012 - 2016) to the students in the first cycle of studies (BA) and was later slightly changed, upgraded and transferred to the MA program in the 2nd Cycle.

The themes covered by the course are:

- Heteronormativity and social construction of sexuality.
- The feminist theory of gender and sexuality.
- Lesbian and gay studies.
- Queer theory.
- Gender identity and gender expression.
- Historical perspectives on homosexuality.
- The history of the LGBT+ movement and diversity within the movement.
- Same-sex partnerships and families.
- Older LGBT people.
- HIV and AIDS.
- LGBT homelessness.
- Discrimination: legal, institutional and psychological aspects.
- Influences of homophobia, biphobia and transphobia on mental health.
- Violence in intimate LGBT relationships.
- LGBT in long-term institutions.
- LGBT asylum seekers and refugees.

Curriculum and course outlines can be found here:

https://www.fsd.unilj.si/en/study/graduate_studies/master_programme/social_work/

The lectures are conducted in different forms, such as: formal lectures, invitation of grassroots guest speakers from early and current LGBT movement, workshop delivered by LGBT organisation Legebitra, films, attending LGBT events such as film festivals, round tables and exhibitions, field work, students presenting their seminars etc. Reading list also includes literature on LGBT older people.

As mentioned above, at the **Faculty of Health Sciences (University of Ljubljana)**, the LGBT related topics are integrated across different obligatory or elective courses in the 1st cycle study programmes. For example, in *Nursing*, content is mostly related to the assessment of needs, diagnosing, planning and implementation of nursing care for patient, family and or community. The depth of the content often varies upon the decision of each course lead. LGBT topics are also addressed in an elective course called "Actual challenges and improvement in midwifery" in 1st cycle programme in *Midwifery*. Content is mostly related to reproduction - pregnancy and LGBT family formation (including LGBT parenting), and maternal healthcare topics (prenatal, peripartum and postpartum period care). LGBT topics are also being addressed from the point of potential social inequalities, stigma and discrimination in the obligatory course "*Social aspects of health*" in other 1st cycle study programmes at the Faculty of Health Sciences, namely: *Physiotherapy, Occupational therapy, Sanitary engineering and Radiologic Technology*. It must be emphasised that LGBT related topics are not formally listed in any curricula or course outlines in any study programme at the Faculty of Health Sciences (Pađen, L., personal communication 2018).

Example of good practice in care on older LGBT issues in Slovenia

The leading organization for LGBT people in Slovenia, Legebitra, has just recently started to expand their socializing program by planning events for older LGBT people above the age of 50. Compared to the programmes intended for LGBT youth, these events are rare, unknown to the target population and still in development (Blažič 2018). Despite some positive movements, new programmes aimed at the older LGBT population are mainly focused on lesbian and gay populations, while bisexuals and transgender people are neglected.

The first step to publicly address the issues of older LGBT people was also made by the same organisation. In December 2017, an open event with different stakeholders from the fields of health and social care was planned. The representatives of the Association of social institutions of Slovenia, homes for the elderly, Federation of pensioner's societies and the Municipality of the city of Ljubljana were among those who offered their input on the subject. None of the participants denied that older LGBT exist and all agreed that this issue has never been addressed until now, but should be in the future (Majerhold 2017). Since the event in December 2017, only the Federation of pensioner's societies made an effort to establish cooperation with the Legebitra association regarding health and social care of older LGBT people (Blažič 2018). An E-book on this topic is going to be published in 2018.

This event and cooperation established should be seen as a positive and urgent move. Especially in the light of the results of a student research project on heteronormativity of social services (within the course *Social Work beyond heteronormativity* in 2016). Results have shown that staff members in older people homes (and in other social services) are mostly not aware of the possibility that their residents or service users could be LGBT individuals or same-sex couples. They reported they never had any such cases so far. But they feel if there was be such a case, they would not make any difference and they would

treat him or her the same as others, as – how they often put it – “all clients are the same for them”. Although laying on principles of equality, such universalism in social and health care presents a dangerous ideology that leads to the overlooking of the specific social and life contexts of different groups of people already affected by stigma and invisibility.

Example of good practice in care of LGBT people in general that might inform the project:

Systematically addressing issues regarding LGBT people in general hasn't been established in health care education in Slovenia. Social work seems to be a bit of an exception in this regard, but there is still a lot of work to be done. As we mentioned above, some secondary schools and higher education organizations (such as Faculty of Health Sciences, Faculty of Medicine, Faculty of Social work etc.) do address topics regarding LGBT population by organizing a workshop per year carried out by the Legebitra Association. The themes addressed in these workshops are mostly focused on HIV/AIDS prevention and testing, sexually transmitted diseases, and topics such as equality and discrimination. As of April 2018 none focus on LGBT older people (Blažič 2018). Although laudable practice, LGBT themes, as we mentioned above remain formally not-covered in curricula or course outlines, and they are not systematically dealt with.

The Faculty of Law in Ljubljana started an LGBT Legal Advice service in the academic year 2014/15. The Legal Advice was the result of a wider international project called DIKE – the project of empowering LGBT persons and NGO's to address systematic and structural discrimination, strengthening active citizenship, the rule of law, democracy and social justice. Within the project they have analysed legislation, established peer legal counselling service, a network of specialized LGBT friendly lawyers, monitored the system for violation of rights etc. The LGBT Legal Advice service is now an officially credited extracurricular activity for law students and was in the year 2017/18 extended into The Legal Advice for Protection against Discrimination (Faculty of Law 2018, Legebitra 2015).

Conclusion

Older LGBT people lived in a time when homosexuality was illegal or labelled as a psychiatric disorder or as a sin. Consequently, many older people spent their lives hiding their sexual orientation even from close family (Fish 2012). In Slovenia, although the law prohibits discrimination based on sexual orientation, and the number of violent incidents against LGBT per 1,000 respondents is one of the lowest in Europe (FRA 2014), societal discrimination, stigma, external and internal forms of homophobia are still widespread. Therefore, we can assume, isolation and stigma, are probably forming the main context, which is shaping the social life of the majority of older LGBT in Slovenia. Although, it needs to be said that the first generation of the LGBT grassroots movement's activists are now entering retirement age and are not used to responding to stigma and hostility with isolation and invisibility, but quite contrarily, with strengthening LGBT community and developing alternative ways of living.

In Slovenia, over a third of the population lives in towns and cities of more than ten thousand inhabitants. This means that two thirds are living in small towns and villages, which

are as a rule more traditional, religious, less opened to non-traditional ways of life and with less LGBT resources. Although a majority of the LGBT population migrate to larger cities, such as Ljubljana and Maribor, this is not the case for all LGBT people. Given the fact that older men from rural areas and small towns make up a group which is at a higher risk of suicide, stress from stigma and isolation in the older LGBT male population can only be expected to add to existing risk factors. Therefore, this group requires greater attention.

In Slovenia, institutional care for older people is the most developed and widespread form of care for older people in Slovenia. Community home care for older people is not sufficiently developed so far and differs from one municipality to another. This means that many people with complex, multiple and long-term health needs are forced to move to the older people's homes and change their personal individual life style with institutional routine (most of the older people's homes have 100-300 residents). We can assume that many older LGBT people who might not be publicly 'out', tend to choose the ways of living and support which permit them to hide their sexual orientation and their private life from care professionals. They might not seek help and assistance until very late and only in case of emergencies.

This seems to be a realistic assumption in the light of the fact that both social and health practice in Slovenia remain extremely heteronormative, even more so when it comes to older people. And still there is no reference to sexual orientation or gender identity within any national standards or curriculum requirements for education programmes in the area of health and social care. In addition, the experiences and needs of older LGBT people in health and social care in Slovenia are not fully understood and they remain an invisible population.

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Appendix 1: Core organisations/stakeholders involved in older LGBT in Slovenia

Organisation/group Name	Mission of organisation/group Please indicate if organisation is specific to older LGBT people or LGBT people across the life span	Key Contact in organisation	Website address
Legebitra – Cultural, Information and Counselling centre society	LGBT people across life span. Projects: Info point (provides individual and personal information on sexual orientation, gender identity and gender expression, discrimination, homophobia, transphobia, HIV); counselling, café evenings, workshops on human rights; 15agazine Narobe; »LGBT friendly« certificate (together with Municipality of Ljubljana); social meet-ups for 50+.	Lana Gobec – Head of the association info@legebitra.si	https://legebitra.si/en/

Please list any other activities/ projects in relation to LGBT people in your country, not captured above

<i>Organisation/group/activity Name</i>	<i>Focus /description</i>	<i>Key Contact in organisation</i>	<i>Website address/reference</i>
Association Kvartir	It is working in the field of visibility of bisexual, transgender, queer and asexual identities in Slovenia.	FB: https://www.facebook.com/drustvokvartir/	https://drustvokvartir.wordpress.com/
Škuc Magnus	It was founded in 1984 as Cultural Organisation for Socialisation of Homosexuality. It's the most important roles were organising MAGNUS Festival. MAGNUS also organised a Week of Gay Films Festival. Rhy established Roza disco and Gal-phone- help line for LGBT population. Today's focus is mostly in the field of HIV prevention and self-help for HIV positive gay men.	magnus@skuc.org	
Škuc-LL	Lesbian Section ŠKUC-LL was established in 1987 within the feminist group Lilit as the first lesbian organisation in the former socialist Eastern European states. Focus: lesbian activism, the advocacy of equal opportunity, the promotion of civil and human rights, the introduction of anti-discriminatory legislation, the abolishment of institutionalised discrimination and homophobia, the improvement of the social status of gay-men and lesbians.	sekcijaskuc@mail.ljudmila.org	http://www.ljudmila.org/lesbo/english.htm

Society DIH - Equal under the rainbow	Informing, HIV prevention, campaigning, project work, social events etc.	info@dih.si	www.dih.si
Institution for support and alliance of transgender people Transfeministic initiative TransAkcija	Informing, support, empowerment and advocacy	transakcijaslo@gmail.com	www.transakcija.si
Pride Parade Association	Organizing international cultural festival with political note.	info@ljubljanapride.org	http://www.ljubljanapride.org/en/#društvo