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## Common challenges of spatial planning, health and social policies: The case of Slovenia

This article discusses the overlap between spatial planning, health policy and social care policy, and the consistency among them with regard to health and general wellbeing. Lately, an obvious shift in topics towards social inclusiveness and quality of life can be observed in programming documents at the European level, which provide a base for national, regional and local policies. The topics most often addressed include improved accessibility to health services and general services, equal opportunities, and age-friendly cities and environments. Moreover, an increasing number of initiatives and best practices have been observed, resulting from actual needs and changing demographic and economic situation. This article presents the main Slovenian strategic documents for

the three policies, and the options and possible processes for coordinating them. The common goals of the three policies are also discussed because they were the focus of activities in the SPHERA project of the Alpine Space Territorial Programme (ASP). In the conclusion, we refer to further options for cooperation in spatial planning, health policy and social policy in Slovenia based on findings originating from the national workshop and group interviews with actors and researchers from the three policy fields.

**Keywords:** harmonisation of policies, strategic documents, spatial planning, public health

### 1 Introduction

Social inclusion, better quality of life, age-friendly cities and environments, equal accessibility to services, innovative solutions for health, and inclusive and green neighbourhoods have become (or are) among the priorities of the main programming documents at the EU and national levels. For example, “Europe 2020 – a strategy for smart, sustainable and inclusive growth” (see Commission of the European Communities, 2012) begins with the challenges Europe is facing: globalisation, pressure on resources and ageing. Accelerating demographic aging is recognised as a structural weakness that additionally strains the welfare system, together with lower growth rates and lower employment rates. To guide European development until 2020, among the three priorities addressed, “inclusive growth” aims for economic, social and territorial cohesion, requiring improvement of education, training and social policies, highlighting the importance of childcare and caring for dependents, combatting poverty and social exclusion, and promoting a healthy and active aging population to allow social cohesion and higher productivity. The strategy proposes that member states promote new forms of work-life balance, active aging policies and other mechanisms.

Furthermore, a green paper called “Confronting demographic change: A new solidarity between the generations” (see Commission of the European Communities, 2005) focuses on issues related to demographic change such as economic aspects regarding working age, population decrease, continuing increases in longevity and continuing low birth rates. The green paper advocates adaptation to these trends in all member states through the regional authorities or social partners promoting “active aging”, preserving a balance between retired and working people, achieving a better work-life balance, developing childcare structures and technologies for supporting the elderly, and supporting research on diseases affecting the very elderly and their impact on healthcare systems. To narrow the focus from the European level to the Alpine area and Slovenia, the territorially specific umbrella policy for the Alpine regions (the Alpine Convention) requires common guidelines and policies, and also monitoring of demographic change in order to provide protection and sustainable development for the region and to secure the economic and cultural interests of its residents based on joint cooperation (Permanent Secretariat of the Alpine Convention, 2011).

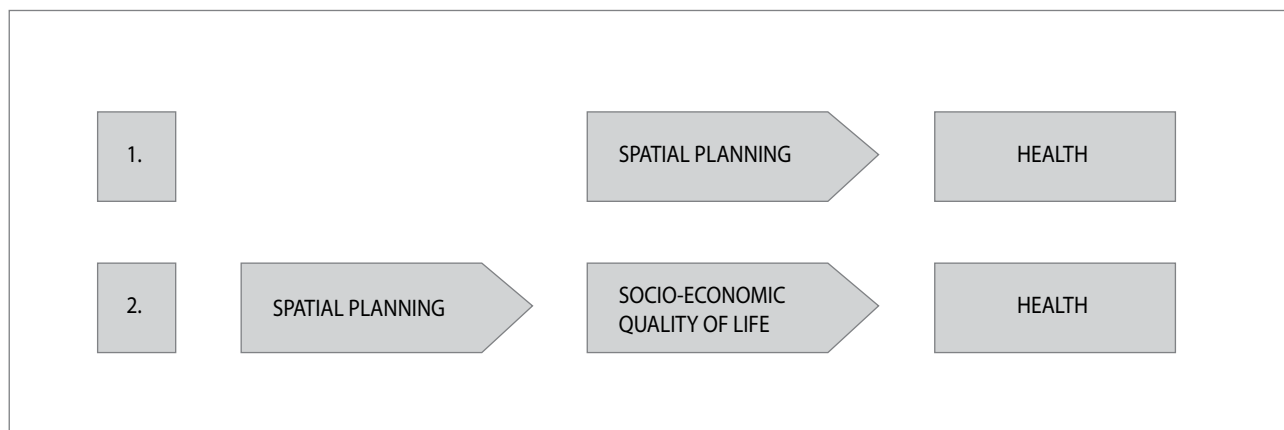


Figure1: Direct and indirect effects of spatial planning on health (source: Zec et al., 2013).

For implementing the cohesion policy, the partnership agreement (PA) between the European Commission and Slovenia for 2014 to 2020 is a strategic document and basis for obtaining EU funding. It clearly and transparently justifies the chosen strategic priorities for the country, and it promotes cooperation and coordination between various stakeholders and commitments involving both the European Commission and stakeholders. The PA defines the available funding per country as a whole and for the cohesion regions (i.e. Eastern Slovenia and Western Slovenia) and their targeted distribution in order to reach the eleven thematic objectives consistent with the Europe 2020 strategy and the requirements of specific funds (e.g., the European Regional Development Fund, the European Social Fund and the Cohesion Fund). This document also has to be in accordance with operational programmes (OP), which further define the content and guidelines in order to reach specific objectives. Three OPs are foreseen for Slovenia for the period from 2014 to 2020: one common OP for implementing the European cohesion policy, one for rural development program, and an OP for applying the European Maritime and Fisheries Fund in Slovenia. During this period Slovenia will participate in thirteen European territorial cooperation programmes: four cross-border programmes, five transnational programmes, and four intraregional cooperation programmes (see Government of the Republic of Slovenia & European Commission, 2014). Some of the programmes for the new financial plan for 2014 to 2020 are still being adopted; however, the priorities have been already outlined. Compared to the previous programme, the new Alpine Space Programme (ASP) lacks a strong focus on demography, and the priority axes are defined rather comprehensively; for example, the priority axis “Innovative Alpine area” focuses on increasing capacities for delivering services of general interest in a changing society (see Joint Technical Secretariat, ETC – Alpine Space Programme, 2014), and the Mediterranean programme promotes innovation capacities to develop smart and sustainable growth (Ministry of the Environment and Spatial Planning, 2014).

The comprehensive priority area or “axis” of inclusive growth, which also includes spatial planning and health systems, among other things, has been the focus of SPHERA, a capitalising project in the last financing period of the ASP (2007–2013) that has evaluated the results of previous related projects. As part of the project activities, it has provided an overview of specific trends, challenges and needs regarding spatial planning and health and has identified key areas for enhancing territorial governance in inclusive growth in order to provide guidance for the next generation of ASP projects. As part of the overview, all key policy documents in the partner countries and at the EU level that tackle issues common to spatial planning and health were assessed (note: in Slovenia, social policy was also considered for review as a policy dealing with the elderly, young people, demographic changes, employment migration, etc.). The core issue of the research is shown in Figure 1, presenting two relations between spatial planning and health: spatial planning can affect health directly, or it can have an impact on socioeconomic factors influencing the quality of life and thus, indirectly, health.

Regarding the relation between spatial planning and health, Scott Campbell (1996) discusses the three fundamental aims of planning: environmental protection, economic development and social equity. These can be seen as three corners of the “planner’s triangle”, and sustainable development is its centre. To reach this goal, it is necessary to address economic and environmental injustice by integrating social and environmental thinking. In the case of Slovenia, Janez Vuk (2014) argues for the role of spatial, regional and especially urban planning, which includes spatial, demographic and economic components. It is important that good planning be based not only on spatial potential and constraints but most importantly also on the needs of population. According to Jenny Crawford et al. (2010), including health and social topics in strategic spatial planning can contribute to reducing inequalities between social groups (especially vulnerable ones, such as children and

the elderly), support an increase in physical and recreational activities (by decreasing the need for car use), contribute to improving health by reducing air and water pollution and, last but not least, contribute to a changed social environment by improving safety and allowing communication and community cohesion.

As part of the SPHERA project, health inequalities are considered directly related to distribution of health services and facilities in the territory and their accessibility to all. In the diverse Alpine area, different regions show different approaches to health and spatial planning policies, starting with the type of government and the role of the public sector (Zec et al., 2013). In Slovenia, strategic priorities in spatial planning include improving the quality of life for all citizens, which includes a network of supporting economic activities and services. Spatial planning considers the social, economic and environmental factors of development, including social integration and quality of the living environment, with particular attention to social integration and solidarity.

## 2 Strategic policy documents for spatial planning, health and social policy in Slovenia

This article reviews the policy and institutional reference frameworks in Slovenia for each of the three policies and identifies the most relevant priorities for health, social and spatial planning needs and challenges, especially regarding the issues they share or should address together. A constant issue in discussions among spatial planning professionals and policymakers is whether spatial planning in Slovenia has or should have a supra-sector role or whether it is merely one of several sectors. There are clear inconsistencies between the objectives of spatial planning legislation, which is understood as umbrella legislation, and how it is implemented (e.g., the responsibilities and role of specific sectors in spatial planning and in general, which more or less successfully claim jurisdiction over specific issues or parts of the territory). On the other hand, health policies and strategic documents do not address the spatial dimension of providing healthcare and of health in general. However, lately the need for integrating the “health concern” in every policy or sector has been expressed (including in the scope of national seminars, workshops and group interviews). Health has become a very complex topic, covering not only the direct provision of medical care and services, but also indirect provision, such as disease prevention, a comprehensive approach to patients and ensuring environmental quality and quality of life in general.

### 2.1 Spatial planning

The Spatial Planning Act (Sln. *Zakon o prostorskem načrtovanju*, Ur. l. RS, no. 33/2007) is an umbrella act with the main objective of “permitting coherent spatial development through the consideration and harmonisation of various development needs and interests with public benefits in environmental protection, nature and cultural heritage conservation, natural resources protection, defence and protection against natural and other disasters”. Interventions and spatial arrangements must be planned in order to allow sustainable development, quality living conditions, spatially coordinated and mutually complementary location of activities and renewal of existing infrastructure, preferably to new construction. Furthermore, they should “provide services for the health of the population” and “free access to buildings and their use to persons with disabilities in compliance with legislation”. The act also includes a “principle of overriding public interest” that requires weighing public and private interests in accordance with spatial planning objectives: private interests should not affect the public interest. When defining spatial implementation conditions, the act also defines the mandatory content, which includes “conditions for health protection”.

The basic strategic spatial development document and an integrated planning document that implements the concept of sustainable spatial development document is the “Spatial development strategy of Slovenia” (SDSS) adopted in 2004 (see Ministry of the Environment, Spatial Planning and Energy, 2004). In order to adapt the document to new challenges and situations (e.g., climate change, demographic ageing, energy efficiency, etc.), an update is foreseen. The SDSS provides a framework for spatial development across the entire country, it provides a concept of spatial planning, management, land use and spatial protection, and it considers social, economic and environmental factors of spatial development. Its basic premises and objectives include the following:

- Economical and effective spatial development (spatially balanced and economically efficient, including social integration and the quality of the living environment);
- High-quality development and attractiveness of cities, towns and other settlements (including safe, socially equitable, vital, healthy and well-managed towns and other settlements, and ensuring appropriate and economical provision of infrastructure, services and access to public services); and
- Harmonious development of areas with common spatial development characteristics (considering similar or common development opportunities and/or problems; e.g., mountainous, rural or border areas).

However, none of the objectives focus solely on social or health issues. The issues are closer to the goal of providing adequate quality of life, which includes a network of support economic activities and services. Consideration of demographic changes is indirect via policies relating to problematic settlement areas (demographically endangered areas) such as mountains, for which a strategy should be prepared to provide adequate infrastructure.

In addition to SDSS covering the country, the key document for the rural areas is the “National strategy plan for rural development 2007–2013” (see Ministry of Agriculture, Forestry and Food, 2007), which aims to ensure synergies between enhancing the competitiveness of the agriculture, food and forestry industry, environmental protection and conservation of the landscape, improvement of the quality of life in rural areas and promotion of diversification into non-agricultural activities (see “Regulation on the nature, extent and conditions for the provision of supplementary activities on farms,” *Sln. Uredba o vrstah, obsegu in pogojih za opravljanje dopolnilnih dejavnosti na kmetiji*, Ur. l. RS, no. 12/2014), which include a variety of activities, but currently no activities associated with social care; for example, care for the elderly (e.g., providing and distribution of meals, and providing transportation) or for children (day-care or part-time care) are not included.

A more specific document in spatial planning that directly addresses health issues is the “National guidelines to improve built environment, information and communications accessibility for people with disabilities” [sic] (see Government of the Republic of Slovenia, 2005), which states, among other things, the aim to combat exclusion of the disabled in various areas (e.g., access to all public areas and buildings for all residents and information and communication for people with sensory impairments).

## 2.2 Health and social care

Due to the ageing population and a higher share of people with chronic illness, the need for various medical services is rising. Therefore, the plan (i.e., the “National health care plan 2008–2013”) is oriented toward the treatment of more patients in their home environments. One of the priorities of the plan is therefore to introduce telemedicine, telecare, telepharmacy and other information technologies and thus improve the quality, safety and scope of healthcare services. It also states that it is necessary to organise various services at the primary level that are accessible and meet the need for comprehensive medical treatment or integrated comprehensive treatment. To achieve this, the plan defines measures for the division of labour among the primary, secondary and tertiary levels by encouraging the transfer of best practices at all levels and ensuring the develop-

ment of healthcare in demographically threatened areas. The plan therefore defines the structure of the funding system, a network of health centres at the primary level, access to healthcare in demographically threatened areas and the distribution of specialist providers of clinical and hospital services. One of the priorities is also communication with the public and informing patients in a friendly and understandable manner, which would help build confidence in the healthcare system for all population groups, especially for vulnerable groups.

The document “Health care system upgrade by 2020” [sic] (see Ministry of Health, 2011) has the main strategic goal of establishing a flexible healthcare system that will effectively meet people’s needs by offering them quality and safe healthcare services. Two of the fundamental principles of the healthcare system upgrade are ensuring geographical accessibility of healthcare services by decentralising and strengthening regionalisation, and ensuring qualitative accessibility by providing safe and quality healthcare services.

Another document relevant for health and social care is the “Resolution on national development projects, 2007–2023” (see Government of the Republic of Slovenia, 2006). The resolution is based on Slovenia’s development strategy (SDS) and includes the key (major) development and investment projects supported by the state, among them:

- A relevant project that supports meeting the goals of the third SDS (i.e., an efficient and more cost-effective country) titled “Modernisation of the healthcare system: E-health”. This project’s goal is to use communication and information means to provide more effective public healthcare services.
- Relevant activities supporting the fulfilment of the goals of the fourth SDS priority (i.e., a modern welfare state and higher level of employment): modernisation of social security systems, and reducing social exclusion and disadvantage.

Introducing and using new technologies in health is addressed by the document “E-health 2010: The strategy for implementing information technology in the Slovenian healthcare system” (see Ministry of Health, 2010). Remote home care is one of the central goals laid down in this strategic national document. The document follows the EU policies outlined in the action plan “Making healthcare better for European citizens: An action plan for a European e-health area”. One of the basic policies laid down in this EU document is that all European healthcare organisations should provide online services, including remote healthcare services. The strategic plan takes into account professional and business challenges of modern European health systems, such as the rising demand for healthcare services due to demographic changes, increasing

expectations of patients, managing huge amounts of health information, the need to provide the best healthcare services under limited budget (public) conditions and so on.

The objectives of the “Resolution on the national social protection programme 2013–2020” (NSPP; Sln. *Resolucija o nacionalnem programu socialnega varstva za obdobje 2013–2020*, Ur. l. RS, no. 39/2013) are set to respond to the increasing social and demographic distress. The key objectives set for developing the social security system for the period from 2013 to 2020 are:

- To reduce the risk of poverty and increase social inclusion of vulnerable and disadvantaged groups;
- To improve the availability and diversity of services and programmes, and ensure their accessibility; and
- To improve the quality of services, programmes and other forms of assistance by increasing the efficiency of the management and leadership of the implementing organisations, increasing their autonomy and quality management, and providing for a greater impact of users and user representatives in planning and implementing services.

Among the strategies set to meet the second objective, the following (related to the SPHERA field of action) should be mentioned:

- To ensure the availability and affordability of services and programmes to users regardless of their social status and place of residence;
- To ensure regional availability and accessibility of services and programmes;
- To provide physical and communication access to services and programmes for all groups of users;
- To promote the development and use of modern information and communication and other assistive technologies to support delivery of services and social protection programmes (including distance services); and
- To improve information and awareness of the potential users of the possibilities for inclusion in programmes and services.

Until recently, the “Strategy of care for the elderly until 2010 – Solidarity, good intergenerational relations and quality ageing of the population” (see Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2010) was the main strategic document on care for the elderly in Slovenia. This strategy was Slovenia’s response to population ageing and European requirements to provide new solidarity among generations. The main purpose of the strategy is to coordinate and connect the work of the responsible government ministries with that of business and the public third sector in order to increase solidarity and the quality of mutual coexistence among the elderly, the middle-aged and the young. It also aims to provide

quality ageing and care of the rapidly growing percentage of the elderly generation. Objective and strategic options for eleven different areas are stated, followed by guidelines for designing and implementing programmes for quality ageing and good intergenerational relations, and it gives guidelines for strategy implementation. The objectives include ensuring steady access to quality health and social services. A new “Strategy for high quality ageing, solidarity and intergenerational coexistence in Slovenia 2011–2015” is (still) being prepared. The four priorities specified within the current working version are:

- Education for intergenerational coexistence, solidarity, cooperation and a positive attitude towards ageing;
- Preparation for ageing and retirement;
- Active ageing and social inclusion of the elderly; and
- Establishing a modern long-term care system.

### 3 Common challenges of spatial health and social policy

As part of the SPHERA project, national seminars in partner countries were held that focused diverse issues considering spatial planning and health as matters of national importance. In Slovenia a seminar and workshop entitled “Spatial processes and development: Common challenges for spatial planning, social and health policies” focused on legislative issues associated with currently ongoing renewal of key strategic documents in all three policy fields and especially in spatial planning, which is partly aligned with the European Union’s new financial plan for 2014 to 2020. This process offers opportunities for a constructive discussion, enhanced stakeholder involvement and cross-sector coordination in policy-development process. The need for improved harmonisation of the three policy fields and proposals for improving cooperation were expressed during the seminar and workshop, and especially during the group interviews carried out before the seminar and workshop.

These events suggested that spatial planning and social policies should address the following issues together (Marot et al., 2014):

- Ageing of the population and the related issues concerning housing and green areas (adaptation to the needs of elderly, staying at home longer vs. institutional care and enabling intergenerational social contacts);
- Rural areas: providing services in terms of equal accessibility and quality of services (taking into account settlement density and support for areas with structural problems);
- Accessibility (rural/urban) and mobility (cars vs. public transport);
- The real estate market: introducing efficient instruments;
- Youth, the problem of education and the broader net-

**Table 1:** Topics/problems mentioned by representatives/actors of specific policy field and that should be addressed by their own and the other two policy fields.

	Spatial planning	Health care	Social care
Spatial planning representatives	<ul style="list-style-type: none"> <li>• The demand for and supply of jobs is imbalanced; people must commute</li> <li>• The real estate market should be more flexible</li> <li>• Suburban areas are divided among multiple municipalities that share responsibilities (there is no comprehensive management)</li> <li>• Cross-border provision of services could often improve availability and accessibility of services; however, the legislation on this issue is lacking</li> <li>• There is no regional approach in planning (services; demand/supply)</li> <li>• City centres should be closed to traffic</li> <li>• People should be motivated to walk or cycle</li> <li>• There is no proper cycling network</li> </ul>	<ul style="list-style-type: none"> <li>• The spatial distribution and network for providing health services should be optimised</li> <li>• There is a loss of services, resulting in health deprivation</li> <li>• There are degraded areas (urban and rural)</li> <li>• Municipalities are in charge of the primary network (there are no general standards for equal provision)</li> </ul>	<ul style="list-style-type: none"> <li>• There are demographic changes</li> <li>• There is depopulation of the countryside and out-migration</li> <li>• Services are being lost, resulting in social deprivation</li> <li>• Immigration is not controlled and balanced</li> <li>• Educated youth are out-migrating</li> <li>• There is an imbalance in municipalities regarding provision of homes for elderly and preschools</li> <li>• There is no regional level as an intermediate</li> </ul>
Healthcare representatives	<ul style="list-style-type: none"> <li>• Neighbourhoods must be planned to support outdoor activities (of children)</li> <li>• Cycling paths are needed to support sustainable mobility</li> <li>• The settlement network is dispersed, hindering infrastructure availability</li> <li>• Developers (suburban housing) maximise profit at the expense of public open areas</li> <li>• Demographic changes not considered properly by spatial planners</li> <li>• Out-migration of young people increases aging in the countryside</li> <li>• There is no strategic guideline for healthy urbanism (green areas, local food provision, design for all)</li> </ul>	<ul style="list-style-type: none"> <li>• The hospital network is inefficient (should all hospitals provide all services, or should they specialise?)</li> <li>• The locations of hospitals are not suitable (they could be optimised considering changed travel times and accessibility)</li> <li>• Not enough doctors are willing to work in remote areas; there are long waiting periods</li> <li>• Accessibility should not be the only criterion for efficient provision</li> <li>• Specialist clinics should be centralised</li> </ul>	
Social care representatives	<ul style="list-style-type: none"> <li>• Daily commuting affects the quality of life</li> <li>• There are demographic changes</li> <li>• Planning supports segregation instead of enabling provision for deprived groups</li> <li>• A health-impact assessment is needed (for infrastructure of national importance)</li> <li>• Values (or interests) behind decision-making are not clear</li> <li>• It is necessary to preserve the landscape and rural settlements</li> <li>• Construction is over-regulated in protected areas</li> </ul>		<ul style="list-style-type: none"> <li>• Introduction of innovative solutions for the care of the elderly is too slow</li> <li>• 4,300 new jobs in long-term care is set as a goal in the national programme; however, substantial inter-sectoral coordination will be needed to implement this goal</li> <li>• There is ongoing social segregation (public housing vs. luxury homes)</li> </ul>

Source: Adapted from Marot et al. (2014).

work of schools, support for employment and work opportunities (e.g., coordination of opening time for preschools and working time for the parents; working from home);

- Guaranteeing the multi-functionality of (public) buildings; and
- Distinguishing differences between and within the age groups (the elderly are not a homogenous group).

Topics that spatial planning and health policies should address together:

- Environmental impacts / a healthy environment;
- Locating development (coordinated between municipalities);
- The problem of environmental impact assessments (a health impact assessment is suggested);
- The role of green areas and natural areas for health and general quality of life (quality, accessibility for all);
- Adaptation to climate change.

Health was recognised by most participants as the main cross-cutting topic. An umbrella policy that defines goals, priorities and clearer guidelines and takes into account the specifics of individual areas is therefore needed. Common issues of spatial planning, health and social policies were also discussed in depth during the three group interviews held with the representatives of the three sectors. Table 1 summarises common issues that representatives of each sector themselves stressed and the other two policy fields.

## 4 Conclusion

The relation between health and social policy and spatial planning goes beyond physical or environmental factors. Life expectancy, occurrence of certain diseases and mental wellbeing vary not only between different parts of the world but also within each country or region. As noted by Jenny Crawford (2010), the boundaries between different fields or professions are shifting and shared initiatives are increasingly appearing. The activities carried out in the scope of the SPHERA national seminar in Slovenia were aimed at bringing together actors and stakeholders from three fields: spatial planning, health and social care. They mainly agreed that cooperation and harmonisation of policies is necessary to reach the goals set in specific fields that overlap with other sectors.

Their opinion is best illustrated by statements from those interviewed:

Spatial development is meant to improve the quality of people's lives. Therefore their needs and lifestyle should be taken into account,

especially for older generations, which are less flexible in adapting to changes.

When we become aware that health is an elementary part of each planning activity, in almost every element of life, then we see what potentials we have.

Each change in a territory influences certain population groups, especially deprived ones who are dependent on social and health support, including the elderly, the poor, the ill and children. The impact is even more powerful because such groups are less adaptable. If you live in a degraded area and you are young and well off, you move somewhere else and are not affected, but not everybody can do that.

The situation should be improved by urban planners because now urbanism has been taken over by construction engineers.

The process of renewal and upgrading the strategic policy documents in all three policy fields that have overlapping goals is an opportunity for improved cooperation and harmonisation. In order to decrease conflicts between sectors and decide whose intentions will yield higher social value, national goals and priorities should first clearly be set at a strategic level and also in implementation. Upgrading the SDSS will bridge the gap between the local and national levels of spatial development and support urban centres in taking the leading role for surrounding functional areas. Because the current SDSS includes guidelines for the health and social sector in relation to the network of urban centres, which provide a certain level of public infrastructure, the upgrade should respond to changed demographic and economic conditions and thus allow efficient and highest-quality provision of services that are equally accessible to all. Recent issues include accessibility of healthcare at different levels, ageing in peripheral areas, which correlates with changed needs for service and medical care (for chronic diseases and geriatric conditions) and lack of workforce (e.g., family doctors and paediatricians), and the affordability of services for a decreasing number of people. Commuting is also an issue because it has implications for health, quality of life and the environment. The economical and efficient spatial distribution of services in a timely manner is important and could be supplemented with key sector activities, such as development of alternative solutions and provision of services and goods; for example, supplementary farm activities or improving preventive actions for improving health and wellbeing in order to decrease the incidence of chronic diseases.

The process of policy coordination and seeking the best solutions should be inherent to policy development in order to build a sense of ownership and responsibility for its implementation. On the other hand, there is a general agreement that

health represents an overall, cross-cutting topic. In this respect, health policy cannot be a single sector policy, but should find synergies with other policy fields where there is an overlap.

The proposals and ideas that stakeholders presented during the SPHERA national events for new instruments and ways of cross-sector cooperation were diverse, ranging from informal meetings to a new supra-sector governmental body, with several of them suggesting taking successful examples from other countries as an orientation. However, it is a key issue of policy development to find an economic and efficient way to adapt examples to specific local conditions.

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