STRATEGIES FOR RESEARCH AND DEVELOPMENT OF LONG-TERM CARE FOR OLDER PEOPLE IN THE COMMUNITY

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FOREWORD

The book you are about to read is a translation of the scientific monograph *Strategies for Research and Development of Long-Term Care for Older People in the Community*, originally published in 2021 by the University of Ljubljana Press. While writing the text, we realised that it could be valuable for an international audience. This year, an opportunity arose to bring that vision to life, and in collaboration with Arven Šakti Kralj, we were able to produce an English translation of the original Slovenian monograph.

Long-term care is new in Slovenia, both in the field of institutional care for older people and in the field of community care. In both areas of long-term care, there is a lack of analytical research and thus a lack of scientific debate and knowledge about the characteristics of long-term care for older people. This monograph fills these gaps by presenting the basic characteristics of long-term care, on the basis of which the authors justify research that is centred on the needs of people in need of long-term care. This is a central concept in social work, and because of the paradigm shift in care that long-term care implies, it is also an effective way to conduct research in long-term care as well the central theme of the monograph remains social work with older people, which we present in the context of long-term care as a discipline that offers conceptual starting points for long-term care and research methodological knowledge for the development of the field of long-term care.

Chapter One describes the development of social work with older people, which, despite demographic changes towards an increasing older population, remained a rather overlooked specialised area of social work until the emergence of a new topic of scientific

research – long-term care. Social work has brought new concepts of care to the field of long-term care, ensuring the stability of society on the basis of solidarity between people and the understanding of assistance as an intergenerational theme that brings people together and unites them. This is becoming increasingly important in today's world, where unpredictable crises and events, such as the COVID-19 pandemic, and various wars and conflicts between countries, are pushing us into new, unexplored fields of action. These circumstances lead to new interactions and relationships that are not based on familiar patterns but put us in a state of uncertainty and unpredictability. In such circumstances, it is of the utmost importance for social work to have clear conceptual knowledge and positions, as well as ethical premises for action and to fulfil its fundamental mission. Even if it is not yet fully recognised in our country, the importance of social work with older people in the field of long-term care is becoming increasingly visible worldwide, along with growing demands for its specialisation. We describe all this in *Chapter One*, which serves as an introduction to *Chapter Two*, in which we further justify and explain the importance of researching needs in long-term care.

To provide effective help, in social work we explore people's lifeworlds to define their needs and, based on those needs, find and create answers or solutions to their life problems. We place this seemingly simple formula for solving people's problems in the context of the neoliberal market and consumer society to show the dimensions of social work practice, which sees the concept of needs in its own unique way and with different goals than contemporary society. Fulfilling the needs of social work users, including long-term care users, is a stated professional goal of social work, and we will always strive for social justice in society, regardless of the phenomena that define our practice. No matter how hard social policy tries to reduce social work to procedures and categorisation of people, social work will always strive for a different vision of society, one that is based on respectful coexistence and the empowerment of the most marginalised members of society, of which long-term care users, particularly older people, have been most visible in recent times.

In *Chapter Three,* we present the rapid needs and services assessment (HOPS[1]) method for long-term care, a combination of epidemiological, ethnographic and action research methods and techniques that can identify the extent, nature and prevalence of long-term care needs in a local area and seek effective responses to the needs of older people that take into account today's care guidelines and replace institutional care. These are aimed at developing community care, which is underdeveloped in the care of older people in Slovenia. The method is an integration of qualitative and quantitative research that represents a contemporary form of research in the social sciences and places social work among the leading disciplines in the research and development of long-term care. The chapter presents the details of the rapid needs assessment method in a completely new way and has a handbook-like value, as it takes the reader into the heart of the research method. An important feature of the HOPS method is the integration of different research methods, which is essential when researching the needs of people in long-term care.

In *Chapter Four*, we explain the development of the methodology for researching needs in social work, which emerged as an application of social work principles aimed at normalising people's lives, promoting emancipation and fostering the participation of social work users in everyday life. Such a complex study of needs required the development of a matrix, a reference, a collection of categories and concepts to better understand the concept and context of needs that serves as the basis for shaping services and forms of support that respond to needs most effectively. The matrix is a useful tool for researching needs in long-term care. We therefore present it in more detail and share our experiences to date from the research areas it covers.

As researching the needs of people in need of long-term care poses a major challenge, the research process must also be sound and well-considered. It is important that researchers draw up a clear and well-founded research plan, including different methods and research modes, before starting the research. In this chapter, we present

1 HOPS refers to the Slovenian name of the rapid needs and services assessment method - hitra ocena potreb in storitev. While HOPS is specific to Slovenian social work, RNSA is a more general international approach that is used in various areas such as disaster relief, public health and emergency social services.

our experiences with creating research plans in three municipalities, the municipalities of Ljubljana, Straža and Žirovnica. In all municipalities, we used different research methods to obtain a variety of data on people's needs, to get the most comprehensive picture of the situation in the field of long-term care and thus create a starting point for shaping meaningful responses to people's needs.

The rapid needs and services of long-term care assessment method enables the generation of data based on the analysis of existing documentation on the needs and services of care for older people, fieldwork (field interviews, group interviews, focus groups) and the creation of a map of long-term care needs. Long-term care needs maps are of crucial importance for the further development of long-term care and therefore take a central position in *Chapter Five*. We devote special attention to these maps and define their key components. We present the conceptualisation of long-term care needs maps based on a case study in three municipalities (Ljubljana, Straža and Žirovnica). The long-term care maps are structured around the following key components: the geographic, demographic and socio-health characteristics of the local environment as well as a presentation and analysis of the existing forms of care. However, it is not just about presenting already known data, analyses, surveys and similar content. The map of long-term care in a local area shows the current and future needs of long-term care in a new and innovative way. The data and therefore the maps for long-term care differ from place to place, which emphasises the importance of developing long-term care according to existing needs and taking into account the trends in the local community that will determine the future direction and forms of long-term care. The long-term care map is therefore a first strategic approach to long-term care research and planning.

The next strategic approach is to analyse the needs of people in need of long-term care. The analysis identifies the diversity of needs, as older people in need of long-term care are a distinctly heterogeneous group of people. This characteristic is not sufficiently taken into account by existing long-term care systems. The diversity and cultural specificity of the life situations of people in need of long-term care are overlooked and long-term care strategies can be flawed and inadequately addressed. In everyday life, the needs of all of us

intertwine, creating a colourful spectrum of life events that shape our lives in different ways. In the case of people in need of long-term care, one could say that the spectrum of their needs discloses an even more colourful, diverse set of needs. These have been described in the five monographs on long-term care to date (Flaker et al., 2008; Flaker et al., 2011; Mali, 2013; Flaker et al., 2013, Mali et al., 2018), but in this one, we put more emphasis on less known phenomena, such as: living conditions as a factor in the development and provision of long-term care, social participation of long-term care users, changes in the institutional careers of older people, mobility and activation needs and the poor material situation of long-term care users. These needs determine the development of innovative solutions, making the research of needs strategically important. This leads us to the next step, which we present in the monograph as the third strategic approach – that is, the formulation of proposals and conclusions on long-term care that local environments could start developing for their older citizens. We present them in the final chapter on the vision for long-term care.

The future of long-term care in Slovenia seems to lie in the development of ‚centres for care in old age'. These centres would provide institutional care for a limited number of people, but their primary mission would be to provide care at home and to further develop the concept of integrating long-term care into old people's homes. Their construction would have to allow for flexibility and adaptability of the forms of assistance to the actual needs of the local environment. In particular, centres for care in old age would provide institutional accommodation for those aged 65 and older. The rooms would be single and double occupancy, and the centres would not exceed the capacity of 80 residents, as larger homes do not support a dignified life in an institution. They would be built as household communities, bringing life in the institution closer to life at home.

Centres for care in old age would also act as support centres for older people living at home. They would provide assistance in four forms:

1. Multi-generational centre: to foster a culture of intergenerational coexistence and solidarity, guide volunteering in long-term care, serve as a place of social interaction and prevent loneliness.

2. Day-care centre: to accommodate people who struggle to be alone at home when their relatives are away during the day.
3. Mobile community care centre: a mobile team of professionals providing rapid assistance in the community, based at the centre.
4. Long-term care education centre: the centre would provide training and education for relatives caring for family members in the home environment. It would also provide forms of respite support for carers, e.g. self-help groups, relatives' clubs, Alzheimer's and hospice cafés, etc.

All forms of assistance would be provided: meals, healthcare, physiotherapy, occupational therapy and other forms of assistance. Additionally, these centres would extend their assistance to users in their own homes.

This part of the monograph offers concrete proposals and solutions for the introduction of long-term care. It is primarily scientific, utilising the scientific apparatus and contemporary literature in the field of long-term care and its research to provide an analytical overview and approach to understanding this area of care for older people. At the same time, it contains a practical, handbook-like element with concrete conclusions and suggestions that emphasise the practical considerations in the implementation of long-term care.

The COVID-19 epidemic had a significant impact on the development of this monograph, although it is based on long-term care research conducted at the Faculty of Social Work before the pandemic. During the crisis, long-term care gained increased attention from policymakers, the media and the general public. Within social work, the epidemic sharpened our focus on societal attitudes towards ageing and older people as well as the opportunities and challenges of long-term care research. In *Chapter Six*, we therefore look at directions for future research strategy and development in long-term care. We begin with a description of the limitations of research in long-term care and social work education, as the measures taken to prevent the epidemic have also affected this area. We ask ourselves how to move forward: will we first have to overcome the obstacles that have arisen as a result of the containment of the epidemic in order to be able to develop long-term care? Or should we accelerate

the development of long-term care so that we have fewer obstacles caused by the epidemic? We offer a perspective on the development of long-term care and social work with older people because it is precisely by applying the rapid needs and services assessment method that we can maintain the position of researchers and also adapt the method to the obstacles to research posed by the epidemic.

We would like to thank our colleagues and students who participated in the research on rapid needs assessment and long-term care services, as well as all the research participants who shared their valuable life experiences with us. Without such insights, it is impossible to develop knowledge and effective support in social work.

A special thank you goes to Arven Šakti Kralj for her invaluable work in translating this text, enabling the authors‘ ideas to reach an international audience.

Ljubljana, March 2025

1. SOCIAL WORK WITH OLDER PEOPLE IN THE CONTEXT OF LONG-TERM CARE

1.1. Social work with older people as a specialisation of the social work profession

Given its development, social work with older people showed great potential to become a specialised field of social work more than a decade ago. The easing proportion of the older population has, since the late 20th century, drawn attention to the phenomena associated with old age, ageing and older people within the field of social work. However, despite the growing share of older people in society, social work with older people has remained a rather invisible, somewhat overlooked area of social work (Mali, 2012; 2015). In discussions about the future role of social work in the new millennium (Payne, 2005), there has been considerable support for the development of specialisation in social work with older people. Nathanson and Tirrito (1998) emphasised that social work is a dynamic discipline that responds rapidly to the realities of society. Phillips (1996, p. 149) attributed a special role to social work with older people, even suggesting that the existence of social work depended on this field. The older population posed a major challenge for social work in the new millennium. But to date, there has been little literature, research and training programmes to develop specialist knowledge for dealing with this area.

In Slovenia, we were also convinced that specific topics related to knowledge and understanding of old age and the changes that old age brings to people's lives require a specialised field of social work. We were concerned that, while abroad it is referred to as *gerontological social work*, in Slovenia gerontology as a discipline is not

developing in a way that would bring together and unite scientists and disciplines in the field of ageing and thus enable the development of a specialised science of ageing – gerontology.[2]

Gerontological social work, as it is known in certain places abroad, is not being developed in this country, which is why we speak of social work with older people. At the Faculty of Social Work, we have study courses and an independent master's degree in social work with older people, as well as, from 2020, a Chair of Long-term Care. We are convinced that the content and subject matter of the field of social work with older people requires specialised knowledge of the behaviours, tasks and skills that give social workers a specialised role within social work itself. On the other hand, they need generic knowledge of social work, as well as of other disciplines that develop knowledge for understanding older age. The link between generic social work and specialist social work with older people is inevitable, but not necessarily one-directional, as specialist knowledge can influence generic knowledge, and knowledge can alternate between the two. It is precisely the increased involvement of the older population in social work and the responsiveness to the needs of older people that can trigger a wave of new methods and skills for social work practice, since the boundaries between theory and method are fluid in social work. Social work is about theories of action, about how we act in a situation, not substantive theories about what the nature of this or that object (in the case of social work – people and society) is in order to be able to ‚handle' it, to deal with it (Flaker, 2003, p. 8). The dynamic nature of social work is therefore not only about responsiveness to social change, but there is also a dynamic within social work between theory and method. It is possible for theories of social work to show how to act and operate in practice, but it is equally possible for methods to shape or adapt theories.

Over the last decade, we have been integrating our specialised knowledge in social work with older people with long-term care. When the professional debate on long-term care started in social and health policy, we felt called to present our experience and insights in this field. We have conducted extensive research on human needs and how to respond to them, in the field of identifying the

2 See Mali, 2008; Mali and Hrovatič, 2015.

type and amount of support needed by people in long-term care. We have developed this approach on the basis of several years of research into the lifeworld of people in need of long-term help and support (Flaker et al., 2008). Older people are the most numerous of those in need of long-term care, and we have linked the development of social work with older people directly to the topic of long-term care. We have published our findings in six monographs on long-term care: the first defines what long-term care is (Flaker et al., 2008), the second explores how it should be conceived and introduced (Flaker et al., 2011), the third discusses how it should be implemented and the methods to be used (Flaker et al., 2013), the fourth examines how to establish and sustain it within a specific local setting of Ljubljana (Mali, 2013a), the fifth analyses the innovations emerging from long-term care in old people's homes (Mali et al., 2018) and the sixth presents a social work perspective on long-term care for people with dementia (Mali, 2024). First, we developed a tool to define the needs of people in need of long-term care. We named it the Needs Index and described it in the book *Long-Term Care* (Flaker et al., 2008). As part of the personal planning method, we presented the index in the book *Personal Planning and Service Delivery* (Flaker et al., 2013). We established eight categories: 1) instead of hospitalisation and institutionalisation, 2) housing, 3) work and money, 4) everyday life, 5) discomfort in interaction, 6) contact and socialisation, 7) institutional career, and 8) displacement and belonging. Not only have we formulated them on the basis of an analysis of the empirical material and developed a grounded theory for each of them, but we dare to claim that they can cover the entire spectrum of the lifeworld. We have presented the eight categories of long-term care needs separately because we wanted to emphasise the diversity of needs and life situations in which people with long-term care needs find themselves. In everyday life, the needs flow into each other, creating a spectrum of life events that shape our lives in different ways. The answers to the long-term problems identified by the needs index, or the answers to individual ‚needs', were found at different levels and registers of the profession, services and system. In the monograph *Long-Term Care in the Municipality of Ljubljana* (Mali, 2013a), we used the concrete example of a municipality to

show how long-term care can be set up at the local level. Ljubljana is a good example because it is the municipality with the most developed forms of care for older people (Hlebec et al., 2014), a large proportion of the older population and because the existing forms of care are not sufficient. We have emphasised that a coordinated system of responses to individual distress requires at least:

> (1) a clear paradigmatic orientation with well-articulated principles, (2) a sound strategy, and (3) clearly defined ways of reorganising services to shift the focus from institutions to the community, as well as setting up new services and new ways of working (especially those that involve users more) (Mali, 2013a, p. 131).

At the same time, we have been developing methods for working in long-term care. In the monograph *Personal Planning and Service Delivery* (Flaker et al., 2013), we presented the method of the same title as a fundamental social work method that is applicable in long-term care, because without it we cannot deliver the fundamental paradigm changes of long-term care. Among the paradigm changes, the most important are the following six:

1. a different paradigm of care that goes beyond the old ways of organising care, ways of approaching human need, the status of users and the essence of the processes of assistance;
2. an integrated health and social care system;
3. cooperation between the formal sector (people employed to provide care) and the informal sector (relatives, neighbours, acquaintances, friends);
4. direct funding (the money goes to the users, not to the institutions or care providers);
5. the user as a partner in the assistance process;
6. services are based on people's needs, not determined by professionals or care providers.

In the monograph *The Forming of Long-Term Care: People and Processes, Experiment and System* (Flaker et al., 2011), the authors proposed the development of long-term care at the national level. They write about long-term care as an opportunity for new jobs, a new way of organising and financing care, and the possibility of addition-

al education. Long-term care is an investment in different ways of being, as well as an investment in different relationships between people. It can influence a variety of systemic changes, e.g. at the level of care, it can trigger a process of deinstitutionalisation that will trigger a wave of local planning and coordination of care.

In the monograph on long-term care *Innovations in Long-Term Care – The Case of Old People's Homes* (Mali et al., 2018), we stemmed from the idea that long-term care should stimulate the development of new forms of care for older people. We have shown a number of innovations both inside and outside the homes that can be precursors to the expected new forms of care. As a law on long-term care was not yet expected, we only suggested that old people's homes should continue to innovate (certainly with the support of the state), thus creating the conditions for a paradigmatic development and breakthrough in the field of long-term care, even before a law is passed. We have realised that social work has taken the lead in innovation in old people's homes, and we believe that it should continue to oversee their development and, by doing so, confirm that it has a central place in the long-term care of older people.

In our latest monograph Long-Term Care for People with Dementia in Slovenia in Social Work Theory and Practice, we present: the characteristics and scope of long-term care needs in general, the characteristics and scope of long-term care needs for people with dementia, the characteristics of the living circumstances of people with dementia and their relatives, the working conditions and skills of formal caregivers for the care of people with dementia and the trends in the development of long-term care for people with dementia. We take a critical stance towards the traditional concept of long-term care, because long-term care should not merely be a corrective measure, but must become and be an anti-discriminatory tool that enables people to realise their potential despite the difficulties they face.

Our work so far shows that social work with older people has great potential in the context of long-term care. In continuation, we present some of the factors that further support our starting point.

1.2. Demographic change as a factor in the development of social work with older people and long-term care

Demographic data, which can be seen in various statistical reports, international and domestic policy documents, academic and professional papers, show time and again that the world's old population is increasing at a steady rate. Demographers refer to this phenomenon as 'population ageing'. The fact that population ageing is, above all, a global phenomenon of this century is reflected in the projection that by 2050, for the first time in history, the number of people aged 65 and over in the world is expected to exceed the number of young people. Today, one in 11 people is 65 or older; by 2050, the UN projects that one in six people will be that age, and one in three by 2150 (UN, 2019). Projections for the EU show that the proportion of people aged 65 and over will increase from 18.2% in 2013 to 28.1% by 2050 (UN, 2019). The proportion of over-80s is increasing the most and the trend is expected to continue in the future. Figures published before the COVID-19 pandemic show that this proportion is projected to increase by 230% by 2040, while the proportion of over-65s is projected to increase by 160% (UN, 2019). There are no studies yet on the impact of the COVID-19 epidemic on the projected trends, only some on national trends in life expectancy.[3]

Walker (2016, p. 48) makes the interesting observation that the rapid population ageing that characterised the Northern Hemisphere in the second half of the 20th century is spreading to the Southern Hemisphere in the 21st century. The phenomenon is the result of the 'baby boom' generation, people born after the Second World War, which is increasing the proportion of the older population in the Northern Hemisphere, and of the improvement in living conditions resulting from economic development, wider access to education and health care in the hitherto less developed countries of the Southern Hemisphere. We can therefore only expect the topic of population ageing to become of interest to social work at a global

3 See e.g. Population Europe – News – Demography & COVID-19 (n.d.)

level in the coming decades.

Europe is the oldest continent in the world in terms of demographic trends, so it is not surprising that policy ideas addressing this issue have started to emerge in our immediate surroundings. Initially, European Union Member States sought to address the gap between the younger and older generations, and adopted at the EU level a strategy document on intergenerational coexistence, ‚Confronting Demographic Change: A New Solidarity Between Generations‘,[4] which has been the basis for national strategies in this area (in Slovenia, on the basis of this document, we have adopted a national strategy for the care of older people up to 2010, called ‚Solidarity, Coexistence and Quality Ageing‘ [2006], and have developed a number of social protection programmes for intergenerational cooperation, such as intergenerational meeting points, intergenerational centres and houses). The guidelines for establishing and maintaining intergenerational coexistence and solidarity have most often been addressed to those old people who are still independent, active and do not need help from other people to such an extent that they need special rights in this area. For them, solutions were foreseen in so-called long-term care. After the expiration of the first strategic document, new ones followed, which tried to address both intergenerational coexistence and long-term care: the Resolution on the National Social Welfare Programme for the Period 2013–2020 (2013); the Resolution on the National Health Care Plan 2008–2013 (2013); the Dementia Management Strategy 2020 (2016); the Strategy for a Long-Living Society (2017).

As cited by Filipovič Hrast and Rakar (2018, p. 124), the increasing share of the older population poses new challenges for welfare states, but European countries have been relatively late in responding to them. As a result, the concept of long-term care, which is supposed to most comprehensively incorporate systemic solutions (care regimes and policies) and create a new integrated health and social care system, did not appear very often before 2010. The timeline for the adoption of legislation to regulate and establish a new system varies between the countries of the old continent and depends on the traditional division of care for older people between the family,

4 Green Paper Confronting Demographic Change: A New Solidarity Between Generations (n.d.)

the state and the market for services (Österle, 2011; Filipovič Hrast and Rakar, 2018). In Slovenia, the length of time it took to adopt a long-term care law was taken literally, as we have been waiting for it since 2004 when the first proposal emerged (Toth et al., 2004).

Experts – domestic and foreign – point to phenomena that make the introduction of long-term care necessary. Let us repeat them here. In addition to the ageing population and the concomitant decline in the number of young people, there is also the increase in life expectancy, the advances in science, especially medicine, the longer life expectancy of people with long-term chronic illnesses, and the increasing proportion of people who are dependent on the help of others (Flaker et al., 2008; Österle, 2011; Leichsenring et al., 2013; Mali, 2013b).

These are the changes that we see in social work at the macro-level of society's functioning, which we monitor with research and expertise, but that have concrete effects at the other two levels. At the meso-level, i.e. at the level of communities and organised support services, we see that the availability of people who could help people in long-term care in the long term is decreasing. Within families, the middle generation is unable to balance work, caring for their own families and caring for ageing parents who need daily care (Flaker et al., 2008; Filipovič Hrast et al., 2014; Billings et al., 2013). The formal care system (various forms of assistance and services) is insufficient, and new forms of assistance and services are needed because the existing system does not sufficiently meet the needs of older people (micro-levels).

One of the reasons for the emergence of long-term care is the process of deinstitutionalisation – the closure of large institutions and restructuring into different, community-based services – as it has fundamentally changed established forms of care provision (Flaker et al., 2008; Leichsenring et al., 2013; Rafaelič, 2015; Flaker and Ramon, 2016). Accordingly, the paradigm of care has changed: it emphasises the person and their needs, and aid is effective when it responds to the person's needs in accordance with their expectations and urgencies. The process of deinstitutionalisation in the field of care for older people is by no means understood as a process of closing old people's homes, but rather as a process of transforming

existing large institutions into more person-friendly forms of living (e.g. household communities), new, personal-centred approaches, methods of assistance, which will influence innovative changes in residential care.

The paradigmatic changes envisaged by long-term care are consistent with social work concepts, and it is therefore not unusual that social work with older people in Slovenia has been able to relate to the topic of long-term care. On the other hand, this is because demographic change has become the most important social work issue of the 21st century, overshadowing the position of the working class as one of the key social issues of economically developed countries in the 20th century (Payne, 2005; Lymbery, 2005; McDonald, 2010).

As life expectancy increases, so do the various risks that old people face (e.g. illness, poverty, social exclusion). When risks arise in society, social work is the discipline and science called upon to address them. In doing so, it is highly dependent on the development of social policy and the direction that countries take in addressing, for example, demographic change. Both in Slovenia and abroad, social work is responding to policy orientations by developing various forms of care for older people, while developing a specific field of social work with its conceptual starting points and working methods (Koskinen, 1997).

Means and Smith (1994) describe that the development of care for older people has been influenced by the generally negative image of old age in society, which has discouraged the development of community-based forms of care and emphasised institutional care. The mere awareness of the growing number of older people was not a sufficient stimulus for the development of care. Changes were stimulated by legislation that provided legitimate frameworks for the development of anti-discriminatory practice and for addressing the personal hardships of older people (McDonald, 2010). Before this, however, old age had not been seen as one of the developmental stages of human life, but rather as a problem to be adequately dealt with by social policies. Older people were passive recipients of help rather than active shapers of care. Social work was not specialised but generic and heavily influenced by the method of working with the individual (McDonald, 2010, p. 25). Social policy, which emphasised the development of community care in the 1980s and

social management in the 1990s, influenced social workers to be more concerned with their own livelihoods rather than with old people. This makes the move towards individualised forms of financing community care in recent decades all the more encouraging for the development of social work with older people.

Long-term care is a new form of public policy, an integrated health and social care system and a new paradigm of care at the level of professional practices (Flaker et al.). Social work brings to long-term care the knowledge and methods to achieve a paradigm shift in care that emphasises the person, their needs, and that assistance is effective when it responds to the person's needs in accordance with their expectations and needs. The key change is that professionals need to adapt to the user, involving them in the assistance as an active co-creator of solutions (Lynch, 2014), that is, the user and the professional create a relationship of equal participation in defining and solving hardships and problems (Flaker et al., 2013).

Most EU countries adopted long-term care decades ago. An analysis of how the systems work (Leichsenring et al., 2013) has shown that, in addition to formal carers, informal carers, especially family members of the person in need of long-term care, play an important role in long-term care (Hlebec et al., 2014a; Hlebec et al., 2014b). As they are not able to provide the necessary support in full, lay carers, who are usually migrants, are also an important addition to informal care. According to Bednarik et al., (2013, p. 213), lay carers fill a niche between family care, which is unable to play its ‚traditional role' in caring for ageing parents, and the lack of formal forms of care: 17 out of 23 European Union countries report that families use lay care at least a few times a year. The reasons given by families in Italy for this practice are that it is the only way to keep the family member in the home environment and to ensure continuous support for the family member, while at the same time allowing women to keep their jobs and be able to take care of their families. Other alternative forms of support are unfortunately lacking (Barbarella et al., 2016, p. 163).

The findings on culturally sensitive professional work in long-term care are important for social work. Unfortunately, we have little research in this area, but we need to look for solutions and help on

at least four points.

1) Social work should take into account the cultural dimensions of care provision in the process of support in long-term care. At the heart of long-term care is the knowledge of exploring the user's lifeworld and coordinating care services. In terms of helping methods, it is about a new synthesis of the material (including organisational) foundations of life and a willingness to listen to the needs, wishes and desires of the user and to co-create a lifeworld with them (McDonald, 2010; Moore and Jones, 2012; Lynch, 2014). In doing so, social workers must not neglect the cultural dimensions of care and must take them into account in the helping process at all stages of the engagement with users.

2) Recognising the cultural specificities of long-term care providers and recipients is a necessary component of long-term care. Rostgaard (2016), based on research on migrant care work, concludes that cultural diversity in long-term care providers is an opportunity for a new quality of understanding of long-term care. Migrant care workers are more respectful of older people, help them differently when they are in conflict with their adult children, and bring their own cultural specificities into care. On the other hand, in the future, we can also expect migrant workers to age in the host countries and long-term care will also need to be adapted to their specific needs. This is another reason for developing culturally sensitive long-term care.

3) The cultural context of understanding long-term care should become an integral part of developing new forms of care. This is particularly important in countries that have not yet established a long-term care system (including Slovenia), as it is from the mistakes of their predecessors that they can learn to improve the quality of long-term care.

4) The perspective of long-term care in social work is broadly understood as a form of humane, human assistance that creates the conditions for solidarity between people in the context of neoliberalism. This understanding of long-term care points out that we may find ourselves in situations where we need long-term help from others, and therefore we cannot understand the need for long-term care as a need of others. These may soon be situations in which we or our loved ones

will find ourselves, so understanding the needs of people in need of long-term care can also help us to understand our own life situation. And, analogous to this thinking, social work with older people is an area of social work that concerns all social workers, regardless of the area of social work practice in which they develop their practice. Because we are all getting older and will be getting older. Old age is inevitable which makes it a subject that connects us as human beings at an interpersonal level.

1.3. The role of social work in ensuring solidarity at a time of social change over the last two decades

Social work enters the field of work with older people in a unique way, but it is not the only discipline that deals with people in older age (McDonald, 2010, p. 3). Not only is old age a complex phenomenon and the older population is highly heterogeneous, but finding solutions to the hardships of older people requires social workers to critically assess the positions taken by different disciplines and policies in the field of care for older people. It is therefore important that the field of social work with older people is well defined (Ray et al., 2009), that social workers have (1) knowledge and experience of the ageing process, and (2) the specific skills and knowledge needed to explore older people's needs and find answers to meet them.

Over the past decade, the development of care for older people abroad has focused on individualised and personalised forms of financing care in the community, and this has had a significant impact on the development of social work with older people. Older people have acquired an active role in the assistance process. In Slovenia, this is what we expect from the introduction of long-term care. We can learn from foreign practices that it is not enough to provide systemic solutions that allow, for example, new forms of financing services, but it is also important that all older people really do have the right to these forms and services of assistance. Allen et al. (2013) point out that personal-centres care has less impact on the lives of older people than other age groups in long-term care. Older people experience

less psychosocial well-being, and their power does not increase as much as it does for younger users. They need more support and help from professionals in the process of choosing help and influencing the functioning of institutions and services. Similar findings are described by Naiditch et al. (2013, p. 50), as in practice older people's views are often ignored, as are their basic human rights, and relatives and other representatives of the social network are only involved at the end of the care process when decisions about care have already been made, and care is already being delivered.

There is a pitfall in creating services tailored to individual needs, described by Jordan (2012) as the danger that the individualisation of services becomes a tool for greater control over social work practice, a control that leads to an even greater bureaucratisation of social work, and in fact, means moving away from the desired goal of a personalised and individualised approach to social work users. After decades of practice-based, particularly in the United Kingdom, on meeting individual needs and guidelines set by social policy, the focus of social work is on bureaucratic tasks, controlling the lives of users and checking on the lives of those users who qualify for social rights. Social workers are losing compassion for people and are therefore not respectful towards users (Flaker @ Boj za, 2012). In such a situation, it is important for social work to return again and again to its roots, values and ethical principles. The crises we have witnessed in the last decade, from economic and social to migrant and epidemiological (COVID-19), have repeatedly led social workers to question their own values, goals and the appropriateness of existing methods of helping users.

The general image of ageing and old age is changing, but in a way that is constantly adapting to the social context. Once the focus is on the prospects of active and successful ageing, policy is creating the conditions for seeing old age as an opportunity for new life experiences, including one of the most important achievements of the modern era. Secondly, old age is portrayed as a problem that is the cause of current social crises, and old people are a threat to the young. Thirdly, older people are the most vulnerable group in the population and must be protected in every possible way (for example, against the COVID-19 virus), using every means to ensure

that their voices are not heard and their needs are ignored. In such a situation, it is of the utmost importance that social work with older people remains on a firm footing and platform, that it does not fall under the influence of current policies, and that it is critical of practices that discriminate against, oppress and despise older people.

Ageing is a complex phenomenon and older people are an extremely heterogeneous group of people, with a wide variety of life situations, needs, life goals and experiences. The different disciplines represented in the provision of support for older people do not understand older people in such a holistic way. In social work, we understand social phenomena and work in a holistic and transversal way. Transversality is presented by Deleuze and Guattari (1980) as a philosophical concept that allows for the integration of different events, modes, signs and non-signifying particles into integrative, disjunctive and conjunctive syntheses. Transversality can be used to describe the ‚molecular' effects of individual actions at different levels of consistencies, not only the effect of the social on the body but also the transformative values of human action on systems such as language, politics, institutions, etc. Social work integrates several different levels of existence, it does not limit the kinds of meanings and functions to a single dimension and to the homogeneous space of a reductionist discipline (Flaker@ Boj za, 2012, p. 65). Therefore, it also does not understand long-term care as a mere systemic change and paradigm shift in the care of people in need of continuous care. Long-term care is seen as a reaction to changes in interpersonal relationships, but above all as an opportunity to build a sense of belonging and to create conditions for coexistence between people. It is important to recognise that the central guiding principle of long-term care is to *help people because they are human beings* and because preserving their dignity is important for the human community and for the existence of humanity (Mali, 2013a, p. 16).

Mali (2018, p. 22) defines social work in long-term care and outlines the key methods of social work in the definition: establishing a working relationship, exploring the lifeworld and needs of users, risk analysis, empowerment and advocacy. The starting point of social work is the individual in need of help in the face of life's hardships and difficulties. In order to be successful, the social

worker establishes a working relationship with the long-term care user (Saleeby, 1997; Čačinovič Vogrinčič et al., 2005) with the aim of alleviating the hardships and difficulties that necessitate long-term care assistance. It is important that they establish a personal relationship with the long-term care user, which allows for the exploration of their lifeworld (Šugman Bohinc et al., 2007; Flaker et al., 2013) and discovering the needs for which they do not have the appropriate answers in the current life situation (Šugman Bohinc et al., 2007; Flaker et al., 2013). Finding answers to needs is based on empowering the user (Thompson and Thompson, 2001; Dragoš et al., 2008). In this way, the person in need of long-term care is given the mandate to be an active co-creator of their life destiny. The nature of the hardships and difficulties of people in need of long-term care is such that it often requires a protective and caring role from those who help. This is in contrast to the long-term care paradigm, which places long-term care users in the role of co-creators of solutions to problems and of finding answers to needs. In social work, it is risk analysis (Grebenc and Flaker, 2011) that allows for a different kind of engagement, one that shows risk in terms of the likelihood of an event, thus allowing us to keep the perspective of the user as a participative co-creator of solutions (Beresford and Croft, 1993; Škerjanc, 2006). Risk is not, and should not be, a reason to passivise long-term care users. Risk analysis is used to show that, despite the likelihood of a risk occurring, users can be actively involved in the process of help. We show the possibilities for the user to co-create solutions, both for the users and their relatives, as well as for the professionals involved in the assistance process. It may happen that users are excluded from active participation in the helping process because of the fear of others (professionals, relatives) and need an advocate, someone to defend their interests and active involvement in the search for solutions. Risk analysis and advocacy (McDonald, 2010; Urek, 2005), which aims to differentiate opportunities and empower individuals, are useful methods in these situations because they are based on the actual needs, interests and preferences of the person in need of long-term care (Flaker et al., 2013) and, if necessary, empowered to correct social injustices and injustices in order to achieve full membership in society.

Social work practice means working for the common good of all people, people of all ages and all generations, because one of the basic ethical principles of social work is that social workers do not exclude, restrict or disadvantage people in their work. Social work with older people as a specific field of social work (Mali, 2013b) emphasises the characteristics of social work with older people, but in a way that does not exclude cooperation and co-creation of solutions with other age groups of people who come into contact with older people. The focus of social work practice is on intergenerational co-existence, intergenerational cooperation, which is a specific area of long-term care for older people (Mali, 2017b).

1.4. Social work with older people during the COVID-19 epidemic

The COVID-19 epidemic invaded our lives in 2020 and is likely to determine the course of our lives for years to come. Older people were the hardest hit, with a 15% increase in mortality among the older generation during the first wave of the epidemic (Morley and Vellas, 2020, p. 364). Among older people, those most vulnerable to the disease were those who had multiple co-morbidities and therefore needed intensive health care. In Slovenia, these groups of people are usually cared for in old people's homes. Therefore, it is not surprising that Flaker (2020, p. 310) states that old people's homes are almost exclusively 'Corona ground'.

It is also worrying that the concept of social isolation was introduced worldwide as a preventive measure to protect against the disease – the less contact we have with people, the less likely we are to get sick. The hardest hit was the older population, who already feel the effects of social isolation as they age, for at least two reasons. Firstly, ageing is a highly stigmatised social phenomenon (Berg-Weger and Schroepfer, 2020, p. 525) that leaves old people isolated, excluded from social events and correspondingly less empowered. Secondly, the decline in social contact with peers, which is a consequence of the natural process of dying in old age, and the reduction of social networks. In both cases, the consequence is loneliness. We

already knew that loneliness is one of the most serious phenomena of old age that determines the quality of human life (Flaker et al., 2008; Mali, 2008). We can only anticipate the consequences of the loneliness that has emerged as a by-product of the social isolation measures taken in the context of the COVID-19 epidemic. We believe that social isolation, as a measure to prevent the spread of COVID-19, has become the starting point for a new epidemic of isolation, neglect and stigmatisation of older people. It will soon be recognised and will run in parallel with the COVID-19 epidemic.

The epidemic pointed very early on to some social phenomena that cannot be overlooked in social work. The measures taken by countries to stop the spread of the disease and to protect their citizens from the disease triggered a wave of inequalities between people, poverty, abuse and people‘s struggle to survive in the new conditions. In the first wave of the epidemic, by adopting measures to contain the epidemic in Slovenia, the government clearly showed its attitude towards older people. For example, it introduced a ‚shopping schedule‘ in shops for the over-65s to prevent the spread of infections among the most vulnerable group to COVID-19. The result was more crowded shops and ideal conditions for the spread of the disease. It stopped admissions to old people‘s homes and the provision of home-based social care to prevent new infections among the weakest populations. And the hardship it caused to older people and their relatives, denying them the right to receive the formal assistance they needed, can only be imagined. The possibilities of supporting dying family members in institutions were greatly reduced. In hospitals, this was no longer an option, and in old people‘s homes, it was very limited, involving the use of protective equipment (masks, visors, protective clothing, etc.), which some dying relatives did not recognise.

In the second wave, the government took different measures to close and open primary schools, depending on the number of infections in a given region. Thus, we saw schools closing because of the sudden increase in infections in old people‘s homes in some municipalities. Such a measure instantly destroyed the intergenerational coexistence and cooperation that we had worked for years to establish and nurture. Closed borders between municipalities and

regions, limited possibilities to travel around the country and to visit relatives over 65 have further intensified social isolation and increased deprivation of the basic necessities of life. Mortality rates in old people's homes rose sharply and many residents witnessed the loss of a roommate, a peer with whom they had co-created a new life in an institution.

We have been neither precise nor analytical in listing examples of how the state abandoned and neglected to meet the needs of older people. We only wanted to show the reckless political moves that grossly interfered in the lives of older people. Social work practice has not remained undecided about them. It sees them as a call for immediate action and the provision of appropriate solutions.

Social work is a discipline and a profession that always responds quickly and flexibly to phenomena in society that give rise to inequalities between people and violations of fundamental human rights (Berg-Weger and Schroepfer, 2020). This is also the case in times of epidemics. The values and ethical principles of social work require care for those members of society that are the most vulnerable, weak and in need of help. Miller and Lee (2020, pp. 566–567) describe some of the most urgent roles of social work that should not be neglected during an epidemic, as they are the starting point for new practices and forms of assistance. Below we summarise some of them and add to them with our suggestions for social work in times of epidemics.

1. Ensuring social justice

The task of social workers is to draw attention to human rights violations during an epidemic and oversee the actions and behaviour of people in the community. They work with people in the community to organise support and community integration activities for marginalised groups who are particularly vulnerable and excluded during an epidemic. In the field of social work with older people, this means that social workers are present in the field, in the community, among people, and that they mobilise community members to organise support for older people who are living alone, in need of help, lonely, isolated, unaware of their rights or unable to exercise them.

Social workers can organise voluntary campaigns to help older

people during an epidemic in terms of providing basic necessities, reducing loneliness and isolation (e.g. through teleconnection projects, using modern technology [smartphones, tablets, zoom, Skype meetings], strengthening intergenerational cooperation in the use of modern technology).

2. *Caring for interpersonal relationships*

During an epidemic, people experience various distresses that affect their relationships with each other, but it is also true that relationships can trigger new distresses that people do not know how to deal with and need help from professionals. In some communities and families, relationships improved during the epidemic, and people found time and opportunities for better quality socialising, of course within the closed environment of their family. In these cases, the epidemic was a positive thing for family relations.

In social work, we understand how communities work and how people relate to each other holistically, taking into account the needs of all the people involved. This is why we are also attentive to the negative aspects of the epidemic and to those people who live in communities with already damaged or broken relationships, where violence, drug and alcohol abuse, etc. have taken place. The measures envisaged by the policy during the epidemic assume that all people live in good relationships with each other, understand each other well, respect each other, accept each other‘s uniqueness and differences. Such ideas are flawed, over-generalised and therefore stereotyped. They do not correspond in any way to the real picture of the range of relationships that are established between people, and therefore these measures cannot be effective.

The time during which the epidemic trapped us was not one conducive to good human relations. The conditions and demands of neoliberalism (Müller, 2017), which emphasise profit, gain and the ruthless priority of work and career, do not provide the conditions for good relations between people. We are witnessing an increase in divorce among older people, poor intergenerational relations in families, violence and abuse of old people, many old people living alone and isolated, with few opportunities for interpersonal contact (Berg-Weger and Morley, 2020; Brennan et al., 2020). It is

important that social work with older people explores the lifeworld of older people and rediscovers with each individual what kind of relationships and social contacts they have, who they can rely on, who can help them and how. The conditions for social work in times of epidemic must be such that social work can fulfil this mission. We know, for example, that the onset of dementia in a family can disrupt good relationships between family members (Mali et al., 2011). The question is how we are going to help such families during an epidemic if we have lost the possibility of reaching them at all due to the interruption of care in formal forms of assistance.

3. Ensuring the autonomy and dignity of older people

In social work, we work to ensure that older people live a life of dignity, that their voices are heard and that they make autonomous and independent decisions about their lives. When they do not have these opportunities, they need our help to defend their interests in front of decision-makers who can automatically decide the fate of their lives. The measures taken in the wake of the epidemic, and the practices that have been developed on the basis of these measures,[5] have shown that the autonomy of older people is a neglected, irrelevant category. Social workers in old people's homes shifted their activities from the pre-epidemic days, when they had dealt mainly with applicants for admission to old people's homes, to the relocation of residents within the home. Years of efforts to keep residents in the room they came to even if their health deteriorated, to prevent staff from moving them to other wards (e.g. secure, nursing), were dashed in an instant by the suddenness of the epidemic. Social workers had to accept the relocation because it was the only solution given to limit the spread of infections in the home. Nevertheless, they remained mindful of the basic values of social work and ensured that the moves were carried out in the most resident-friendly way possible. In the new living environment of the home, they established contact with relatives in a way that best suited the individual resident, taking into account their cognitive abilities

5 For example, the establishment of red and grey zones in old people's homes was carried out on the basis of instructions from the Ministry of Health and experts (largely medical or health professionals), who guided the response to the epidemic. The opinions and needs of the residents were not respected. We conclude that old people's homes were perceived primarily as medical institutions where older people received treatment, rather than as social institutions where they resided – often for a longer duration than in hospitals.

and sensory perceptions.

4. *Education and training*

One of the tasks of social work is to educate and train people to live and help each other. This task has always been visible in old people's homes (Mali, 2008), and in recent years it has been even more pronounced as we have been researching innovations in long-term care (Mali et al., 2018). Even though they are primarily trained as health professionals, the staff in old people's homes have in recent years been acquiring the skills to provide care that ensures good interpersonal relationships, a climate similar to the life in a home environment from which the older person came to the institution. Good practices in this area have been described and listed as innovations in long-term care (Mali et al., 2018). In order to ensure that, given the new situation during the epidemic, staff members maintained such a starting point, and did not fall into the traditional medical treatment of residents, social workers devoted a great deal of attention to the education and training of staff members. Despite the new working conditions (protective equipment, care zones, new work schedules), it is important for social workers to show how to establish and maintain a human relationship with the residents, to meet individual needs, and to empower residents to make independent decisions about their lives, in team meetings, in direct contact with the residents, and in contacts with relatives. Experience from abroad shows that social workers are developing tele-assistance programmes for residents in old people's homes to reduce depression, isolation and loneliness (Miller and Lee, 2020, p. 567).

1.5. The COVID-19 epidemic – a new opportunity to specialise in social work with older people

The epidemic proved to be an opportunity to revitalise the specialisation of social work with older people. This is reflected in the various publications and debates on social work during the epidemic in reputable scientific and professional journals. Beltran and Miller (2020, p. 571) point out that all social workers dealt with older peo-

ple during the epidemic, irrespective of the specialisation of their field of work. It is therefore important that all social workers have at least a basic knowledge of the ageing process, the phenomena that determine the characteristics of ageing and specific methods of support for older people. They call for training programmes to adapt their curricula immediately and to include these essential topics in social work education, as it is important that they have the knowledge to act competently and meet the unique needs of older people in situations as risky as an epidemic.

Berg-Weger and Schroepfer (2020, p. 524) went one step further and called on those responsible to immediately increase enrolments in gerontological social work, increase funding for recruitment in this field and allow research into the impact of the pandemic on the lives of older people. In the USA, for decades, there have been warnings about the insufficient number of social workers with specialised skills in working with older people, as the needs in the field outstrip the number of social workers with the competencies to work in this field (Hooyman, 2006; Hooyman and Peter, 2007; Tompkins and Rosen, 2007; Rosenberg, 2009). Wang and Chonoly (2013) cite data from before the epidemic when 1,000 gerontological social work students graduated each year but in practice at least five times as many could be recruited. We do not have more recent data on the recruitment needs of gerontological social workers, but the need to recruit gerontological social workers certainly increased during the epidemic.

Insufficient numbers of trained social workers are not the only problem. In Ireland, social workers are one of the key professionals in the provision of care for older people. They are employed in general health, mental health, social care, and are most commonly found in hospitals, community services, old people‘s homes and palliative care (Brennan et al., 2020, p. 1). During the epidemic, a significant shortcoming became evident: social workers are employed primarily in public old people‘s homes, but not in private ones. However, the need for social workers‘ knowledge and support is not determined by whether an old people‘s home is publicly or privately owned, as it is the residents who define the type of assistance they require.

Calls for a revival of the idea of specialisation in social work

with older people are not unexpected. In our country, as we said in the introduction, the development of this field has been linked to the development of long-term care, thus keeping us visible on the pedestal of the professions at a time of demographic change. The experience from abroad (Beltran and Miller, 2020; Brennan et al., 2020; Kusmaul et al., 2020; Miller and Lee, 2020; Morley and Vellas, 2020; Perry et al., 2020), which shows how unprepared society is for dealing with the needs of older people, and how unprepared the field of social work education is for increasing the number of social workers in the field of support for older people, is extremely worrying. They show a prevailing attitude of underestimation towards the ageing of the population and addressing the needs of older people.

The epidemic highlighted the prevailing ageisms embedded in all aspects of our social life. Berg-Wenger and Schropfer (2020) point to the neglect of policy attitudes towards old people, which is reflected at the national level in the adoption of protocols not adapted to the needs of old people, the lack of gerontological content in the educational curricula of the various disciplines involved in helping old people, and the inequality in the provision of sources of assistance during the epidemic, as old people are most often ineligible for them.

Despite the many negative effects that the epidemic had on attitudes towards and the provision of assistance to older people, there are various opportunities for the development of social work with older people. As we move from daily counts of the infected and the dead to the life stories and experiences of living with COVID-19, we create the conditions for a new valuation of old age and old people.

The most concrete examples of good practice were found in the field of social work in old people‘s homes. We deliberately list them at the end of this chapter to highlight the developmental power of social work and the opportunities for improvement. Areas that have particularly developed under the umbrella of social work in old people‘s homes during the epidemic include:

1. *Preventing social isolation and promoting different forms of communication*

Social workers in old people’s homes had to quickly develop, identi-

fy and implement different ways of contacting and fostering communication between residents and their relatives. In doing so, they were characterised by their skills of resourcefulness, adaptability, respectfulness and, above all, compassion for people. Some examples of good practice:

- keeping in touch by ordinary mail:

Although for most people writing traditional letters is just a nice reminder of the past, old people (and often their relatives who belong to this age group) are used to this kind of correspondence. Various projects were set up to keep in touch by ordinary mail, using envelopes.

- keeping in touch using modern information and communication technology (ICT):

Correspondence with relatives by email had yet to be established in many homes (Kusmaul et al., 2020, p. 651). Intergenerational ICT projects were established ways of communicating with relatives and wider social networks (Perry et al., 2020).

- community activism projects:

Two interesting projects (Perry et al., 2020, p. 555), which were set up to support older people living in the community, could easily be linked to social work in old people's homes. In the first one, on the initiative of the president of the Association for Gerontological Social Work, a telephone connection was established with 1,300 old people in a city severely affected by the epidemic. In the second, a University of Georgia student developed a website of activities (Perry et al., 2020, p. 555) that old people could do at home to maintain physical, cognitive and mental health. She developed a virtual programme for residents of old people's homes to interact with animals.

2. *Developing activities that brought meaning to life in old people's homes during the epidemic*

Social workers in old people's homes sensitively reminded their colleagues of the importance of ensuring that residents play an active role in the home. Activities, which before the epidemic were mostly group activities, had to be redesigned, moved from common areas to residents' rooms or carried out at a physical distance between resi-

dents and staff. Berg-Weger and Morley (2020, p. 457) argue that this strengthened the role of social workers in teams, as they were able to lead teams of staff in finding innovative solutions, despite the many pressures they experienced due to residents' illnesses and increased staff sickness absence, the use of protective equipment, etc. They highlighted the importance of staff and relatives having contact with residents in the last stages of life and trained them in compassionate verbal and non-verbal communication.

3. Advocacy for vulnerable groups of older people

Old people's homes are most often used by older people who cannot live independently in their own homes and are dependent on others for daily tasks. These residents have limited opportunities to advocate for their rights and are often victims of violence and abuse. It was therefore for these groups of residents that social workers in old people's homes recognised that they themselves had a stronger advocacy role, which enabled them to resolve conflict situations between residents and staff. It is impossible to explain to people with dementia who are still able to move independently that they cannot move around the home as they used to because there are zones in place according to the prevalence of infections. And the easiest way to 'nail' such residents to a particular place in the home is to administer medication, most often antipsychotics, in order to comply with measures taken at the national level (Brennan et al., 2020, p. 2). Such practices can be characterised as abuse, violence against older people, violation of human rights and restriction of freedom. However, the potential for such negative phenomena is high, as there are fewer opportunities in old people's homes for permanent teams of staff who know the residents, are able to respond to their actions, calm them down, divert their attention to events that do not upset them, and thus prevent harmful forced medicalisation.

Measures taken during the epidemic interfered with the wishes of dying residents. Funeral rituals were curtailed (e.g. the number of people at the farewell was limited, post-farewell events were banned), the presence of loved ones at the farewell of a family member was restricted, and older people were more likely to die in institutions, alone and abandoned. Death became even more distant

from people, and traditional farewell rituals became more depersonalised than ever. This is why social workers in old people's homes made every effort to ensure that relatives were present when a family member was dying. The help also extended to the time of mourning, as they also helped relatives with advice on processing their losses.
Social work has taken up the epidemic of COVID-19 as a challenge to develop new practices to help users. In the field of social work with older people, various projects have been developed to meet their wishes and interests. This required a rapid response, effective action for the benefit of older people, and often a critical stance towards the prevailing stigmatising attitudes towards older people by politicians, various professions, groups and individuals. In these times, it is more important than ever that social workers live up to the moral and ethical commitments of their profession. It is therefore important that they are supported in their work by the profession and by the institutions that underpin, develop and characterise that same profession. It is also important that their work provides them with opportunities for relief and affirmation that they are working in the right direction. In such a situation, the need for additional education and training for social workers cannot be ignored. It is important to find out how to support social workers in their work in practice. Possible ways of cooperation include the organisation and implementation of distance training (distance seminars, better known as webinars), monthly distance meetings with supervisors, round tables and distance professional meetings in which social workers actively participate and share good practices. The link between theory and practice has been strengthened during the epidemic, while the link between practice and social work concepts has become even more important.

2. RESEARCH ON LONG-TERM CARE NEEDS AS A FUNDAMENTAL ORIENTATION IN SOCIAL WORK

Research on long-term care needs is based on the assumption that social work as a theory and practice will be oriented towards exploring the characteristics of the everyday lifeworld and taking the findings into account in the planning and implementation of social work. The challenge for all social work practitioners in taking this assumption into account is how to create the conditions – opportunities, methods, knowledge and knowing – that enable an ongoing dialogue between theory and practice, as well as reflection on research and action; but also how to capture the knowing encountered in the community and how to document and translate the knowing that we hold and create as agents – community workers and practitioners – into knowledge for handling cases in social work. The aim of human needs studies is to systematically examine notions of needs. This includes both the study of the construction of ideas about needs and the study of the forces and relations that shape needs as a social, cultural, political and civilisational concept. In studying and researching human needs, we seek to answer the question of how we can integrate knowing about needs into social work, which as a profession is based on values of social justice and solidarity.

In social work, understanding people's needs is key to shaping social work practice and theory. Examining people's everyday lives, discovering and creating answers together, are fundamental processes of social work practice, whether working with individuals, diverse groups or communities. Without these actions, we cannot know what the concrete tasks and objectives of social work are in each individual helping situation. Social work only acquires a mandate to act when it is clear in which situations and how it can be involved in improving people's quality of life. Needs assessment and

response planning are also the basic operations that are combined in the HOPS (rapid needs and services assessment) method. At first sight, it seems that we are dealing with a simple formula with only two unknowns: needs and response plan. But this simplicity is only apparent. We must abandon, from the very outset, the illusion that needs are a clearly defined and easily identifiable category, as well as the causal logic that discovering needs will automatically lead us to answers. As soon as we look at needs and their answers with analytical and critical reflection, we quickly realise that we are dealing with an infinite number of variations of ideas about needs, with many ways of perceiving and experiencing needs, and with just as many ideas, combinations and possibilities of creating meaningful answers.

Although needs as a concept have now become part of everyday language and everyone has an opinion about them, when critically examined they are a fluid, unreliable and, to simplify, flawed concept. There are different explanations and theories about needs. Explanations of human needs are rooted in different theories, which differ according to humanistic, religious, cultural and political traditions and the interpretations of the everyday world that these traditions generate. Each of these different and intertwined perceptions shapes the interpretive schemas that are used to create images of everyday life and influence the formation of truths, beliefs, convictions and attitudes, which are also reflected in the perception and justification of needs. Human needs are not only a social and biological issue, but also a philosophical, political and moral one, and as a value concept they are entwined in the rhetorics of social welfare policies (Doyal and Gough, 1992). Virtually all sciences deal with needs as an idea. Philosophy, history, sociology, medicine, psychology, social work, art, economics, ecology, architecture and many other sciences and professions dealing with human beings and human existence are thus also directly or indirectly concerned with understanding human needs. Human needs seem to bind all spheres of human life/existence together like an invisible glue.

Today, it could be said that needs have taken on a representative and symbolic function in everyday life. They have become concepts, ideas that people exchange with each other to explain the characteristics of individual and collective life situations. Survival itself requires

that there is a constant process of articulating the experience of reality between people, and it is through the idea of needs that we feel we can create a recognised and universal system of exchanging meanings (schemas, codes, symbols, concepts) to explain to each other what we need in life in order to live at all, and what we strive for in order to feel fulfilled. Identifying and naming needs become the ways in which we participate in shaping the truths of reality and agree to represent our position in this world. Or to put it another way, by naming needs, we find the categories with which to generalise the fundamental human experience of being.

When needs are articulated, they can be discussed, negotiated, agreed upon. Social work, which comes into direct contact with people on a daily basis in its practice, must therefore be able to discover and understand the subtle and often invisible processes that are part of the everyday world, and the experience of the people who live in that world. These are questions of how to identify and understand physical and biological characteristics, mental and spiritual feelings, abstract constructions of values, norms, culture and the purely material and physical features of the natural and artificial environment. It is a question of seeking undiscovered awareness about the world and of supplementing, verifying and correcting already discovered awareness about the world.

Our physical appearance in the world and the awareness of our physical vulnerability and temporariness bring feelings of uncertainty and unpredictability into our existence. In order to live, we need to provide a sense of ontological security, to create a belief that all is well with life (Giddens, 1991; 2000; Bauman, 2002; Goffman, 2008). We need truths and ideas about the world to help us make sense of existence. We are therefore constantly creating more or less reliable and credible ideas about the world as we try to understand ourselves and the world we are in. Not only science, but also the experience of living and the personal, intimate exploration of the world constantly remind us of the provisional nature of our ideas about the reality of everyday life. Human existence is therefore entwined in a constantly changing reality, which human beings try to adapt to and change. Needs must be understood as part of this ever-changing reality.

In social work, we examine the interplay between the micro-, meso- and macro-levels to gain a deeper understanding of reality. In needs research, this perspective extends to both the individual and their broader social and physical environment. Social work is a discipline that explores the human person in everyday living situations. Social work, which follows its mission in the pursuit of a socially just society and respect for human dignity, is constantly striving to discover how to critically capture people's realities and take them into account when planning its work. In social work, we are called to be co-creators of people's realities, our task is to help and support people in the everyday situations of life.

As a scientific discipline, it is crucial for social work to develop and apply testable procedures and methods to generate theories about the situations in which people need our help. The working methods we develop for social work research are such that people can participate both in creating awareness about their reality and in creating and inventing answers to the many questions of everyday life. We understand needs research as part of these processes and see them as an opportunity to exchange many perspectives on everyday life. In social work, needs are understood and used as malleable categories whose meaning and value for the individual and the community must be taught again and again in each situation. In social work conversations with people, we enquire about the characteristics of everyday situations, and needs are the aspects of these situations that testify to the conditions and circumstances of a person's life. Needs have the characteristic of summarising these situations in a way that shows what people need to survive, what is necessary for a meaningful life, what they want to change and what they want to keep or improve. Depending on the importance of the needs in people's lives, they can be divided into basic and universal needs as well as relative and specific needs (Doyal and Gough, 1992).

2.1. Needs as a measure of well-being

The development of the welfare state after the Second World War was a major contributor to the emergence of needs as a social and

societal concept. Increasing social and economic security then became the domain of social protection and the cornerstone of human development worldwide. Human needs became important in the shaping of social policies. It was also a time when awareness of the need to respect human rights became important at a global level. It is therefore no coincidence that the idea of human needs overlaps with the ideas of human rights and social well-being. The rights described in the Universal Declaration of Human Rights (1948) are supposed to be 'universal and indivisible – that is, all human beings have the right to them, regardless of culture, political system, nationality or any other characteristic (universally), and the state cannot choose which rights to grant. The universality of rights is commanded by the principle of the indivisibility of rights, i.e. that all people should have all rights (Mapp, 2008, p. 17). Human rights are defined as that basic criterion without which people cannot live with dignity as human beings. Human rights are the foundation of freedom, justice and peace (Amnesty International, 1997). In fact, it is inconceivable how we can achieve social well-being without pursuing the goals of social and economic justice or without respecting and upholding universal human rights that are recognised for all people.

The discourse about needs within the welfare state takes place in parallel with discussions about prosperity and poverty. The endeavour to fulfil human needs is equated with the endeavour for social development (Illich, 1997). In the discourses of the welfare state, needs serve as a standard set by the state to define the minimum level of well-being required for citizens to participate in economic competition. The establishment of the welfare state in the 1950s, followed by new emphases in the 1960s, promoted the demand for the development of non-monetary measures to evaluate well-being. This marked the beginning of an era that focused on the development of various indicators to assess the fulfilment of needs, with the aim of planning and monitoring social development (Doyal and Gough, 1992, p. 151). The idea of needs as a yardstick for measuring well-being is an important feature of the debate on the concept of needs in expert literature. Welfare analysts want to measure poverty and are therefore looking for approaches, measures and units to do

so (Doyal and Gough, 1992). There is thus an ongoing process of searching for criteria to define specific phenomena related to social well-being (e.g. quality of life) and looking for methods to measure these criteria with the aim of planning, implementing and evaluating economic and social policies. Alongside efforts to establish ways of naming needs, define indicators of needs and develop methods for their identification, efforts are also underway to define a common denominator for needs that would help determine people's basic needs.

The search for a fundamental denominator of needs is torn between a universalist and a relativist perspective on needs. Each has strengths and weaknesses. If we follow the universalist tendency in the search for the most fundamental common denominator that would allow a global comparison, we can easily find ourselves in reductionism. The main criticism of the universalist view is that it seeks objective criteria and minimum indicators of poverty and is concerned exclusively with measurement and less with the social forces that cause deprivation (Doyal and Gough, 1992; Novak, 1994). It is the relativist strand that responds to the reductionism and limitations of universalist efforts to find models for measuring human well-being and needs, by criticising the concept of universality and the objectivity of needs, and by pointing to the inconsistency, vagueness and partial nature of the universalist view. The relativists point out that we cannot ignore the roles and meanings that needs have acquired in the social sphere (Doyal and Gough, 1992). Methodologically, the relativist view does not place monetary income alone or primarily at the centre of the measurement of individual poverty, but also considers other indicators of material well-being, indicators of subjective perceptions and feelings of exclusion from activities that are common to a particular environment, as at least equally important (ibid.). Taking this consideration into account, it can be said that needs are an open, elastic concept on which no consensus can be reached in society (ibid.). This is why the idea of basic needs has also been the target of criticism throughout history. In theoretical terms, the concept of basic needs has been criticised for adopting arbitrary postulates about human nature, in particular the values of the Western world, and for being based on a uniform linear model

of development as a model of social change (ibid.). These critics have pointed out that ‚basic needs' are in fact an imperialist tool and that the economic order of the world should be planned on the basis of the economic independence of the less developed countries, rather than reinforcing their dependence on the Western world (Doyal and Gough 1992, pp. 153–154).

The legitimacy of a claim to a particular social right is usually determined by what society defines as the legitimate needs of its members, with rules on the role of the state or other institutions in meeting those needs. In discussing needs as concepts that reach into the area of the construction of citizenship rights (human rights), we cannot avoid considering access to the rights that result from social citizenship. The concept of citizenship is linked to the status of citizens as individuals who have equal rights and duties in relation to the welfare state: who deserves access to public welfare and who does not. Entitlement is often based on a social contract which assumes that certain activities are important and positive for the functioning of society and that people are responsible for pursuing them. When people accept this responsibility, society is obliged to offer them certain services in return. The concept of citizenship is linked to questions of duties and rights, and the link between duties and rights to well-being is at the heart of the concept of social citizenship. Social citizenship means that only those with the status of citizen are granted certain rights and have access to welfare.

Three key themes related to welfare rights and equality for citizens are issues of provision, conditionality and membership (Dwyer, 2004). Dwyer points out that there are different types of equality, all of which are related to the welfare policy we choose to advocate. For example, the type of policies that seek to achieve equality of outcomes for citizens focus on providing rights that will enable the unification of society. The second type of equality advocated by equal opportunities policies is quite different from this type of equality. These policies advocate equality, which should be manifested in the provision of equal starting positions for all citizens in an otherwise unequal society. The main focus is on the redistribution of so-called life chances.

A characteristic of the contemporary times is the extremely rapid change in the possibilities of meeting needs and expected standards – luxury becomes comfort, comfort becomes necessity (Novak, 1994; Dover, 2016). The vocabulary of quality of life is associated with the individualism of today's society, with the policies and social welfare concepts of a consumer society (Jenkins, 2001). The idea of ‚basic needs first' has, in turn, introduced a moral-political discourse into social policy, according to which the consumer's perspective must be taken into account not only in the context of material market policies, but also in social welfare policies (Doyal and Gough, 1992; Stafford, 2003; Dover, 2016). The origins of these initiatives date back to the 1960s, a time of the beginning of user movements, deinstitutionalisation and calls for the normalisation of the role of users (Ramon, 1993). Some saw in the concept of basic needs opportunities to critique the goals and priorities of social policies and to identify arguments that advocate for social justice. In doing so, the concept of absolute poverty has been the most criticised, as it has been questioned on the possibility of determining the status of standards of needs and deprivation in an analytical and ideologically unencumbered way. They stress the relativity of poverty and the diversity of needs and point to absolute (in)equality. Poverty should not be understood as something given and immutable but is the result of an agreement.

We can therefore conclude that human needs, as a concept relevant to the shaping of social policies, can be considered in five dimensions (Doyal and Gough 1992; Dover, 2016). Needs are:

- *technical* – as a measure of well-being (needs can be counted);
- *normative* – as a way of setting rules and fairness (needs as rights, norms);
- *instrumental* – as agents to influence reality (needs as tools used in actions, practices, procedures);
- *internalised – as ideas and representations of reality* (needs as created ideas, concepts that take the form of socially constructed concepts and are anchored in language and worldviews are an integral part of the social representations of reality)

- *interactive* – as a force for creating relationships between people by exchanging meanings, expectations, feelings, states, desires, wishes, interests.

When researching needs from a social work perspective, these dimensions can be used to put a critical distance between ideas about needs and practices of meeting needs. If we remain focused on only one of the dimensions, our understanding of needs is necessarily only partial, as we remain focused on simplistic objectification of reality or get lost in the chaos of constant change and unclear interpretations. Researching and understanding needs requires systematic analysis, and at a certain stage in the study of needs this also implies a partial, limited view. When we study needs with a laser-focused view, we necessarily lose the broader view. Therefore, we must not stop before the next step of the research, in which we consider needs as a multifaceted and dynamic phenomenon. Needs are therefore not just personal subjective perceptions of everyday reality but are a powerful binding force in society and communities. They should not be underestimated or overestimated in their importance for social development. As much as they can be purely practical and handy information on how to act in a specific situation, they can also be a powerful tool for deepening social inequalities. In the idea of needs, we can identify both the forces of emancipation of individuals and groups and the many hidden practices of oppression and control.

Research on long-term care needs from a social work perspective is therefore not just a technical operation, focusing on cataloguing needs and standardising responses, but a continuous discovery of the meanings of needs and the importance of meeting needs for individuals and communities. It is an attempt to reflect reality (identifying differences and similarities, points of contact and divergences) in order to develop reciprocity and solidarity in communities and societies. People can only survive if they are connected to each other and at the same time respect the autonomy of each individual. When we work together to develop long-term care policies and practices based on respect for human dignity, we must constantly critically assess the world in which we live, critically examine the theory and practice of the profession, and be aware of the antagonisms that arise both from the dual role of social work in society (controlling and

liberating people) and from the antagonisms that sustain the social and political arrangements of the world in which we live (poverty, exploitation, greed, hatred). The study of needs is therefore also constantly a study of our reality, a definition of that reality and a search for better and fairer solutions.

2.2. Needs in the grip of consumerism and the neoliberal market

The concept of needs is an attractive concept precisely because of its malleability and modularity; both for the individual, who today feels pressure to behave primarily as a consumer, and for policymakers, who see needs as an instrument for planning and implementing various policies (social, economic, housing, education, etc.). As a means of planning social policies, the idea of meeting human needs gives the impression of integrating separate social issues into a coherent whole. But developing social (and other) policies today is infinitely more complex than identifying the underlying needs that would determine the type and extent of social rights of citizens (Clarke and Langan, 1998).

The ability of countries to shape appropriate responses to people's needs is increasingly dependent on the subordination of life to the market, rapid technological and information change, the differentiation of lifestyles and the heterogeneity of needs that this entails. Especially since the collapse of Eastern European communism in the 1990s, a number of processes have had a profound impact on people's social security and perceptions of social policies. The main processes that are relevant for understanding the development of social security systems (and cannot be viewed as either entirely negative or entirely positive) are: globalisation, post-industrialisation, the subordination of states to the corporate economy, the spread of new ideologies and the revival of old ones, the increased participation of women in the labour market, ageing populations, short-term family structures, migration, geopolitical conflicts, environmental issues, the economisation of all spheres of life, and the global health and security crises.

The interplay of many factors and circumstances is also reflected in the perception of the needs and quality of life of today's people. The most important circumstance that shapes the perception of needs and transforms the meaning of the provision of social security is the entrapment of today's world in the neoliberal economic-political doctrine as the only alternative (Harvey, 2007). After the fall of the Iron Curtain in the 1990s, the whole world became organised as an economic model, all societies of the world became market societies (Stark, 2018). The market became the universal global organisational principle for the governance of states and society. The ultimate goal of neoliberalism is a human society in which all activities between people are market transactions that take place in competition with each other (ibid.). On a personal level, neoliberalism is expressed as a vision of someone with the identity of an entrepreneur or businessperson, who manages their own life as a business (Ule, 2001; Bauman, 2007, Grebenc and Šabić, 2013; Stark, 2018). In the logic of the market, social work has also become subordinated to economics and profit (Stark, 2018, p. 40).

Today, we can observe that the state insists on transferring responsibility for the realisation of welfare to the individual and to other spheres and agents in the social welfare system (private sector and NGOs). It is no longer the sole responsibility of the state to ensure that citizens' needs are met (Serrano-Pascual, 2007; Blome, Keck and Albert, 2009; Dwyer, 2004). The situation in countries that were in favour of building a welfare state after the Second World War, because it contributed to economic stability, is now moving in the direction of a radical reduction in social security expenditure. The aim is a ‚lean state', which is supposed to improve its competitiveness in the global market by making the welfare state cheaper (Rode, 2001; Rihter, 2004). Such a state is also supposed to be weak. Namely, the neoliberal free market perceives the role of the state, human rights and the protection of society and the environment as an obstacle to free investment (Stark, 2018). An implicit demand of the free market is the deregulation and reduction of laws and rules that would in any way control and limit the privatisation of the public good, the protection of people and the environment. The state (and its institutions) should remain responsible only for maintaining

the most basic order and security, its role reduced to fulfilling the role of the classical ‚night watchman' state (Stark, 2018, p. 44). In such a state, social work and other helping professions have only the place of a ‚street bureaucracy',[6] controlling the minimum resources for health and social security, limiting access to rights and discouraging people from seeking help through complicated procedures.

All spheres of human life today are measured and judged by economic logic. The individual, entwined with the forces of the market economy, which values competitiveness and economic growth above all, must, as an individualised and isolated individual, provide for their own well-being (Jenkins, 2001; Stafford, 2003; Bauman, 2007). The satisfaction of needs should move to and take place in the marketplace, and it is the duty of people to ensure that they have all the attributes (e.g. money, knowledge, position) that enable them to participate in the market competition. Dwyer (2004, p. 65) identifies this process in the moral calls to transform the role of the individual from a passive recipient of benefits (rights) to an active citizen. Above all, the individual as an active citizen must recognise and accept responsibility for their own and their family's well-being. Suddenly, in this light, people are being divided into those who are a cost and those who contribute to well-being. In line with this division, there is a moral division between those who are broke, without a future and written off, and those who are successful, valued and desirable.

The changed conditions of the welfare state have an impact on the processes of construction and deconstruction of citizens' rights (Lister, 2003; Harvey, 2007). The most obvious is the process of replacing the status of the citizen entitled to welfare with the status of the individual as a consumer of welfare services. Ramon (1993) points out that the consumer role of a welfare user actually corresponds to all political options that have monetarist arguments and advocate reducing public spending for welfare purposes. The author calls the encroachment of market logic into the field of the helping professions the commercialism of social welfare and argues that the emergence of commercialism creates insecurity in the helping professions.

6 The term was introduced by Michael Lipsky (1980) as a part of his critical analysis of public institutions and role of state employees.

While the priorities of human care professionals are supposed to be the development of professional skills, working methods and ethical practices, as they are now subject to market rules, they are mainly concerned with how to operate in the market and satisfy users. They now have to justify their professional work in terms of the price of services and match price to demand. The ideology of consumerism is said to have triggered a redistribution of power between service providers and users (Giddens, 2001). The user is no longer to be subordinated to decisions about the services of professionals, but is to become a client and buyer. This should encourage service providers to be more competitive and to adapt their offers to the needs of users and consumers. Despite the perception that the market logic of the provision of assistance and support services (as is also the case in the field of long-term care) will provide more choices and options for users, it has triggered processes that further widen inequalities between people and exclude poorer people from access to quality services (Ramon, 1993; Dominelli, 2004; Hlebec et al., 2010).

The process of the marketisation of service providers can be observed in all areas of the public sector (social services, health, education, etc.), but is particularly visible in the organisational models of large institutions (Chandler et al., 2015). Old people's homes, social welfare institutions, prisons, hospitals and schools have adopted the management models that are typical of industrial and commercial companies. Work is organised as a ‚conveyor belt', with individual activities divided into separate organisational units (kitchen, laundry, nursing, therapy). In this service industry, both staff and users are depersonalised, reduced to anonymised staff functions and typical roles as residents, pupils, patients. Suddenly, we can discover how no one wants demanding users any more because service providers estimate that they take up more time and the pay-off is small. Management must therefore focus its efforts on models of working that are economical and ensure that costs are justified according to the principle of maximum quality for the least cost (Olssen and Peters, 2005).

Social work cannot possibly work according to a consumerist vision of well-being. The social welfare industry is not competitive

with other types of industry and professional social work is therefore increasingly marginalised (Jenkins, 2001; Dominelli, 2004; Millar, 2009). Criticism of social welfare as too expensive, inadequate or ineffective (because it fails to ‚solve' social problems) is therefore constantly projected onto the social welfare sphere. Current social policies do not aim a critical eye at the sources of hardship and social inequalities, but project the causes of poverty and social marginalisation onto the victims (Millar and Sainsbury, 2018). In this way, people who fail to participate in the market as consumers (because they do not have enough income, may be old and exhausted, lack adequate education, and so on) become redundant, and social policies that place everything on the commercialisation of welfare provision reform social and health systems by narrowing the scope of entitlements. Eligibility for services is conditional on strict censuses and entry conditions (e.g. only those with paid-up insurance, a permanent address in the municipality of residence, etc. can receive services) (Dwyer, 2004).

Thus, it is precisely through the marketisation of services that they directly contribute to demonising people who are unable to participate in the market game (Chandler et al., 2015). Poor old people are thus also among the socially undesirable groups of people. But the ‚market' also identifies a large group of old people as interesting and stable consumers. A large market is emerging for products and services specifically for old people, who are perceived to be ‚good and stable customers'. This creates two categories of old people, those who are written off and those who are targeted (but only as long as they are commercially interesting). Advocates of the consumer perspective in service provision argue that the quality of services is influenced by consumer power and choice. According to this logic, consumer choice should increase competition and stimulate competition between providers for better service quality. But this logic has not only overlooked the unequal working conditions between agents in the provision of assistance services (e.g. public vs. non-governmental vs. private sector) and thus unequal access (e.g. when only the rich can afford private sector services, that the NGO sector tends to cater for the most socially excluded, that access to public services is not reliable as rights are constantly restricted or

changed), but destroys the foundations of social solidarity and normalises social inequalities (Dominelli, 2004). The position of the ordinary service user is far from that of a picky consumer who can choose from a diverse market of offers.

Stafford (2003) explains that the purpose of introducing the ideology of consumerism into the public sector was to try to correct the power imbalance between providers and recipients of services. The aim was to give users the right to participate in the provision and distribution of services. However, although users are integrated into the organisational bodies of the various services and agencies, service standards and priorities are still set by managers. Nor do users have the possibility to set the criteria for the quality of services. User involvement in implementing organisations is often reduced to a ritualistic exercise, where selected user representatives are merely briefed on annual balance sheets and plans for the upcoming year at annual general meetings.

The neoliberal model of global society is causing parallel changes in important subsystems of society: in prevailing patterns of consumption, the monetary system, energy production, constantly changing information technologies, altered patterns of human mobility, food production and distribution of goods, the organisation of work and care systems (Peeters, 2012). Critics of the marketisation of care services, which includes long-term care services, point out that globalisation and the neoliberal economic model have had a fatal impact on the current restructuring of social care in all welfare states (Lister, 2003; Dominelli, 2004; Mapp, 2008). Social services have been privatised, ethical principles in social work have been lost, bureaucratisation has set in. We have moved from meeting the diverse needs of users to reducing the costs of meeting those needs, from teamwork to individualism, while providers are negotiating for the recognition of service costs (Zaviršek, 2003; Powell, 2013).

The consumer perspective has changed the practice and theory of caring professions. The consumerist vision of welfare and the marketisation of social care also affects social workers and other professionals in the helping professions (Ferguson and Lavalette, 2006, p. 313). The intrusion of consumerism into the helping professions is experienced by most professionals as a breakdown of core values.

Resentment among professionals is thus not only due to the rejection of the commonsense argument of money as a value and a price on human life, but also because the introduction of a consumerist mentality implies the imposition of a new ethos in services and affects the fundamental principles of caring for people (Jenkins, 2001). Today, caring practitioners live in a world of market contracts that determine the functioning of services more than ever before. Commercial connotations, traditionally seen as antithetical to professional work and service ethics, are now the highest priority and influence most decisions. They are tantamount to the best interests of services. The conflict with the theory of professional and ethical behaviour is obvious:

> [...] a professional cannot advertise [...] cannot haggle with patients/users over price [...] cannot refuse a patient/user because they are poor [...], far from the market rules of the business world (Jenkins, 2001, p. 88).

Today, service providers and service users are forced to participate in the consumer game. Today, the individual must behave as a consumer, as this is the only way to participate in social life. They must be aware of their needs and subordinate them to the task of creating their own unique identity (Giddens, 2001; Bauman, 2007). As each person creates their own unique personal life story, they should create the impression of a sovereign individual who chooses and decides in accordance with their desires and needs. As a consumer, a person can only be satisfied if they can afford and fulfil their needs. In this way, needs are given ontological and moral status – in satisfying needs, the individual feels a sense of purpose in their existence and adheres to the social norm, since as a consumer they participate in the generation and consumption of income (Doyal and Gough, 1992).

Service providers also have a role to play. They must create an attractive offer. They are required to know the consumer (client, buyer) of the goods or services. Not only private care providers, but also in other public sector care areas (not only social care and health, but also education), providers should offer a high quality and valued service. A consumer environment for the supply of care services is emerging, where 'good managers are supposed to know

their customers, their needs and their preferences' (Lewis, 1993, p. 140). Managers are supposed to learn about the existence and characteristics of these needs through research, testing of options, open discussions. They are supposed to listen to the consumer (user) and then adapt standards to needs (ibid.).

Just as, for example, economists have developed sophisticated models of economics based on axiomatic beliefs about people's behaviour as consumers, savers, investors, gamblers and so on, so the market for support services needs to obtain information about users' behaviour (Lewis, 1993; Jenkins, 2001). Just as in the trade in goods, public communication is now taking place in the fields of human health and social security. The methods of communication with the general public and the content of messages are prepared on the basis of presuppositions and assumptions about people's beliefs about their health or social circumstances. Simplistic claims contain messages about what people need to achieve (their own) expectations.

Health and social policies are following suit. Social and health policy makers consult opinion polls to learn how to present themselves and appear in public to conform to the expectations and beliefs of their 'voters' (Lewis, 1993). What becomes real is what is advised by public relations experts who have crafted messages based on people's generalised views. Thus, we are dealing with an image of the user-consumer that is constructed from stereotypical notions of the typical consumer of social and health services.

Suddenly, messages about healthy and successful ageing, healthy lifestyles and social security in old age are invading public and private spaces in the form of advertising slogans. Services are tailored to typified needs and standardised services (certain types of users with certain combinations of needs receive a cost-adjusted service) (Doyal and Gough; Dover, 2016). Consumerism creates the appearance that service providers have finally heard users and are taking into account their visions of wants and needs. The line between needs that are imposed as a social norm and needs that are felt by everyone as personal is completely blurred. The launched images of successful identities become models for evaluating the success of one's own identity project (Giddens, 2001; Bauman, 2007). Desire becomes

need, need becomes standard.

In a complex and highly interconnected world, countries with their own institutions cannot provide solutions to the increasingly differentiated problems of social protection. It is the care of older people, and among them those in need of daily assistance and long-term care, that is particularly precarious in this ever-changing reality. In a context in which the state is retreating and subordinating itself to the interests of capital in important areas of people's quality of life (health, social care, education, housing, environment), it is all the more necessary to advocate for the protection and emancipation of people (Dominelli, 2002, 2004; Powel, 2013). Today, when the state subordinates social policies to economic policies and market aspirations, and has completely cut itself off from the people (communication with the people is through press releases, press conferences, online communication channels and web applications), it seems that establishing welfare has become an *ad hoc* ‚project' of critical social groups and communities. Suddenly, local networking has become crucial to ensuring people's well-being and protecting their rights. Communities that are aware of the importance of people's emancipation, understood as the goal of empowering those who are relatively powerless, are willing to engage in the provision of social protection from collectives that are close to the people (Leonard, 1997; Flaker, V. in Flaker@Boj za, 2012).

In some local authorities, mayors' calls to plan together with citizens for the care of older people in their environment can be seen as both an awareness of responsibility towards people (we would like to care for our people at home) and a recognition of the economic potential and opportunities for new investments in the local environment (Mali et al., 2017; Mali et al., 2019). Today, local communities are increasingly seeing that they will have to rely on themselves. This corresponds to the lean neoliberal state, which is very keen on local communities taking on more of the responsibility for citizens' well-being, as this reduces their costs. While the development of community-based services is an important goal in terms of decentralised and more accessible services, it is a hollow promise if the state fails or refuses to provide adequate legislation to safeguard the principles of equal access to services for all users and

to financially support local communities in developing programmes (there are large differences in public revenues between regions and municipalities). Communities are therefore given the message to find their own ways.[7]

Suddenly, we can see local authorities competing for access to resources and information, entering into risky public-private partnerships, taking on debt and leaving part of the public good to capital. They subordinate the development of local social policy to powerful interest and financial groups. In such an environment, the needs of older people (as well as other socially marginalised groups) can become the subject of economic gamesmanship in the marketing of services, rather than meeting people‘s real needs (certainly excluding those who cannot afford to pay for services). The development of community-based long-term care services must therefore be carried out with a strong sense of the need to maintain formal and informal links within the community. Informed local communities will therefore look for ways to preserve their resources (not only economic capital, but also social and cultural capital) and build their social policies on a ‚bottom-up‘ strategy (by involving the local population). In line with these findings, present-day green and self-sustaining community strategies are important for the development of local communities, at least at a declarative level. HOPS is a method based on the principles of community development. As a combination of research and planning, it has the active potential to bring communities together to generate ideas and create solutions.

For the development of long-term care services in social work, we represent a vision of emancipatory community development. In social work, we see research on people‘s needs as an opportunity to engage with individuals, groups and communities through needs assessments and to actively involve them in planning responses. However, research with direct involvement of people living in the community also has advantages and limitations. Directly involving

7 An example of the apparent involvement of the local community in planning social protection policies is the development of regional implementation plans of the Resolution on the National Social Assistance Programme 2013–2020 (Rosic et al., 2019, pp. 73–74). At the time, local communities were invited to draw up regional social protection plans, but these plans turned out to be conceptual plans that were an end in themselves, as the state did not provide for the systematic development and financing of the programmes that local communities wanted to develop. As a result, the plans drawn up by groups of experts in different local contexts were just letters on paper and few ideas were put into practice.

people in needs research and response planning intensifies the emergence of ideas and the articulation of needs in the language of the people living in a particular environment, but it can also be a moment of selection and simplification implied in any research that is intended to produce concrete plans. Agreements and compromises can be influenced by the interests of the strong, more incisive and vocal representatives of the local community, who override the silent and modest majority. The needs of the most marginalised people in a community may not be perceived at all because they remain hidden, ideas and expectations may be constrained by stereotypical perceptions or prejudices in a particular community, we may be limited by time and resources for research, and so on. Each of these barriers may mean that we will only identify part of the needs through research and shape a response plan for only a limited group.

The safeguard that any research that is intended to contribute to the development of a particular local community should include is that researchers bring the knowledge and experience of action research dialogue to the local community so that people's involvement in local policy planning becomes part of the culture of creating a shared living space and finding solutions to the problems of existence. As researchers are always only temporarily in a community, and the social-work paradigm of research, based on emancipatory principles, urges us to give the community the experience of dialogic research and participation so that the community can independently develop its own solutions even after we have left (Freire, 1980). Life and circumstances are constantly changing, and local communities that are in dialogue with their residents can quickly perceive these changes and incorporate them to shape policies, services and public opinion about them. Action research aims to increase the possibility for people in communities to influence scenarios about their future.

The services, programmes and provisions developed by a particular local community in response to long-term care needs cannot be standardised or packaged solutions, as these needs are constantly evolving. Everyday life brings with it many circumstances in which an individual or a group of people find themselves in a multitude of problems that occur simultaneously, and the distress of people is great. It is not only global crises, such as the hardships of people

during the financial crisis we experienced a few years ago, the pandemic we lived through in the not-too-distant past or the current war conflicts, but also the many daily changes, whether sudden or expected, that limit people's ability to help themselves.

That is why, in social work, we do not want to judge needs as moral categories. For us, information about the needs of an individual or a group is information about how someone feels about a particular situation in everyday life. Understanding people's needs can help us understand the tasks and mission of social work. It can help us to make a plan to mobilise formal and informal resources in the community to find the best possible solution, quickly and respecting the rights, interests and values of the person in need. By making needs an element of long-term care service planning, we must ensure that needs do not become a reductive concept of exclusion, restriction or even oppression. We must be constantly aware of their created, constructed meaning, their cultural normativity, their dependence on personal preferences, forms of civilisation and the achievements of science.

The establishment of alternative forms of living for older people that go beyond the traditional and persistent notion that people in need of long-term care should go to an institution is very slow in Slovenia (Hlebec et al., 2014; Mali, 2018b). Institutional care for older people is still prevalent. This is reflected both in highly established institutions and in stereotypical perceptions of the needs of older people. Institution and family are the dominant answers to the question of who should take care of old people if they need help. This perception has persisted for decades despite changes in people's lifestyles. After all, it is the baby boom generation that has helped to shape a consumerist lifestyle based on choice and pluralisation of services, but stubborn ideas about the needs of old people persist. Ageism can also be recognised in stereotypical roles, where old people are told to behave as tailored consumers of community service packages or to retreat discreetly to institutions tailored to them.

The belief that everyone has a duty to provide a decent life for themselves is problematic because it ignores the roots of social inequalities, poverty and social exclusion. If such a belief becomes central to social policy, it affects public attitudes towards people who cannot

meet these obligations. It becomes a way of excluding those who, due to various personal (e.g. health) or social circumstances (e.g. unemployment), are unable to provide for their own needs and those of their families. Although the concept of needs as such is neither good nor bad, it becomes problematic when it is used as a tool of social exclusion or a measure of social normality (Dover, 2016). The problem lies not in the definitions of needs, but in the ways in which ideas of needs can be misused as tools of oppression or restriction, marginalisation and stigmatisation of individuals and social groups.

The welfare state policy was a manifestation of the principles of reciprocity and solidarity in society. The welfare state established a system of care for citizens based on agreed welfare criteria and intended to guarantee equal access to rights. However, the radical reduction of expenditure on people's social security and the creation of a cheap state (cuts in social and health care expenditure, privatisation of services) undermine the foundations of the declared reciprocity and solidarity. The constant economic, environmental, political and demographic changes in many countries raise new questions about visions and responses to people's needs in the present world.

It will be interesting to observe in which direction the global turmoil caused by the coronavirus epidemic will push economic and social policy at the global level. Will we talk about needs more as a topic related to increasing social justice, security and concern for the health and well-being of people all over the world, or will there be increased exploitation and exclusion of those who are weaker in this world? Will conflicts between policies increase, or will this experience provide a breakthrough for policies that recognise the limits of welfare valued only in economic and monetary terms? The answer will certainly not be found in social policy models that replicate ‚more of the same' policy strategies, as this means that we are left with regimes that create or maintain hardship and social inequality (Ife, 2016, p. 212; Dominelli, 2012). Solutions will have to be found in a critical assessment of existing social welfare models, systems and policies, and their transformation and reorientation will have to be grounded in globally respected principles of socially just and environmentally sustainable practices of living.

2.3. Understanding needs in social policies and practices: the arbitrariness of the concept of needs

Needs as a social welfare concept are an element of social welfare protection service planning and play an important role in national social protection strategies.[8] The user perspective and the identification of needs are among the key objectives of strategic and action plans. At the same time, the principle of emancipation of citizens (individual financing, choice, empowerment, deinstitutionalisation, taking into account the needs of individuals) creates the impression of an extension of the social protection rights of individuals. However, the framework for this social policy is defined by the vision of a market-competitive state based on the model of an economically managed state and society. This pushes the criteria of economic benefit to the forefront of shaping national social protection plans. People's services and rights are judged in terms of their impact on the economy. Social protection planners are thus constantly engaged in an antagonism between economic arguments that the input must be financially sound and proportionate to the benefit, and ethical arguments that require the input to be fair and sufficient.

Social work as an actual, relevant practice cannot, of course, do without the conditions for its work set by the state. The basic principles and starting points of social security in Slovenia define the place of the individual – the citizen who must provide social security for themselves and their family, and the tasks of the state, which must create the conditions for this. It is the state's task to shape a national social programme, within the limits of the total available public finances, which defines benefits, services and the corresponding institutional network. Although the national care programmes in force in

8 If we look at the example of Slovenia: needs have been taken into account as a concept in service planning and have been included in all strategies since 2000. They are included in the National Programme for Social Protection since 2005 (National Programme for Social Protection, 2005), followed by the Resolution on the National Programme for Social Protection for the period 2006–2010 (Resolution on the National Programme for Social Protection, 2006), which emphasises the accessibility of services and the development of a network of services in line with the needs of users. However, in the Resolution on the National Social Protection Programme for the period 2013–2020 (Resolution on the National Programme for Social Protection for the period 2013–2020, 2013), needs become part of a holistic approach, and the strategy advocates taking into account the user perspective and developing an integrated approach that reflects multiple needs, capacities and choices in the development of services.

Slovenia for the last 20 years take needs into account as an important technical element of service planning, the procedures for identifying them remain unclear. It is in the field of long-term care that we can observe how, over almost two decades of legislation and defining the rights of long-term care users, professional positions and political interests have clashed. Professionals and user organisations advocate for the needs of users, while politicians are concerned with providing the financial means to shape responses to needs. Time and again, with every version of the long-term care bill, it is clear that the professions are not happy with the bill because politicians do not want to take responsibility for developing new forms of community care, which clearly require a large financial investment.

The ability to determine people's needs, how they should be met, the extent of state involvement, whom the state is obligated to protect and how, and the role of the helping professions in this process constitutes a significant concentration of power. It is not irrelevant who defines needs and who decides on them, who actually determines what constitutes a need, and who assesses whether something is necessary. It matters who defines what is socially acceptable, how it should be accessed and who is entitled to certain rights. From the perspective of social power and human rights, what matters is who has the capacity to set conditions, decide on rights and have access to the resources to meet needs. Asserting certain types of needs and neglecting or underestimating other types of needs has a direct impact on people's everyday lives. The question of who defines needs and sets the rules has been shown to be a political issue even more than a technical and professional one. Needs can therefore by no means be seen only as a concept of everyday life but must necessarily be seen as a political concept of the state and of social welfare policies. In other words, a feedback loop is created when prevailing beliefs about needs drive the development of certain policies and when policies to enforce these beliefs act on the practices of everyday life.

The debate on needs is therefore incomplete without asking how to place the idea of needs in the context of the political power of users/citizens, in the context of social justice and the capacity of social work to implement the principles of a socially just society. The definition of needs and the determination of rights is a powerful tool

of social exclusion precisely because of the arbitrariness of rules and unequal access to resources. For social work, this realisation brings with it a moral and ethical obligation to assert ourselves as defenders of socially overlooked groups and individuals by advocating for the realisation of human needs. It gives us the task of approaching the idea of justice from the perspective of social power. The principle of fairness and equality in relation to social care requires the state to clearly define people's rights and service providers to set clear criteria for accessing assistance.

The theory of justice (Rawls, 1971; Langan, 1998; Jenkins 2001) is based on an understanding of the individual's right not to have social institutions arbitrarily decide the preferences of certain individuals at the expense of others. Jenkins (2001) mentions two principles that must be considered in the pursuit of justice: that there is the greatest possible equality in the determination of basic freedoms and duties, and that inequality is permissible if it benefits the most disadvantaged and vulnerable members of society, such as children, older people, individuals with disabilities, those experiencing poverty, and those in weaker social positions. According to this theory, the most disadvantaged individuals should be the measure of the fairness of society and should also be the marker by which policy should be determined (Habermas, 1987; Rawls, 1971; Giddens, 2001). The biggest problem remains: who determines the criteria for disadvantage and the procedures for the realisation of rights? For instance, who decides on the rules and criteria for determining the poverty line in society? Even if an agreement on a minimum quality of life in a given society exists, this agreement is still the result of agreeing to an arbitrary criterion that someone (with more political power in society) has set as a rule.[9] Let us say that we define income level (or a basket of goods) as the measure of poverty, then anyone who falls below this income threshold (below the poverty line) on the scale gains eligibility for access to a minimum level of well-being.

9 Unequal living conditions and unmet needs could be seen as indicators of poverty and could also be discussed in relation to the concepts of absolute and relative poverty. However, the discussion in this part of the text has focused on the problem of the construction of needs and the problem of arbitrariness in the definition of categories of needs. This can lead to an understanding of needs as absolute truths and moral categories of justice, which in turn can deepen social inequalities and lead to new exclusions. In what follows, we will ask how these antagonisms can be understood from the perspective of social work.

Such a measure creates an agreed equal rule of access to justice, but as such it creates new divisions between people and does not act on the sources of inequalities in society. Any decision on rights and the limits (censuses) of eligibility puts people into characteristic cases and divides them into those who are eligible and those who are not. They can only receive services or assistance if they have the attributes of a certain category (e.g. a certain level of income and not a cent more or less, a certain level of disability, a certain square footage of housing, a certain number of years of age). Therefore, the implementation of a particular social welfare policy, despite the apparent equality of rights and universal criteria, is not necessarily equal or fair.

The definition and exercise of citizens' social rights necessarily entail the creation of different criteria and forms of control. The social orientation and the responsibility of the state to care for citizens in social distress, by precisely defining the criteria and conditions of eligibility for assistance (appropriateness, eligibility, actual needs), and the precision of the procedures to be followed by social workers, limit the autonomy of users and professionals (Miloševič Arnold and Poštrak, 2003). The demand for respect for rights and fair management of welfare resources sets the limits of decision-making (limits the discretion of professionals) and is positioned in the relations between professionals and citizens at the level of everyday life. Social workers (and other professionals of the helping professions) are thus in the position of supervisors and providers of welfare services, caught in a fundamental ethical conflict of following rules, satisfying the interests (needs) of the user and the conditions set by the institutions of power (Lipsky, 1980). On the front line of encounters with citizens, professionals become mediators between citizens and the state. Their tasks and powers are strictly regulated and prescribed by complex legislative and systemic frameworks. As civil servants, social workers are supposed to meet people's individual needs in a flexible, caring and helpful way, but the constraints imposed by the impersonal and general rules of bureaucracy require them to be distant, inaccessible and controlling towards users. Conflict takes place in the space between interacting with users and making decisions about them. Practical solutions to these tensions, developed by professional

services in the form of their routines and simplifications to make situations manageable, take on the character of public policy at the level of everyday life (Lipsky, 1980).

2.3.1. Meeting needs as a stated aim of social work

The tensions that arise in the relations between policy frameworks, recognised social welfare rights, the goals and interests of service users, different working conditions and organisational models are also reflected in social work practices and theories, and in the ongoing efforts of social work to manage these tensions. There is an ongoing debate in social work theory and practice around the world about the promotion of ethical practices and there is an ongoing effort to develop professional practices that remain true to the core mission and values of social work. These include respect for diversity, human rights, promoting social and economic justice, improving social well-being and quality of life for all people (Banks, 2011; Dover, 2016; Thompson, 2021).

All these values and ideals are reflected in the understanding of the concept of human needs as developed in social work (Dover, 2016). For social work, meeting people's needs is one of the key principles of good practice and needs are included as an important factor in the core definitions of social work objectives. It is no exaggeration to say that meeting needs is a stated professional goal of social work and that all social welfare programmes could be defined as programmes aimed at meeting needs (Macarov, 1995; D'Cruz and Jones, 2004).

The concept of meeting human needs in the international definition of social work adopted by the International Federation of Social Workers and the International Association of Schools of Social Work (IFSW/IASSW, 2004) is the basis for justifying the tasks and mission of social work:

> Since its beginnings more than a century ago, social work practice has focused on meeting human needs and developing human potential. The motive for social work and the justification for social work activities are rooted in human rights and social justice.

Most social workers see their role in society as helping others and changing a socially unjust world:

> Social workers want to work creatively with people to help them achieve the change they want in their lives, while at the same time working to help change society as a whole (Ferguson, 2008, p. 131).

However, the position and power of social work in society is influenced both by the policies that define social problems, and the welfare systems based on these definitions, as well as by the position that social work as a profession holds within society. DuBois and Krogsrud Miley (2005, p. 23) identify four distinct positions of social work within society: a) an agent of social control serving the interests of society, b) a reformer of society, c) a position separate from society, and d) a position as a mediator between the individual and society. The different positions of social work in society are reflected in different practices. If the purpose of social work is to be an agent of society (an agent of social control), the aim of social work is to re-socialise people through social control. When social work is seen as an agent of social change (reformer of society), it is seen as an advocate of social change, with the aim of changing political, economic and social structures. Social work, which is separate from society, has a neutral position with regard to social developments and does not take an active role in promoting social change. Such practice takes place in separate spaces (e.g. institutions, clinics) and focuses on individual treatment and therapy. Social work, which plays a mediating role, places social workers between the user system and the social environment. This view emphasises the importance of social functioning. In this case, social work practice will be oriented towards finding compromises and pragmatic solutions to social inequalities. However, the antagonism between the supervisory and the reforming task continuously pushes social work practitioners into an ethical internal struggle (Thompson, 2021). Thus, professionals are always searching for arguments to justify their role. The profession is thus constantly creating rhetorics to explain its methods and legitimise them in relation to the values it justifies (and definitions of need become part of these rhetorics).

As Dover (2009, p. 4) states:

> Social work persistently seeks ways to integrate social justice into its practice. Approaches such as the user participation model, the empowerment model, the feminist model and various forms of anti-oppressive, anti-racist and non-discriminatory social work have been explicitly aimed at reinstating social justice into social work.

These models of social work are based on the value of respect for human dignity. They focus on the roots of social inequalities, identify the social mechanisms that exclude and marginalise people, and develop social work practice and theory that challenge these mechanisms (Thompson, 2021). As a policy-dependent idea, needs can be an argument for anything. The idea of needs therefore has to be considered in the field of social policy planning as an idea that can potentially be a tool of oppression as well as a tool of liberation. Defining needs and advocating for the realisation of needs can increase the freedom of individuals, but it can also mean new constraints and oppression. The greatest challenge in defining the concept of needs from a social work perspective is thus not in formulating ideas about needs, but in locating needs in policies based on invisible or self-evident relations of power abuse and exploitation entwined in the cultural and normative elements of society.

Developing fairer practices is an ethical and practical issue. Social work that pursues equity by merely classifying people into administrative categories of users based on distinctive needs and rights necessarily becomes trapped in ‚procedural‘ work with people (Wright, 2003). It cannot be overlooked that social work has become comfortable with the bureaucratic treatment of people through patronising and technocratic practices (Rape et al., 2020). According to this logic, people‘s needs remain only a criterion for classifying people into administrative categories of typical users. In this way, human needs are understood only as a technical tool in administrative processes. To claim that social work practice incorporates the users' perspective and adheres to an ethic of participation, to claim that we base it on people's needs, is demagogy if we do not critically assess our own dual position in society. The fundamental ethical conflict that we feel in social work in the disjuncture between users and the

system cannot be overcome if we remain within regimes of surveillance and categorisation that in themselves imply a new exclusion. The realisation that in social work we make decisions for the benefit of people and that our decisions have a decisive impact on people's lives requires us to be constantly ethically reflective and to decide between what works and what is possible and what is just. In other words, while on the one hand, ‚we strive for a standardised and catalogued schema and procedures for assistance' (Flaker, 2003, p. 9) to enable equal access and treatment, on the other hand, we constantly emphasise ‚flexibility and creativity in the unique situations of everyday life' (Zaviršek et al., 2002, p. 7).

2.3.2. People's needs within the system network: entrapment in work procedures and classification into categories

In Slovenia, support for people in need of long-term care is dispersed among social and healthcare systems and structures at national, regional and local levels (Flaker et al., 2008). The delivery of social and health care services today is usually organised in complex systemic and organisational structures. The maintenance and control of such structures are linked to organisational and management approaches that enable the system to be sustained. Fragmentation of operations, administration and an impersonal approach that does not take into account people's individual circumstances and needs – all these are inevitable in such a system (Wright, 2003). Workers and service users are subordinated to the institutional order. The organisation of work in large systems is necessarily such as to create the impression of routinised automatism (Goffman, 1961). It becomes the task of staff to assess users to see if they qualify for 'help' and have the right to enter the system, then to direct them to the colleagues who are responsible for their case and to prepare them for the rules they are to follow as long as they, as service users, are entwined in the system.

The process includes checking statuses, signing forms and consent forms, familiarising with house rules and similar (Lister, 1998; Liddiard, 2007). Each action is precisely prescribed and regulated by formal steps. Work is fragmented into individual operations and procedures, carried out in a disconnected and sequential manner by

different providers, and the sense and significance of one‘s work is lost (Lipsky, 1980). Employees have little knowledge of the tasks of other colleagues, are dissatisfied at work, and are unable to evaluate the performance of their own work (Lister, 2003). They lack tangible criteria by which to recognise and measure the results of their work (for example, they do not have feedback from users moving forward through the institutional network) (Grebenc, 2020). There is a constant sense of tension or doubt between employees and users. The characteristics of procedural work can be summarised in four points:

1) *Impersonal rules of the organisation*: this includes technical and administrative work instructions, rules of conduct, rules of appearance.

2) *Classifying people into user categories*: employees have to translate people‘s individual, one-off situations into service/data categories, people become ‚cases‘, employees have a problem with users who do not want to be categorised or do not fit neatly into a category.

3) *Fragmentation of tasks*: employees feel they lack the knowledge and time to do the job well, they perceive there is insufficient collaboration with other disciplines and the workload for a single person is too great. They also feel that the work demands are inadequately valued and that they are underpaid for the work they do.

4) *Unclear lines of authority*: employees struggle with uncertainty about who is in charge, particularly when users have complex problems, about who should take a ‚case‘, whether they should take it at all and if not, to whom they should refer it and whether they even have the authority to refer someone somewhere; they want protocols of conduct to regulate door-to-door referrals. Employees express dissatisfaction with the performance of other services, feeling that they are hindered by the unresponsiveness, lack of knowledge or poor practice of other institutions.

Any adaptation that would require changes to the system is strictly regulated (due to regulations, applications, committees, etc.). The spontaneity of living in such an environment acts as an interference. The call to take account of people’s individual needs in the light of maintaining institutional order acts as a catalyst for chaos. We can understand that the debate on people’s needs and the individualisa-

tion of service provision brings discomfort into the institutional space, as it presupposes the transformation of large (institutionalised) systems and requires a transformation of the role of the user and the role of the professional. It implies an intervention in the unequal power relations that are reflected in the relationship between users and professionals, and also between professionals and superiors in the hierarchical structure of the system.

Dissatisfied with the way people are treated and the way things are done, both employees and users want to create a more humane vision of everyday life. What employees want most are reference points to make sense of their work and also to ‚objectively' evaluate the results of their work. In an uncertain, indiscriminate and impersonal environment, the concept of needs can suddenly be seen as new rhetoric that brings along a human touch and direct action, while still allowing order and mechanisms of justice to be established through organised catalogues of services. Catalogues of services as responses to people's needs create an offer that uses the language of everyday life (e.g. family support for the home, daycare, food delivery, accompaniment, accommodation, care). A link is created between what people do not have and what an organisation (or system) can offer. Help becomes visible. People's needs become attractive as arguments to justify our help and make it meaningful.

It would seem that a precise and systematic awareness of what people need, and a consensus on how to respond to those needs, would bring work orientation and user-centredness to complex institutionalised organisational structures. Clear identification of needs should help to clearly define work tasks and ultimately help to measure performance. Whether the work is carried out in small or medium-sized structures (such as housing groups, household communities, medium-sized care homes for older people, day and residential centres, safe houses) or large structures such as large institutions and networks of institutions (whether public, private or non-government), or whether we have in mind the whole social welfare system of a country (fragmented into departments), needs are given the status of an ‚objective criterion'. This is to satisfy, above all, the image of fairness.

Because the rhetoric focuses on the legitimate needs of the people, the people seem to come first. Suddenly, needs become the

missing element in the formula of a dispersed aid system that is supposed to enable communication between the user and the different service providers. Employees are given their own work plan, based on the categories of recognised human needs, and the user now also knows what they can expect from the catalogue of services. Professionals can now rest assured that all legitimate user needs have been met. Needs take the place of a neutral measure of quality of work and user satisfaction. Lists and scales of typical needs are created, which can be used by practitioners and the public to determine (and verify) the legitimacy and achievement of social protection policy objectives. Meeting users' needs becomes a dominant rhetoric in strategy documents and evaluation processes.

The normative rhetoric of needs masks the act of helping and makes it seem personal, but in fact, it triggers a process of ‚transformation' of the user, who is asked to show all the attributes that make them fit into the system (of measures and services). The categorisation of statuses (e.g. disabled, retired, employed, migrant) means that the person is given a formalised role in the system. Typically, statuses change over the course of a lifetime and are part of a valued personal biography (e.g. pupil, student, employee, retired) (Goffman, 1959). Falling out of these valued statuses means that one has to acquire another socially legitimised status (Lister, 1998; Jenkins and Millar, 2009). Those who lose their jobs can count on the status of unemployed. Those who have a severe physical handicap can count on the status of disabled. Most often, to be included in one status means to be excluded from the system of another status (for example, the status of employed and retired are usually mutually exclusive). One only receives professional help on the basis of one's exclusion through categorisation, institutionalisation, segregation and a universalist perspective of all kinds (ethnic, gender, class, etc.). It is not unimportant which status one legitimises oneself with, as some statuses are more and others less burdened by stigma, and determine different systems of rights and access to services (Liddiard, 2007). When situations in everyday life are not ‚neat and tidy' or when the situation is changing, transitions between statuses are hampered by lengthy procedures. In this difficult transitional system of commissions, specialists, referrals and experts, people have to navigate their way

past the ‚gatekeepers' who control entry and set the rules for moving through the system (Dominelli, 2002; Zaviršek et. al., 2002; Lipsky, 1980; Scourfield, 2012). Although the system of treating people according to their recognised statuses is designed to allow, fair and equal access to all who are in the same position', it creates an indiscriminate maze of pathways and exhausts people who have to focus all their efforts on administering the formally recognised identities that are a prerequisite for being included in society in the first place.

But what if we cannot classify a user into one of the typical categories? These disjointed and fragmented ways of classifying people are most clearly seen as a barrier when an individual needs help in different areas of daily life at the same time. When someone needs help with a combination of social and health services (e.g. a chronically ill older person with heart failure and diabetes experiencing the first signs of dementia or another health condition, who has a low pension or no pension at all, is a victim of violence and faces limited mobility due to no longer being able to drive, etc.). If one wants to access a fraction of help in a fragmented and indiscriminate system, one has to show incredible ingenuity and personal strength to even make the journey through the systems. When we generalise by categorising people, we exclude from access to services many individuals who do not fit into any of the recognised categories, but perhaps a little bit of each. When we recognise a person's assistance by classifying them in a particular category, we make it impossible for them to combine it with services or activities provided for in another category. Thus, for decades, people with deafblindness have been excluded from all assistance systems and completely overlooked as a category of disability (Gerenčer Pegan, 2017).

Categorising people has a purely practical purpose for service providers. It is intended to facilitate organisational work, standardise practices and enable the quality and price of services to be determined. Standardising services means placing the service in a system and setting the conditions for its provision: for example, the complexity of the work and the skills and competencies that the service provider must demonstrate, the tasks and tasks involved in the service, the time the provider needs to do the work, the costs incurred in providing the service. The service shall be priced on the basis of

an assessment of the labour input and costs and shall become part of a comparable tender. Services priced in this way are placed on the market and in competition for users. They are offered to typical users in the form of standardised care packages (e.g. a package for those with dementia; for those who can still walk up the stairs; for those who can no longer cook, etc.). By generalising needs, cataloguing them and standardising service delivery, we are working together to create an economic understanding of people's needs: translating needs into services (supply) so that we can assess cost-effectiveness – which services are worth providing as people can afford them, because they are covered by an agreed threshold of social entitlements, insurance or individual purchasing power.

Procedural work and classifying people are two strategies that occur in synergy. One cannot do without the other. To carry out procedures, we need to attribute (or discover) certain characteristics to people. People need to demonstrate the very characteristics that link them to the service offer. Discovering these characteristics is in itself an act of classifying people and leads to a separation between those who are suitable and those who are unsuitable. The main tool we use to classify people is expert language. Experts, as overseers of the world or petty judges, are in a position to make moral judgements about other people (Foucault, 1980). The justification of categories of appropriate and inappropriate users is always made as an expert decision. We should be aware that the classification systems developed in the different disciplines of the helping professions are always arbitrary and based on a number of ideological constructs that have been formulated on the basis of socially relevant constructions of realities and values (Moscovici, 1992; Zaviršek, 2000). Science is a collection of socially relevant and established ideas (knowing) that participates in the construction of reality through linguistic practices (Foucault, 1980; Berger and Luckmann, 1988). The language of professionals, who use the terminology of illness, deficit, pathology, disorder, incapacity, deprivation, to explain and justify people's rights, needs and treatments, contributes to the reinforcement of negative perceptions and beliefs about people (Urek, 2004; Grebenc and Šabić, 2013).

As Smith (1990) explains, expert texts are structured to sample

and translate life‘s particular, individual experiences into a linguistic form that is acceptable within relations of governance (domination). The power that the words of experts have in our lives is huge. The words of experts ‚leave their mark everywhere‘ (Urek, 2004, p. 291). Various techniques of evaluating people are given the appearance of objectivity when supported by specific expert terminology. A powerful tool for categorising and classifying people is the assessment of ability (e.g. disease progression rating scales, physical mobility assessment). These scales are intended to be used by professionals to measure ‚objectively‘ whether and to what extent someone is still independent in carrying out activities of daily living, present, materially provided, adequately housed, adequately nourished, etc. They are also used to measure whether and to what extent a person is able to carry out their daily living activities.

Take for example the ADL, EADL and IADL psychophysical ability rating scales.[10] Although these scales are practical, transparent and provide a relatively quick indication of a person‘s basic psychophysical abilities, they are not very meaningful as an instrument for defining a person‘s needs. They are not a tool sensitive to people‘s personal preferences, they say nothing about the social, cultural and physical environment or the characteristics of the community, and they do not offer a concrete reference point for planning responses to people‘s needs. These points of reference can only be reached by perceiving the whole situation in which the user lives.

Taking such scales as orientations on which needs belong to a person with a certain deficit (or deficit/handicap/disability), we have created a circle between the categorisation of people and packages of standardised forms of assistance (according to the typical needs of a person with a certain level of capacity for independent living).

10 Health care has developed different versions of scales to measure and assess a person's physical abilities. The aim is to identify people's needs in carrying out activities of daily living. The most well-known and used scales are the ADL and HADL (ADL stands for ability to perform activities of daily living), which assess the basic functional independence of an individual to live independently (ability to take care of oneself), and the ADL scales that are extended, i.e. extended or instrumental (EADL or IADL), which assess skills and abilities to live independently in the community (e.g., ability to move outside one's home environment, maintaining a household). In more detail about this Carod-Artal et al., (2002) and Nouri and Lincoln (1987).

- Katz, S., Down, T.D., Cash, H.R., & Grotz, R.C. (1970). Progress in the development of the index of ADL. The Gerontologist. 10 (1), 20–30.
- Wade, D.T., & Collin, C. (1988) The Barthel ADL Index: a standard measure of physical disability? International Disability Studies. 10 (2), 64–67.

Even the adaptations offered by some systems as a way of increasing the individualisation of services do not go beyond the process of categorising people. In some cases, what goes beyond the basic entitlement is offered to users as a ‚premium'. But even the above-standard offer is still arranged in the form of catalogue services which the individual can add to their choice if they can afford them. For instance, a single room in an old people's home, a room with a balcony, a garden, and so on, are based on the idea of typical premium service users (e.g. assuming more affluent users who can afford to pay extra for the service or benefit).

Despite the rhetoric of human needs, the procedural model of work does not go beyond an alienated mode of assistance. Help is not focused on the dialogical co-creation of answers in the context of people's everyday lives, but is a way of finding arguments for how to adapt a person's situation to the system of help. Standardised needs are not something that is personal, inherent to the individual as part of their feelings about life, but become part of the imposed reality enforced by the service system and standard forms of assistance. In everyday professional practice, we find many examples of reframing, where instead of talking about people's needs, professionals talk about users needing a service: someone has no roof over their head, professionals write down that they need a placement in a housing group (in fact, they need a home); a person with dementia loses their sense of orientation, the conclusion is that they need a placement in a secure ward (in fact, they need to be accompanied to move around their surroundings safely); an older woman is experiencing violence, the conclusion is that she needs a placement in a safe house (in fact, she needs protection from the perpetrator) (Grebenc, 2005).

Similarly, we see claims that ‚neglected children need to be placed in a foster family', that ‚an old person with a chronic illness needs to be placed in an old people's home', that ‚people with dementia need a day centre', that ‚lonely people need volunteers', that ‚a person who cannot cook for themselves needs home delivery', that unemployed persons need ‚a course on how to write an application to an employer', and so on. If needs are understood as purely administrative categories, we quickly get trapped in a cause-and-effect logic, similar to the way diagnoses are made in medicine. It is as if needs are the

‚disease' we diagnose, and the service is the ‚prescription'. When, as professionals, we focus only on the services we can provide, the actual circumstances of need and the sources of power become irrelevant. The user finds themselves in a take-it-or-leave-it situation.
Urek (2004, p. 290) states:

> Professional conventions for portraying the lives and experiences of social work users too often result in distorted and stunted images of people. Reports are full of professional categorisations that shape users into professionally recognisable types and reveal only the fragments that fit into the predetermined gaps. Professional texts construct individuals as documentary copies rather than situated presences [...] Professions such as social work often place people in the role of recipients of predefined services. People tend to internalise professionals' interpretations of their needs.

Social work, like other helping professions, finds it difficult to avoid a mindset based on the harmful impact of concepts of illness or disorder. Such an orientation is the successor to the certainty of beliefs and concepts of the past, when understanding was trapped in notions of the moral deficits of the poor, the despised, the deviant. Social work has constructed much of its theory and practice on assumptions that the individual has become a client or a user because they have a particular deficit. There is something wrong with them, they have a problem, they are sick, they have a pathology – that is, they are damaged or weak. While more sophisticated terminology prevails in professional discourse today, the underlying metaphors and narratives that shape our thoughts and actions often remain rooted in the language of health and benefit, in fact still reflecting negative constructs and moral judgements that have profound consequences for the future and the lives of those we help (Saleebey, 1997).

The generalisations and categorisations of needs, reframed into standardised forms of services, are the basis for assessing and classifying users/users into ‚typical cases'. The procedural work on the conveyor belt of institutionalised services, which depersonalises professionals, depersonalises and defragments users with the same force, except that for them this defragmentation is fatal. The status system

fragments human beings (into fragments of socially recognised identities and into systems of disconnected services). It strips them of their life force and influence, reinforces their stigma, and makes them experience help as a devaluation and an objectification. People tell us that they feel voiceless in aid processes (Flaker et al., 2008; Grebenc and Šabić, 2013; Grebenc and Šabić, 2020). People get the feeling that their lives are being managed by experts. Rigid care regimes force people to resign themselves to their fate and fill their lives with hopelessness. Life becomes unbearable not because of illness and suffering, but because of the constant intrusion of bureaucratic-managerial logic into people's personal space. The human being becomes a body that is cared for in accordance with standards and norms by teams of nurses, orderlies and social workers, while the user waits patiently for each of them to do their bit to help, to care, to look after them. The totality of the situation forces users to accept their stigma and, in line with the stigma (the typical identity of the old person), to play the role of the ‚user' in their relations with professionals (Goffman, 1959,). Thus, we have established a system that is self-actualising.

And while users feel ‚swallowed up by the system', service providers give the impression that people are getting what they need and are entitled to. Professionals have the impression that they have done a good job because they have done everything that is expected of them, and they do not understand why people would complain (Wright, 2003). Such misunderstandings and overlooked needs can be especially reported when it comes to the treatment of older people. All the research we have conducted so far among older people shows that older people are generally modest in expressing their requests, patiently accept what is offered even if it does not suit them, do not dare ask, feel ashamed to ask, or think that they are not entitled to help (Grebenc et al., 2005; Mali et al., 2017, 2019). This reinforces the impression that everything is fine with services for older people and that no changes are needed. The perpetuation of the self-evident nature of referrals to residential care is a consequence of the self-evident nature of institutional care for older people. An alienated institutionalised organisation of services remains beyond criticism, users cannot question the services – how could they if this

is the only form of support for older people that they know? And the possibilities for criticism are limited and carefully regulated. In the impersonal environment of institutions, surveys completed by service users have the character of a ritual and are not intended to seriously transform practices. They are intended to create the appearance of user participation, to build a public image of a ‚friendly organisation' that is interested in user opinion. Nor can there be major changes, since spontaneity and creativity are a threat to the established order. Trapped in the machinery of the system, both professionals and users are in a battle with themselves: like petty judges and overseers, they observe themselves and others in total compliance with the system and the endless task of self-discipline in order to be able to adapt to the system (Foucault, 1980).

2.4. The stereotypical image of the older person as a model for understanding needs

The norms of standard personal careers are entwined in every society, acting as invisible rules, unwritten values that maintain the social order (Goffman, 1959). In the context of formalised services, an image is created, a model of the older person, which is constructed as a hybrid identity of the socially established stereotype of old people and the idealised image imposed by the ideologies of the market and politics. Standardised services help to create a standardised biography of old people (and indirectly determine the identities of their helpers). The formalised image of the old person becomes the model against which the needs of all older people are then assessed, long-term care policies are justified and forms of services supported by the state through legislation are allowed to take shape.

The control and management regimes necessary for institutionalised care to take place trigger identity selection. The person must agree to a standardised lifestyle and accept the identity of a service user who must show a willingness to participate. Through the patronising interpretation of the basic needs of life (based today mainly on ideas of healthy lifestyles) and the automated provision of services, imposed scenarios of living are created. The fulfilment of needs

is no longer linked to the user's life rhythm and environment, to personal preferences and choices, but becomes a question of routine, schedule and quantity (what, when and how much of the service can be provided according to the rules and the contract).

By behaving in an appropriate and compatible way, users demonstrate responsibility and compliance with the rules that determine eligibility for services. This leaves them at a point where the way they are cared for ‚freezes' them in their ability to self-actualise and influence their lives. They can afford neither more nor less independence in their daily lives. More independence would mean that they do not require a part of the service (because then the whole structure of care breaks down, they cannot, for example, cook for themselves if meals are included in the basic package), less independence would mean that they have to move up the ladder of user categories to an even more institutionalised form, for example, because home care services do not meet all their needs, they have to move to a nursing home, or, because dementia has progressed, they have to move from a regular ward to a secure ward.

Deviating from the ideal image of a user living in a conventionally arranged environment acts as a subversion of the accepted convention. The search for solutions in adapting or transforming the system (or institutions) acts as a threat to the social convention of the established image of care for old people in two ways: it threatens the construction of the established identity of the old person, and it heralds a disruption of order and security. Every time we discuss human needs, we are faced with the almost insurmountable challenge of how to critically evaluate a self-evident reality. Any thought that attempts to question obvious truth acts as a rebellion against order. The very thought of adapting the care system for older people to users' different needs and lifestyles, which arise from their unique personalities, world-view beliefs or social minorities, let alone tailoring the system to a stigmatised and marginalised group, provokes resistance to the moral majority (Flaker et al., 2002).

Bombarded with the stereotypical image of the helpless older person and the image of the classic old people's home, it is hard to imagine that there is any other kind of care home for older people. If we merely entertain the idea of setting up low-threshold programmes

for users addicted to illicit drugs or alcohol, so-called safe spaces, in old people's homes or establishing such programmes in the community specifically for older drug users, we risk facing fierce public opposition and outrage. The primary barrier to researching needs is prejudice and the stereotypical beliefs about needs, shaped by these prejudices, which become self-evident truths about the world.

Professional language determines whether a particular identity is socially acceptable or unacceptable. The power of professional language is immense, as scientific discourse, serving as an interpretative framework for explaining reality, has entwined itself into the everyday knowing about life (Moskovicy, 1992: Illich, 1997; Urek, 2004). The expert rhetorics of disciplines such as medicine, psychology, law, pedagogy and even social work, are primarily aimed at asserting a particular discipline in relation to others, and they continuously create indiscriminate fields of claims about people and phenomena, slowly slipping into everyday language. People do not even notice that they are using simplistic, generalised and filtered professional language to talk about the world and their experience. Popular knowledge, which incorporates expert jargon, has become an integral part of more lay theories about life and reality. In everyday narratives, people internalise and use technical terms as self-evident concepts, which thus become enmeshed in everyday discourse as part of the ordinary language of everyday people. Ilić (1985) is critical of this use of formal (professional) language, arguing that the imposition of expert definitions (concepts) diminishes the significance of learning from everyday events and ordinary life situations. He draws attention to the distinction between formal and vernacular (spontaneous, organic) language. Ilić (ibid.) explains that the distinction between ordinary language and sacred, professional languages is intended to oppress and control the masses.

Rhetorics from different disciplines have helped to create images and beliefs about people. Through the use of professional jargon, negative identity labels are created that segregate and exclude: being mentally ill, demented, criminal, unemployed, divorced, old, a cancer patient, a diabetic, a victim of violence, etc. Once assigned, these identities become definitive and inescapable for those who bear them. Freire (1980) also identifies in expertise the mechanisms

that maintain power relations in favour of privileged social groups. The intrusion of professional language into the sphere of the home and private life is a form of colonisation of everyday life with expert concepts and is the subordination of ordinary knowing to the sacred knowledge of science. When people internalise professional language, they learn to do more than name reality. They adopt expert explanations as models against which to evaluate their own lives and the lives of others, to assess their own achievements and shortcomings, and to compare themselves with others. They create a classically reduced story about themselves.

In researching needs, we thus encounter repeatedly reduced stories of people who have learnt to talk about themselves in the language of experts (Zaviršek, 2000; Urek, 2004; Grebenc, 2005). These narratives most often take on the form of ‚sad stories', which speak of a web of unfortunate circumstances and decisions, difficult situations, self-blame and blame of others, powerlessness, life's losses and unfulfilled aspirations. If, in researching needs and planning responses, we do not create opportunities for a reconstructed and in-depth narrative, we risk perpetuating and reinforcing misunderstandings about people's needs at this stage of the inquiry. As a result, the assessment of needs is based on simplified and minimised personal stories. If we do not encourage conversations that include narratives of concrete events and situations, document context, facilitate discussions on different aspects of reality, explore values and perspectives, compare experiences, examine details and circumstances and invite descriptions of personal actions, visions and aspirations, we will find out about needs only ‚what we already know'. But a new narrative (and the possibility of generating new knowledge) will not emerge simply by asking new and additional questions, but when we abandon patronising and controlling attitudes towards people, and when people discover that systematic data collection and reflection on experience and context are not intended to ‚expose' or prove their weaknesses and shortcomings, the basis for giving a ‚label' or classifying ‚their case' in a classic catalogue of services, but the basis for discovering the points at which action is possible, inventing unique solutions and retaining control over decisions about their own lives. People will share more when they know that their particular knowing and

experience are important and will be taken into account.

2.4.1. Decoding the image of the older person and normative forms of needs

Being able to participate and decide for oneself also means being able to take responsibility for one's own actions. It means that people can move from the role of guided and managed objects to that of autonomous subjects. The issue of long-term care for older people is directly linked to the question of culturally established norms that determine the ways in which we interpret the needs of older people and the roles of how and who should be involved in meeting those needs. In our culture, 'aid dependency' has taken the place of a negative signifier. It is an indicator of the lack of independence of the individual. Autonomy is the quality of an independent individual, the ideal of a person who can participate fully in all spheres of life as an autonomous social subject. Anything that reduces a person's potential for independence has negative consequences for them. In a society that values the ideal of completeness, physical decline, material deprivation, intellectual handicap, illness, physical imperfection, physical handicap, lack of knowledge of how to use information technology and so on pose a threat to a person's positive identity and autonomy (Zaviršek, 2000; Flaker et al., 2008).

Standardised services, as stereotyped and obvious forms of assistance based on established knowledge, are an almost insurmountable obstacle because they have an implicit rationality value. The rationality imperative is inextricably linked to cost-effectiveness (economic efficiency). The moralistic view of individual distress and the ways in which distress can be resolved cannot be overlooked. Both hostile, pejorative, dismissive and complimentary, approving language about service users has a normative function for both the service user and the professional. This language creates an image of who is and who is not an appropriate service user and who is and who is not an appropriate practitioner. A person who can no longer live independently is left with a rigid system in which it is clear that they must sacrifice a certain amount of freedom and individuality. If they do not accept this offer, this demonstrates their irrational judgment.

Granting independence to a user who clearly demonstrates their, irrational judgement' by wishing to remain in the safe environment of the home is a moral and legal issue. This issue also involves the rationality of professionals, relatives and others in the person's social network. Anyone who defends the user's desire to live at home as failing to recognise the rationality of the offer is a subject of suspicion and critical scrutiny.

Conventional science has provided the dominant and permissible themes. Institutions and formalised service delivery environments are involved in shaping rhetorics about the needs of older people and the construction of a desirable biography of the older person (Giddens, 1991; Illich, 1997). In slogans such as ‚active ageing', ‚healthy old age', ‚forget about wrinkles', ‚safe ageing', many covert forms of discrimination are masked in pleasing rhetoric. Illness, pain, death, body odour, sadness, feelings of loss are topics that are unwelcome, forbidden, shameful. Formalised environments allow only reduced communication. Surface communication focuses on polite interactions and superficial chit-chat, creating the impression of illusory relationships. Contacts between people are simplified into stock phrases (‚how are you'). Formalised spaces are characterised by communication that does not allow for in-depth closeness, personal and specific topics.

Thus, professional practices create an environment that prescribes the forms of relationships and the content of conversations. This creates an environment in which distorted or incomplete images of people's needs are created, compounded by professional blindness (when professionals do not connect a certain group of people with a certain problem at all, or when this topic is a taboo, for example, fear of death) and professional distortion (when they interpret a certain phenomenon in an inappropriate way, for example, forms of secondary adjustment to institutional life are subordinated to the impression that people are satisfied with life in an institution) (Grebenc, 2005; Grebenc and Šabić, 2013). There are emerging themes that are not discussed or are discussed selectively. Today, little attention is paid to the issue of the sexuality of older people, especially after they enter institutional care. Issues such as alcohol and drug addiction are overlooked, the problem of violence against older people is

underestimated, and death, illness and suffering are widely seen as sources of upset to older people.

Researching the needs of older people presents us with the greatest challenge when it comes to constructing the image of ageing and taking the care system as self-evident. The key question is how we can shape long-term care that goes beyond standardised and impersonal approaches and instead truly embraces the spontaneity of existence. We cannot conclude the debate on the freedom and autonomy of older people if we feel that the current forms are the only possible ones. The first step is to move away from a patronising attitude, relying on the profession to work out the answers, the second step is to create the conditions in which creative dialogue between all the agents in the community is possible, and the third step is to establish policies that uphold the values of social justice and solidarity.

Plans and responses should take into account users' daily life situations and desired living scenarios. The first shift is the responsibility of the profession. The HOPS needs survey presents an opportunity to create an alternative language about needs. We need to create a new professional language by creating knowledge based on emancipatory principles. The ethics of inclusion is based on possibilities, yet simply assuming that a good understanding of needs can eliminate degrading practices is not enough. No matter how well we understand people's needs or adhere to ethical principles, we are still at risk, like the users themselves, of becoming entangled in procedural work, user classification and the bureaucratic machinery of the system.

In addition to knowledge about needs, it is essential to create knowledge that will support the transformation of systems and social relations. If we want to support the principles of normalisation of living, we need to create ideas of care in the community (Flaker et al., 2015). Steps towards the implementation of normalisation of existence are the exploration of the elements of everyday life and the decoding of the fixed meanings of standardised needs. By exploring the context, dialoguing with users to identify needs and shaping responses, we can correct rigid notions of expert interpretation of the everyday world, but the mainstreaming of long-term care practices will only happen when the values of normalisation become part of

the policies and practices of the professional disciplines that deal with human life (medicine, sociology, architecture, pedagogy, psychology, social work, etc.), and are integrated into professional knowing.

Where and how can the shift take place? User experience in institutions shows that we cannot rely on self-regulation of professional knowledge (Grebenc, 2005). As we have found, the professional perspective on service users reflects an institutionalised understanding of needs. Professionals ask about what they already know, what is already included in theoretical writings and concepts, and what has already become part of the doctrine of the practice. Professionals base their actions on the knowledge they already have. This gap proves to be an insurmountable obstacle when life confronts people with questions for which there are no known answers, or when it becomes clear that the known answers do not help people solve their problems. It is undoubtedly important for the development of society that scientifically validated expert knowledge is produced and that this knowledge is accessible to people. People need words, ideas, descriptions to explain life. Even the creation of simplified images of the world is not a problem in itself, because stereotypical thinking helps to cope with the overwhelming flood of information, impressions and feelings (Moscovici, 1992). But we have a problem when stereotypes turn into prejudices, into distorted and ideologically charged ideas about people and the world, and become the basis for unjust, narrow-minded, demeaning and destructive practices. And we are in trouble when stereotypes ideologically feed into expert knowledge. Expert knowledge is not a problem in itself. It only becomes a problem when it is used to patronise people because it disempowers people for survival and self-realisation.

In today‘s society, expert narratives are the main carriers of socially regulated identities. Feminist authors, as well as other authors who mainly explore the situation of oppressed social groups, point to the oppressive potential of ‚objective knowledge‘ produced by science (Hudson, 2003; Elliott, 2003). Take the role of women in the care of older people as an example. In our culture, it is women who mostly take care of family members in need. The fact that women are recognised as caregivers is reflected in the feminisation of the caring professions. In the traditional interpretive model of care discourse,

the experiences of women carers remain part of their personal stories. The struggles of caregivers, overload, burnout and exhaustion, are framed as individualised problems of women who have failed in their traditional role of balancing work with family life. Their task takes place in the microcosm of the relationships between themselves and the people they care for. Although research acknowledges the gendered inequalities women face in society, as well as the cultural, social and political forces that regulate relations in society, the problems of women's exploitation for invisible, underpaid or undervalued work do not manifest themselves in radical social change in women's position. Although some scientific knowledge points to social injustices, the dominant scientific discourse remains trapped in dominant forms of objectifying knowledge and in political ideologies that maintain social inequalities (Foucault, 1980, 1994; Freire, 1980; Urek, 2004). The production of expert knowledge is therefore always a political act and an act of power.

Unique experience, unconventional knowing and spontaneous communication have little opportunity to be expressed in a discursively and interpretively narrow and regulated environment. Public discourse lacks interpretive schemas to explain the particular experiences of individuals and marginal groups. These are ‚voices that are traditionally silenced' (Hesse-Biber and Leckenby, 2004, p. 209). Critical theories in social work point to the problem of traditional ‚universal truth' (Ife, 1997; Dominelli and Payne, 1998; Thompson, 2021). Correcting deficient interpretive forms can only be done by recognising people's particular knowing and using language that is sensitive to lived experience (Hanley, 2005). By exploring the needs of older people, we create new narratives and language that includes the possibility of thematising experiences and issues that otherwise fall out of knowing about the everyday lives of older people (especially those who are moved into institutions).[11]

The absence of interpretive schemas is not only related to taboo topics (which are not openly discussed). Part of this silencing is tied to the maintenance of the status quo in a society in which particular groups are automatically marginalised. Intersectionality theory (hooks, 2000; Gringeri and Roche, 2010) reminds us of the

11 More on this in Jelušič (2013).

compounding exclusion experienced by people with multiple labels (take, consider the case of an elderly immigrant woman in the early stages of dementia, with a history of domestic violence, living in poverty, with low education and sharing a rented apartment with her unemployed son). In today's society, older people are marginalised, but within this group, women, people with dementia and the poor are excluded even further.

The question of understanding the long-term care needs of older people is a radical act of emancipation of people who are portrayed in traditional images as dependent, incapable and without perspective. Awareness of the fatality of multiple labels and the totality of stigmatisation is essential in researching needs, in order not to fall into patronising, protective or authoritarian practices. The universality of human rights should not be confused with the idea of universal, uniform needs. The universality of rights requires that all people should have access to the fulfilment of their specific needs. If we compare the needs of users who have little or no social power with the needs of a conventional, majority and well-off community, without taking into account the sources of social inequality, it is easy to find ourselves in the role of ‚victim-blaming', as we attribute the inability to meet needs to people's personal characteristics.

In noting and explaining needs, we need to take into account the tension that arises in how knowing about everyday life is perceived by different holders. Complementing knowing is only possible if we allow all experiences and perspectives to be expressed. By exploring different sources, taking into account different types of knowing (e.g. expert, generalised, experiential, local, personal and specific knowledge) and different knowing holders (people from the community, professionals, service users, other knowledgeable persons, observers, relatives), we can discover multiple perspectives and interpretations of interrelated situations. It is a matter of seeking the ‚different sides of the coin' and identifying the ideologies that underpin different types of knowing. As holders of privileged knowledge in today's society, professionals have a major responsibility to critically evaluate their own knowing. The self-sufficiency of expert knowledge and the self-assurance of experts in their own ‚all-encompassing' knowing are the greatest obstacles to creating dialogue with people today.

Social work, which deals with people in direct relations on a daily basis, is in this respect a discipline that should constantly question how knowing about life is shaped. In researching needs from a social work perspective, we need to be aware of the importance of shaping methods and procedures for creating emancipatory knowing about life.

2.5. Understanding needs from the perspective of normalising existence and emancipatory social work

Researching and discussing people's needs are powerful forces that encourage people to reflect on their lives. By researching needs, we are constantly poking at the seemingly obvious, reflecting on and defining habits and routines. Talking about people's everyday lives and their personal stories becomes, time and again, a moment of reflection on ourselves and the world we live in. In researching and recording needs, we are attentive to the question of the knowing that individuals and the community have created about everyday life. Needs are part of the normativity of the world, but they are also understood as a dynamic force for connecting communities and building social tissue. Needs cannot be equated with problems, as they are part of social relations and roles. They indicate what is socially acceptable and desirable. For example, socially acceptable parental behaviour is linked to showing the necessary care for the upbringing of children. This care is deeply rooted in social norms. It goes without saying that parents should provide for their children's physical and emotional needs, intellectual development, material and physical security. It also goes without saying that sustaining life is linked to caring for oneself and at the same time caring for another human being. We do not ask questions about the people we care for and the ways in which we care for them. Care is part of everyday routines and rituals.

Research on needs is therefore always also a look into the established cultural and civilisational forms of a given society. We could write that while we are ‚dissecting' the characteristics of people's

everyday lives, we are also ‚dissecting' the self-evident and invisible social forms. It is therefore not irrelevant who researches everyday life and how, and from what theoretical and value assumptions they make claims about life (Hanley, 2005; Dover, 2016). Images of people and definitions of needs will always involve the assumptions that researchers and experts make about these people and realities. The anthropological and ethnographic research tradition warns us of the pitfalls of creating colonising knowledge (Illich, 1997; Hudson, 2003; Elliott, 2003; Hesse-Biber, 2010). The pitfalls of patronising objectification of reality, in which needs researchers and social welfare policy planners can easily get caught, are precisely those of selectivity and generalisation. Analysing and collating information inevitably leads to generalising, selecting and grouping information, while the demands of the feasibility of ideas and the pragmatics of being, lead to the reduction of people's expectations, wants and needs.

If we are not attentive to narrative and language, which is a powerful vehicle for cultural and social patterns, we can quickly get caught up in stereotypes when researching needs and in fact participate in the maintenance of simplistic, stereotypical ideas about people's everyday lives. Exploring needs from a critical social work perspective is therefore always also an exploration of traditions of thought and systems of constructing and justifying knowledge about the world. Complementing or correcting the stereotypical story of people in need of long-term care can only be done through new language and new constructions of one's own experience. Exploring needs requires looking beyond the 'similar sad story' as well as beyond the 'binding identity project'. New interpretive schemas for explaining the world (new ideas and language) can only be created in dialogical encounters with others and otherness (which help us to see our invisible selves) and in the dialectical process of shaping personal theories and practices of everyday life (Freire, 1980; Urek, 2004; Grebenc and Šabić, 2013).

In life, we need this basic sense of security that life is predictable and manageable (Giddens, 1991; Beck, 1992). Each of us needs models of knowing to understand how the world works and how to make sense of our place within it. We therefore need solid ideas about the world, and part of these solid ideas about the world are

our ideas about our needs. The ability to make autonomous judgements about what is good for us and the ability to make decisions are linked to an autonomous sense of knowing what we need and want. From the perspective of researching people's needs, it is essential to recognise that our worldviews are limited by ideologies about the world and personal convenient theories.

Like any theory of the world, human needs are also a socially constructed concept. Our ideas about needs are shaped by our environment and our experience of life. Each of us thus spends a lifetime creating and testing our own theories about the world and ourselves. We cannot escape this theorising, because the experience of living forces us to adapt again and again to the challenges that life brings. Theorising about everyday life is, for every human being, an ongoing and lifelong process of generalisation, in which the selective and relatively systematic abstraction of phenomena and the relations between them generates patterns that make it possible to order the infinite complexity of the world (Ayre and Barrett, 2003).

Like every little or big personal theory about life, we have developed our own personal theories about the needs we rely on. We can write that by theorising about everyday life, we select and observe certain situations, attribute certain characteristics to them, recognise certain interrelationships between these characteristics, and then see whether the thing as we understand it stands up to comparison with other everyday theories, works in practice, and helps us to achieve or understand what we want to achieve or understand (Ayre and Barrett, 2003, p. 126). Fulfilling needs is a creative act of human beings. It is a dialectic that takes place between experience, the interpretation of experience and a new idea. The possibility of forming one's own perspective is the foundation of individual freedom and the meaning of life.

Inquiry between different knowing holders in a community has an important advantage in terms of generating new knowing. When we are in direct contact with the holders of knowing about life, we discover that knowing is most often overlooked, hidden, forgotten, unacknowledged or even forbidden (for example, about personal livelihood practices, local customs and rituals). Although this knowing may not have a socially recognised status, it may be an

important part of people's livelihood strategies in a given community (for example, knowledge that is passed down from generation to generation as part of family heritage). Such knowledge that is inaccessible to the general public (knowledge that is not publicly spoken or written about) can make an important contribution to changing the prevailing perception of a particular phenomenon. Knowing that is unexpectedly discovered has the potential to correct social representations. The more we understand the meaning of the livelihood practices of marginalised people, the more we can understand the mechanisms that create social inequalities. People who are used to looking after themselves experience the expert imposition of classical or ‚socialised' identities as an encroachment on their field of freedom. In shaping responses, it is thus essential to understand that standardised responses can decisively deprive individuals of their sense of freedom, choice and influence.

Researching needs by taking into account different types of knowing is not about finding the ‚ultimate truth', but about finding points of dialogue where people negotiate, adapt, integrate to achieve the change they want or to maintain what is important in their lives. The debate on needs is a moment of reflection on the dimensions of existence, personal freedom and influence over life. It is a search for a delicate balance between individual freedom and respect for the other, between autonomy and connectedness. In the processes of response planning, people reflect on the issues of life that are important to them, whether it is maintaining safe routines and desired daily routines, satisfying relationships with others, or being able to participate in meaningful and valued activities, and weigh how response plans would affect these areas of life. Even such a seemingly insignificant detail of existence (e.g. what colour the bedding is, what we are going to eat today, what I can talk about on a walk with a friend) can become a point of oppression. Choosing where to live and making important decisions is part of a constant negotiation and bargaining with the surroundings. The key question becomes: in what kind of environment can a person still experience freedom, which is fundamental to a sense of human dignity? It matters how people are able to care for themselves and how they shape their relationships with others.

Many might wonder why someone would choose to live in a

container rather than in an old people's home. They may speculate about their eccentricity and attribute the decision to a personality disorder or a psychiatric diagnosis, but we must remember that institutionalised service provision limits the individual in every dimension of life. Adapting to the order of the institution, although voluntary, is total. The threat to oneself or others, which is often an argument for coercive (imposed) measures, must always be judged in the light of whether there is an alternative. As long as the only option available is being moved to an institution (confinement), people who cannot live independently in the community, will be sent there (Flaker, 1998).

A professionally ethical response to human needs is found in striking a balance between preserving personal freedom and restricting only those actions of the individual that are truly threatening. Even if someone has dementia, they should not be deprived of their personal freedom and dignity. The aim of HOPS research is to shape responses to people's needs that take into account the preservation of the autonomy of long-term care users. Researching needs is not merely about gathering information on what people require, desire or aspire to, but also about exploring the possibilities for individuals to fulfil their needs in ways that preserve or enhance their personal and social agency. Alongside generating knowing about needs, we must also develop knowing about the ways in which these needs can be fulfilled.

2.5.1. Long-term care as part of sustainable community development

Involving the community in exploring the long-term care needs of the community is an action to engage the community in tasks that are positive and geared towards community development. National and local government policies play a decisive role in the development of social and healthcare services (including long-term care). The effectiveness of these policies depends on the awareness and expertise of mayors, municipal council representatives and administrative officials in addressing social and healthcare issues. Today, cities (as local administrative units) around the world are caught in a fierce

economic race for profit and prestige. In many places we are witnessing the subordination of all spheres of society to the interests of business, the appropriation and privatisation of public goods. Cities (municipalities) are organised as businesses, marketing themselves, trying to attract capital and demonstrate their advantages over other cities they compete with. Spaces of habitation are being created that are intolerant and hostile to anyone who does not fit the image of the neoliberal 'showcase city'.

Older people (like all other inhabitants or users of urban space) should contribute to the image of a thriving and orderly city. We can observe that ideas persist in everyday attitudes towards older people that older people should continue to be segregated into special spaces or programmes. The stereotypical view of older people is still laden with prejudice, being old is a stigma. Attitudes towards older people are reflected in the development of services for them. The rhetoric of the ‚caring city', which professes support for older people by building old people's homes and setting up uniform day programmes and intergenerational centres with generic ideas and stereotyped content, while excluding older people from the process of responding to their needs and by constantly setting up ‚special services', ultimately reflects the idea of a ‚clean society'.

The neoliberal space of the city is for those who can afford it, and many of the world's capitals are becoming showcase cities, where spaces are primarily dedicated to activities that are supposed to bring profit to the city (Brenner et. al. 2012, Marcuse and Mayer, 2012). The policies of cities (regions and countries), which have completely distanced themselves from the people, cannot hide the economic calculus in creating services for people in need of long-term care. People's care is based on monetary criteria to measure people's needs and on the material capacity of older people to participate in the service market. The vision of destigmatising and de-tabooing old people and normalising long-term care sounds utopian and naïve when seen in the narrow discourse of a consumer society. Yet it is people's everyday livelihood practices that teach us that what people want is reliable, flexible and quickly accessible help more than an infinity of competing offers. An aid system that is simple, transparent and stable, yet not rigid and impersonal. Cohesive teams of

professionals who work sensitively and as closely as possible to the rhythm of users' lives (so that they become helpers to users, rather than the other way around, where it is the user who has to adapt to the practices of professionals). Initiatives to involve people in the planning of services in the local community, the networking and co-operation of formal and informal carers, forms of self-organisation, multidisciplinarity and integrated services, are only slowly and modestly gaining ground precisely because they avoid total (economic, monetary) control, threaten privileged status relations and presuppose necessary shifts in social and personal power relations.

2.5.2. Communities of respectful and considerate coexistence

For ordinary people, politics and the system are distant and inaccessible realities. Few local communities are attentive to the voices of the weaker in their environment. Decisions are usually taken by local elites and investors who come to the community with ideas of economic benefit. The issue of understanding the needs of older people is directly linked to the issue of development in local communities. In a neoliberal economy, proposals that are interesting from the point of view of investing in communities are usually supported by local politicians. Communities count on the promise of financial benefits, paving the path for individuals, companies and networks of companies that in fact see the community just as a testing ground for their own interests.

Today, the globally connected world is caught in ecological, economic and social crises that can no longer be managed without the participation of all subjects of society. The ideas of small, local, self-sustaining communities are an attempt to act in a situation where global agreements and actions to protect the planet and life remain mostly on paper and the world is still driven by the values of profit through exploitation (of people and planetary resources) (Dominelli, 2012; Peeters, 2012; Gough, 2017). Many of the hardships that people experience in their daily lives are the result of exploitation and exclusion. The idea of a self-sustaining community is one of integration and is based on the premise that quality of life depends on a harmonious and respectful relationship with the

environment and people. Environments where there is an awareness of the interconnectedness of economic, social and ecological factors and their impact on quality of life are better placed to build inclusive communities.

We cannot deny that any debate about people's needs is also a debate about the current and living values of human communities.[12] Time and again, in thinking about the future of care for older people and people in need of long-term care, we raise the issue of respecting and realising the fundamental human need for autonomy and connectedness, and of respecting the principle of a just society. The realisation of these principles requires a high degree of mutual respect. To normalise living, we need human communities that are able to form respectful relationships with each other and articulate indicators of life satisfaction by taking into account the values of a sustainable, socially just environment, and not only on the basis of monetary arguments of profit (Graeber, 2021; Gough, 2017).

HOPS is a method by which we wanted to enable the exploration and interpretation of the world in a perspective that takes into account ‚issues of difference, social power, resistance to scientific oppression, advocacy for political activism and social justice' (Hesse-Biber, Leavy and Yaiser, 2004, p. 3). In HOPS research, we introduce community participation as a principle. Community participation means enabling the residents of a given environment to participate in decisions about matters that affect their lives. The more interested, active agents in a community are usually willing to get involved on their own initiative, but special attention should also be paid to those who would otherwise participate but are reluctant to do so or are overlooked by others in the community. There may be various reasons why people in a community remain isolated, anonymous and distant. In addition to not feeling sufficiently accepted in the environment, not having yet established a connection with the environment (for example, because they are new immigrants), or wanting to keep their distance from the community because they do not want anyone to interfere in their lives, community relations

12 In architecture and urbanism, similarly as in social work, the importance of participatory communities in the development of space is increasingly emphasised. In Slovenia, a special issue of *Arhitektov bilten* [Architect's Bulletin] was published in 2011, devoted entirely to the idea of participation (No. 188–189).

can also be burdened by past experiences and conflicts in the present. People may have divergent personal beliefs and values, they may be trapped in long-standing hatred, mistrust stemming from bad experiences and abuse in the past, they may be ashamed of poverty, addictions, details of personal history known to the community, have mental health problems, etc. They are therefore not interested in participating (in which case we take into account their wishes, but this does not mean that their needs are not relevant), or they would like to participate but do not dare.

When we go out into the field as researchers, we check people's wishes and expectations for participation and subtly involve the silent (humble), overlooked or otherwise excluded and marginalised people who want to have their say, some of whom want to remain anonymous, others who want to be actively involved and noticed. Community needs research is about discovering all needs, not just the needs of the strongest, most vocal voices who can articulate and defend their demands. HOPS is a method that detects the needs of marginalised populations by exploring the characteristics and attitudes of the community with detective precision. When people in the community are not willing to accept different realities of people, or when people in the community even participate in exclusion (perhaps some of them unwittingly or unconsciously, because ‚it's the way it's always been'), taking into account the needs of all older people is a demonstration of emancipation and a form of advocacy. By exploring HOPS, the ‚invisible' community is given the opportunity to become visible and be taken into account.

Needs are part of people's ideas about the world and life, and are therefore a difficult concept to grasp. Yet we need to engage with and understand them, because needs are something fundamentally human (Doyal and Gough, 1992). As a socially, culturally and politically marked concept, needs are subject to constant negotiation about their meanings and the ways in which they can be realised. Precisely because of the unpredictability of life and the impossibility of ‚thinking of everything at the same time', the exploration and realisation of needs is a constant transition from identifying and analysing details (a laser focus on the characteristics of life up close) to placing these details in context (environment, culture, politics, etc.).

The exploration of long-term care needs through the HOPS method reveals the characteristics and peculiarities of the lives of older people in the community, by combining the exploration of different individual situations of everyday life. This gives a picture of the personal needs of individuals, while at the same time revealing the collective needs of people in the community by increasing the sample and key informants.

Everyday professional practices, and above all the language used by those who practise them, are the ways in which certain conceptual, theoretical knowing passes into practical knowing and vice versa. The main impact of community-based research becomes the creation of new interpretative schemas for understanding people's needs and articulating alternative ideas. Needs research, as developed in social work, seeks to escape the patronage of politics and the professions in defining people's needs. We have a conversation about needs as we have a conversation about everyday life. We ask people how their ordinary days go, what they want to keep in their lives and what they want to change.

Researchers do not rank needs and interests in hierarchies of lower or higher needs but rather look for the forms in which needs appear, in what relationships, and how intensely they manifest themselves (creating networks and indexes of needs). Based on their intensity, needs are categorised as urgent (essential for survival and immediate well-being) or long-term (where there is time for gradual fulfilment). Users can rank needs in an individual way as some needs may be more important to them than others. For example, questions about healthy eating, exercise, abstinence, hygiene or living space are not more important to someone than questions about life satisfaction, individual feelings of happiness or success that someone is proud of. Someone is content with modest living conditions but would not be able to live without regular contact with relatives.

Being able to make decisions, cooperate with others and engage in desirable activities are necessarily linked to a sense of freedom and independence. Freedom and independence (autonomy) are values that are fulfilled in every seemingly insignificant detail of life (having your own bathroom and toilet paper, preparing your own food, listening to music, getting some air, having your morning coffee,

celebrating with friends, taking a holiday at the seaside, a hike in the mountains, walking the dog, etc.). A person's level of autonomy is reflected in every action of everyday life, for example, in how they manage their nutrition while maintaining independence, cultivate fulfilling relationships, preserve intimacy, make decisions about their future despite physical decline.

The HOPS method aims to raise awareness of the uniqueness of human life. It is a combination of understanding needs, interests and desires as inherently personal, as the foundation of a sense of human dignity and respect, but also as the foundation of connection, of the search for the common and the mutual. The view of needs as developed in social work escapes the classical psychological classification of needs (Maslow, 1982), which links needs to human physiological and psychological needs. By adding contextuality (relational elements) to the perception and interpretation of needs, personal constructions of needs are also continually understood as situations of simultaneous dependence and independence in which relations of social influence and power are manifested.

When researching and classifying human needs using the HOPS method, we need to put them in context. Needs, while a perfectly legitimate issue for individuals (how they feel, recognise and fulfil them), are at the same time a changing and controlled concept from the social perspective. Thus, they must be examined as an element of social and political relations.

Every individual need, within everyday social relationships, is an element of a political dynamic that reflects a person's social power in relation to other individuals and social entities (such as groups and organisations). This is especially relevant when researching the needs of older people (or other socially marginalised groups), as all personal needs must be understood within the power relations that determine a person's level of autonomy or dependence in fulfilling them. Even a person who is completely physically immobile can still consider themselves independent if support services are designed in a way that allows them to retain control over their life. Conversely, a physically strong and capable person may feel entirely subordinate and dependent on the will of others if they are unable to engage in activities that are meaningful to them (for example, they may be

unable to cook their own meal because they live in an institution, be unable to go for a walk because they are not allowed to leave the ward, unable to chat with relatives over the phone because calls are restricted to emergencies and must be scheduled in advance, or forced to turn off the TV at night because they share a room and would disturb their roommate.)

HOPS brings us to the story of the community through the possibility of learning about the story of the individual: it speaks about the importance of respecting human uniqueness but also about the need for reciprocity and connection among people. However, we must not mistake autonomy for egoism (individualism) or connection for subjugation (totalitarianism). Autonomy and control over life are linked to relations of dependence and oppression. On a purely practical level, human beings, as physical entities, require basic conditions for existence (water, food, air, a healthy environment, security). However, from the perspective of social power, the ways in which these needs are met carry a political dimension (if we understand politics as influence and power within society), as they reveal the roots of social inequalities. People's influence and power are measured in the everyday relationships that determine the possibilities of fulfilling needs. It is not the same if only those with money can access water, or if there is no drinking water because the environment is degraded, or if drinking water is in an occupied military zone and under sniper fire, or if drinking water sources are privatised. Similarly, receiving a glass of water is not the same experience for a patient in an institution where they know no one, compared to receiving it in a familiar environment surrounded by loved ones. So dividing needs into primary (physical) and secondary (higher) does not in itself help us to see social inequalities. It is only when we speak of needs as rights, and extend them to be universal and inalienable, but at the same time relative and specific, that we can draw attention to the tensions that arise from unequal social power between individuals.

People's needs cannot therefore be understood solely as undesirable conditions, problems or deficiencies. The concept of needs, as we aim to develop it in social work, is based on the premise that needs are a complex interplay of personal and social factors. They

must be recognised both in their ordinariness and normality (universality and normativity) and in their specificity and relativity (individuality). By learning about people's everyday world, we can see needs as part of their reality, we can index them and write them down, but on the assumption that needs appear and disappear. Plurality in planning responses to people's needs is more than just a slightly more varied list of available services, it should be understood as the flexibility of assistance, taking into account the full range of a person's needs (Flaker et al., 2011, Nagode, Rafaelič and Udovič, 2011). HOPS is being developed as a purely practical endeavour to stimulate the possibility of a paradigm shift in the way social work in society treats people in need of help.

3. METHODOLOGICAL FEATURES OF THE RAPID NEEDS AND SERVICES ASSESSMENT METHOD

3.1. Introduction of the method

The Rapid Needs and Services Assessment Method (hereafter HOPS) was developed in Slovenia at the Faculty of Social Work, University of Ljubljana, as a basic method to research the needs of different groups of people and as a basis for developing community-based responses. For at least twenty years, it has also been developed as a method for identifying long-term care needs and for planning deinstitutionalisation processes (Flaker et al., 2019). It has become one of the core research methods in social work, serving to develop theory and practice in a holistic and hermeneutic way in key areas of the field. The method is a combination of qualitative research methods, techniques and approaches, dominated by grounded theory, ethnography and action research, but also complemented by methods from a range of quantitative research methodologies, depending on the research objectives. Decisions on the choice of research methods and procedures to be combined within a method depend on each individual research situation and the aims and objectives of the specific research project. Depending on the purpose and objectives of HOPS, one method may predominate, all methods may be represented to a similar extent, or all methods may be represented in combination with other social science research methods, both qualitative and quantitative. It is therefore a rather flexible research approach, involving the combination of different research methods. Some authors refer to this strategy as research triangulation, but more on this below.

The method is pragmatic in terms of methodological adaptability to research contexts and in developing applied effects. HOPS can

be said to achieve pragmatic effects at three levels of social action: at the micro-level (the level of the individuals involved in the research), at the meso-level (the level of the community and the local environment and organisations active within it in the field of long-term care) and at the macro-level (the level of policy and its measures for change in long-term care). The aim of the method is to achieve applied effects transversally, at all levels in an integrative way, as this also triggers effects in the theoretical understanding of the research phenomena. The applicability of the method is the basis for new theoretical knowledge, as without it we cannot achieve any effect and justify the development of new and better practices. The hermeneutic understanding of needs and the shaping of responses in long-term care remains a central concept also in HOPS research. The hermeneutic circular process of perceiving reality and developing knowledge is characteristic of social work and manifests itself in various fields, to name but a few: a) social work theory is shaped by the concrete practice of social work, and social work practice is developed on the basis of social work theory; b) the hardships of people, individuals and groups are understood on the basis of existing social conditions, and social conditions are recognised by exploring people‘s concrete lives; c) people‘s needs are defined on the basis of studying the lifeworld of long-term care users, and the lifeworld of long-term care users is understood and studied on the basis of the needs of long-term care.

The complex design of the HOPS method is particularly useful in long-term care, as we will show with concrete examples below. In social work, we need research methods that are directly and concretely applicable to create workable solutions. These are research methods that not only perceive and describe people‘s needs and hardships but also allow us to discover responses to these needs in the course of our research, to propose and formulate concrete proposals for creating solutions in the light of what we discover, and to facilitate positive change in the community. A specific feature of HOPS, which is important not only in the field of long-term care but also in other areas of social work, is the focus on action, on concrete solutions to problems in line with people‘s needs, wishes and interests. The pragmatic nature of the method lies in its

> ability to enable action, to activate the community and all those affected by a given issue, and to facilitate collective dialogue and agreement on priorities for joint action and the roles of individual agents (Flaker et al., 2019, p. 11).

Its effects in practice are scientifically based, which is why the method has the characteristic of action research. Action research is defined by Mesec (2006, p. 194) as research that transforms society through new knowledge, theory and insights, and at the same time defines change in society. The result is action, change at a practical level, driven by the participation of all those involved in the research. How we apply the method in social work is also linked to the social work principles of taking into account the user perspective and community development. Alston and Bowles (2003, pp. 159–160) emphasise that this is about the participation and involvement of all those taking part in the research, both researchers and research participants, to jointly generate theory through reflection on their practice and at the same time to influence change in the space in which practice takes place. HOPS cannot be discussed in the absence of action and participatory research. In other words, HOPS is more than a combination of methods and research techniques, it is a way of involving people in processes of change and community development and creating meaningful, useful and workable ways of meeting people's needs, wishes and interests.

Another feature of the method is that it provides an overview of the extent of the phenomenon in the chosen field of research. We establish the frequency and distribution of the phenomenon in national and local contexts, identify the causes of its occurrence, and carry out research that is otherwise typical of epidemiological research in medicine. The phenomena and settings in which we investigate are very different and the HOPS method starts by looking at what is already known about the phenomenon in a particular setting, what data we have on the phenomenon and setting, and how we can use the existing data. In each research situation, we consider what data is required, which data is already collected, which data is useful for the research, and how it can be integrated into the HOPS context. In order to assess needs and services, we need an analytical review of what is already known, as recorded in statistics, reports, studies

and other documents. At first glance, this data may not even have a direct link to the research area for which HOPS is being conducted, but it is important to understand the context and placement of the newly obtained data. Existing data is therefore always assessed in the light of the purpose and objectives of the research. This approach usually saves time and money, or allows for a quicker and more analytical approach to fieldwork.

The inclusion or use of statistics and quantitative research methods in the context of HOPS can be decided at different stages of the research process. Not only at the beginning of the research, but also at a later stage, when we discover that it is possible or reasonable to analyse existing numerical data on this or that phenomenon (e.g. data from statistical databases and other research databases), or to obtain new numerical data (e.g. on the number of potential users of a certain service) relatively quickly by carrying out a quantitative study. The acquisition of statistical and numerical data is particularly important from the point of view of understanding the demographic, economic characteristics of the environment in which these needs arise, from the point of view of assessing the extent of relevant phenomena and trends (e.g. population distribution by gender, age, employment status, daily migration patterns, social vulnerability and poverty), the extent and trends of needs (e.g. the number of older people requiring assistance with certain daily activities) and an assessment of community resources (e.g. available municipal infrastructure, data on sponsorship and donations for the development of long-term care). In addition, numerical data can help to assess certain risks and obstacles in planning long-term care (e.g. data on road safety for older people in the municipality, statistics on domestic violence and the number of recipients of financial support).

The HOPS method consists of knowledge from two so-called data pools, namely a pool of readily available and existing data (e.g. accessible statistical databases, research reports, internal statistics of institutions) and a pool of newly acquired data, which is accessed in the field and in contact with the research participants. In particular, field research is key to the action component of the HOPS method, and field data is also used to build an ethnographic picture of communities and people's needs. Empirical field research aims

to learn about the emergent characteristics of the research problem. We seek to understand how people live, what specific life experiences they have and, most importantly, how they respond to and deal with them. In this chapter, we explore ethnographically, learning about people's habits, life courses, customs, cultural characteristics in a broader context, and values and norms that shape people's lives in a narrower context.

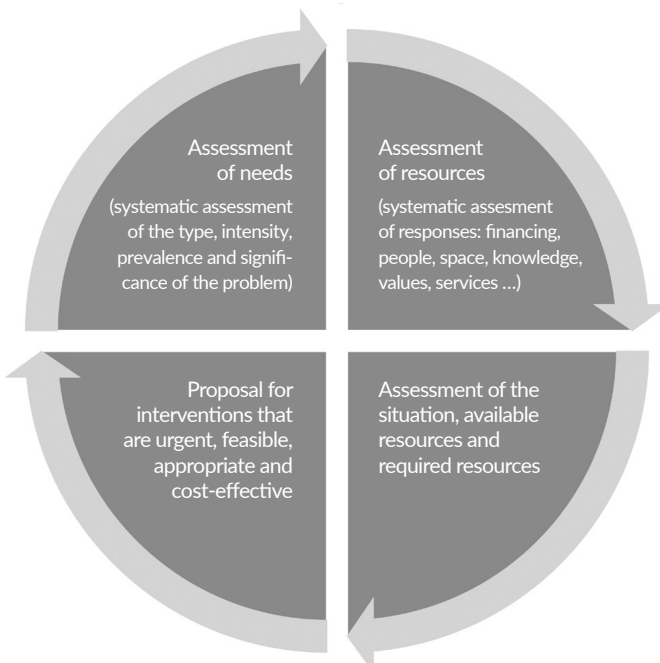

Figure No. 1: Needs and resources assessment in the rapid assessment of needs and services method (HOPS).

The purpose of the method is twofold. On the one hand, it assesses needs (scope, type, intensity, characteristics, etc.) and, on the other hand, it assesses responses (those that are already known, available, and those that need to be developed in new ways, requiring action – change). Needs assessment is primarily an analytical assessment of the situation and the resources available. On this basis, we give orientations for new and needed resources. HOPS is also a method to make suggestions for necessary interventions based on research, which are feasible with proper planning.

3.2. Potential of HOPS for community development

In social work, HOPS research is always used to develop community-based support. With the HOPS method, it is through our active engagement with the community that we increase the possibility of change in the community. Field research and the presence of researchers in the community are important action factors in HOPS research. Through our presence, we promote dialogue in the community, engage and connect different agents in the environment, and thus advance the objectives of the research. With HOPS research, our role is to provide a needs-based response plan that is co-produced by the community, but also to prepare the community to implement the plan even after the researchers have left the community.

The HOPS method, with such a research starting point, is undoubtedly a developmental one, as it encourages innovation and facilitates the promotion of development at the individual, community and societal levels. Its potential ranges from improving the quality of life at a purely personal level (e.g. improving people's quality of life, self-fulfilment and fulfilment of personal interests and aspirations, respect for human uniqueness and the realisation of human rights) to promoting significant change in different spheres of society (e.g. social, cultural, economic and political). It is from the perspective of change and development of the community and society as a whole that the effects of the method can be numerous and manifold.

As HOPS is a method that focuses on holistic and participatory research into the needs of people in their everyday lives, researchers inevitably have to deal with all the complexities of human existence. This research stance directly connects researchers to the many and varied aspects of life (e.g. cultural, social, societal, economic, environmental, geographical, political), to the indiscriminate and ever-changing knowing of life (e.g. people's everyday and experiential knowing, knowledge from various scientific disciplines, professional expertise from multiple fields and professions as well as values and ideas about the meaning of life), and to the many and varied aspects of life and complex structures of social organisation at local and global levels (e.g. the forms and characteristics of formal and

informal connections between individuals and communities, between economic and political entities).

Research in the micro-environment inevitably raises questions about the macro-world. Flaker (2002) writes of this as research from a frog‘s and a bird‘s perspective simultaneously. This means that on the one hand, we interpret the world on a face-to-face level, observing and interpreting phenomena virtually at close range and focusing on concrete situations that happen to people. On the other hand, we can only understand this world if we step back from the particular and observe and identify the differences, similarities and perhaps exceptions of the phenomena and situations under study. In this way, phenomena observed from a bird‘s-eye view can be put into context. These contexts are defined by different dimensions, such as time, space and people, and depending on the expression of one or the other, they can be geographical, cultural, social or political (Grebenc and Šabič, 2013). In other words, even if we are dealing with everyday survival issues of a particular individual, we have to take into account a number of factors that act on or determine that person‘s survival. This dual perspective in our research reminds us of the multiplicity of people‘s needs, and also of the necessarily multifaceted nature of interventions and responses to those needs. Planning responses to people‘s long-term care needs is therefore not simply a question of the will and capacity of individuals, but a complex process made up of many factors, connections and circumstances.

If we conduct HOPS from a social work perspective, the aim of the research is always to bring about positive change, which cannot only happen at the level of the users but must also happen at the level of the environment, systems, values, social structures and power relations. In social work, the objectives of research are always linked to the fundamental objectives of social work: to increase human well-being and the realisation of fundamental human rights, to ensure social justice and social solidarity. The HOPS method, as developed in social work, is therefore always focused on bringing about change and development so that individuals and groups of people increase their influence on their own lives and gain or maintain more social and life power. In this way, research becomes a driver of social development. If we succeed in reaching a sufficiently broad lay and

professional public in the community through research, the developmental effects of research can be seen in the emergence of many new initiatives. The method stimulates development at the level of the development of theory and the social work profession (deepening knowledge, complementing theoretical concepts, creating new and innovative approaches in social work practice), stimulates development in other sciences and disciplines (innovative approaches in the field of meeting the many needs of different individuals and groups, promoting interdisciplinarity and cooperation), at community level (local and regional development, strengthening formal and informal networks) and at societal level (promoting social solidarity, processes of destigmatisation, normalisation and respect for human rights), promoting policy development (e.g. social and health policies), contributing to improvement in ecological awareness and awareness of the interconnectedness of nature and humanity, encouraging initiatives in the economy and services, spatial planning and so on.

In the field of long-term care for older people, there is a lot of stereotypical perception of the needs of older people in our environment, both among the general public and among different professional communities. HOPS provides an opportunity to bring together different agents in the local community: individuals, informal groups (e.g. families and households, neighbourhood and friendship networks), formal groups and organisations (associations, institutions, economic and service entities, scientific, educational and cultural institutions and other institutions of social relevance). Through such a research strategy, we can create a broad dialogue and generate interest in working together to support and help older people in their daily lives.

As a community-based research method, HOPS allows the needs of older people to be placed in the context of living in a particular environment and community. In this way, the many and varied needs of other individuals and groups of people can be identified and discovered. If we focus our research on community integration and participation, we will be able to elicit many innovative ideas and stimulate the community to co-create responses to the needs of different people in the local community.

HOPS can trigger adaptation in the community by different agents developing different activities in the environment. It is very important to manage existing resources carefully and not to subordinate all methods to financial effects (benefits) alone, but to prioritise people's satisfaction and freedom. We can discover that by creating responses to the needs of older people, we can stimulate processes of mutual help and support. Older people, despite having many needs, can still be actively involved and play an important role in the community. HOPS reveals the potentials and resources that older people have and highlights opportunities for older people to retain or regain an important role in the community (for example, overcoming loneliness in older people can trigger more systematic planning of childcare for children who need it at certain times of the day when other forms of appropriate care are not available for them). Similarly, services and forms of support developed on the basis of the needs of older people may be appropriate for other groups of users at the same time (e.g. help with daily chores for overworked parents or single-parent families, interdisciplinary field teams to help people who have some form of disability, crisis teams that can respond to the mental distress of different individuals). Local communities can encourage different professionals and other service providers to come together and work together. In our research, we have already come across individual examples of individuals and organisations working together, but this has often been due to the initiative of certain individuals (e.g. in the Municipality of Straža, a professional from the local pharmacy was also an information provider and carer of older people, especially those who lived alone). Through research, such good practices can be identified and recognised, and other agents can be encouraged to take action in the field of long-term care. However, all these development potentials can only be realised to the extent that the different agents in the communities are willing to hear, understand and accept the paradigm of creating a collaborative, solidarity-based and inclusive society.

3.3. Principles and characteristics of the HOPS method

Flaker et al. (2019) list and describe the key features of the method, which we have also used in our research on long-term care needs at the local level. Because these characteristics distinguish HOPS from traditional social science research and because these characteristics mark HOPS as a distinct research method, these characteristics could be referred to as HOPS research principles. Here, we summarise the statements of principles from Flaker et al. (2019) and add new insights specific to the field of long-term care. In doing so, we draw on specific experiences from research in long-term care.

As the name of the method implies, one of the characteristics of HOPS is *speed*. The time taken to carry out research in the social sciences is typically determined by the duration of the projects and research, which is set by the financiers and sponsors of the commissioned research. In long-term care, research time is extremely important because the changes we plan for in this group of people can have a decisive impact on the course of their lives. Time is also an important component in needs research because some people's needs are related to immediate and acute situations in which a particular intervention is necessary to maintain or improve quality of life. If our research is not time-bound, the proposed changes may be unrealistic, even unfeasible, thus compromising one of the fundamental characteristics of HOPS, i.e. action-based research. In the HOPS projects (in Straža and Žirovnica) it became clear that we needed a clear timeline for the research, as this was the only way for the mayors to set a timeline for implementing the proposed changes at the local level. Simply relying on HOPS to do research faster than traditional empirical research is a delusion if there is no strong commitment in the local community to implement the results of the research. We need a clear timetable and, of course, adherence to that timetable.

Speed is linked to other features of the method, the most frequently mentioned of which is cost-effectiveness, as analysing data that has already been collected saves the cost and time of collecting

new empirical data. Extensive and time-consuming techniques are avoided in favour of cheaper sources of information (Flaker, 2019, p. 52). Cost-effectiveness is tempting for local government representatives who want to obtain quality data in a short time for little money to implement change, especially in the field of long-term care, which has been a well-known topic in our country for almost two decades, but without adequate legislative and financial support. The ‚neglectful' stance of the state towards the implementation of long-term care in recent years suggests that implementation will gradually shift to the local level by default. In municipalities where there is an awareness of the need for an analytical approach to introducing change in order to achieve long-term care goals, HOPS has proven to be a highly effective method.

We have already mentioned the use of existing data. It does save time and costs, but there is at least one other important aspect in long-term care. The absence of a systemic and statutory long-term care sector at the national level gives a general impression, at home and abroad, that we do not have long-term care at all. This is not the case, as we have been using (and developing) some of the key components of long-term care for many years, such as material resources (allowance of assistance and care) and forms of assistance and services at home. The demographic changes, which are reflected in the increase in the number of older people, have led to a number of aid projects, studies and analyses of the situation, mainly in the social and health fields, but occasionally also in other areas, such as the economy, agriculture and education.

Given that the issue of long-term care needs is a topic that cuts across many areas of society and directly or indirectly affects many aspects of people's daily lives in a given community, it is important that these multiple factors and circumstances are also reflected in the research and planning of responses. The more willing and determined a particular setting (local community, municipality, region, country) is to see the issue of long-term care as a community task that can bring together different resources and many agents in the local community, the more complex and integrated the response plan to the needs of older people in a particular municipality can

be. This means that by taking into account the current situation[13] we will be able to place responses to people's long-term needs in the context of the local community's vision for development (e.g. mobilising the local community to create responses to needs, boosting the local economy, taking ecological principles and self-sufficiency potential into account). The effects of the action potential of HOPS are also reflected in the cumulative and reciprocal processes of meeting needs in the community, when, for example, services for a group of older people also benefit other residents of the community, or when service users become at the same time a source of support for others. HOPS is a method that, when used as an action method, promotes the development of the community as a whole, but at the same time ensures that the group being studied (in our case, older people) is influenced in defining the issues of everyday life, situations and types of needs that are relevant to them, and in designing responses to these needs.

However, community involvement and the intensity of participation in the local environment also depend on the research plan and the willingness and capacity of the local community to engage with the researchers. The direction and intensity of HOPS research is usually determined at the outset of the research. It is important to plan and define the steps of the research, to check the sources of data and to agree with the participants on their roles and tasks. At the outset, try to identify as many relevant sources as possible and note down important key information providers. At the first meetings at the beginning of HOPS, it is important to discuss with the research commissioner (e.g. a municipality) which data is already available. It is important for the conduct of the research and the quality of the research results to take as wide a network of agents in the field of long-term care in the local community as possible. The municipality should tell us which organisations are active in the field of long-term care or are related to activities in this field. This will help us to map services in the community, access and inventory existing data and make first contacts in the local community. For example, in the Municipality of Žirovnica, we obtained the following documents: the Development Programme of the Municipality of Žirovnica

13 With demographic and ethnographic maps of needs in the community.

2009–2016 with elements up to 2020, amendment for the period 2014–2020 (Pogačar et al., 2014), the Strategy for Preserving the Health of Older People in the Municipalities of the Upper Gorenjska Region 2017–2021 (Gašperšič et al., 2014) and the Reports of the Pensioners' Association on the Implementation of the Older People for a Better Quality of Life at Home Project (2016, 2017, 2018). All these materials were relevant and useful for the research, even though the municipality does not have a developed long-term care system at all.

Collecting new data is extremely important in HOPS, especially in the field of long-term care. Our presence in the field is essential for gaining a clearer understanding of how people live, what their habits are and how their community functions. In the Municipality of Straža, the researchers found themselves in an awkward position at the beginning, as we were not familiar with the cultural characteristics of the environment and the functioning of the community in general. It helped us to visit the place several times, to make contact with people, both with people from the municipal administration and with representatives of various organisations that come into contact with older people. These representatives were our key information providers for getting in touch with people to conduct interviews. For example, the secretary of the Karitas association in the local parish first personally invited older people to participate in the research and, after their consent, provided us with their telephone numbers so that we could contact them. The researchers, who were trained to conduct the interviews, arranged to visit the interviewees directly, and in addition to conducting the interviews, they got to know the place, took the opportunity to explain to the interviewees' neighbours why they had come to this part of Slovenia from Ljubljana, talked openly about the purpose of their visit in a café in the centre of the municipality, where many citizens gather, and so on. We took this approach because, as Flaker et al. (2019, p. 52) say, an important part of the HOPS process is to get a picture of the different views, interests and activities of the people involved in the research problem.

The method is guided by an inquiry orientation. On the one hand, this is made possible by the position of the researchers

themselves. The people we involve in research expect us to be inquisitive and curious, to ask them all sorts of things. On the other hand, it is precisely because of this researcher's position that participants can close in on themselves, not presenting all the features of the phenomena we are investigating in sufficient detail. This can be quite a disturbance in the short time we have available for research. It can lead us to wrong conclusions or proposals. To solve this conundrum, it is important to be ‚detective-oriented' researchers. It also helps to include researchers in the research team who know the community in which we are conducting the research well. For example, in the Municipality of Žirovnica, in meetings with municipal representatives and also in focus groups with representatives of agents in the field of long-term care, we have repeatedly received reassurances about the cohesion of people in the community, about mutual coexistence based on neighbourly help and care. We had some doubts about these claims, as during our visit to the municipality, we did not find a place or institution where the locals gathered, nor did we observe any social interactions among them. During the team meeting, the researchers shared their doubts with the whole team, which included the researchers who lived in the municipality. Our observations were confirmed and together we realised that we would have to take these findings into account when drawing conclusions.

It is the ongoing dialogue that takes place between researchers and the community during the research process that enables these reflections on reality. Fixed ideas, stereotypes and personal beliefs can create a very different perception of an environment from that of newcomers. As researchers, we are typically less familiar with the everyday life of the local community and our questions also directly tap into established patterns of behaviour and beliefs. Not only do people's sometimes almost automated and routinised everyday practices become self-evident and act as invisible rules that no longer need to be questioned, but it is these blind spots and grey patches that are the biggest obstacles to discovering more successful solutions. On the one hand, ageism and entrenched ideas about the incapacities of old people, and on the other hand, ideas about institutional answers as the only possible ones and the distance between professionals and the community, lead to the recurrent belief that old people should

be treated in a protective manner and that institutions are the only and most appropriate places for those who need support in their daily lives. This perspective is even more pronounced when it comes to the needs of people with dementia, chronic illness or lack of mobility. This is also why, when asked what needs to be done to care for older people, the most common ‚off-pat' answer is to build a new old people's home. It is only by paying attention to everyday life in the community, to the desired daily routines and activities, values and expectations that the many dimensions of living become apparent and the various possibilities of adapting to the needs of people in a normal living environment are also suggested. The hidden and the invisible can be things that people no longer think about, that they take as self-evident and that are the only possible things, but the invisible can also be things that the community does not even ask about because it is not informed about them, most often because they are phenomena that society is less sensitive to or that happen in intimate, hidden spaces (e.g., addiction problems, violence against older people, abuse in institutions). The HOPS method therefore also aims to shed light on what is unconscious, seen as self-evident and seemingly unimportant, but is actually crucial for changing attitudes towards a particular group of people, developing humane professional practices and advancing knowledge.

3.4. A snapshot of everyday life in the community

A comprehensive picture of long-term care needs and the picture of everyday life in a given community can be built up using a number of indicators and data sources. In research, we learn about the phenomenon under study, most often before fieldwork, by reviewing a variety of existing data, including valuable data sources (statistical portals, reports, studies, etc.). When searching for existing data, first try to search as widely as possible (using existing databases, the internet, libraries). Ask for sources from people knowledgeable about the topic in the locality (e.g. the mayor, local newspaper editorial offices, social activities departments). We look for statistics and existing studies about the locality (e.g. theses by students from these environ-

ments, as was the case in Straža),[14] various annual reports, municipal strategies and other documents. We may find information that at first sight does not have a direct link to the phenomenon under study (e.g. a report on the activities of the fire brigade or a cultural association in a particular place). We only make a selection of sources after we have examined the material more closely. We use the long-term care needs research matrix to select relevant materials, but we also pay attention to the themes and topics highlighted by the commissioners or initiators of the research. For example, the Municipality of Ljubljana wanted to obtain information on indicators of need, as this would help the municipality to prepare tenders and support programmes that meet the identified needs; the Municipality of Žirovnica was already considering a new building in advance, and already had a space for the construction, and saw the research as an opportunity to give substance to this new complex, but during the research we also presented other ideas to the local community, especially in terms of the development of long-term care at home and intergenerational integration.

Combining existing data with data from interviews and fieldwork helps us to build up as detailed a picture as possible of what is happening in the place and to put people's needs into the context of the community. Complex situations of need, including issues of community relations and cohesion between local people, can only be explored with different sources of data and different methods. In the case of the Municipality of Žirovnica, for example, doubts about the close-knit nature of the community and local support were reinforced precisely by existing statistical data. The data revealed that many flats are primarily holiday homes, with owners staying only occasionally, that there is a high rate of daily migrations for work, and that the municipality is divided into smaller hamlets, which are not all equally connected. We found that the municipality is a typical ‚residential municipality', with relatively few jobs, because in the past industry and the jobs that went with it developed in the nearby towns (Jesenice, Radovljica, Kranj). Due to the employment opportunities in the surrounding area, most people did not choose

14 Poljanšek, K. (2011). *Spatial arrangement proposal of the settlement Straža near Novo Mesto (degree thesis).* Ljubljana: Faculty of Civil Engineering and Geodesy.

to look for entrepreneurial opportunities in their local environment, which is why Žirovnica is a municipality where most of the active population migrates every day to larger centres for employment or education. New arrivals are observed, but most of them do not get involved in the social life of the place. The consequences of this way of life are reflected in the way families organise their lives, the need to adapt family life to daily journeys to other places, the daily need for help and care for dependent family members who remain in the home locality, and fewer opportunities to keep in touch with the local environment, as there is less and less time for activities in the home locality.

This example is a good illustration of how the HOPS method works with inference. Inferences are always made on the basis of comparing data and complementing information. This research orientation is useful because the HOPS method is based on inductive reasoning. In the HOPS method, inference is stepwise. Researchers draw conclusions based on the exploration of concrete situations, people's accounts, descriptions of life courses, analysis and synthesis of different data. It is important to organise the data obtained through different methods of collection, from the analysis of existing data to new empirical data, into a new understanding of phenomena that constitutes new theoretical knowledge. For example, in the Municipality of Straža, we learnt important things in terms of theoretical understanding of long-term care. Here is an example from the conclusions:

> We found that generations of old people remember a time when community and interconnectedness played a very important role in people's survival and lives. Different forms of help among the peasantry, rituals of helping the poor in the community, daily neighbourhood help and help from relatives were woven into normalised daily routines. Many of our interlocutors recalled the days of the previous social system when people helped each other because there was a lack of both service activities and an inadequate daily supply of goods and materials. Many a house was built with the help of neighbours and friends. Personal and public investments were made through volunteer and brigade work. The com-

> munity is still an important resource and livelihood in people's memories. We have learnt that it is the older generation that keeps the bonds of community alive. Quite a few interviewees mentioned how they still maintain good relations, socialise, spend their leisure time together and also help each other out if someone needs something. People who have managed to establish good friendships and neighbourly relations in the course of their active lives can now count on each other. Those who were previously more active in the community and involved in various organised forms can now count on this kind of help. But there is also a kind of apathy in people-to-people relations. It is noticeable that the consumerist lifestyle today has really led to a great alienation from each other (Mali et al., 2017, p. 73).

The example shows that research can reveal different, sometimes even contradictory, ideas about life in a place. For example, there is a perception that people in medium-sized and smaller towns know each other and help each other, while in larger and bigger cities like Ljubljana, there is a stereotypical impression that people are completely alienated. In reality, we have discovered that the issues of connectedness and alienation are also issues of dynamics and lifestyles, and not only of the territory of residence and the characteristics of the environment. Alienation is also a characteristic of small towns, while in big cities, in some environments, neighbourly help is still alive or new initiatives to connect are emerging among residents (e.g. groups of friends who meet regularly).

Communities are not static categories, but a constantly changing environment. Interlocutors may have fixed ideas about living in a place and the relationships between people, but our research generates new insights and adds new findings about the contemporary world to their ideas. The dialogue that takes place between researchers and research participants clarifies, complements and corrects beliefs so that they reveal a more relevant picture of place and relationships. In-depth research helps to uncover prevailing attitudes that are seen as self-evident and often contain stereotypes and prejudices (e.g. that being placed in an old people's home is the only solution when an older person suffers from dementia or is no longer

able to care for themselves due to illness).
Through research, we uncover grey areas and taboo topics, such as violence against older people, the occurrence of addiction, poverty and homelessness among older people. These topics and phenomena are not outwardly obvious because they are not talked about in the locality, because they concern few people, because people are ashamed or because they feel they have no one to tell their problems to. Researchers thus become important confidants, so it is important to treat people's confided hardships very sensitively, to include them in the results, but in such a way that they are at the same time clearly articulated, do not stigmatise and further exclude people. HOPS is always an act of raising awareness and sensitising the community to sensitive issues in everyday life and at the same time serves as advocacy for marginalised individuals and groups.

3.5. Action orientation of HOPS

The final part of HOPS is concrete proposals for change, for action in practice, and it is important that the findings are relevant for action and that the proposals are implemented. HOPS is a complex research project and the relevance of new (theoretical) findings can be quickly overlooked if they are not included in the final proposals. Researchers need to generate new theoretical insights from their research, which form the basis for new practical solutions. In the field of long-term care, this has become evident in all instances of HOPS to date. In the case of the Municipality of Ljubljana, the results were used to develop a strategy in the field of long-term care for older people, as this was also the aim of the research commissioner. In the two smaller municipalities (Žirovnica and Straža), the findings were used to establish new services and a system of long-term care at the local level. In all three cases, our findings were placed in theoretical frameworks or used to complement existing theories on the needs of people in need of long-term care, the roles of the helping professions, community services and the long-term care system. Our findings also highlighted entrenched stereotypes, ageism, discriminatory practices, systemic gaps, superficial knowledge of the everyday lives

of older people, generalisations and minimisation of older people's needs.

In the HOPS case in the Municipality of Žirovnica, the proposals for change were made at a level that allowed them to be placed in the context of current theoretical knowledge on long-term care. Here is an example from a study describing the de-tabooisation of the need for care in the community and specifically for a group of people with dementia:

> People tend to be reluctant when it comes to long-term care, especially when asked about the assistance they require in their daily lives. Many accept support in old people's homes because it is a familiar concept, while at the same time believing that they do not yet need such care. Those who have already come to terms with a move to an old people's home admit that they prepared for the transition and describe it as a challenging ordeal in their lives. Overall, awareness of contemporary community-based support systems and alternative living arrangements for older people remains low. People often approach these topics with hesitation and uncertainty. (Mali et al. 2019, pp. 101–102).

In virtually all settings, we found that dementia is perceived as a serious illness that puts a strain on family members. It is believed that help is only possible in an institution. People are afraid of dementia, of people with dementia. They do not consider it appropriate for a person with dementia to live in a home environment, even though this is contrary to contemporary guidelines for the care of older people, especially people with dementia. Breaking down taboos needs to be approached in a planned, project-based way, but also with a great deal of compassion and understanding. As municipalities were the initiators of the research and assumed responsibility for change in all three cases, their role was identified as crucial in promoting non-discriminatory attitudes towards older people that empower them within the community. In the proposals, we wrote that the municipality should take the lead in breaking down taboos and, together with representatives in the field who identify taboos, promote their elimination through projects. An important part of such awareness-raising would be to inform people about new developments in

dementia management and about the various forms of living and community integration of people with dementia. From a de-tabooisation point of view, it is important that awareness-raising takes place in a universal way (involving the general public) and in a selective way (involving different and selected groups of people).

Research with HOPS can help to identify effective approaches to engaging the wider public and connecting with local groups that can play a role in changing negative perceptions of older people and people with dementia. At the same time, it can encourage greater community involvement in developing and implementing responses to meet the needs of older people. For example, municipalities can emphasise the action moment of HOPS by encouraging projects and actions involving young people, school children, families, various associations (e.g. beekeepers, firefighters). In the Municipality of Straža, we suggested that ‚project work should be organised to tackle the fear of dementia. They can link up with old people‘s homes and the Spominčica association‘ (Mali et al. 2019, pp. 101–102). It is important that actions and projects are linked to perceived needs in the environment (e.g. poor older people, lonely older people, older people who need help with certain daily activities). The action and implementation phase of the realisation of the HOPS results is not always only about setting up new paid services, but also about mobilising the community and revitalising mutual forms of help and solidarity. Aid is therefore based on interpersonal relations and solidarity.

The HOPS method can be used in many different areas, in many different ways and for many different purposes, not only for health and social issues. HOPS can be an effective tool to support the whole process of planning and building responses. The method can be used before the start of an action, to analyse the situation, to test our hypotheses about the HOPS process, to get an idea of the nature and extent of the problem, to identify relevant factors and appropriate responses. Once the action is underway, HOPS can be used to evaluate the process and to monitor or analyse the evolution of the project. It can help us to identify whether there is a need to change certain objectives, target groups or responses, or to identify changes that sometimes occur over time without being noticed by

the individuals involved. Monitoring may also include information on the reactions of others (partner organisations, policy makers, the general public and the media) to new services or programmes, or information on the development of a local or regional network. Finally, HOPS can be used for baseline evaluation of the impact of an action and to provide information on the impact and effects of a particular action. The main guiding principle of HOPS is monitored spontaneity – researchers strictly adhere to the ethics of participatory research and are open, flexible and creative in their relations with the community.

3.6. The scope of the HOPS method

Action research is the key to concrete change in the field, so it is important that the research involves all three levels of society we have outlined. However, due to time and cost constraints of research, we cannot stay at all levels for the same amount of time. In our experience, it is very important to establish a very good cooperation with the community in the field of developing long-term care. Therefore, at the beginning of the research, we agree with the research commissioners on how they will present our presence in the field. In the Municipality of Žirovnica, the mayor ensured that the project was presented at the level of the municipal administration within the working group for senior citizens' affairs. By official decree, he appointed a project team to develop foundations and solutions for institutional care for older people. In both groups, the researchers consulted several times with the agents in the field of long-term care development in the municipality to ensure the participation of those involved from the very beginning of the project. Participatory research with elements of consultation was carried out further in the focus groups, in the formulation of conclusions and proposals. In the initial phase of the project, it was also important to inform the whole community about the implementation of the project. A short article on the purpose and objectives of the research was published in the local newspaper. When we went out into the field to conduct interviews, people already knew about us and the inter-

views went much more smoothly and successfully. The interviewees also gave concrete suggestions for dealing with the situation in the field of long-term care in the community, and they came to the interviews prepared, with suggestions for solutions and new answers.

In this respect, HOPS is a pragmatic approach and foresees a partial response to needs already during the research (e.g., in the case of emergency interventions such as the need for a safe form of housing). Most often, however, HOPS concludes with proposals that are agreed upon with the research agents and left to the community to decide how to implement the plan. For example, we may discover how long-term care needs are intertwined with the problem of burnout among younger generations, out-migration or prejudice against older people, and that the needs of these generations should be the focus of further research. Such findings can be addressed in the community quite spontaneously, even after the researchers have left the community. HOPS as intensive and community-oriented research thus also has an echo effect, where the community can creatively adapt ideas after we have stopped researching. The method therefore promotes change, but the change itself is not explored by the method. Our aim is not to tell the community how to use the conclusions and findings. However, HOPS is a community event that leaves a trace. In this way, as Christensen et al. (2006) argue, we can stimulate change in society through innovation, but we need to be aware that our reach is limited. Social change, they argue, is not only planned but also a coincidental side effect of action. The effects of social action can never be fully predicted and controlled. Our mission as community-based HOPS researchers is to inform the community about the latest findings on long-term care, to provide information on needs and to offer ideas that truly reflect the expectations and interests of the population. The community, however, has full autonomy over the results of the survey.

3.7. Triangulation of research or combining different research methods

Research triangulation is the term most often used to describe the combination of qualitative and quantitative research in the social sciences. It has become very important in recent decades, in particular, because it is thought to increase the validity of results obtained in social science research. The main purpose of triangulation is to gain a more holistic and deeper insight into the reality of the world. Triangulation aims to uncover different perspectives on the phenomena and problems under study, thus providing more reliable inference and more credible results (Brink, 2003, p. 215; Hilton, 2003; Teddlie and Tashakkori, 2003, pp. 14–15).

There are different definitions of triangulation, but it can be understood as the simultaneous or sequential use of more than one research procedure, method, data source or data collection technique, as well as the combination of different theoretical perspectives or researchers (either within a single discipline or from different disciplines) (Denzin and Lincoln, 1994, pp. 215, 224). Combining and clustering take place in multiple ways and at multiple levels, allowing for triangulation of data and triangulation of interpretations. Triangulation, based on multiple perceptions, increases the possibility of data saturation, reducing blind spots and bias in research. HOPS is certainly a method that incorporates elements of triangulation in terms of its research principles and procedures, but the question is whether it is merely triangulation or whether the aims of HOPS are broader. Namely, social work research is not only about achieving validity and reliability of research results, but also about their practical applicability and value, in addition to satisfying high research criteria. The data and research processes that we incorporate into research also have the function of inventing new answers, adding to knowledge, action potential and community mobilisation potential.

It is the use of multiple data that is the central feature of HOPS. From the very first moment and throughout the research process, the HOPS method aims to gather different sources of data, information already collected and analysed, as well as new information obtained in the field, from the people concerned by the problem

under study. We are particularly keen to have saturated, rich data, as this can be used to quickly and comprehensively understand the characteristics of the phenomenon under study, to make suggestions for change and to initiate action. This is an extremely complex area of research, which aims to change lives. Our research can make a difference to people's lives, so it is ethically imperative that conclusions and proposals are scientifically sound, verified by key information providers, and so clear and concrete that they can be used by the community. This type of research is not simply about research to better understand a particular problem or phenomenon, and our research perspective would be to use triangulation only as a strategy to achieve greater reliability and credibility of results. The two components of HOPS are a plan for change and action. So is it action research with elements of triangulation or are the characteristics of HOPS different? This is also a question we will try to answer with concrete examples from our research.

Flaker et al. (2019) pay only enough attention to triangulation in HOPS to provide some starting points for representing the operations of the method, which involve the use of different methods, data and sources. In this respect, HOPS is closest to the description of triangulation formulated by Denzin (1978), who defined four types of triangulation:

(1) *Methodological Triangulation* (also known as process triangulation) involves the simultaneous use of different methods (or at least more than one method) in a single study or the sequential use of one or more methods in a single study or the repeated use of a single method on different occasions in a single study;

(2) *Data Triangulation* refers to the use of different types of data (quantitative or qualitative) collected by different methods or by a single method;

(3) *Researcher Triangulation* refers to the collaboration of different investigators, each with their own specific perspective and approach to the research problem, who contribute to the analysis and interpretation of the data;

(4) *Theory Triangulation* refers to the different theoretical perspectives on which researchers formulate different hypotheses, theses, research questions and interpret results.

The methodological pluralism embodied in the idea of triangulation is particularly suited to the kinds of research where we as researchers have to deal with a variety of research situations, while at the same time wanting to maintain scientific standards and research ethics. Research in the everyday world does not take place in controlled and predictable environments; it is always subject to many expected and unexpected factors. Triangulation is an attempt to respond to and adapt social science research to the demands of science on the one hand and the constraints of research practices on the other. Triangulation can also be understood as a deliberate insistence on scientific criteria, but not without deliberation and decision-making about the appropriateness of the use of certain methods, techniques, theories, approaches and procedures.

The main purpose of HOPS is to achieve an in-depth and holistic understanding of the needs of a specific group of people in a specific setting. This is only possible by designing research instruments and using procedures that cater for the plurality of opinions about everyday life. Methodological triangulation, by combining qualitative and quantitative methods, allows us to capture views from different perspectives, as this contributes to more comprehensive, holistic results (Neuman, 2003). In the context of methodological triangulation, techniques within a single methodology can be combined (for example, using different quantitative questionnaires to collect one type of data) or different procedures or methods derived from different methodologies can be combined (for example, to combine qualitative and quantitative procedures and use techniques such as interview, focus groups and quantitative questionnaires to collect data) (Denzin and Lincoln, 1994).

We would also like to point out one of the biggest misunderstandings of triangulation. In the practical application of triangulation, it is common to replace Denzin's original idea of data triangulation with methodological triangulation (Lobe, 2006). This error is mainly due to incorrect summarisation of indirect sources and simplification. Various misunderstandings about triangulation

also arise from the synonymous use of the terms combined and mixed. Denzin (1989) understood triangulation as methodological combining. He explains that triangulation is not about mixing and indiscriminately pooling data together regardless of how it is collected. Triangulation is always a comparison between data obtained by different methods and techniques. Data collected by a particular method must also be processed within that method. Only then can we compare them with each other. Therefore, according to him, data triangulation is the act of comparing evidence (data) obtained by different techniques or procedures in order to discover how the data collected by different means is similar or different. Typically, high similarities will indicate high reliability of the collected data or conclusions, while discrepancies and differences will indicate that at least one dataset is incomplete or flawed (Weyers et al., 2011). Comparing data is intended to increase the reliability of results in research. If discrepancies are found, it means that the phenomenon needs to be further explained. This certainly requires additional data collection and analysis, in short, additional research (and most often new costs).

There are different ways of triangulating data. Weyers et al. (2011) describe three examples: (1) triangulation of routinely collected data (e.g. through interviews or user surveys) that are cross-checked and commented on by independent sources; (2) a case of data triangulation where the data collected and the conclusions of the research are commented on by users or other key information providers (this is how we triangulated data in all our research with HOPS); (3) the case where researchers in a retrospective study verify the data collected with an independent source or where researchers compare field data with existing official data.

Combining methods and techniques is crucial for HOPS research, as research takes place simultaneously at several levels of society. We are not only moving at the micro-level (individual level), the meso-level (community and organisational level) and the macro-level (state and society level), but also within social action in different contexts, such as ‚social, cultural, religious, political and historical‘ (Flaker et al., 2019, p. 53). It is therefore important to use different methods of social science research in one study. For example, in the

Municipality of Ljubljana, we used three methods and techniques to collect empirical material through HOPS:

- interviews (structured and semi-structured questionnaires) with information providers (representatives of the target group and service providers);
- participant observation (diary notes of fourth-year students during their practice in old people's homes and day care centres in the Municipality of Ljubljana) and focus groups at mentor meetings;
- *ad hoc* information (information obtained by members of the research team in random meetings with older people living in Ljubljana, information obtained in meetings with professionals, for example at consultations or training courses, information in the media, etc.).

These methods were used to obtain five different data sets for analysis and to obtain five separate needs assessments: (1) a needs assessment of older people living in the community, (2) a needs assessment of users of the Home Care Service, (3) a needs assessment as perceived by professional workers in the home care service and social workers providing home assistance, (4) a needs assessment based on diary notes from student practice, and (5) a collection of random information about older people's needs.

The interviews we conducted with older people provided insights into the usual daily routines of different groups of older people, the existing support in the community and the typical situations in which people need long-term care. The needs for long-term care were complemented by a needs assessment by professionals, who at the same time informed us about the strengths and weaknesses of existing social and health care services. To further validate the results and to possibly saturate the data, we also used data from the analysis of the students' diaries and the reflections in the focus groups. Throughout the research, we were alert to information that ‚presented itself', which could confirm or complement the data already collected or reveal potential research gaps. Sometimes we used *ad hoc* interviews to verify information from the field if we were in doubt about how to understand it (e.g. calling an older person with experience or a professional worker who was knowledgeable about a

particular field of work).

We supplemented the material from the field with several sources:

- information from existing information systems: e.g. health, police and social services (we asked the Ljubljana Police Department for data on the number of older people who were victims of crime);
- collecting existing statistical and qualitative data (Statistical Yearbook of Ljubljana, Central Population Register);
- obtaining information from the archives of services and institutions (internal documentation of the Home Care Service).

In addition to data, existing strategic documents at national, EU and international levels are also key to understanding the vision and understanding the macro-environment (systems, policies). For example, the national programme on care for older people, long-term care, health and community development.

From a HOPS perspective, data triangulation is important for several reasons: it increases the reliability of results in terms of the heterogeneity of the phenomenon, and it provides more reliable insights into the magnitude and trends of long-term care needs. Methodological triangulation (when multiple methods are used to collect data within a single survey) is important in building as complete and in-depth a picture of these needs as possible. If we do not focus only on the narratives of professionals but combine survey methods among users and relatives, a comparison of the description of the situation of needs obtained in separate procedures will show whether the community is well informed about the situation in the field or whether there are needs that are completely overlooked. This complementary picture is created both by sources obtained in the field (interviews) and by sources already published or written down somewhere (statistics, documents, newspaper articles, online forums, etc.). Both types of triangulation (methodology- and data-based) are thus in the function of substantiating and understanding needs (how they arise, how people feel them, how they think about them), assessing the extent of the phenomenon, and developing an accurate and complete picture of needs in the community. Triangulation in the HOPS method is used to ensure

that we do not remain focused on only a part of the needs in the community but are able to perceive the needs of the whole population of older people in need of long-term care. It is not enough to survey, for example, only those who use the services of social work centres, because then we learn nothing about the needs of people who do not seek such help, or are not familiar with the services of the centre. From the HOPS perspective, deciding on triangulation presupposes a clear identification of relevant and key interlocutors who are important in creating a complementary picture of the needs for long-term care in the community. Triangulation in HOPS aims at a deeper understanding of the phenomenon and in this respect it is important that combinations of sources and methods are created in which the message carriers (people) or message types (data) complement each other in a meaningful way so that we are not left with a single message setting, group or discourse.

Let us look at examples of methodological triangulation and data triangulation in HOPS. We consider the interviews with experts and the secondary data (internal and strategic documents) as two data pools that help to build a picture of how experts understand people's needs and what response strategies they advocate. At the level of a formal view of the development of long-term care, these types of data (expert statements and strategy documents) may be similar. At the level of data triangulation, a comparison of the results of the analysis of the two separate databases can confirm a unified picture of needs and services among professionals. From a triangulation point of view, we were able to confirm the results at this point (experts advocate the same positions in interviews and strategy documents), but from a HOPS point of view, the data only makes part of a bigger picture. For HOPS, we are interested in the data as a system framework, a map of services, professional visions and the involvement of experts in the field. The data may indicate that in a given setting, experts are united about their roles and tasks. But too little does this data tell us whether these services are really meeting people's needs. We will learn more about this from talking to users and relatives or more critical service providers (for example, representatives of non-government organisations acting as advocates for users).

Interviews with experts can reveal their personal views, personal experiences with users that differ from statistics and official reports, dissatisfactions, different and contradictory expert views that cannot be incorporated into strategies, or even views that are harmful and outdated. Data triangulation will show the differences between secondary data and data collected in the field. This gap certainly suggests that something is going on (there may be tensions between different paradigms on the treatment of people in need of long-term care, for example between the medical, psycho-pedagogical and social models). However, since HOPS research is not an opinion survey, but is rather focused on obtaining responses, we ask below how these differences are reflected in the needs map and how they might be expressed in planning responses to needs (for example, a strong group of professionals overrides users and professionals from other disciplines, who would also play an important role in the overall response mapping of people's needs). Comparing data from users with data from professionals will help us to see more clearly how the community perceives the needs of older people, how well professionals know the situation in the field and the principles of normalisation, how much stereotypical thinking there is in the community about long-term care users, whether users also see themselves as an insignificant and marginalised part of society. However, already an initial dialogue about valued life roles preferred daily routines and respect for human dignity (all of which are themes that we place in our conversations with people) can point to a number of themes that need to be articulated in the community and put into a plan for responding to people's needs in a way that empowers users and takes account of their vision. It is important for HOPS research to allow for a plurality of perspectives. Triangulation in the HOPS method allows all voices to be heard.

3.8. Triangulation and validity of results gained with HOPS

In qualitative research, we are particularly concerned with issues of data validity and the reliability of the research instruments we use

(Cho and Trent, 2011; Golafshani, 2003). The use of triangulation is important in terms of the validity of the results in two ways. It allows us to validate the same result using different sources (methods). This means that different sources (message carrier and message types) report the same content, for example, that both written documents and interviews show the same phenomenon or problem. For example, comparing the results of a study among field professionals on service delivery and a study analysing internal documents on practitioners' practices could show a perfect match of data. This would certainly confirm the relevance of the results of the two studies, but this level of data triangulation would not be sufficient to produce a holistic picture of needs in terms of HOPS objectives. As HOPS aims to increase understanding of the phenomenon (e.g. attitudes towards the needs of older people with dementia), it should combine expert accounts with accounts from people with lived experience of dementia and relatives.

It is very important not to fall into the trap of ‚more of the same' in triangulation and not to believe in the apparent complementarity of methods and techniques. When collecting data, it is particularly important to focus on methods and databases that will show the same problem from a different perspective. If we talk about needs with practitioners (for example in interviews) and then use their internal service delivery documents (also produced by the same practitioners) as a second source for the needs analysis, we would indeed be combining two different methods of data collection and two different databases, but the ‚source' would remain the same. We have been researching within the same group of people. With HOPS, we are not only trying to validate the views of experts, but to assess people's needs. We are also necessarily interested in the existence of needs in the community from the users' point of view, the experts' views are only part of this map. Therefore, our research will only be reliable and the results credible if we can also validate the needs map from the perspective of service users. For a HOPS survey, the complementarity between the data obtained from experts and the data obtained from users is not as important from the point of view of validity as it is from the point of view of adding a missing perspective.

For a HOPS survey, the complementarity between data obtained between professionals and users is not as important in terms of

probability and validity as it is in terms of adding a missing perspective. Such a research strategy in the context of social science research has been described by Richardson (2000), who introduced the notion of crystallisation in research. She explains crystallisation as the process of constructing a story about reality, consisting of different views, perspectives and understanding of life. The multidimensionality of the crystal is a metaphor for the different facets and possible aspects. Since there is no single truth about any phenomenon, the reality captured in words can only be a reflection of that reality. The author believes that crystallisation can deconstruct the traditional idea of validity in research. Crystallisation provides an in-depth, complex, but certainly only partial view. No matter what point we reach, there is always more to learn. This incompleteness of research is one of the most striking features of the HOPS method.

In HOPS research, triangulation can hardly be considered solely in terms of the validity and objectivity of the data, as the consistent use of triangulation can also increase research time and costs. When conducting research to respond quickly to a need in the community, researchers have an ethical dilemma whether to submit to the technical-methodological criteria of scientific research or to respond with intervention and action before the research process is fully completed. Such dilemmas are common in social work research, as field research often places us in situations where people would need quick and effective help at that moment. We cannot be content with the role of being mere observers and interpreters of what is happening. By exploring needs through direct contact with people in the field, we can identify situations where, in terms of preserving human dignity, health, material and personal safety, action should be taken quickly. For example, during interviews in the field, we may discover an older person who is in serious material danger, experiencing violence, at risk of deteriorating health and so on.

Therefore, HOPS research is not seen as a rigid application of research techniques, but rather as a continuous reflection on the research steps in terms of their value for users. The focus is on the action and usability aspects of research data for developing community responses. The scientific legitimacy and validity of our research is established through data-driven (evidence-based) reasoning and a

transparently managed overall research process. This means that the research process can be closely followed and the results verified at any time. This satisfies all the criteria that are key to ensuring the validity of the results because, as Amerson (2011) summarises these criteria, conclusions (findings) are evidenced by using multiple sources of data (triangulation), maintaining sequencing of data processing and justification of conclusions, and allowing key information providers to review and validate the data collected from them.

The decision on how to triangulate is an important part of the research plan and is also part of the agreement with the research commissioner. Within the HOPS method, we have developed a basic triangulation model (the case of the Municipality of Ljubljana), which is adapted each time depending on the characteristics of the local community and the availability of data. It is important to explain the elements of the HOPS method to the commissioners early on, during discussions on how the survey will be conducted. In the Municipality of Žirovnica, we already explained when agreeing on the survey that the HOPS method is about using several types of triangulation (at least methodologically and data-wise) to allow for a more holistic and in-depth understanding of needs. In fact, the municipality considered that it already had enough useful empirical data for long-term care planning, as it collects it annually as part of the Seniors for a Better Quality of Life at Home project, run by the Association of Pensioners. When we presented what new data we planned to collect, how we would use existing data or research reports, who would be involved in the research and what our theoretical background was, they recognised the benefits of this approach to a more complex and in-depth research process and realised that it could build on existing data. In the Municipality of Straža, we initially had a free hand in designing the research plan using the HOPS method, but in the middle of the research implementation, we encountered doubts about our procedures. During the collection of interviews in the field, a retired researcher with local influence, whom we subsequently included in the research, questioned our competence in the research. Thus, we had to explain the principle of triangulation of research to the commissioner of the research.

What both cases have in common is that it was difficult for local

communities to imagine the benefits of using the HOPS method. Therefore, the benefits as well as the limitations of community needs assessment need to be explained, participants need to be told what triangulation is and why it is important, how it is implemented and used to achieve the purpose of the research. Doubts about research, especially when it comes to unfamiliar and less widely used research approaches, can arise among commissioners, lay and professional audiences, and researchers alike. Doubts and concerns about the relevance of a research activity to the research results should therefore be discussed with the research participants and it should be made clear what the objectives of a particular step are. There may also be researchers who personally feel that the users‘ perspective is not as important as the service providers‘ perspective, as they feel that the service providers know the situation of long-term care needs in the locality well enough.[15] However, researchers who know the importance of the user perspective in planning community responses know that the people for whom a particular community change is being planned must have a major say in the process (Flaker et al., 2008). Triangulation from a HOPS research perspective is therefore not only a strictly technical and mechanical way of collecting and analysing data, but also a practical way of putting the paradigmatic principle of participation in co-creating community-based solutions into practice, and is rooted in the social work ethics of respecting and involving users.

The HOPS method, with its flexible research style, allows for a more in-depth and holistic understanding of the research problem, stimulating beneficial change in the community and more coordinated action between agents. The HOPS method already in concept assumes triangulation and requires researchers to combine qualitative and quantitative research. However, the method is not template-driven, it does not have a predefined research model, as the combination of techniques, research methods and procedures is done in a way that is consistent and new each time, with the specific research situation. Combinations of research procedures, methods, techniques and data sources are considered both at the planning

15 For example, if during the implementation of HOPS, fieldwork had to be stopped due to the COVID-19 epidemic and the researchers decided that field data was unnecessary because they already had answers from the programme providers.

stage and at a later stage if the need for additional complementary perspectives and information arises. The biggest weakness of this approach is the lack of existing data.[16]

The availability of existing data is also an important objective barrier to its use. When we conducted the first large-scale HOPS survey in the Municipality of Ljubljana, the various databases were difficult to access and the institutions were not obliged to make publicly available data of a public nature. Over the last fifteen years, the situation has improved, open access to data from various ministries and public institutions has increased, research is published online or on various portals, and there are now incomparably more possibilities to access public data without the need for ‚gatekeepers'. For the two most recent community-based studies, we had access to research results from the National Institute of Public Health, the Social Protection Institute of the Republic of Slovenia, annual reports from the Ministry of Labour, Family, Social Affairs and Equal Opportunities on the implementation of co-financed programmes, as well as data from the Community of Social Institutions and other relevant sources.

At the level of existing data, HOPS is a jigsaw of what is possible. Our research objective is to enable the community to get as accurate a picture of needs as possible and to generate appropriate responses accordingly. We use triangulation as a research method to pay attention to everything that can be used to better understand the problem. Combining sources both validates and substantiates research results (the proposed responses to the needs in the community) and clarifies the phenomena in order to understand them better (i.e. the needs). This research orientation brings our method closer to the idea of ‚crystallisation in research' (Richardson, 2000).

The third feature of HOPS research is action. Our research plans differ from other fixed research plans precisely because they are action-based. For example, when we can build a clear picture of the specific needs of a group of people or an individual based on partially collected data, we can already respond to these needs in the community during the research. For example, we can start to respond

16 When there is no existing data on a particular phenomenon, problem or issue, but the urgent demand to respond to people's needs leaves no time to collect additional information, or when there are not enough resources or researchers available for further data collection.

in the community before we stop researching and withdraw from the community. This is especially important in cases that require urgent intervention (e.g. health or material danger, violence). In such situations, based on this new understanding and preliminary conclusions, we adapt the research process by incorporating additional research methods and including more data.

3.9. Research consistency and triangulation

Whether HOPS is really just about triangulation or whether combining different research methods plays a more important role will be looked at with concrete examples from our research in the field of long-term care. Lobe (2006, p. 64) points to the over-generalised use of the term triangulation in social science research, as it ignores a more holistic approach to measurement, analysis and interpretation of data. She proposes a distinction between triangulation in research and the complementary use of qualitative and quantitative research methods. Looking more closely at the purpose and objectives of triangulation, combining methods has a broader role than triangulation alone, which we used to justify the validity of the research and the expected data with HOPS in the concrete examples of the long-term care research presented. Very narrowly, some authors see triangulation only as a way to increase the credibility and validity of research results, i.e. the simultaneous use of different sources or methods is supposed to confirm the same result (the same 'reality') (Yin, 2013). But triangulation as applied to the HOPS method is more in line with an understanding of triangulation as a way to help build up a picture of a complex 'reality'. From the perspective of a social science worldview, reality is never just one reality, but is always socially constructed (Berger and Luckmann, 1988). Triangulation, as used in the HOPS method, is thus primarily an attempt to construct as accurate a picture as possible of the world and the needs of people in that world, using the available data and taking into account the diverse interpretations of everyday life that can be obtained by mixing data and methodologies. This in-depth picture of people's needs then informs the planning of responses and services in the community.

Triangulation is already announced when we present the research process to the commissioner, when we explain how our research differs from the research already carried out in the municipality. We emphasise the complementarity of the different research methods, data, researchers and theoretical backgrounds. To emphasise complementarity, we propose to situate HOPS within one of the existing typologies of mixed methods research designs. Creswell and Creswell (2018, pp. 217–226) list three types of mixed methods research designs: 1) convergent mixed methods design, 2) explanatory sequential design, 3) exploratory sequential design.

Convergent mixed methods design means that researchers conduct separate quantitative and qualitative research, analyse the empirical data from the two studies separately and, in the final stage, compare the results of the two studies. The starting point of this design is the distinction between quantitative and qualitative research and the extraction of results from different forms and types of data. Quantitative research provides numerical data, whereas qualitative research provides in-depth subjective views of the research participants. By combining both types of data, we create a clear picture of the problem under study, and this is done in the last part of the research, the discussion. There are different approaches to data integration, but care must be taken to ensure that they are carried out in a way that maximises the validity of the data. The first way is for the researchers to prepare a report on the quantitative research and compare the results with the qualitative research. Alternatively, they can undertake a qualitative report and compare the results with those of the quantitative research. This is a side-by-side comparison of data. The second way is for researchers to convert the results of qualitative research into quantitative variables and compare and combine the two types of quantitative data. This approach is used when, for example, there is not enough qualitative data of sufficient quality to use as in the first case. The third approach is characterised by presenting the data from both types of surveys combined in a table or graph and presenting them in a written form using a graphic representation. The validity of the data in convergent clustering is based on the validity of the data obtained from both quantitative and qualitative research. Limitations to the validity of the data may arise from different sample

sizes in one type of research and another (typically a smaller sample in qualitative research and a larger sample in quantitative research) or the use of incompatible concepts and variables.

Explanatory sequential design of clustered research methods consists of a two-phase data collection. The researchers first carry out a quantitative survey and, based on the analysis of this, draw up a plan for the second phase – qualitative research. The purpose of such data pooling is to ensure that the qualitative part of the research adds substance to the findings of the quantitative research. Qualitative research can also help to clarify some of the unclear, contradictory or unusual findings from the quantitative research. It therefore makes sense to include in the sample for the qualitative research people who have already participated in the quantitative research. We analyse the empirical data from the two surveys separately, and in the discussion we integrate the results, highlighting how the qualitative results support the quantitative ones, but a direct comparison of the two types of results is not recommended.

In contrast to a sequential explanatory design, the *exploratory sequential design of clustered research methods* starts with qualitative research followed by quantitative research. Data collection takes place in three phases. First, the researchers carry out the qualitative research and analyse the data obtained, then they identify the characteristics and factors (e.g. new research instrument, procedures for carrying out the experiment, new variables) that are important to investigate in the quantitative research. In the third phase, they carry out the quantitative research and analysis. Similarly to the sequential mixed methods research design, the second phase builds on the first phase, the difference being that the quantitative research is based on the personal needs of the individuals that we have learned about through the qualitative research in the first phase. This approach may lead to certain obstacles in the second phase, e.g. developing a measurement instrument containing personal and sensitive questions for a survey questionnaire, or defining new variables about which little is known in the existing literature. Often, in the first phase, researchers conduct a focus group, analyse the data and design the survey questionnaire. In such research it is very important that the samples in the two surveys are different, they can be used for the same population,

but the people selected in the samples must be different, otherwise they would reduce the validity of the data from the quantitative part of the survey. Data analysis should also be carried out separately. Integration occurs in the initial part when the results of the qualitative research form the basis for the design of the quantitative research. In the discussion, we present first the results of the qualitative research separately, then the design factors for the quantitative research, and then the results of the quantitative research separately. Comparing the two types of research is not meaningful because the two studies are carried out on different samples and the purpose of such a strategy is to see how the themes from the qualitative research can be generalised to a larger sample from the quantitative research.

In HOPS, we typically combine different types of qualitative research, but we do not usually collect quantitative data from scratch but use existing data – for example from statistical databases, portals, reports or surveys. If the research situation also allows for additional quantitative research (e.g. conducting a survey to measure the need for a service), and this would significantly increase the action value of the research and help to implement the results in the community, we could also combine the research with successive quantitative methods that we would carry out ourselves. This has not been the case so far, nor has there been any interest for this data from the research commissioners (additional research would have made the project considerably more expensive and would also have delayed the process by several months). In most cases, we therefore made assessments of the phenomena and needs using multiplication methods (Flaker et al., 2019, p. 154). While Creswell and Creswell (2018) do not refer to this type of composite research as a form of distinct research design of clustered research methods, quantitative data in HOPS could hypothetically be interpreted as secondary data strategically utilised to serve the purpose of HOPS research. One difficulty in referring to their types of clustered research methods is that the purpose of clustering data is not an action or a change in practice, and this is one of the main characteristics of HOPS. For this reason, we continued to search the methodological literature for research methods comparable to HOPS, while expanding our methodological knowledge and developing research rules through

our own research.

Creswell and Creswell (2018, pp. 226–228) give some more variations of the clustered research methods based on the three models presented, but these are not an extension of the ones already presented, but merely complementary to the existing steps in the research process. Among the most applicable to HOPS, they mention: (1) the crossing of secondary clustered methods with the primary quantitative and qualitative research design, where clustering is of secondary, supportive importance; (2) the crossing of clustered methods with another methodology, such as case study, evaluation approach, action research, longitudinal studies, etc.; (3) the crossing of clustered methods within a theoretical framework in which the chosen theory, on the basis of which the research is designed and carried out, is central to the research.

The following four typologies are cited by Creswell and Creswell (2018, p. 228) as building on the original typology we presented above

1. *Clustered methods research design with experiment or intervention*

Researchers conduct and analyse quantitative and qualitative research, and integrate the data in an experiment or intervention. The experiment and intervention are conceived on the basis of the data obtained from the qualitative research, which becomes a secondary source of data. Qualitative data can be included in the experiment before, during and after the experiment. The basic idea of such method clustering is that the explanatory sequential design of clustered methods explains the meaning of the experiment before execution, or that the convergent clustered methods design becomes part of the experiment during its execution, or that the exploratory sequential design of clustered methods becomes part of the experiment during execution as an expansion of experiment results. It is very important to make it very clear what the purpose of integrating qualitative data into the experiment is.

2. *Clustered methods design in a case study*

As the name implies, this approach involves the integration of three types of clustered methods (in one study of one or more cases). Two scenarios are possible: (1) deductive approach, where a study of a case (or cases) is carried out at the beginning of the research to identify differences between qualitative and quantitative data; (2) inductive approach, where researchers first conduct qualitative and quantitative research to define the cases and compare them. Researchers must have a high level of expertise and skills, not only in qualitative and quantitative research and the integration of methods, but also in conducting case studies.

3. *Clustered methods design in participatory research and social justice research*

This type of research is about integrating clustered methods into a broader theoretical context of social justice or participation. In particular, researchers seek to give users a voice and a role in the research design, to participate in the collection and analysis of both qualitative and quantitative data.

4. *Evaluation model of clustered methods*

In this case, we add three types of clustered methods (explanatory sequential, convergent and exploratory sequential) to the different stages of the evaluation process that test the effectiveness of a particular intervention, programme or policy. It is most commonly used in cases where the qualitative or quantitative part of the research is carried out to support the development, adaptation and evaluation of programmes or projects.

All of these typologies are suitable for the implementation of HOPS and allow research to be adapted to the specific situations of the communities where the research is carried out. Thus, a HOPS design could integrate the first typology, when changes in practice could be achieved through experiment (an example of the first typology), adjust the research process to conduct an in-depth case study (an example of the second typology), take the third path, where objectives

could be achieved by simply involving users in all phases of the HOPS design (an example of the third typology), or follow the fourth design to implement HOPS if the results of an evaluation, for example of a social or health policy, a social welfare programme or the functioning of a long-term care institution (an example of the fourth typology), are needed.

HOPS is never just an exercise in research, because with HOPS research we intervene in people's everyday lives. Through research, we aim to bring meaningful and useful goals and visions to the community. We can conclude that HOPS can combine different research methods, that HOPS is more than just triangulation in research and that action research should be clearly prioritised in any research plan. Methodological and data triangulation are an integral part of the HOPS method and are used in all community needs research. This is because people's needs can only be understood if we pay attention to the different factors in society that influence people's daily lives. We can only talk about HOPS if we plan changes in the existing long-term care system, make concrete proposals and solutions for change and develop clear strategies for shaping long-term care. Examples of this will be elaborated in the next section, where we present our experiences to date in combining research methods that have proven to be both successful and effective.

We would like to point out that through our research we have managed to promote the principles of long-term care in local communities using HOPS, despite the fact that we do not yet have a developed long-term care system at the systemic level (micro-level). Triangulation is therefore a research rule in our research strategy, which helps us to achieve data saturation, to justify our conclusions and to formulate useful and concrete proposals. At the same time, triangulation is also a principle that allows us to follow a research ethic in social work based on the paradigm of user participation, normalisation of everyday life, empowerment and dialogue.

4. INTEGRATING DIFFERENT RESEARCH METHODS IN HOPS

4.1. Methodological questions in needs research within social work

Social work research aims to develop services to improve people's quality of life. Although social work is intensively concerned with people's needs, there is little academic literature on methodological issues of needs research from a social work perspective. We have been encouraged to develop our own approaches and methods in needs research through the realisation that the shaping of ethical social work practices is inevitably linked to creating methodologies of knowing about everyday life (Grebenc, 2006; Grebenc and Šabić, 2013). In social work, we need research methods that do not turn people's lives into abstract units, are concerned only with standardising and normalising services, and translate people's lives into categories of problems and deficits (Flaker et al. 2008; Flaker et al. 2013). In social work research, we aim to develop research approaches that provide a holistic insight into people's actual life situations and people's participation in defining needs and designing services in the community (Škerjanc, 2006; Flaker, Nagode, Rafaelič and Udovič, 2011; Grebenc, 2014; Grebenc and Šabić, 2013; Mali and Grebenc, 2019; Flaker et al., 2019). Therefore, needs research in social work is shaped in such a way that we can simultaneously learn about the personal perspective of the users (their personal story), the perspective of the community and the environment, and we shape the answers (possible responses) already during the research.[17]

17 This has been described in five monographs on long-term care, which are presented in Chapter One (Flaker et al., 2008; Flaker, Nagode, Rafaelič and Udovič, 2011; Flaker et al., 2013; Mali, Flaker, Urek and Rafaelič, 2018).

The greatest challenge in developing a needs research methodology is how to perceive, describe and understand the complexity of people's everyday lives in a way that remains sensitive to both the specific situation of each individual and the characteristics of the world in which they live. A central issue in developing the HOPS methodology has been how to understand people's needs and the research strategies that enable the researcher to develop sensitivity to the constructivist and relativist dimensions of needs. Over the past two decades of intensive research on people's needs from a social work perspective, during which we have gradually refined the HOPS method, we have carried out several research projects explicitly focusing on identifying needs and developing community-based responses.

For instance, the study on the needs of drug users at the end of the 1990s, and shortly afterwards the study Designing a System of Indicators to Identify Needs for the Municipality of Ljubljana, in which we adapted the methodology to the simultaneous research of different groups of residents (Flaker et al., 2005). At that time, in addition to researching the needs of older people, we also researched the needs of women and children, victims of violence, and young people who had dropped out of the school system. The Rapid Needs and Services Assessment method was then tested and developed several times in numerous research projects by students at the Faculty of Social Work in the context of their bachelor, master and doctoral theses, and was also implemented in the context of their study commitments (e.g. in the planning of community projects carried out by students in the fourth year of their studies). We have included knowledge about needs research in training for practitioners (e.g. in training for community care coordinators). In particular, we have worked intensively with social workers and practitioners in the context of the development of a catalogue of tasks for social work centres (Flaker, 2003). Through such training, we have been able to put the idea of HOPS at least partly into practice and – more importantly – we have received feedback on how the method benefits practitioners. This led to the creation of many maps of the needs of different groups of people from different parts of Slovenia, and to an increase in our experience of integrating methods and research approaches.

The HOPS method has been developed gradually, especially in the field of research on the needs of older people and long-term care. It was first used as a specific research approach in 2003 and 2004 when the Faculty of Social Work offered us the opportunity to conduct a study on needs indicators for the purpose of developing a strategy in the field of social care in the Municipality of Ljubljana (Flaker et al., 2005; Grebenc, 2006). At that time, the concept of needs was an important factor in the formulation of policies in the field of social protection, and the agents of these policies, both at the national and local level, understood needs as a variable that could be detected, measured and taken into account when planning the types and scope of services (National Programme of Social Protection until 2005, 2005; Resolution on the National Programme of Social Protection for the Period 2006–2010, 2006). The development of services in line with users‘ needs was a guiding principle of social policy in the formulation of strategies and action plans at both national and local level at the time. The experience gained at that time through research on community needs confirmed the importance of informed planning of strategies in the field of long-term care for older people and the benefits of a holistic view of people‘s needs as developed in social work (Flaker et al., 2008; Flaker et al., 2013; Mali et al.,2011; Mali et al., 2017; Mali et al., 2019).

4.1.1. Connecting the values and principles of social work with the principles of needs research

Researching and responding to needs should benefit people's quality of life. The social sciences equate quality of life with people's well-being and satisfaction. It is the development of the welfare state that has precipitated a disciplinary shift in the focus of understanding the quality of life from economics to sociology and a conceptual shift from basic human needs to the control of individual resources to meet these needs (Rode, 2001 pp. 47–48). This shift has also triggered changes in the methodological field of needs research, as research attention has shifted from objective indicators at the aggregate level to subjective indicators at the individual level (ibid.).

Quality of life from a social work perspective is linked to the

principles of normalisation of existence, emancipation and participation of users (Zaviršek et al., 2002; Flaker et al., 2008; Flaker et al., 2011). These fundamental principles of social work can only come to life in practice if they are also manifested in all phases of research. The principle of normalisation of existence is understood in social work as a value and an ethical starting point for the design of services in the community. Respect for this principle is an indicator of the position of individuals and groups in society. This principle makes it clear whether people, regardless of their physical or intellectual disabilities, are able to make independent decisions about their lives in a particular setting and are not subject to care regimes. The normalisation of existence means being able to participate and make decisions about one‘s own life, and includes both decisions about simple, everyday actions (e.g. eating, dressing, activities) and decision-making and participation in developing long-term care policies and strategies. The principle of normalisation of existence helps us to understand the civilisational level of a given society and the real state of inclusion of people in need of long-term care (Brandon and Brandon 1992; Škerjanc, 2006; Mali et al., 2011).

The level of respect for the principle of normalisation of existence can be checked with simple questions that quickly reveal how people are treated in a particular environment: whether they can develop warm, friendly and loving relationships with others (a measure of deepening relationships), whether they can influence the forms of help they receive (a measure of developing participation), whether they have decisive control over their own lives (a measure of increasing choice), whether they can socialise with other people in the community who are not paid to be with them (a measure of scaling socialisation), whether they are seen by others as respected individuals and have the opportunity for personal growth (a measure of personal development). These criteria indicate whether a particular community (society, civilisation) can ensure that members of the community, who need support to live independently due to various challenges, have access to the same living conditions as all other members of society. Moreover, issues of normalisation of existence are becoming increasingly relevant today also from a global perspective of existence on the planet, as the lives of all living beings are threatened by the

prevailing system of extensive economics and consumerism (Peeters, 2011; Dominelli, 2012; Gough, 2017). From this perspective, methodological issues of needs research that take into account the principle of normalisation of existence are also issues of the promotion of a sustainable economy, solidarity in society as well as human and environmental justice. The contextual approach to researching people's needs is based on the assumption that the environmental perspective is an inevitable part of the research interest. From the outset, our research plans have included this perspective in what we call local community maps.

The principle of emancipatory social work is included in needs research strategies as an idea based on people empowerment, respect for human rights, social justice values and efforts to ensure that people retain control and influence over their lives, regardless of their need for help (Dominelli, 2002; Dragoš et al., 2005; Flaker et al., 2008; Grebenc, 2014). This principle is based on the assumption that any social work intervention should maintain or increase people's power to live independently in the community. Community interventions should take into account people's expressed needs, expanding their options, and not, because they need help or support in a particular area of their lives, forcing them to give up aspects of their lives that are important to them (e.g. because they have dementia, mobility difficulties, or a chronic illness, they should leave decision-making about their lives to others, accept institutionalisation as the only option, or completely submit and conform to the wishes and dynamics of their carers). As we wanted our research to contribute to the development of normalising and emancipatory services and actions in the community (to maintain or expand opportunities, to empower and influence lives), we needed to know as much as possible about the situation in the community, in addition to understanding people's everyday lives. We had to think about developing research tools that would allow us to get close to the details of life, but also to take a broader view and observe systems and structures. The tools we develop should at the same time help us to capture everyday life situations in which individuals and groups of people have different needs, interests and desires, but also their own expectations, ideas and ways of coping with these life situations.

The third key principle that we take into account in our research strategy is user participation. For innovative social work research methods, it is crucial that users become agents in the research. This changes the relationship between the professional or researcher and the person experiencing the distress. All participants in the research become more equal (Ramon, 2003; Škerjanc, 2006; Hanley, 2005; Beresford, 2007; Videmšek, 2012). This means that in the HOPS method, people‘s everyday experience and their interpretation of reality are at the centre of research. We were careful with our research approach and our research tools not to miss the user perspective and fall into the trap of thinking of needs as services in advance. The aid plan should not be imposed or patronising, but agreed and aligned with people’s needs. Defining services is the last step of the exploration, not the starting point. To give an example, someone who is no longer able to prepare their own food does not need ‚home food delivery‘ but regular, healthy and varied daily meals. How we ensure that the individual has these meals depends on the specific situation. Maybe the old person needs help with shopping, maybe with preparing and eating food. It is very important not to name the needs in terms of a service (e.g. needs accommodation, needs care, needs to be protected, needs an old people‘s home, needs day care, needs to be placed in a safe house). In all of these cases, people may have very different needs, they may be lonely, victims of violence, can no longer climb a ladder, have just been widowed, and so on. Services are a synthesis of needs and responses that emerge in dialogue with people (Grebenc, 2006; Flaker et al.,2011). Research must therefore discover or detect, record and present as accurately as possible these needs and the context of the situation in which they arise, record users‘ attitudes, preferences and expectations about these needs, and only on the basis of these insights, propose responses (which can be a combination of both formalised and informal forms of support and assistance).

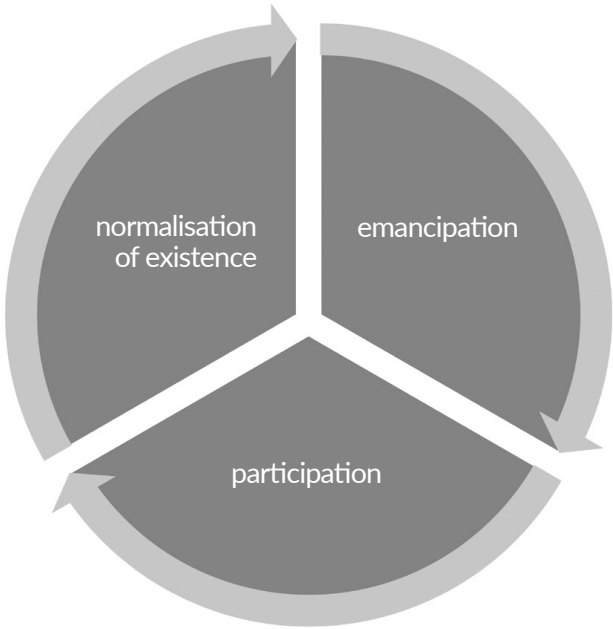

Figure No. 2: Quality of life of users from a social work perspective.

In social work, we develop our methodological approach to needs research by combining approaches and tools that are simultaneously sensitive to the personal perspective and the context of people's everyday life situations. Needs cannot be understood without exploring how people live and think about their lives, and the characteristics of the world in which they live. Needs research tools should allow the simultaneous capture of data to understand people's needs and data to understand the characteristics of the environment and the circumstances in which people live. The needs and the situations in which these needs are expressed are therefore the research focus and the starting variable.

In order to grasp the complex picture of the everyday life of each individual in a particular local community, the research and interpretative scope needs to be broadened, allowing the complexity of the everyday world to be explored using mixed methodological approaches. HOPS research takes into account elements of qualitative, quantitative, ethnographic, action research methods, which,

in many combinations, allow for a more consistent perception of the subjectivity of people's personal experience and their personal knowing of life, and the specificity of the circumstances of the everyday world (Mesec, 2006; Grebenc, 2006; Longhofer and Floersch, 2014). Therefore, different methodological approaches are used in needs research, but qualitative methods are at the forefront due to their sensitivity to exploring the characteristics of people's everyday world and uncovering users' personal experiences through the use of verbal descriptions. This research orientation allows us to explore each person's lived experience as if, as Hall (2003) states, we were travelling through the lives of the people involved in the research.

4.1.2. Developing a matrix for needs research in social work

The great diversity of life, the relativity of human needs and the multidimensionality of the concept of quality of life make the systematic study of human life a challenging task.

Exploring the context of people's everyday lives at the micro-, mezzo- and macro-levels of reality and their needs in this context requires the development of a research style that allows for context-sensitive research, but which also needs to be action-oriented and of practical use value because of its concrete objectives (Mesec, 2006; Grebenc, 2006). A research style that involves the integration of different research methods and the acquisition of a large amount of heterogeneous material requires discipline, systematicity and controlled flexibility in all phases of research. Throughout the research process, there is a need to ensure a meaningful integration of methods that complement each other, as well as to ensure that the individual research acts within a single research method (from data collection to analysis and interpretation) are linked. This is because, in research, individual actions are never isolated from each other but rather are linked and evolve during the process itself (D'Cruz and Jones, 2004, p. 150).

Beyond deciding on a sound research methodology, the biggest challenge was to develop the data capture tools, as we had to find the verbal tools that would allow us to record key information in the most accurate, disciplined, systematic and credible way possible

to understand people's needs in the context of their everyday lives while satisfying scientific excellence and professional relevance. In the first study we conducted in the Municipality of Ljubljana, we found that a good thematic legend can provide a systematic contextual view of the map of everyday life. We created a matrix and used it as a tool (reminder) for collecting and categorising data. In the course of the research, it even became clear that we could use the matrix as a tool for data collection, material selection and data analysis. It also helped us decide what further research steps we should take to get the fullest picture of people's needs and develop a meaningful response plan for the community, as we were able to identify where we were still missing data.

We therefore organised the content in a matrix format, first sharpening the key categories of needs research, then assigning main themes to the categories, and allowing for the possibility of new themes to emerge during the course of the research. The matrix (reminder, spreadsheet) is a collection of categories and concepts (headings) that we identified as key themes in the everyday lives of older people and that were critical to understanding needs, the context of needs and planning responses. We conceived of the matrix[18] as a collection of different thematic sections that we define based on our prior knowledge of the problem, which we can add to as required once we are in the field if we discover new and important facts about a particular phenomenon. We have indicated this potential incompleteness of the matrix by making the table at the bottom incomplete.

The thematic sections were identified based on previous research on needs for the Rapid Needs and Services Assessment Method thematic sections (Stimson et al.,1998; Flaker et al., 1999; Flaker et al., 2019), quality of life factors and measures (Mesec et al., 1998; Rode et al., 2003), taking into account the concept of normalising existence, principles of everyday life and based on brainstorming in a focus group with researchers, students undergoing practice in the field of working with older people and a small group of users.

The matrix was complemented during the research, as the first

18 The matrix we developed to capture data on the needs of older people was an adaptation of a matrix we developed for the purposes of risk surveys among drug users in Slovenia (Flaker et al. 1999, 2002).

partial analyses revealed themes that were not included in the original matrix (e.g. the issue of routines, self-care, survival tactics emerged later as important themes). The topics grouped in Table 1 are the categories to be explored in order to collect as systematic, precise and concrete data as possible. Combining the different thematic sections allowed for a simultaneous focus on different levels and multiple themes.

Table No. 1: Matrix reminder with key categories and themes for exploring the needs of older people.

Characteristics of target group and place	Social context	Health	Risks	Service evaluation
Profile: age, gender, nationality, education	Social networks and contacts, intergenerational networking, help	Personal health assessment: health status, experience of health	Risks associated with age and ageing, perception	Map of services: health and social
Numbers, trends, population characteristics	Daily activities: work, hobbies, commitments	Health care, self-help	Types of situations and circumstances of risk	Types of services for older people: home help, day centres ...
Geographical location (e.g. neighbourhood, city centre etc.)	Lifestyle, daily routines	Chronic diseases, dementia, mental distress	Risk management standards	Accessibility to services: high/low threshold
Spatial organisation: suburbs, centre, hamlets	Income: pension, annuity, casual earnings etc.	Lifestyle-related determinants of health: diet, sexuality, addiction etc.	Immediate threat (e.g. violence, accidents, etc.)	Working methods: models and approaches, individualised treatment
Mobility and transport links, communication	Housing: living conditions, ownership ...	Physical restrictions on movement	General and personal security	Attitude towards users, efficiency, flexibility
Attitudes and perceptions of age in the community	Independent living, resources and self-help practices	Access to health services, the role of the patient	Rights, information, influence, autonomy	Development: gaps, obstacles, proposals
Values, role in society, norms and rules	Wishes, needs	Wishes, needs	Wishes, needs	Wishes, needs
↓	↓	↓	↓	↓

The matrix[19] was a contextual collection of categories and topics and was used as an orientation research legend. Each selected area of enquiry contained in the matrix provides an insight into a specific context of everyday life in which to situate needs. The key categories contained in the matrix are: general characteristics of target group and place, social context, health, risks, service assessment (shown in the table). The matrix is not a closed unit, it can be translated into different research settings and remains open to categories that emerge subsequently. It was used as a reminder for the preparation of the questionnaires[20] for interviews and focus groups. It was also used as a contextual guide for the creation of written materials (e.g. formulation of guidelines for the writing of students' practice diaries) or the selection of secondary materials (e.g. articles on the lives of older people in newspapers). It was therefore a repository for a wide variety of data obtained by combining methods (interviews, focus groups, observations, etc.) and combining sources (primary and secondary sources, *ad-hoc* information, etc.).

Each section in Table 10 indicates a topic on which information was to be collected. The aim was to collect information on the topic covered by the box in the table. Data saturation was achieved by triangulating the data, which included field inquiries (user perspective and the perspective of key information providers who are well acquainted with the lives of older people: relatives, neighbours, professionals and providers of various services for older people) and other relevant material (statistics, annual reports, articles, etc.).

We could not use the same data combinations for all topics, as the sources for some topics were not as readily available as for others. For example, on the demographics of the population and the network of services, it was possible to collect written material (annual and internal reports of institutions), but on topics that fall within the ethnography of everyday life (daily routines, routines, personal survival tactics, experiences of needs and desires, local specificities, etc.), no written material was available and we could only learn about them by collecting data in direct contact with people

19 The matrix can be adapted to different research environments by revising key concepts.

20 When we turn the themes from the matrix into interview questions, it is important that these questions are open-ended and not suggestive (we should certainly never give people the feeling that we are judging their lives or that we are evaluating them by their answers).

(interviews with users, their relatives, professionals). The scattered nature of the information and the varying quality of the data meant that we had to question the reliability of the sources and the validity of the data throughout the research. We adapted our data collection methods to the quality and availability of sources in a meaningful way, for example combining interviews and focus groups or focus groups and secondary material, adding observation, new interviews and so on until data saturation was reached (Mesec, 1998; Flaker et al., 2019).

4.1.2.1. Characteristics of the target group and placement in the local context

The first thematic section explores the characteristics of the target group and the demographic, social, societal, political and economic characteristics of the place where the needs of older people are being studied. The first heading we assigned to this section is the profile of the target group, which consists of demographic data on the target group (age, gender, ethnicity, education, number)[21] and the trends in the phenomenon (ageing population, demographic trends). The second heading is geographical location and includes the geographical characteristics and the characteristics of the administrative organisation of the place where we are studying the needs of older people. Under this heading, in the study on the needs of older people in Ljubljana, we examined the characteristics of older people's lives in different districts and neighbourhoods (e.g. the profile of the older population by local communities, such as Fužine, Kozarje, Tabor).

Under the ‚spatial planning' heading, we envisaged exploring those features of a place that affect the quality of life. We wanted to understand the needs of older people in relation to their living space. Urban planning policies and spatial development strategies are a visible indicator of society's attitude towards older people. The variables of the heading are: the type of urban layout and settlement

21 When researching the needs of older people, we have population statistics at our disposal. However, we do not always have this information, especially not when it comes to hidden phenomena (e.g. the number of people experiencing violence, mental health problems or addiction.) In such cases, we use the multiplier technique to help us make an estimate of the number of people affected. For more on this, see Flaker et al. (2019).

of the city (e.g. city centre, suburban neighbourhoods, block of flats, housing estates), the type of activities carried out in this part of the city (e.g. industrial environment, commercial service area, proximity to cultural facilities), available infrastructure (road network, supply systems, green spaces). Such information about a city (locality) is mostly collected in various documents (e.g. the city ID card on the website of the municipality). The way in which older people perceive spaces and what needs they have in relation to their surroundings was translated into interview questions such as: what is life like in the town (locality) where they live, what spaces are there for community engagement, are there meeting places where they can meet and spend time together (e.g. senior clubs, popular cafés, park benches, places in front of the post office[22] or shops), what adaptations to their surroundings would they need, what kind of city would they like to live in. Under the heading ‚mobility, transport links and communication', we wanted to collect data on older people's ability to integrate into the community given the available transport and ICT infrastructure as well as the mobility characteristics of the area. At this stage of the research, we focus on understanding the needs in terms of physical and virtual mobility of older people and their impact on the quality of life. To analyse mobility within a specific place, we ask questions such as: how do older people move within and outside their community, how is public transport organised and how accessible is it for older people and individuals with impaired mobility, what are their mobility needs, what obstacles do they encounter when travelling, what improvements are needed to ensure safe and accessible transport. We investigate how older people connect with their community through information and communication technologies by asking: what access do they have to information networks[23] (telephone, internet), how do they experience the rapid changes in communication methods and how do they adapt to them, what are their needs and preferences in terms of information and communication, how do they perceive the accessibility and

22 The closure of local post offices, banks and small shops can greatly increase the exclusion and marginalisation of older people from everyday public life.

23 The rapid development of ITC technology is natural for younger generations, but new possibilities do not make a decisive contribution to better information and communication for older people if technical solutions do not take into account their needs and preferences.

quality of information, technologies and media.

In the context of the living conditions and quality of life of older people in a city (locality), we considered not only the physical environment, but also the cultural, social and political characteristics of the surroundings. For the heading ‚attitudes and perceptions of old age in the community' and ‚values, role in society, norms and rules', we envisaged exploring the collective experience of old age and ageing in terms of the social construction of the image of and beliefs about older people. In this section, we included the following research questions: what is the social position of older people in the community, how are they perceived by other generations, what are their material and social living conditions (e.g., retirement conditions, health and social policies, level of respect for human rights). We also analysed how older people's voices are taken into account in the formulation and decision-making on common issues and local development strategies in a locality. Do they feel safe in terms of the protection of their fundamental rights, how is decision-making on issues affecting older people carried out at the local level, are they able to participate in these processes, and so on.

Under the heading ‚values, role of old people in society, norms and rules', we filled in a map of everyday life with the social and cultural image of old people and discovered the forces that influence this image. We investigated the role of old people in the community, which values, norms and rules have become established as culturally and socially appropriate for different generations and groups of people (e.g. showing respect), which prevailing norms and rules apply specifically to old people and what happens when someone deviates from them (the stigma problem). We have also included research on the personal experience of old age and personal values under this heading: what is important in life, what do they value in themselves and others, what do they think others value about them, how do they experience the transition to old age, how has society's attitude towards them changed now that they are older, how does ageing affect their identity, does it change or remain stable (how do they see themselves and how do they think others perceive them).

4.1.2.2. Social context

The social context[24] thematic section focuses on researching specific situations in the everyday lives of older people. Our aim was to understand needs in the context of typical and specific life situations, taking into account their personal practices and lived experiences. In this thematic section, we examined how older people live and considered needs and wishes as issues related to maintaining or creating preferred life paths. Under the heading of social networks and contacts, we analysed the structure and characteristics of older people's personal social networks: Who are the people in their network (e.g. partners, children and their families, relatives, friends and neighbours)? What is the intensity, frequency and quality of their social interactions? Who are the most important people in their lives? With whom do they have regular or occasional contact? Who do they rely on and how do they stay in touch? In researching needs, we also asked questions about the importance and nature of social contact in old age (characteristics of intergenerational relationships), the loss of contacts (e.g. due to illness, death, relocation or conflict) and how older people cope with the loss of social contacts (limitations and opportunities for building new connections), the importance of maintaining relationships, the process of building new social ties and engagement with others (meeting places, formal and informal opportunities to socialise with people in the community).

We also attributed instrumental importance to contact at an older age, as it provides an opportunity for informal help with everyday tasks. Under the help heading we included questions about who takes on the role of spontaneous helpers in older people's everyday lives (e.g. people from their immediate social network or someone else), what kind of relationship they have with the helpers and how the help is provided. This section aims to explore how independence and independent living in the community can be maintained (the role and support of informal helpers, the type of help, e.g. with basic hygiene, different types of household help such as cooking, washing,

24 Topics that deal with personal experiences can make interviewees uncomfortable and reluctant to answer questions. At any point during the interview, interviewees should be given the option of answering in general terms (e.g. only giving their opinion on a particular topic or sharing observations) or choosing not to answer questions on a particular topic.

ironing, cleaning, lifting heavy objects, help with other physical tasks such as heating and maintenance, help with shopping, errands and transport, and so on), the composition and extent of the helper network (number of helpers), the complexity of the help (e.g. in the case of dementia or mobility impairments), the mix of formal and informal providers (e.g. how involved are relatives, neighbours, friends, private carers, unregistered carers, tenants, care assistants, community nurses and others), the adequacy of the help (e.g. what is not covered, what influence people have on the decision to accept different types of help).

We specifically included questions about social context, focusing on needs and desires related to maintaining personal social networks, desires related to contact with other people and desires to change contact with people. Regarding the issue of contact, we foresaw exploring factors that diminish the quality of old people's social network: mobility and sensory impairments, physical obstacles in space, other circumstances that lead to isolation, abandonment and loneliness of older people (e.g. moving away from other people for personal reasons and circumstances such as shame, fear, physical limitations and reasons beyond the control of older people,[25] e.g. placement in a secure ward, moving to a distant old people's home). In terms of understanding needs and necessary interventions, we foresaw inquiring about situations that affect the quality of relationships and situations in which people would need intervention and protection (e.g. violence, social isolation).

In the social context section, we examined daily activities as they are closely linked to finding meaning in life, achieving personal goals, self-realisation, creativity and maintaining well-being. In our civilisation, work is highly valued and the ability to work, stay active and be creative is at the top of the personal value scale for most people.[26] For most people, retirement marks the end of employment and a shift in activities from the public to the private sphere. Under the

25 At the time of writing, the COVID-19 epidemic restricted the movement of residents in old people's homes and prohibited visits to the institutions.

26 For most working people, employment is the focal point of their day and also an important point of self-realisation. In recent decades, the retirement age has risen and global and national demographic policies have been promoting the concept of so-called active ageing. Public discourse promotes the popular image of old people who are on the move all day long.

heading ‚daily activities', we aimed to understand people's needs in relation to maintaining and establishing meaningful activities: What do they do? How do they structure their day and give it meaning? How do they adapt their activities to their abilities and interests? We also investigated the motivations for work and activities, whether they are motivated by interest or necessity (additional paid work), pleasure (hobbies), obligations (shopping, housework, home maintenance) or routine (reading the newspaper, watching TV, going for a walk and similar). By examining daily activities, we directly examined the discomfort and conflict that arise from imposed life scenarios (what society and others expect from them). At this point, we included questions about activities that are important to people, as well as their expectations, needs and desires in terms of maintaining or changing their current situation.

On the topic of lifestyle and daily routines, we asked about the characteristics of everyday life, as the expected scenario of life is an important guarantee of a sense of security and confidence in life. The course of a typical day reveals most about how people organise their lives, what is important to them, what they cannot imagine life without. ‚What does your typical day look like', we envisaged as a key lifestyle question and an indicator of the needs and desires for maintaining an independent life. In this section, we ask how people spend their day (they described their day from the morning until they could start describing a new day). We asked about the time organisation of the day, the distribution of activities throughout the day, the preferences and needs regarding the course of the day. The wishes and needs related to the day's activities were recorded by asking them how they would like their day to be organised, what changes they would like to see in the day, who could help them with this and how and what they could change themselves. With age, various activities of daily life pass from peripheral concerns to a central concern or activity. For example, dealing with food (thinking about food, preparing food, eating food) can become one of the central themes of everyday life in old age. In addition to maintaining physical fitness, eating is also linked to the opportunity to socialise, maintain skills and make decisions. In terms of lifestyle, research focuses on the key activities that strengthen older people's self-esteem,

confidence in their own abilities and will to live.

The material situation of older people is an important indicator of their ability to live independently in the community and to have control over their lives. The assessment of the material situation of older people and the needs and wishes related to them were placed in the matrix as the heading ‚income'. We foresaw the questions: What sources of income do older people have? What are their main and regular sources of income, such as pensions (e.g. retirement, agricultural, spousal and foreign pensions), potential additional sources of income (e.g. invested assets, inheritance, rental income, financial support from children, supplementary income, carer's allowance, assistance and support payments, pensions and status-related allowances), autonomy in asset management, reliability of help in asset management (risk of economic exploitation). In this section of the study, we also asked questions about satisfaction with financial circumstances (adequacy of available financial resources in relation to needs, availability of resources for a decent life), strategies and tactics for coping with potential financial hardship, financial obligations (covering regular expenses) and financially supporting other family members, providing financial support (e.g. for low-income children), covering unexpected expenses (e.g. buying or repairing essential items, adapting the bathroom for mobility impairments, buying special diet food due to illness, purchasing assistive devices, paying for necessary services) and covering bigger expenses (e.g. holidays, cultural events). In view of maintaining control over their lives, we also asked questions about survival strategies: coping mechanisms for living with limited resources (e.g. growing their own vegetables, odd jobs) and financial planning for the future. The central question regarding needs and wishes was: How would they like to organise their financial needs in relation to their material situation?

Adequate housing conditions are also an indicator of social security and a prerequisite for an independent life in the community. We looked for these under the heading 'housing'. The key questions in this section were: What kind of housing do they live in? How satisfied are they with their living conditions? How is home ownership organised? What changes would they like to make to their home? What obstacles do they encounter in their living environment? Are

they able to maintain their home and who helps them to do so (if not already covered in previous sections)?

We introduced the heading ‚independent living, resources and self-help practices' into the matrix as a point at which we could focus on the principles of empowerment and respect for the rights of older people to be part of the community. Independence and the ability to care for oneself (and one's family) are highly valued in our society. Preserving human dignity is closely tied to respecting an individual's personal outlook on life and values. Each person develops their own life practices and has access to unique and valued material and non-material resources. The ability to cope with life's challenges is shaped by a person's overall life situation. To explore the context of independent living, we asked whether people feel they can live according to their own preferences, how they maintain this autonomy, what aspects of their lives they could never give up and what they would not want to change. Independent living is directly linked to needs, desires and concrete ways of coping with life's challenges (how people fulfil their daily needs and desires and how they protect their interests). Ensuring an independent life is also linked to questions of the future and future plans: what they want in life, what they miss in life, what they want to change in their life. At this point, we have introduced the issues of wishes and needs for humane care if they are no longer able to take care of their own care, wishes and needs regarding death and bereavement.[27] In the section ‚independent living' it was important to let people speak, talk about situations, describe events, explain points of view, process possible scenarios. We paid attention to their descriptions of their needs and desires, to what they said about what they needed, what they wanted and how they imagined help that would fit their interests.

27 We ask personal and painful questions with feeling, unobtrusively. We can mention the topic and let the interlocutor decide for themselves whether they want to talk about it. We know from our research that people see the topic of dying and death as part of life and that some of them prepare well for this final event in their lives (saving for funeral costs, booking a place of burial, making a will, saying goodbye to loved ones in person, preparing spiritually, etc.). The taboo surrounding death can add to the distress of the dying. Talking about needs and wishes in relation to dying and death is an opportunity to say goodbye in a humane way.

4.1.2.3. Health

Ageing of the body is inevitable and the likelihood of various health problems increases with age. However, age as such should not be equated with illness. In the section on health, we asked about the health status of the target group. We collected information on personal attitudes towards health, health problems that hinder older people in their daily lives and their medical care needs: how they assess their health, how health affects their everyday life, what their health needs are (health problems, treatment needs, access to health services, health insurance), how they take care of their well-being, how they keep fit (e.g. take care of their diet, get regular exercise, take regular medication, visit the doctor regularly). We wrote down personal and group values about health, rules for healthy living (e.g. dietary habits, risk rules) and ways of self-care for health problems. In assessing health, we took into account that health is influenced by social, cultural, societal and environmental factors, so we linked the health questions to an exploration of the circumstances that enable good health or pose health risks for older people. We asked about lifestyle-related determinants of health such as diet, sexuality, addiction and the needs they have in relation to these areas of life.

Health is a prerequisite for maintaining a sense of confidence in the future. The absence of disease gives a person a sense of control over life and is a prerequisite for quality of life. Physical and mental pain debilitates a person and reduces the quality of life. We wanted to know what changes and situations in their lives cause older people health worries, distress and mental suffering and how they cope with these distresses. We framed health care as an enquiry into personal health care strategies and included personal knowing and experience of health and healing (self-care rules and practices, balance between self-medication and emergency professional medical help), when they can help themselves and in which cases they seek medical help. From the point of view of long-term care and normalisation of existence, it was important to find out what needs people with chronic illnesses, dementia, mental health problems, mobility or sensory impairment have, as these conditions affect the quality of life and the organisation of everyday life. Access to health services is one of the main indicators of health quality and is a central

factor influencing the course of illness. Timely services, respectful treatment, the smooth functioning of the system are circumstances beyond people's control. As part of the health assessment, we asked what kind of help is available in health care, whether the help is adequate, what are the needs and wishes regarding the organisation of health care. Under the heading experiencing health, we included questions that examine the interplay between the subjective perception of health, physical and mental sensations, and the social construction of health. Disease and treatment that focuses only on the ‚body' and medical and nursing procedures and methods, and does not take into account the holistic treatment of the person, accelerates the reduction of the person's identity to the role of the patient. In addressing health and planning responses to meet needs, there is a danger of being caught in feedback loops between symptoms, diagnoses, treatment models and the role of the patient. In the health assessment section, we have also included questions about maintaining a positive personal identity, the ability to make independent decisions about one's own care and treatment, and the extent to which healthcare services can be adapted to a person's usual lifestyle (e.g. access to clear and understandable information, flexibility of service providers, home health services, accompaniment to medical appointments, advocacy for patient rights).

4.1.2.4. Risks

We associate risk with human actions or circumstances where we cannot predict the outcome and cannot fully control the consequences. Risk is a socially constructed concept, and different types of risk have different value and meaning in different societies. We included risks in the matrix to obtain information about the context of risk perception, i.e. the specific risks faced by the group of older people. We intended to collect data on risk behaviour of individuals and groups, on risk perception in the community, information on resources for risk reduction and harm reduction at individual, community and societal level. Risk assessment is about identifying situations in which risk may occur and gathering information on the factors that influence risk.

By examining risks, we were able to shed light on the situation of older people in terms of their specific life experiences and position in society. Risks were explored as an interplay of different factors: biological factors of ageing (e.g. physical decline, deteriorating health, impaired balance, loss of physical skills), personal risk factors (addiction, neglect of nutrition, health, hygiene and similar), personal circumstances of risks (absence of a social network, material hardship, inadequate living conditions, unsafe places in the home) and risks resulting from the social construction of ageing (e.g. ageisms), as well as from circumstances resulting from technological, political, economic and other social changes (to which old people are unable or unwilling to adapt). The interplay of these factors and circumstances makes old people more vulnerable and, because of their life experience, more cautious and prudent.

The social marginalisation of old age and older people, combined with personal circumstances, can lead individuals to fall into a state of despair, loss of meaning and, in moments of hopelessness, fatalism or emotional numbness. This can weaken their resolve to actively tackle risks, or they may surrender completely to the course of events (‚whatever happens, happens'; ‚I don't care'). In this context, we wanted to collect data on the way people deal with the unforeseen, which is sometimes forced upon them by the environment. In the section on risk, we therefore collected data on the perception of risk (the types of risks they recognise) and on the characteristics of these risks and hazards (descriptions of the circumstances). Risk assessment also includes examining the severity of threats and hazards and assessing needs in terms of urgency and immediacy of response to perceived needs. We asked about people's immediate risk and exposure to certain hazards (e.g. falls and accidents, various forms of violence, abuse, fraud and robbery, poverty and loneliness, infections with infectious diseases, social isolation and unwanted institutionalisation). We paid particular attention to serious health and life-threatening risks, such as immediate physical danger, lack of emergency medical care and malnutrition. We also focused on the risks faced by hidden groups in the older population (e.g. older people who are victims of violence, older people living in poverty, those with addictions and mental health challenges).

Coping with risk-related situations was investigated in terms of coping with possible consequences, knowledge about risks (community and individual awareness of different risks), the availability of quality and accessible resources for risk management (information, tools, institutions and services, environmental adaptations and similar), the problem of individualisation of risks (lack of help and responsiveness of the community, the incidence of moral panics demonising risks). We also paid special attention to the issue of safety in people's personal space, in the local community and in society at large. Levels of crime and violence are important indicators of safety.[28] In this respect, we are interested in whether people feel safe, what they are afraid of, whether can they rely on others for help, what kind of help they want. We also asked about existing practices, rituals, values that individuals or groups in the community have developed to manage risks and reduce harm (rules and strategies for dealing with risks, tactics for protecting against dangers and dealing with undesirable consequences, the availability of concrete options and resources for risk management in line with knowledge).

4.1.2.5. Service evaluation

The thematic section is included in the matrix as an indicator of the state of care for older people in the city and as a basis for planning the strategy and vision for the development of services. In order to develop a meaningful plan to respond to people's needs, we needed insight into the functioning of the service network, the number of users, the density and trends of older people's needs. To this end, we gathered information on the existing network of services in the local community, the matching of services to needs and proposed the development of a system of care for older people. We made equally intensive enquiries about the service network among users and other key information providers: among relatives, among groups of professionals (employees of different organisations and institutions who

28 We need to pay attention to information on security, as what is reported in the media or in official statistics (topics that receive more attention) can be influenced by different interests and circumstances. At the same time, these publicised issues influence people's perceptions and attitudes. The descriptions of personal experiences and events that people added in the risk and safety section make the queries more reliable.

deal with older people on a daily basis) and other well-informed groups of information providers (e.g. informal carers).

The service map was envisaged as a table of providers of services and programmes available to older people in the city (list of current services and the types of services they provide) and an assessment of future service development (types of services according to projections of needs). The service map included organisations that specifically target older people (e.g. old people's homes, home care, day centres, pensioners' associations) and services that work for different groups of the population, but whose users can also be older people (e.g. social work centres, health centres, non-government organisations, humanitarian organisations). For the heading service accessibility, we looked at: the number of users waiting for services and the waiting time for services, the capacity of providers, the coverage of the city by services, the conditions for inclusion or eligibility for services (high or low threshold), users' knowledge of the types of services and information on rights. The assessment of the service network also included the criteria of cross-sector cooperation (possibilities for interdisciplinary work, possibilities for the provision of coordinated services, possibilities for integrated services, network coherence), consistency of working methods with people's needs and the impact of users on the provision of services (approximation to individual life-course scenarios, individualised approach, holistic treatment) and user satisfaction (experience with professionals and methods of service provision). We inquired about gaps in the service network (shortcomings in the functioning of services, overlooked needs of people, obstacles to the work of services). We looked at how informal support networks (people's spontaneous initiatives), such as forms of self-organisation (neighbourhood support, peer support), or forms of unregulated support (unregistered work on the black market) are created and maintained as a way of filling the gaps in the functioning of organised services and programmes.

4.2. Research plans to integrate methods for identifying long-term care needs

A characteristic of method integration is the clustering of various qualitative and quantitative research methods within a single study. The purpose of clustering different research methods is that by integrating the different results obtained, the research problem is better understood than if it were investigated using only one research method. Tashakkori and Teddlie (2003, p. 190) explain that a method integration research design involves combining different qualitative or quantitative research strategies within a single project based on either a qualitative or quantitative theoretical foundation. Combining involves simultaneous or sequential data collection, and data integration takes place in one or more phases of the research. The clustering of methods must be justified, explained and demonstrated in the research design, which should outline the purpose and objectives of the research, the data collection process, data analysis and interpretation. We cannot talk about the clustering of different research methods, when there is only clustering of qualitative and quantitative data in the study.

However, clustering of different methods is not in itself a step towards greater validity and integrity of results. It is also important to have a clear idea of why we choose to cluster methods, what are the advantages of doing so, where are the pitfalls, the possible errors that reduce the credibility of our data. In HOPS, we combine different research methods to get the clearest possible answers to the very complex question of what are the needs of people in need of long-term care. Based on the answers to this basic question, we formulate proposals for responses to people‘s needs, taking into account which responses are already being given in the community and are appropriate but still need to be built on, and which new responses still need to be developed. As the search for responses to long-term care needs involves the interplay of several categories and dimensions of people‘s everyday lives, the aim of clustering different research methods is to design a research strategy that will allow for the creation of as comprehensive a picture of the long-term care situation as possible, while at the same time allowing for the development of meaningful

responses to people's identified needs. Below we present the research designs of three different projects in the field of long-term care for older people, in which we have used the HOPS method. The shaping of the research design depended on the objectives of the research project, the size of the community in which the needs assessment was carried out, as well as the resources and time available.

4.2.1. Research plan for the study on indicators of older people's needs in the Municipality of Ljubljana

The needs indicators study was the first study we carried out in the field of research on the needs of older people. We familiarised ourselves with the rapid assessment and response research methodology through a manual developed by the World Health Organisation for researching high-risk practices in vulnerable populations[29] (Stimson, Fitch and Rhodes, 1998). The rapid assessment and response method is based on the use of mixed methods (qualitative and quantitative methods) and source triangulation (combining ethnographic and demographic data). The combination of methods and sources allows for a focus on multiple levels of understanding of the issues (individual, systemic and cultural), but most importantly, it allows for speed in capturing and analysing data and is well suited for planning rapid and urgent community interventions. It allows for user involvement in the research process and focuses on the use-value of the results, and can therefore be classified as an action research strategy. Because of these advantages, the methodology, which has already been tested in research on the daily lives and needs of drug users, was applied in a study on indicators of human needs commissioned by the Municipality of Ljubljana in 2004 (Flaker et al., 2005). The purpose and objectives of the research project were given by the call for proposals of the Municipality of Ljubljana. The municipality wanted us to provide the expert basis for the four objectives (ibid.):

- providing a basis for guiding and monitoring developments in social protection,
- defining the conditions for rational (co-)financing of social

29 The original manuals were created to explore harm reduction strategies in the field of injecting drug use and the risks to sex workers.

protection programmes,

- the development of indicators that will enable an annual analysis and report on the implementation of social protection in the Municipality of Ljubljana,
- public participation in the field of social protection (e.g. publication of specific indicators in the mass media, etc.).

On the initiative of the Municipality of Ljubljana, we carried out a very extensive study over a period of one year, from April 2004 to the end of April 2005, in which we produced three needs maps, namely a map of the needs of older people, a map of the needs of children and women victims of violence, and a map of the needs of young people who have dropped out of the education system, and based on these maps we justified the needs indicators. Based on the results of the research, the Municipality of Ljubljana prepared a new strategy in the field of social and health care after the project was completed.

Since we were already familiar with the rapid needs assessment and response method (Stimson et al., Fitch and Rhodes, 1998), we knew that by combining qualitative methods and data, we could provide a relatively quick, cost-effective, in-depth and systematic picture of the situation, propose responses to needs and provide guidelines for the development of social protection programmes in the area of the three target groups mentioned above. We developed a time-bound and substantively complex plan, which is summarised in Table 2.

Table No. 2: Timeline and activities of the needs indicators study project by phase.

The course of the study	**Phase 1** April–June 2004	**Phase 2** July–November 2004	**Phase 3** December 2004–February 2005	**Phase 4** March–April 2005
	• establish three operational teams for the thematic area of research; • develop research tools (interview questionnaires, focus group guidelines); • database management (collection of available material, statistical data); • field testing of questionnaires.	• analysis of secondary material; • training for field interviewers; • conducting interviews in the community (target group: old people, service providers); • focus groups (service providers); • participant observation (students on placement).	• analysis of materials; • evaluation of findings through focus groups.	• defining and designing indicators; • final report: production of rapid needs and response assessment.

The research design was developed in such a way that several research tasks could be carried out simultaneously, each of them being a separate entity (e.g., a map of the city, three ethnographic maps of the daily life and needs of three different groups of people, and the development of indicators of needs for each group separately).

In terms of methodology, our research was a combination of quantitative and qualitative research methodologies (Mesec, 1998). Depending on the type of research, it can be classified as exploratory inquiry research. Through exploratory research, we identified the characteristics of the Municipality of Ljubljana (spatial, socio-economic, demographic), discovered characteristics of everyday life of older people in Ljubljana and collected data on service providers according to the thematic area. The research orientation can be defined as inductive. This means that, depending on the course of the research and data obtained, the findings were added to in successive stages in an attempt to maximise our knowledge of the problem under study. In practice, this meant that we used inductive reasoning

to develop indicators of need and to draw conclusions about the types and quantity of services and programmes needed in Ljubljana, based on the needs expressed by the people.

4.2.1.1. Combining data

The rapid needs assessment was based on demographic and ethnographic data (data on daily life) collected from different sources (data triangulation). The data triangulation took place between the target group (users), services (providers) and other agents in the community:

- services and other agents in the community (enquiries),
- representatives of the target group – users (enquiries),
- individuals in contact with the target group (enquiries),
- existing information systems (health, police, social services, schools, etc.),
- available statistics (collection of material).

The data collection techniques and procedures were:

- collecting and analysing existing statistical and qualitative data,
- interviews with key people (users, service providers, etc.)
- focus groups (users, experts),
- ad hoc information,
- participant observation,
- hanging out‘(observing and recording observations on what is going on in public places where the group being studied is located).

Most of the methods used were qualitative[30] methods of data collection and analysis. In-depth interviews were used to obtain information about the context of everyday life in the city and to discover the perspectives of different agents on the issues at hand, their needs and desires, and their ideas on how to meet those needs. Focus groups, in which users, practitioners and others participated, played an import-

30 Quantitative data collection methodology was used in only one case, namely to conduct a survey among the residents of some neighbourhoods in Ljubljana on the perception of violence in the community. We collected the data because we wanted to compare how perceived community violence (number of cases) compares to violence reported to the police.

ant function, especially in verifying and complementing the picture we were building from the interviews. Similarly, participant observation (mostly with the participation of students on placement), *ad hoc* information (information obtained by chance) and 'hanging out' (information obtained by observation in selected locations) were also used as complementary methods.

Secondary data was used to build a profile of the city (on the geographical, socio-economic and demographic characteristics of the community). We focused on these groups of data:

- a geographical description of the site (basic geographical features),
- population and demographic characteristics,
- level of education,
- information on religion,
- population health,
- main features of the local economy,
- main channels of communication and access to the media,
- population mobility,
- basic infrastructure,
- local self-government system and political structure,
- decision-making level,
- health services,
- educational institutions,
- social services,
- non-government organisations,
- functioning of the police.

Quantitative and qualitative data about the city was collected through various types of materials and inquiry interviews (semi-structured interviews with representatives of various institutions and services). The acquisition of data about the city (especially statistical data) was much more difficult and time-consuming 20 years ago (written requests to institutions for data), also left to chance (the responsiveness of the services), and therefore also less systematic. At that time, research data and statistical portals were not as easily accessible as they are today. Today, the various databases (national and local statistics, research reports, research databases) are publicly accessible and published on the web. But 20 years ago, obtaining data

was an exhausting task. However, few ministries already had websites and published annual reports. The Ministry of the Interior was one such ministry, as it regularly published annual reports on the implementation of activities. For example, we were able to obtain data on violence and reports of violence in their annual reports. However, many other annual statistics were mostly available on written request. Most of the institutions were willing to provide aggregated data, and we worked well especially with various implementing organisations working in the public interest or funded by the Municipality of Ljubljana. The institutions we asked for data were: health centres, the Pension Insurance Institute, the Home Care Institute, old people's homes, pensioners' associations, all five social work centres in Ljubljana, non-government organisations, local voluntary organisations, etc. In these organisations, we obtained their annual reports, which provided information on users and services.

Most of the data for the city profile were taken from the Ljubljana Municipality Yearbook, while the missing data and additional documentation were collected from various organisations (through telephone interviews, various brochures, annual reports). The final combination of data for the city profile included, in addition to the materials, data from interviews with representatives of the institutions.

From this data, we extracted information on the characteristics of the city (population size and structure, spatial and social characteristics, level of economic development, health data, social issues, functioning of various institutions and service networks, service provision data, safety, statuses, community health profile, city governance and decision-making processes, mobility, infrastructure conditions and related factors), thus providing a more comprehensive picture of the city and its inhabitants. This data was important because it gave us a clearer picture of the kind of city the old people live in, the resources the community has and the potential problems in the community.

In order to create an ethnographic map of people's everyday lives and needs, we collected data exclusively through interviews. For data collection, we developed a matrix of sensitisation concepts (thematic

legend presented in the previous chapter). The matrix[31] was used as a reminder to create several types of questionnaires (questionnaires for the target group, that is the residents, questionnaires for professionals and other key information providers, e.g. relatives, community representatives, etc.). The interviews were conducted with the help of students as part of their practicum training.

In the creation of the ethnographic map of everyday life, we focused on the collection of qualitative data. This helped us to build a picture of how people live. We approached the production of the ethnographic map from a ‚bottom-up' perspective, and the users' perspective was the most important for us. The final product was a rapid needs and services assessment, which included a population and trends assessment (assessment of the number of people and groups in need of social care services), a needs register for each of the groups (inventory of needs situations and types of needs), a register of providers in the Municipality of Ljubljana (public, private and non-government sector), an assessment of the current state of needs satisfaction, a plan of responses to the identified needs, a vision of the development of services and programmes as desired by users (we created a catalogue of services by number and content), a table of needs indicators and criteria for defining quality services (Mesec et al., 1988). We tailored the methods of data collection to the target group in order to ensure the most direct contact possible with people. The quality of the data and the results also depended on the sampling strategies, which play a crucial role in the rapid needs and service assessment method.

4.2.1.2. Sample design in the study of need indicators in the Municipality of Ljubljana

In qualitative research on broader social phenomena, it makes sense to use a 'theoretically representative' sample. This sampling method has been proposed for field research by Glaser and Strauss (Schutt, 2004). A theoretical sample requires a sequential way of collecting information, whereby settings or individuals are included in the re-

31 In subsequent research on the long-term care needs of older people, the eight magnets of the needs index were used as a reminder instead of a matrix (Flaker et al., 2008).

search based on previous observations or interviews that suggest that certain individuals or settings are important and may influence the results (Schutt, 2004; Charmaz, 2000, pp. 519–520). A theoretical sample can be formed using the snowball method – that is, the current interviewee leads us to the next interviewees. In the case of a theoretical sample, statistical measurements and inference are replaced by other methods that increase confidence in the reliability of the results and interpretations based on the sample. These methods include: triangulation, repeated samples, finding unusual cases, samples containing different types of cases, samples from different geographical areas. The theoretical assessment of the significance of the results is also important. In such sampling, there are no precise rules on how large or small the sample should be (as can be determined in the case of population-based statistical samples).

In obtaining samples, we followed the sampling guidelines for rapid needs analysis proposed by Stimson et al., 1998:

1) New cases are sought and studied until sampling reaches saturation. This means that sampling can be terminated as soon as statements start to repeat themselves and no more new information comes from the field.
2) Determining an estimated sample size is essential for organisational planning. This allows the research team to estimate how long the sampling process is likely to take.
3) A larger sample size is not necessarily better. While it allows for a wider range of variation, the advantage of a smaller sample is that the research team can develop a more intensive, in-depth relationship with the interviewees – obtaining more concrete, accurate and verified information – and can therefore focus on the action moment of the research already during the research itself. This sampling method is about striking a balance between a broad overview of a phenomenon and a deeper insight into it.

The distribution of the population of older people by age group in terms of number and gender, shown in Table 12, shows that in the year of the study, there were 43,538 people aged 65 and over (16,314 men and 27,234 women) living in Ljubljana. This number is too large to cover the entire population, so a suitable sample had to be drawn.

Table No. 3: Population by age group in the Municipality of Ljubljana, 31 December 2003

Age groups	together	men	women
65–69	13,411	6,004	7,407
70–74	11,657	4,606	7,051
75–79	9,259	3,125	6,134
80–84	5,734	1,754	3,989
85–89	2,011	507	1,504
90–94	1,213	273	940
95–99	227	39	188
100 and over	26	5	21
Total	43,538	16,314	27,234

Source: Statistical Yearbook of Ljubljana (2004).

The group of older people is a very large and heterogeneous target group. In the research design, we endeavoured to adapt the survey and sampling strategies to the characteristics of the group as far as possible. When selecting the locations for accessing the target group, we took into account the criterion that the study should be conducted directly in the community (Municipality of Ljubljana), that we should take into account the characteristic environments (urban, suburban, rural) and the dispersion of the population by age group.

Since the research was exploratory and investigative, we initially chose a small, purposive and convenient sample for the first phase. Later on, we adjusted it with theoretical criteria (we took special care to include interviewees over the age of 80, as this group was slipping out of the convenience sample, and we subsequently included home care service users, as we presumed that they had more specific needs). The first interviewees were selected using the snowball sampling method. The interviewees were selected by students from the Faculty of Social Work who volunteered to participate in the project and were instructed to interview an older person in the chosen setting. The sample consists of old people still living at home and old people living at home but already using long-term care services. The sample of old people living at home was based on a snowball sample. It was shaped in different ways:

1) One student conducted interviews in a village setting and followed the snowball principle, where the first interviewee referred her to the next, etc.
2) One third of the interviews were conducted by a group of eight students during their practice. They conducted several interviews in different locations (snowball method, the first interviewee was the user of long-term care services), 20 interviews were conducted by students of the Social Work with Older People course, who were living in Ljubljana to interview an older person in their local community. The snowball method allowed us to include in the sample people living in different parts of the Municipality of Ljubljana, including the city centre, typical urban and suburban neighbourhoods and other parts, including remote villages. The sample covered well the different types of environments that characterise the diversified geographical layout of the Municipality of Ljubljana: intensive urban, suburban and remote/village.
3) In selecting the participants who were users of long-term care services from the Institute for Home Care Ljubljana (hereinafter ZOD), we opted for a convenience and purposive sampling approach. When selecting the interviewees, we also considered age and gender criteria: interviews were to be conducted with a man under 80 years of age, a man over 80 years of age, a woman under 80 years of age and a woman over 80 years of age. The social workers employed by ZOD acted as intermediaries in arranging the interviews.

Table No. 4: Sample by age group

Age groups	Men	Women
61		1
65–69	1	8
70–74	4	13
75–79	5	7
80–84	3	8
85–89	2	2
90–94	2	1
95–99	1	1
100 and over		
Total	18	41

The sampling in the study was multi-stage and has the characteristics of a combination of convenience, purposive and theoretical samples. This sampling design helped to triangulate the data, as the adjusted samples were able to cover gaps in the data collection. The final sample of older people included in the survey consisted of 59 older people living in the home environment (18 men and 41 women). Although we were looking to contact people aged 65 or over, we included an interview with a 61-year-old person in the study as she was a disabled retired lady who had a similar lifestyle to the other interviewees. Although the representation of men in the sample was lower than that of women, it became clear during the analysis that the sample achieved good coverage of the different types of needs situations (examples of the types started to recur), so we conclude that the sample was adequate. In addition, data saturation was achieved by combining sources, as we obtained data on the needs of old people in other ways (interviews with professionals, participant observation with students and through their diary notes). The final combination of sources for the creation of the ethnographic map of the needs of older people in the Municipality of Ljubljana was as follows:

- in-depth structured interviews with Ljubljana residents aged 65 and over (44 interviews: 11 men and 33 women);
- in-depth interviews with users of the ZOD service (15 interviews: 7 men, 8 women);

- interviews with professionals working with older people (social work centres, ZOD, old people's homes: 10 interviews with professionals);
- diary notes of students from their practice (15 students: case notes).

For the final processing and analysis of the qualitative data, more than 400 pages of interview transcripts (59 interviews with older people in total) and about 100 pages of other relevant transcripts (interviews with practitioners, diary notes, summaries of focus group meetings) were produced.

The overall combination of processes and sources has resulted in a map of the city and an ethnographic map of people's daily lives and needs. Together they formed the context in which we placed people's needs and justified a plan of responses to those needs. The research we carried out in Ljubljana in 2004 was interesting in several respects. We were simultaneously developing both strategies and tools for researching three very different target groups, and it was this situation that allowed us to develop a more universal approach to needs research. We developed a research approach that is transferable to different research settings and contexts. The approach proved to be flexible enough to be adapted, whatever the risks, to specific research situations and settings.

The clustering of research methods has proven to be a great advantage, as it allows us to perceive the multi-layered and complex world. The matrix we developed proved to be a very useful tool, as we were able to focus on specific aspects of everyday life at any given time. Most importantly, the HOPS method has proven to be an approach that allows people to articulate visions for independent living in the community and to develop ideas that support the normalisation of existence, the empowerment of people and the emancipation of users of long-term care services. In the following years, we further developed and adapted the research method. In particular, we have adapted it to the specific field of long-term care research (Mali et al., 2011; Flaker et al., 2008, 2019).

4.2.2. Research design in the study Rapid Assessment of Needs and Services for Long-Term Care in the Municipality of Straža

The two examples of research plans presented in this chapter are examples of research in small municipalities, compared to the experience of research in Ljubljana. The first research plan was prepared for the Municipality of Straža[32] in the Dolenjska region. The aim of the research in Straža was to develop a plan for the development of care services for older people. After a discussion with the representatives of the municipality, who contacted us and asked to carry out the research, we defined four research objectives:

1. assess the extent, nature and prevalence of long-term hardship,
2. to assess the level of institutionalisation of people with long-term needs in the wider area of the Municipality of Straža,
3. identify effective community responses that could replace institutional care,
4. to encourage the development of community services and enable people with long-term conditions to live as independently as possible.

We envisaged that the results would be based on the analysis of existing documentation on the needs and services of care for older people, fieldwork (interviews in the field, group interviews, focus groups), and the creation of a map of long-term care needs. The analysis of the collected data will be used to make proposals for forms and services of support for old people in the Municipality of Straža.

At the outset of the project, we consulted with representatives to review the documentation they had already collected that could contribute to analysing the situation of long-term care. As part of this process, we obtained the Straža Association of Pensioners' report on the Older People for a Better Quality of Life at Home project from 2013 and the Report on the Implementation of Home Care in the

32 The municipality of Straža is located in the south-eastern part of Slovenia, near the Krka River and is surrounded by hills with forests and meadows. It has about 3,500 inhabitants.

Municipality of Straža from 2016 (Novo Mesto Old People's Home, 2017). We also identified the key agents with whom we would conduct a focus group. We planned the focus group following the example of Johnson and Turner (2003, p. 308), who present this form of empirical data collection as the third most common (the first one being surveys, the second one interviews).

It is a meeting in which the moderator guides the discussion on the research problem, attended by 6 to 12 participants. The meeting usually lasts between one and three hours. The moderator guides the meeting by using questions to spark discussion among the participants in an effort to ‚gather ideas, impressions, and learn how participants think and interact with each other' (Johnson and Turner, 2003, p. 309). The focus group was conducted on 11 October 2017. Twelve representatives of key agents in the field of long-term care in the municipality took part in the meeting: three representatives of the municipality, the parish priest, the secretary of the parish Karitas from Vavta vas, a district nurse from the Novo mesto Health Care Centre, the head of Straža Pharmacy, a representative of the local organisation of the Union of Combatants, a municipal councillor, the head of the department of local libraries of the Novo mesto library, a representative of the Red Cross, and a representative of the Desus party. To ensure that the focus group discussion remained clear and focused, we included three key questions in the invitation sent to participants:

What are the needs of older people that you observe in your work?

1. What are the trends in care provision in terms of the extent of assistance required (e.g. need for 24-hour assistance, need for several hours a day, need for assistance several times a week)?
2. What is your vision for the provision of care for older people in the Municipality of Straža?

The focus group was designed in such a way that the project leader introduced the concept of long-term care and trends in care for older people at home and abroad. This introduction seemed appropriate because, during the initial meetings in the municipality, we realised that the topic of long-term care is really new both for the citizens

and for the people who come into contact with older people on a professional or voluntary level. We were also not entirely sure that the participants would accept the study and that they would participate in the meeting with us. This proved to be a necessary introduction, as it allowed us to present the answers to the questions and to have a discussion in the meantime.

In the focus group, for further research, we asked participants to provide us with contacts of citizens for individual interviews. Fifteen interviews were conducted between 24 October 2017 and 13 November 2017. Most of the interviewees live in their home environment (twelve), while three were interviewed at the Novo mesto Old People's Home. We included these three because we were not able to recruit interviewees who were dependent on help from others and needed more than a few hours of help at home. We tried to mobilise the Centre for Social Work Novo mesto and home help providers to help us find suitable interlocutors. They told us that they do not have such interlocutors, as all those who need more home help will go to an old people's home very soon. We talked to the residents of the home about their living conditions before they went to the home to get a better idea of what life is like for dependent older people in the Municipality of Straža.

The main characteristics of the interviewees are listed in Table 5.

Table No. 5: Characteristics of the sample of individual interviews.

Gender		Age			Status			Material status			Mobility		
M	F	Up to 65	65–80	80+	Married	Widowed	Divorced	No income	Up to €700	Over €700	Stand-alone	Partly independent	Dependent
3	12	3	6	6	3	11	1	0	10	5	10	2	3

Twelve women and three men were included in the sample. Most of them (six) are over 80 years old. In terms of marital status, most are widowed (eleven), three are married and one is divorced. The majority (ten) have an income of up to €700. We mainly spoke to inter-

viewees who still look after themselves independently and therefore live in a domestic environment.

In a large municipality, it is difficult to sample a large number of people, but in a small municipality, the problem is that almost everyone knows each other. In Straža we therefore decided to use theoretical sampling[33] and to design the sample based on the characteristics that we identified as key variables in the population in the focus group with experts and for the convenience sample. This meant that we accessed interviewees using the snowball method (with trusted information providers in the field) so that we could protect the identity of interviewees and also explain the purpose and objectives of the research in person to potential research participants.

The fieldwork and data collection were carried out with the help of students from the Faculty of Social Work. The interviews were conducted in order to obtain the most accurate data possible on how the need for long-term care presents itself in the everyday lives of older people. The interview recall was based on the care needs index developed at the faculty (Flaker et al., 2008; Mali, 2013; Flaker et al., 2019) and includes eight areas:

1. Relief, certainty, meaning (What in your life gives you a sense of certainty (security/confidence), which events bring meaning to your life and provide relief?)
2. Housing (Where do you live, where would you like to live?)
3. Work and money (What do you do, what would you like to do?)
4. Daily life and leisure (How would you like to live?)
5. Discomfort in interaction (What kind of discomfort do you experience when interacting with people?)
6. Contacts and socialising (Who do you socialise with, who would you like to socialise with?)
7. Institutional career (Which life events are linked to the experience of institutionalisation?)
8. Displacement and belonging (What empowers you and what are your goals in life?)

33 A similar sampling strategy was then used in Žirovnica.

All interviews (both group and individual) were analysed using the qualitative analysis method of Mesec (1998), which is a well-established method for analysing qualitative empirical material in the field of social work research in Slovenia. Mesec (1998, p. 102) succinctly presented it as a research process in which concepts are formulated and categories are formed from the concepts, which are linked in propositions (judgements), and these are arranged in as systematic and coherent a theory as possible, which reads as a narrative about the phenomenon that was the object of study.

To assess the context, we used available statistics from the Statistical Office of the Republic of Slovenia and extracted data relevant to the study. Initially, we recorded these data as characteristics of the South-Eastern Region, followed by characteristics specific to the Municipality of Straža. To assess the context, we identified various existing sources on the Municipality of Straža. These included: a degree thesis on spatial and settlement planning of the municipality (Poljanšek, 2011), regional development programme for the period 2014–2020 (Špec Potočar, 2015), regional development programme (Regional Development Programme 2014–2020 in the South-Eastern Development Region, 2015) and regional implementation plan in the field of social protection for the South-Eastern Statistical Region (Regional Implementation Plan in the Field of Social Protection 2017–2020 for the South-Eastern Statistical Region, 2017), various websites of the Statistical Office of the Republic of Slovenia and the SI-STAT data portal (Statistical Office of the Republic of Slovenia, 2017), the official website of the Municipality of Straža (Municipality of Straža, 2017) and the website of the National Institute of Public Health (National Institute of Public Health*, 2016*), and the Monthly Statistical Review of the Pension and Disability Insurance Institute of Slovenia (Pension and Disability Insurance Institute of Slovenia, 2017). With the existing data, we were able to build a more detailed profile of the municipality, which included the demographic, geographical, spatial and economic characteristics of the environment in which the needs of older people were studied.

4.2.3. Research design in the study Rapid Assessment of Needs and Services for Long-Term Care in the Municipality of Žirovnica

In the Municipality of Žirovnica,[34] similar to the Municipality of Straža, the initiative for the investigation came from the local government. There were other similarities: both municipalities are relatively small in terms of size and population (Straža covers 28.5 km² with 3,870 inhabitants in 2017, while Žirovnica covers 42.6 km² with 4,398 inhabitants in 2019). In addition, both municipalities have a high proportion of older inhabitants (19% in Straža and 22% in Žirovnica) and a negative migration balance. One of the key factors influencing the HOPS project was the shared vision of both mayors to build a residential home for older people as a form of long-term care provision. Consequently, we set identical research objectives and formulated the same research questions as in Straža to ensure a similar research design. Here we present only the aspects of the research plan that differ from the approach in Straža.

We planned to develop the findings based on an analysis of existing documentation on the needs and services related to the care of older people, fieldwork (including on-site interviews, group interviews and focus groups) and the creation of a long-term care needs map. The analysis of the collected data will serve as a basis for the formulation of proposals for forms and services of support for older people in the Municipality of Žirovnica.

As we have already written, in HOPS, we generally do not have enough time or resources to create a statistically representative sample. Nevertheless, rapid assessment samples of needs and services can theoretically illustrate broader social processes and activities within the population under study (they are theoretically representative). In such cases, traditional statistical inference is supplemented by alternative methods that increase confidence in the reliability of the results obtained from the selected sample as well as in the validity of interpretations based on these results. These methods include triangulation, replication of the sample, identification of atypical cases,

34 The Municipality of Žirovnica is located in the north-western part of Slovenia, under the southern slope of the Karawanks Mountains, close to the border with Austria.

sampling from different cases and theoretical evaluation of the significance of the results.

Firstly, we identified the key agents with whom to conduct the focus group. We used a purposive sample, as we wanted to quickly assess the situation and contact a group of people who could allow us to sample further.

Focus group meetings with elements of a group interview were organised twice. The first time was at the beginning of the project, on 18 March 2019, and the second time at the end of the project, on 19 June 2019. Ten representatives of key agents in the field of long-term care in the municipality participated in the first focus group, namely: two representatives of the Municipality of Žirovnica (the mayor and the senior advisor for social activities), the director and a social worker of the Jesenice Dr France Bergelj Old People's Home, president of the Žirovnica Pensioners' Association, two representatives of the Žirovnica Parish Karitas, the representative of the Žirovnica primary school, the head of the Municipality of Žirovnica Police District, a social worker from the Gorenjska Social Work Centre. We also invited representatives of other institutions that we identified as important agents, who did not attend the focus group: Žirovnica Health Station, Jesenice Regional Red Cross Association, Žirovnica Pharmacy and Žirovnica Library. The focus group discussion showed the importance of informing citizens in advance about the progress of the project, so we prepared a short article for the municipal *Municipality of Žirovnica News*. After the focus group discussion, we conducted additional individual interviews with experts who know the needs of older people well: a representative of the Žirovnica Health Station, a pharmacist from the Žirovnica Pharmacy, a representative of the Municipality of Jesenice and a social worker from the Jesenice General Hospital.

This phase of research was followed by fieldwork. Already in the focus group, for further research, we asked participants to provide us with contacts of citizens for individual interviews. In this case, we used chain sampling or snowball sampling, as we wanted to approach our interviewees in a non-intrusive way. From 1 April 2019 to 28 April 2019, we conducted most of the interviews, three more in May and June 2019. In total, we conducted 16 interviews, four

with representatives of organisations, nine with people living in their home environment (three of whom receive home care) and three with people living in the Jesenice Dr France Bergelj Old People's Home. We talked to the residents of the home about their living conditions before they went to the home, in order to get a better picture of what life is like for dependent older people in the Municipality of Žirovnica.

The main characteristics of the sample of interviews with older people are shown in Table 6 and Table 7.

Table No. 6: Characteristics of the sample of individual interviews with older people based on age, status and mobility.

Gender		Age			Status			Mobility		
M	F	Less than 65	65–80	More than 80	Married	Widowed	Divorced	Stand-alone	Partly independent	Dependent
1	11	0	9	3	3	7	2	9	2	1

Table No. 7: Characteristics of the sample of individual interviews with older people based on education and living arrangements.

Education									Who they live with				
II - primary school	III - lower vocational	IV - vocational	V - secondary school	VI - higher professional	VII - higher education	VIII - master degree	IX - master of science	X - doctorate	Alone	With a spouse	With children	With tenants	In an old people's home
2	3	1	5	0		1	0	0	3	2	3	1	3

The sample included 11 women and 1 man. Most of them are between 65 and 80 years old. In terms of marital status, most are widowed (seven), three are married and two are single. The majority (ten) have incomes of up to €700. We spoke mostly with interview-

ees who are still independent. Most of the interviewees have a secondary education. The sample was not ideal, as it did not cover well the needs of men, the needs of poorer older people, those less connected to the local community and the less mobile. We then tried to fill in these gaps in the data on the needs of these groups through the accounts of users who know the daily lives of men in the local community, through users who are in institutional care (as they were unable to stay in their home environment), and through interviews with professionals (district and social services, police) who are regularly in the field and cover the area of the Municipality of Žirovnica. With regard to the level of the participants, we managed to capture a pattern similar to the levels of educational attainment in the population of older people in the municipality. The greatest variation is seen in the characteristics of sharing living space with other people, as three interviewees live alone, two with a spouse, three with children, three in an old people's and one with tenants in a house.

The second focus group meeting was held on 19 June 2019 to review the preliminary data and to continue the discussion from the first focus group meeting. The main topic of discussion was the provision of financial resources for the implementation of new forms of long-term care in the municipality.

In 2016, the Municipality of Žirovnica, together with other municipalities in the Gorenjska region, developed a detailed strategy for the care of older people (Gašperšič et al., 2016). The table published in the report summarised well the key factors that can influence the development of long-term care in the municipality.

Table No. 8: Strategy for maintaining the health of older people in the municipalities of the Upper Gorenjska region 2017–2021.

Advantages and resources:	Opportunities:
• existing links with public service providers in the fields of health, social care and education, • good cooperation between municipalities, • help and cooperation between members of associations (pensioners, cultural, sports, etc.), • a wide network and variety of health programmes and projects (social, health, sports, etc.), • satisfactory coverage of old people's homes (institutional care), • a system of co-financing for non-government organisations in local communities.	• the possibility of building on existing programmes for older people and developing new ones, • networking of providers of social, health and other preventive services, • support for volunteering, • information provision (improving access to different forms of assistance and programmes), • cross-border cooperation, • intergenerational cooperation.
Disadvantages:	**Obstacles:**
• limited municipal financial resources, • scattered information on activities and services, and poor promotion of programmes, • insufficient coordination between different providers of health maintenance programmes for older people, • poor involvement of the male population in prevention or health maintenance programmes, • declining purchasing power of older people, • poorer mobility of older people and therefore poorer accessibility of programmes (most programmes are run in centres, cities).	• unwillingness to cooperate between institutions or programme providers, • widening social inequalities, • lack of financial resources to upgrade or develop new programmes, • misuse or misappropriation of financial resources, • rigidity of the legislation, as it does not take account of the reality of the situation or needs.

Source: Gašperšič et al., 2016.

Such a well-developed strategy for the care of older people in the region, of which the Municipality of Žirovnica is a part, was a very good starting point for HOPS. In our research, we were able to assume that care for older people is a priority for all municipalities in the Gorenjska region, including the municipality we studied.

In addition to the above-mentioned strategy, the analysis of secondary sources included data from the Statistical Office of the Republic of Slovenia, the strategy for preserving the health of older

people in the Upper Gorenjska region, the municipality's development programme and reports from the Association of Pensioners. Johnson and Turner (2003, p. 317) cite several advantages of this type of data: it provides a good insight into people's lives and work, the data is collected in a non-intrusive manner, we get a glimpse into past developments, the data is locally collected and processed.

The missing information on the needs of older people in the municipality was collected through interviews, in which we talked to people about life in old age. We used interview guides that were already used in the Municipality of Straža. In addition, we also guided the students towards open observation with full participation. During the interviews, they took notes on their observations of the interviewees' environment and living conditions. They also observed the community in general: after the interviews, they described their observations of the community in which they visited the interviewees, as we were interested in the real interconnectedness between people in the community that the experts described in the focus groups. They observed places and spaces that serve as meeting places for older people to determine whether these existing places could be adapted for community-based long-term care services. As the residents were aware of their role, the observation can be categorised as overt. Interviewers included students who lived in the municipality, while those who did not live locally informed people that they would be documenting activities in the municipality for research purposes.

4.3. The practical value of integrating methods into HOPS in terms of understanding older people's needs

In addition to the substantive results, each research project has contributed to the development and enrichment of knowing in the methodology of researching people's needs, while confirming the methodological advantages of the HOPS research method. The research using this method has shown that research using integrated methods is always complex but has many advantages. It has enabled us to obtain large amounts of good quality data relatively quickly

and to organise it into systematic databases. The resulting snapshots of the everyday lives of older people and an overview of needs could be placed in the geographical, cultural, social and societal context of three different communities (municipalities). We collected people's personal stories, which we were able to summarise into a collective story.

Through our own research in recent years, we have developed an important theory of needs and needs research, based on the principles of social justice, social solidarity and, increasingly, environmental justice. In other words, defining needs and creating responses to people's needs should respect human rights, respect resources (human and natural) and create a more just society.

Although the focus of needs research is on services and scenarios for organising services into networks of formalised support for people, values-oriented research shows that the key to meeting people's needs and aspirations lies in the search for balance in life (physical and mental balance for each individual, balance in relationships with others, and balance in the environment). People's personal development is linked to the development of a community that respects the sources of people's empowerment and is respectful of the resources in the environment (concern for sustainable service planning).

Scenarios from the everyday lives of older people show that people align their needs with their abilities (resources, skills), and when their needs exceed their abilities, they compensate for their limitations in various ways (reorganisation of their lifestyle, informal support, professional services). In doing so, they endeavour to maintain the continuity of their usual way of life and try to implement compensatory strategies (which usually mean interfering with their usual routines and ways of life) as seamlessly and unobtrusively as possible. Needs assessment and service planning therefore focus not only on the dimensions of disadvantage or the definition of the problem, but also on the availability and preservation of resources, adopting a forward-looking and empowerment-based perspective (Flaker et al., 2011, pp. 189–191).

Researching the everyday world means getting to know a myriad of perspectives, views and ideas. By making enquiries in the community, we gain information that has different value for service design.

Some information seems important and other seems completely irrelevant but turns out to be central and crucial. Community-based research is a process of continuous negotiation and discussion about meanings. It is therefore essential to have access to a wide range of different sources and reliable information providers when selecting and analysing data.

When devising a research strategy, it was important to ensure that we had a mix of methods and techniques that could simultaneously take into account the individual perspective on the issue of needs and the social context. This circumstance influenced the decision to adopt a research strategy that would allow contact with different holders of knowing. Needs planning based on the ‚bottom-up' approach means stemming from the 'individual's assessment of the situation and their perceived need for services that will improve their quality of life' (Škerjanc, 2005, p. 52).

All proposals for responding to the needs generated by the conversation methods are based on the users' stories. We have produced contextualised sketches of needs, which include the perspective of the users and other key information providers (relatives, professionals, insiders). This has led to the maps of typical and specific situations in the everyday lives of older people. For example, we made a sketch of a typical life of an older couple in a family house who are left alone when the children leave the family and the needs related to their lifestyle, or a sketch of a typical life of a widowed lady in a high-rise building in a suburban part of Ljubljana and her needs. In this way, we were able to detect and examine situations and needs experienced by a larger group of older people (e.g. mobility impairment due to illness, economic violence inflicted by relatives), or we were able to detect individual situations of needs (e.g. a lady who lives alone cannot heat the upper floor of her house because she is unable to carry firewood upstairs) and exceptions (e.g. the wish of an interviewee with limited mobility to visit their birthplace again).

Researching needs is a process that helps us to understand the full dimension of human existence. It is an attempt to understand the physical and spiritual existence of human beings, to discover human entwinement in artificial and natural environments, and to discover and assess the ways in which human beings can interact to meet their

own needs and the needs of other people in the community. Needs in the HOPS method are not understood as independent, static categories, but as adaptive and changing personal and social constructs about desired or expected ways of living.

Understanding people's needs is tied to understanding a specific situation. When we name and define needs, they acquire a sense of reality, legitimacy, and become the object of our observation. In needs-based research for service planning, it is essential to avoid treating needs as fixed, singular categories. Instead, they are understood as dynamic and evolving. In this way, needs take on the position of a problem-based question and become the starting point for exploring and simulating potential solutions within specific real-world contexts. So, our focus on the concrete and the possible in formulating responses comes to the forefront: we observe the concrete and everyday situation of an individual or a group, entwined in a real social, cultural, economic, political, geographical space. This perspective allows us to study needs as a dimension determined by personal factors and by social determinants of people's quality of life.

With HOPS, we are present in the community when researching needs. Community is understood as a space of personal relationships (social networks, relationships between people), as a physical space (natural environment, artificial environment), as a cultural space (knowledge, beliefs, values, ideas about the world), as a social space (systems, structures, policies), and increasingly as a virtual space (social networks, online environments). Community is part of the context of needs: in a community, needs are created, and in a community, solutions are shaped. The local community is therefore included in needs research as the environment in which needs are created and met by people. From a research perspective, the community helps to understand people's needs better, but it is also key to making sure that the answers to people's needs can be fulfilled.

The development of community services is directly linked to the dialectic of the development of responsible and ethical research. The fundamental value framework for researching needs and shaping responses to improve the quality of life of people in need of long-term care is the principles of normalising the everyday lives of community service users (their empowerment to influence their everyday

lives, self-actualisation and personal development). The power and responsibility of researchers is great. The position that enables the naming of the needs and problems felt and experienced by others is a position of power (Everett et al., 1992). There must be space in the research strategy for different experience and knowing to be expressed, and we must not fall into the trap of believing that only the statements of people ‚who have more power or occupy more authoritative positions in society' are credible (D'Cruz and Jones, 2004, p. 47).

When researching needs, we as researchers and practitioners need to be aware of the limitations and biases of our position. It is dangerous to willingly or unwittingly allow only certain (vocal and articulate) individuals and groups to present their views, or to select needs supported by a certain powerful group from a pool of information. The imposition or superiority of a particular view at the expense of others, whether in terms of paradigmatic, conceptual or value differences between different agents, is a problem of a political decision-making culture that only takes into account the criterion of majority or the criterion of power. Selectivity can occur at several stages of the identification of needs. Bias and selectivity are possible at several stages of research. For example, if we are restricted in space, content and access to target groups by the commissioners of the research. We must not allow such interference in our freedom of research.

Selectivity also arises because of our different backgrounds and experiences, professional and personal views. Selectivity can be caused by the activities of others in the environment (e.g. when the research commissioner only allows us into certain rooms, forbids or prevents us from contacting everyone in the community, does not give everyone the opportunity to participate). It can also be caused by objective reasons beyond our control, for example, the target group did not get the information because people simply did not open the mail. Selectivity resulting from our own prejudices, beliefs and limited knowledge can be counteracted by inviting people with different knowledge, views and experiences to the research teams, checking our findings with respondents and other people with knowledge of what is going on in the community.

We see that at one level the conversation about needs is certainly universal – people want security for themselves and their loved ones (and they experience security as a balance of health, respect, satisfactory material conditions and choice) – but at another level, the needs expressed in the conversation turn out to be very relative. In our research, we found that people feel very differently about what they need, how badly they need something and that they feel certain needs differently. By talking directly about needs, we have learnt more about personal aspirations, about what is important to people, and also about what the important goals in their lives are. It is about their values – what they want for themselves and for the people around them, what they value and what they think is important in life. Imposing institutionalised solutions to people's ordinary life needs creates discomfort, paralyses people's resilience and disempowers people to develop their own skills. Our research to date has shown that what older people want most is to stay at home, in a safe and familiar environment. They want to be taken care of and cared for in their home environment. Most of the needs can be grouped around three axes: the activity axis (activities of daily living), the inclusion axis (connectedness with other people, relationships, sociability and contacts) and the social power axis, which is about society's attitude towards older people and their influence on planning their future.

There is a link between routines and understanding needs – many needs relate to daily rhythms and daily activities, but they also relate to future predictability. People do not want to question the self-evident ‚natural given' of everyday life (Giddens, 1991). A sudden interruption of the usual scenario makes people want to find ways to re-establish the previous routine (needs are expressed as repair tactics) or to adapt to a new situation (needs as adaptation tactics). These behaviours are adapted according to the daily rhythms that are part of daily routines (e.g. hygiene, contact with family) and to the life rhythms that are associated with life turning points (e.g. schooling, employment, death, moving, serious illness). From a purely practical point of view of the organisation of the day and activities, needs can be identified as the basis for drawing up plans to make behavioural strategies operational.

Asking about needs stimulates thinking about the future. We think about needs in terms of situations in the present, but they are linked to our ideas about the future. The concept of risk has an important influence on the question of needs. Risk refers to future events that we cannot know how they will unfold. Given our experience, knowledge and available resources, we try to manage risk and hope that the desired scenario comes to pass. When people think about needs, they also think about future scenarios (the desired outcome is the focus). Needs thus become part of the scenario plan (they are an idea of what we need to get to the desired outcome). As such, needs have the property of having an answer and a path to the answer. It was the research on the life situations of older people, which included a contextual view of the issue of needs, that allowed us to perceive needs as a practical idea, as an operationalised plan (as a pathway to a desired outcome).

If we assess needs in terms of the certainty of our expectations being met, we can see that exploring the context makes it easier to imagine how events (situations that follow in response to needs) might unfold. This kind of research has enabled us to become alert to plans for responding to needs which necessarily and invariably turn out to be only partial, since they may only involve what we know. It is only when we test the solution, the idea, that we can discover any gaps in the plan and revise the plan (or revise the idea of the need on the basis of a new understanding). HOPS as a dialogical and dialectical method of research thus allows us to understand the real choices available in a given setting and reveals the real situation of older people in society. In an ideal research situation, it would therefore be necessary to include action elements and testing of solutions (proposals and ideas) in any HOPS research.

The community needs assessment and response plan make up a practical document which is in everyday practice a collection of knowing about the needs of people in a specific place and time. It is the record of a concrete agreement between all agents in the community (residents, professionals, local politicians, the public and various services) on how to shape responses. Creating a community profile and an ethnographic map of everyday life is therefore not just a list of needs. The complex study of the everyday world of older people

results in explanations of the contexts and circumstances in which these needs are experienced and realised, and includes the characteristics of individuals and the environment. By integrating research methods, we have created the opportunity to capture the everyday lives of people and communities as authentically as possible and to sketch out plans for meeting needs based on concrete life situations.

5. MAPS OF LONG-TERM CARE FOR OLDER PEOPLE

Researching HOPS provides insight into long-term care as a field for implementing paradigm shifts in the provision of contemporary forms and methods of care. The research results provide a detailed insight into the lives of people in need of long-term care or potential users of long-term care, making them useful for the organisation and implementation of formal and informal support. At the same time, they are useful for long-term care planners, both at local and national level. Over several decades of research, we have created rich descriptions that provide orientation in the field of long-term care, so that all those involved in it can better understand and know the field. We have created a map of the long-term care field that, with each research, reopens new areas, new themes relevant to addressing people's needs. Long-term care maps describe the situation of people in need of long-term care, the social phenomena that determine their situation, and the breadth and interconnectedness of these phenomena, so that social work in this context is also informed by other sciences and disciplines.

Over the last decade, scientists and scholars concerned with ageing and old age have been confronted with the topic of environmental gerontology, which deals with the relationship between older people and their environment. By examining the relationship between the characteristics of the living environment and the changes that old age brings to people's lives, environmental gerontology most often addresses the following topics: living conditions (adaptations to existing living conditions, surfaces, buildings, construction of new buildings adapted to the specific needs of older people, design of housing and communities for all generations), characteristics and effects of living adaptations on the lives of older people (adequacy of adaptations to the needs of older people, matching infrastructure to ageing needs), forms of institutional living (old people's homes, sheltered housing, institutional intergenerational forms of cohabitation), neighbourhood and community aspects of living (villages and

neighbourhoods adapted to older people, intergenerational forms of support and cohabitation), rural and urban psychosocial contexts of living (Schwartz, 2015, p. 8). The most prominent sciences that study these aspects are: psychology, sociology, social work, health sciences, architecture.

From the perspective of social work and long-term care, the content of environmental gerontology is relevant in the context of understanding the characteristics of the lifeworld of the older person and the environment in which they live, in order to better understand the needs of older people and to plan and implement effective long-term care support. In this sense, it is important to define that context and to identify as clearly as possible the factors that determine the relationship between the old person and the environment from a social work perspective, in order to be able to design concrete solutions to the difficulties that arise in the context in question. One method that has proved useful in this respect is HOPS. Because it allows for flexible research, the questions of environmental gerontology can be raised at different stages of the research and can be related to different long-term care topics as well as adapted to specific social work issues. In this chapter, we present the findings of environmental gerontology in the context of mapping long-term care based on our research results, because it is important to take socio-cultural specificities into account when understanding long-term care.

A concept that is also common in contemporary gerontology and that characterises environmental gerontology is the age-friendly community. It is a community that enables its members to live meaningful lives as they age because it is tailored to meet their specific needs and priorities (Scharlach and Lehning, 2016, p. 47). In such communities, there is a particular focus on providing services that enable healthy ageing for all residents. In 2009, the World Health Organisation adopted a declaration in Zagreb defining healthy cities as cities that are: inclusive, supportive, responsive and responsible for meeting the diverse needs and expectations of their residents (Scharlach and Lehning, 2016, p. 48). In the context of age-friendly cities, we expect cities to be particularly attentive to the needs of older people, which are particularly specific in terms of their health and may differ from the needs of other age groups. Therefore, a particular

emphasis in age-friendly communities is that they are communities that do not exclude residents of other age groups but only pay more attention to the needs of older people. Another characteristic of these communities is that they do not only focus on the well-being of the individuals who live there, but also on the well-being of the community as a whole.

Age-friendly communities provide support for people in need of long-term care, while allowing them to be actively involved in the community and have recognised social roles. Scharlach and Lehning (2016, p. 54) list six criteria, which are included in three dimensions, which can be used as a basis for shaping age-friendly communities:

1. Suitability of the living environment and accessibility of services
   1.1. construction of facilities: different forms of living accommodation for older people, construction planning of facilities adapted to the needs of older people that are affordable;
   1.2. assuring mobility: transport, adapted road infrastructure (e.g. pavements, access to pavements), delivery of goods and services.
2. Social dimension
   2.1. social inclusion: activities in which older people participate actively, including various social/recreational/cultural/educational activities that give meaning to life in old age;
   2.2. social environment: positive acceptance of age, age-oriented policies.
3. Multidimensional dimension of health and well-being
   3.1. health/ independence: accessible health and social services, promotion of health, well-being, help and support services;
   3.2. safety: protection from violence and abuse.

These criteria are consistent with the dimensions of the matrix used to create the HOPS maps of long-term care for older people. The method therefore allows us to link knowledge about long-term care for older people with contemporary gerontological knowledge that

is not well known in our country and therefore taken into account in long-term care planning. We also understand research on the needs of older people more broadly than simply developing the HOPS method for the needs of gerontological science. Our aim is not to integrate this method into gerontological research or to advocate the development of gerontology in our country. Nor are we trying to position social work with older people as a branch of gerontology or to transform it into gerontological social work, as is the case in some foreign practices. We bring gerontological insights to the understanding of long-term care because we believe that the potential of long-term care is greater than the organisation of a new care system. Long-term care is an area for social work to examine existing concepts of social work and to develop methods of social work practice with older people that correspond to current knowledge about the lifeworld of older people, their needs and their potential.

Long-term care has a great potential to create a community that brings people together, regardless of their differences, thanks to the community-oriented development of social work care. We see long-term care as a field that will promote practices for human coexistence, for compassion between people and for the long-forgotten values of humanity that allow us to develop and exist. In social work, we see long-term care as an opportunity to establish and maintain relationships between people that bring people together and strengthen mutual coexistence and cooperation. That is why in social work with older people we do not talk about age-friendly communities, because these are communities that are not friendly to other age groups. We are careful to use terms that generalise and thus exclude people of different characteristics, abilities, capacities. The use of words is exceptionally important for social work because words are our basic tools for work and support, so we are careful how and what we use them to describe.

The long-term care maps presented below are the result of HOPS research and are therefore divided into four thematic areas:

1. introduction to the place, the local area, for which we are developing long-term care,
2. existing forms and services of care,

3. long-term care needs,
4. a vision for long-term care.

We present them in the sequence of the HOPS survey. In the first part of the research, we learn about the characteristics of the local environment and existing forms of care, then we use field research to discover the specific needs of people in need of long-term care, and in the final part, we propose solutions as effective responses to the needs of people and the environment.

5.1. Understanding the characteristics of a place in the context of long-term care

Flaker et al. (2019) point out that at the outset of the HOPS method, it is best to review existing data on the place and community in which the method is being implemented. They call this part the 'country and community profile'. However, in our experience of researching long-term care in specific local contexts (Ljubljana, Straža, Žirovnica), a slightly different approach proved to be very useful. We called it the 'place identity card'. In it, we present various factors, data and information that we assume play a direct role in long-term care planning. In the following phases of the HOPS (focus groups, interviews), we can verify certain data, perhaps finding that they need to be further and more substantively explored. In short, this approach gives us an insight into areas of long-term care that would be useful to learn about, explore further and consider their relevance for long-term care planning.

Nowadays, it is easy to access the various sources of data needed to create a place identity card. Especially in the wake of the COVID-19 epidemic, when much of our lives and activities moved to the World Wide Web, creating such an identity card should not be a problem. We just need to make sure that the data is reliable, that we are using official statistics and that the sources are cited consistently. We can also use existing reports, surveys by various research institutes, faculties, municipalities, data from the Statistical Office of the Republic of Slovenia, etc.

To help you understand what data is relevant for creating an identity card, we present key information shown to be relevant in our research cases. This data is shown as a map of the place, municipality, region and community, where the need for the development of long-term care arises.

GEOGRAPHICAL CHARACTERISTICS

It is important to identify the specific region of Slovenia in which a place is located, as the geographical characteristics significantly influence the organisation of community care. There are differences between towns and municipalities, which may consist of several settlements of different sizes and distribution. Key factors include the distance between these settlements and the type of terrain on which they are located, both of which affect accessibility and service provision. For example, home care is certainly organised and implemented in a specific way in a municipality with settlements spread over a large geographical area, whose accessibility is difficult because of poor infrastructure connections. Although this issue is not directly addressed in the research, it is interesting to note that Hlebec et al. (2014, p. 120) report that social carers are significantly burdened by traffic (driving, congestion, finding parking) (43%), time pressure (44.3%), which is also a frequent problem for 32.5% of them, because they have many users and little time to care for them. The time it takes for social carers to reach the user plays an important role in the quality of care.

Among the most important geographical features, we analyse the location of the municipality, its settlements and its role in economic and tourist development. We also take into account the accessibility to major urban centres and the natural and cultural heritage of the region. Although at first glance these factors may not seem directly related to the development of long-term care, they are critical strategic elements that influence both the overall growth of the community and the sustainability of long-term care services. By analysing these geographical aspects, we highlight the importance of long-term care within the broader framework of strategic development priorities.

DEMOGRAPHIC CHARACTERISTICS

It goes without saying why demographic characteristics are important for the development of long-term care. The very incidence of long-term care stems from the increasing proportion of the older population and the concomitant decline of the younger population. This is often the starting point for HOPS, at the stage when the research is agreed with the commissioner. It is important, however, that the study itself should make as clear as possible the other demographic components that influence the need for the development of different forms of community assistance and support. The data that we have specifically highlighted in our surveys for municipalities have been:

- population structure by age group (0–14, 15–64, 65+) and sex,
- ageing index in the municipality and comparison with the national level,
- trends in the population aged 65+ over the last ten years,
- trends in the proportion of the population aged 80+ over the last ten years (as long-term care is more intensive in this age group),
- population trends (natural increase, out-migration, in-migration, projections for the next 10, 20 years),
- age dependency ratio (an indicator showing the number of age-dependent residents per 100 working-age residents, a key indicator of future demographic pressure on the economic development of society; age-dependent residents are defined as children under 15 and the older population over 65),
- nature of the relationship between the working and non-working population (an increase in the old-age dependency ratio means that the pressure on the working population is increasing, not decreasing),
- daily migration (even if the number of people in employment in the municipality and the number of jobs in the municipality increases slightly, but the labour migration index remains the same, it means that the employment style of the population is not changing),

- labour force participation rate, unemployment rate and number of people not in employment.

LONG-TERM CARE NEEDS ASSESSMENT

A very important starting point for the study is the assessment of how many people in the municipality are in need of care. As we do not have data on the number of people in need of long-term care at the national level, we can only estimate at the local level how many people are actually in need of long-term care at the time of our survey. Based on this estimate, we can then predict what will happen in the coming decades.

Based on the assessment of the data on long-term care users (Flaker et al., 2015, p. 20) almost 3% (2.9) of the population in Slovenia are long-term care users, and 11.9% of all citizens aged over 65 are long-term care users, we made a rough estimate of the number of people who would need long-term care. In the Municipality of Žirovnica, we used the figure for the share of the population of citizens (11.9% rounded up to 12%) as a multiplier to estimate the situation in the municipality and thus arrived at an estimate of 981 people aged over 65 in the municipality, i.e. a 12% share of the current number of people aged over 65 in the Municipality of Žirovnica – 117 people. Based on this operation, in which we combined the available data, we were able to conclude that at the time of our research, 117 people in the Municipality of Žirovnica were in need of long-term care.

SOCIAL INDICATORS

Social indicators reveal different aspects of the daily lives of older people. Different indicators are available in existing databases and the first step is to ask how each indicator helps us to better understand the situation in the community undergoing research. We are looking for data that can help us to understand the local community better and to explain phenomena and situations well. The choice of indicators in existing databases is always carefully considered, as it is not only a question of finding new data, but also of finding information on how the community can use this data for long-term care

planning. It is therefore a question of ensuring that the data has a meaningful value for the users of the research. In selecting indicators, we asked ourselves which available data could help to create a clearer and better picture of the community in terms of the needs of older people and long-term care.

One of the key questions we sought to answer with the help of available statistics was the risk of poverty, as this is a phenomenon that often remains hidden. We are looking at the risk of poverty in order to find out what kind of living conditions the residents of the municipality are living in. We have different experiences of how people talk openly about poverty. In some places they say they are poor, in others, they hide it because it represents shame. Statistics can show the incidence of poverty, but people do not admit it when they talk to us. In this case, we pay particular attention to the phenomenon of poverty and look for different methods to investigate it. The topic is important from the point of view of immediate action by the municipality, so we need to be particularly attentive to formulating proposals at different stages of implementation: those that can be achieved immediately, in the medium term and long term.

In Žirovnica, we combined data on poverty risk with data on household characteristics. We observed an increase in households with only one member. Such households are more vulnerable in economic, social and health terms (e.g. retired women living alone, people with chronic illness). In case of any deterioration of their situation (deterioration of their health, sudden expenses), they will not be able to bear such a burden alone and will need help from others.

Table No. 9: Households by number of members, Municipality of Žirovnica

	No. of members	Žirovnica
2011	Households – TOTAL	1562
	1	365
	2	397
	3	294
	4	319
	5 +	187
2015	Households – TOTAL	1590
	1	378
	2	427
	3	305
	4	288
	5 +	192
2018	Households – TOTAL	1611
	1	398
	2	432
	3	313
	4	269
	5 +	199

Source: SI-STAT data portal

We also combined this data with available data on the number of men and women in the household and found that in Žirovnica there are 211 households without a woman (indicating a greater vulnerability of such households in terms of care, as women in rural areas are traditionally involved in the care of family members), and 291 households without a man. This points to another phenomenon: in older populations, it is mainly men who have had better incomes and therefore have higher pensions.

Table No. 10: Households by number of men in the household, Municipality of Žirovnica, 2011, 2015 and 2018

	No. of members	Žirovnica
2011	Households – TOTAL	1562
	Without men	261
	1 man	676
	2 men	419
	3 men	165
	4+ men	41
2015	Households – TOTAL	1590
	Without men	286
	1 man	702
	2 men	392
	3 men	167
	4+ men	43
2018	Households – TOTAL	1611
	Without men	291
	1 man	712
	2 men	394
	3 men	168
	4+ men	46

Source: SI-STAT data portal

Table No. 11: Households by number of women in the household, Municipality of Žirovnica, 2011, 2015 and 2018

	No. of members	Žirovnica
2011	Households – TOTAL	1562
	Without women	183
	1 woman	824
	2 women	366
	3 men	145
	4+ men	44
2015	Households – TOTAL	1590
	Without women	190
	1 woman	839
	2 women	378
	3 women	133
	4+ women	50
2018	Households – TOTAL	1611
	Without women	211
	1 woman	843
	2 women	375
	3 women	127
	4+ women	55

Source: SI-STAT data portal

For further illustration, we added data on families with and without children and on households with several members, as the number of these households gives us an indication of the extent of the issue of the needs of families with school-age children, as well as the possibility of assessing the problem of loneliness, economic vulnerability or the need for help from other people in the local community.

Table No. 12: Households by members and type of family in Žirovnica

	Population, households and families									
	Households – TOTAL	Single-person households	Households with several members	Family households with several members	Average household size	Families – TOTAL	Families without children	Families with children	Average number of children in all families	Average number of children in families with children
2011	1562	365	34	1163	2,8	1286	332	954	1,18	1,60
2015	1590	378	30	1182	2,7	1312	343	969	1,15	1,56
2018	1611	398	37	1176	2,7	1332	341	991	1,14	1,53

Source: SI-STAT data portal

Based on the proportions of households in Gorenjska receiving material or financial assistance from charitable organisations, we estimated the number of materially deprived people in Žirovnica using the multiplication method (Flaker et al., 2019).

The percentage of households that received material or financial assistance from charitable organisations in 2017 in the Gorenjska region is four (the percentage did not change between 2012 and 2017, with the exception of 2015, when it was five) and is the same as the percentage for Slovenia in 2017. In Slovenia, the percentage of retired persons who received material or financial assistance from charitable organisations in 2017 was three. The number of people

aged over 65 in Žirovnica is 981, 3% of which are 29 people. The number of households in Žirovnica is 1611, 4% of which are 64 households.

Based on this calculation, we can estimate that the group of older people living in Žirovnica is likely to include at least 29 people who are materially deprived and that there are likely to be at least 64 households in Žirovnica that are materially deprived. Knowing the material circumstances of the inhabitants of a particular environment is important for service planning, as it alerts us to the fact that there is a certain proportion of the population that needs assistance also at the level of basic needs (housing, food, basic necessities of life). The advantage of a small community like Žirovnica is that citizens can quickly perceive the distress of their neighbours, but at the same time it can also be an obstacle, as people hide and are ashamed of their poverty and hardship in small rural environments. Helping the poor in small communities therefore needs to be done with great sensitivity and discretion. Older people in particular would rather suffer deprivation than burden relatives or neighbours (Grebenc, 2005).

We did not find the poverty assessment satisfactory to start with and looked for other indicators that point to it. Interesting data was found on the accessibility of goods, which is an indicator of the economic power of the selected group and at the same time of the quality of life. Table 13 shows the percentage of people aged over 66 (at the national level) who estimated which of life's amenities they could afford.

Table No. 13: Accessibility of selected goods as a percentage of the population aged 66 and over, Slovenia, 2018

		2018																	
		New clothes			Two pairs of shoes			Socialising with a drink, lunch/dinner at least once a month			Payable leisure activities			Having a small amount of money at one's disposal			Using the internet at home		
		Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons
Sex - TOTAL	66 or over	86	8	6	98	1	1	85	4	11	38	15	48	84	8	8	47	3	50
Men	66 or over	89	6	5	98	1	0	87	4	9	40	13	47	87	6	7	52	2	46
Women	66 or over	83	10	7	98	2	1	83	5	13	36	16	48	81	10	8	44	4	53

Source: SI-STAT data portal

By looking at the affordability ratings of selected goods, we can estimate the proportion of people who could be severely deprived of their livelihoods by an increase in the cost of daily living. This figure should be considered in light of the knowledge that many activities provided by day and intergenerational centres, home help, accommodation for older people are now payable services (some services are partially subsidised in the municipalities, but this situation could change rapidly). If an individual needs long-term care, depending on the intensity and extent of the needs, there are various and numerous additional costs (medical and health aids, personalised nutrition, adaptations to the space, transport, domestic help, etc.). Table

13 shows that 8% of those aged over 66 cannot afford to buy new clothes, 11% cannot afford to have dinner/lunch in a restaurant once a month, 15% cannot afford payable activities and 8% do not have a small amount of money at their disposal. Also, the data on the availability of selected goods reminds us that there is a proportion of older people who do not want to spend their income on other payable leisure activities (almost half of the population, or 48%, say that they do not want to spend their income on payable leisure activities for other reasons). This reflects the established values and lifestyles of older people, who do not want to participate in a consumerist way of life. The data also partly explains the observation that older people do not want to participate in organised day care activities for older people that take place in institutional settings, as the forms of work and services provided there are different from those to which they are otherwise accustomed. It is therefore important for planners of forms of care for older people that would take place outside the home environment of service users to consider ways of working that allow for domesticity and the possibility of maintaining a lifestyle that people are used to. This means that the planning of services and programmes should be carried out with user involvement, so that older people, as users of these services, have the opportunity to influence and participate in the course of daily activities, and this includes both participation in meeting daily needs (nutrition, personal hygiene, rest, health management) and in additional activities (socialising, meaningful work) (Grebenc, 2014).

For most retired people, their pension is their basic and only regular income. Given the relatively high proportion of retired people living below the poverty line (18.1% of the total retired population in 2018), we also looked at the affordability of selected goods for this group. In particular, we were interested to see what trend can be observed over the last five years. We looked at three indicators: (1) being able to buy new clothes, (2) being able to afford payable leisure activities and (3) having a small amount of money at their disposal. Interestingly, in the self-assessment of the affordability of goods, 7% of retired people estimated that they could not afford new clothes for financial reasons, i.e. more than half of those living on extremely low pensions estimated that the basic necessities of life (which include

clothes) were still affordable. This means that the experience of poverty is not determined solely by disposable income, but rather by the ability to meet modest daily needs on a limited budget.

Table No. 14: Being able to afford new clothing, pensioners, 2015–2018

		2014			2015			2016			2017			2018		
		New clothes			New clothes			New clothes			New clothes			New clothes		
		Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons
Sex – TOTAL	Pensioners	83	12	5	90	7	3	89	7	4	88	9	3	88	7	5
Men	Pensioners	85	11	5	93	5	2	92	5	4	91	7	2	90	6	4
Women	Pensioners	81	13	6	89	8	4	88	8	4	86	10	3	86	9	5

Source

The perception of the inaccessibility of goods has decreased between 2014 and 2018, as has the percentage of those who cannot afford payable leisure activities (from 21% in 2014 to 17% in 2018). The percentage of those who do not want to afford payable leisure activities for other reasons has also decreased compared to 2014 (from 52% in 2014 to 44% in 2018).

Table No. 15: Being able to afford payable leisure activities, pensioners, 2015–2018

		2014			2015			2016			2017			2018		
		Payable leisure activities			Payable leisure activities			Payable leisure activities			Payable leisure activities			Payable leisure activities		
		Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons
Sex – TOTAL	Pensioners	27	21	52	33	20	47	38	17	44	38	19	43	39	17	44
Men	Pensioners	27	20	53	33	18	49	39	16	45	39	17	44	39	15	46
Women	Pensioners	28	22	51	33	21	46	38	19	43	37	20	43	38	18	43

Source

One revealing piece of information is the proportion of people who do not even have a small amount of money at their disposal. In 2014, 2017 and 2018, this proportion was 9, while it was lower in 2015 and 2016 (5% and 4% respectively). However, the proportion of those who do not have a small amount of money at their disposal has risen slightly in all these years due to other reasons.

Table No. 16: Having a small amount of money at one's disposal, between 2015 and 2018

		2014			2015			2016			2017			2018		
		Having a small amount of money at one's disposal			Having a small amount of money at one's disposal			Having a small amount of money at one's disposal			Having a small amount of money at one's disposal			Having a small amount of money at one's disposal		
		Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons	Yes	No, due to financial reasons	No, due to other reasons
Sex – TOTAL	Pensioners	89	9	2	92	5	3	94	4	2	85	9	6	84	9	7
Men	Pensioners	89	9	2	92	5	3	95	4	1	88	7	5	87	7	7
Women	Pensioners	89	9	2	92	6	2	93	5	2	83	11	7	82	10	8

Source: SI-STAT.Stat

A look at the indicators for access to goods shows how complex the understanding of poverty is and that the question of quality of life depends not only on material goods but also, as we have already seen, on other factors of life satisfaction: health, social acceptance, a sense of security, confidence in a manageable future, control over the course of life (Grebenc, 2014; Intihar, 2019). This is the first time that we have looked at the indicators of accessibility to goods and services. In addition, the fact that the proportion of those who do not even have a small amount of money at their disposal is slightly increasing may indicate the emergence of other circumstances that hinder people in a retired status from accessing goods (e.g. the often

overlooked economic violence against older people, the reduced mobility of older people, the closing of traditional services at the post office, the bank, the insurance company and other offices, which are being replaced by non-personal information technology).

In today's uncompromising market economy, small municipalities such as Žirovnica can quickly be portrayed as environments from which certain services are being withdrawn because business owners consider them unprofitable (closing post offices and banks, closing small local shops). On the other hand, the small size of a place is an advantage, because the people who work in the offices and services in such places know their customers and can make things easier for them by giving them a friendly and personal approach. Establishing trust with officials is very important for older people as they often do not have the opportunity to check the constant changes in business conditions. To feel secure and in control of their personal finances, they need a safe and secure environment where they receive clear, unambiguous and credible information.

Material security is also a question of the sense of security provided by a regular income, the stability of the economic and financial environment, and the security of relationships provided by reliable, supportive people in the informal and formal social networks of older people.

HEALTH INDICATORS

When we have data on health risk factors, it is important to include them in the inventory of the characteristics of the locality for which we are preparing a long-term care plan. The data may not seem directly relevant to our research at first glance, but it is important to understand the health situation in the municipality in a holistic way and to place the long-term care needs in this context.

For example, it is important to know how the inhabitants of a municipality rate their health, to put their assessment in the context of other data (e.g. mortality, social conditions). This information can be obtained from existing municipal reports, possible surveys, final theses of students, etc. Data on the working population should be supplemented with data on the number of sickness absences per year. This can be compared with the national average and gives a

better picture of the capacity of the working population to deliver long-term care.

If we have data on common illness types, we can infer which age group in the municipality has the highest prevalence of chronic illness. We know that these also have a major impact on the incidence of long-term care. We can compare the data with the rate of hospital admissions for certain chronic illnesses.

It is also interesting to see the mortality rate in the municipality. It is compared to national data. Perhaps this figure is related to the death rate in traffic accidents, perhaps to the suicide rate. We always investigate which data has been taken into account in the general indication of the municipality's mortality rate, especially if the number is unusually high in a particular year.

5.2. Map of existing forms of care and services

According to Flaker et al. (2019, p. 303), one of the stages of the HOPS method is to produce a service and policy assessment, which presents a comprehensive description of the types and scope of services and their characteristics. The key information needed to assess existing services and policies includes:

- the nature, purpose and objective of each service,
- the strategies used to achieve their objectives and the methods used,
- the range, distribution and availability of services in each area,
- accessibility, adequacy, suitability of services,
- the feasibility, efficiency and limitations of services,
- inhibiting and enabling factors for service efficiency.

In the field of long-term care for older people, an inventory of these services has been presented in various monographs[35] and will not be repeated here. However, we would like to point out that it is important for social work with older people in the field of long-term care to

35 Most extensively in Mali (2013a) and Flaker et al. (2008).

explore and identify how the community can be strengthened or activated and what organisations providing formal forms of assistance can do in this respect. Community is one of the key concepts in social work, mainly because it demonstrates the power of people to connect and work together, their interdependence and the awareness that attention to the other enables all members of the community to live a life worth living (Grebenc and Žganec, 2016). In conceptualising long-term care, the community is most often referred to in the context of policies and community services, especially as a field for the development of different forms of care for older people. The social worker helps the old person and their family to get help from the different services available in their environment and coordinates the services (Flaker et al., 2013; Mali, 2019). The social worker's knowledge of the needs of older people helps to develop and integrate different services (Mali, 2008, p. 65). At the meso-level, long-term care is divided into two categories: (1) the meso-level of operational schemes (working methods, professional work, projects) and (2) the meso-level of organisational structures (existing organisations that provide formal care, which are divided into public, private and non-government sectors according to their sectors).

Table No. 17: Meso- and macro-level of long-term care by long-term care modality, sectors and sources.

Levels of social work activity	Forms of long-term care		Sectors	Sources
Meso (operational schemes)	Working methods, projects, professional work		Government, private	Formal
Meso (organisational schemes)	Community forms (home help, self-help groups, intergenerational centres, remote assistance, day centres)	Institutional (old people's homes, assisted living, temporary care, day centres)	Government, private	Formal
Macro	Strategies, legislation		Government, private, voluntary	Formal, informal

Macro-level means reflecting on the coexistence of society as a whole. This requires, on the one hand, linking the actions of the state to the first two levels and, on the other hand, opening up an autonomous

and legitimate space for the state to adopt policies to promote new forms of long-term care. The task of social workers is to help transform policy attitudes towards older people at both the local and national level. The macro level, through strategies, principles, paradigms, the system and legislation, shapes and legitimises organisational and methodological solutions, organisational forms and structures and their interrelationships, including their relationship to informal forms, and also shapes individual and concrete services, resources, rights and formal measures (Mali et al., 2018). Laws, strategies, the system and legislation are not only at the top of the hierarchy of responses to people's needs, but above all an expression of political relations and an effect of political power.

In the introductory part of the HOPS method, we prepare a list of organisations by sector at the meso-level. In the *government sector*, regardless of how the local environment has developed long-term care, these organisations are typically: social work centres, old people's homes, sheltered housing, home care organisations. The range is often not very broad, so we also include other state organisations that deal with older people in the field of long-term care. In our HOPS cases, we have identified: health centres (the activity of the patronage service is of particular interest), hospitals (general and specialised), primary schools (because they often provide home-cooked meals), libraries (because they organise activities for older people or provide book deliveries to their homes), pharmacies (because older people seek and receive help there), police stations (e.g. in the case of HOPS).

The *non-government sector* (often called the voluntary sector) is made up of various associations and humanitarian organisations. Among the most prominent are pensioners' associations, the Red Cross, Karitas, volunteer fire brigades and the union of combatants.

The *private sector* does not differ significantly from the government sector in both social and health care, so we typically see old people's homes, health services provided by private clinics, and social care at home provided by social services.

It is important not to overlook other possible agents on the map of existing forms of care. These are locally specific and are only mentioned here as examples: the Desus party, the Post of Slovenia and

church organisations (parishes). We will certainly get to know others in further research.

With HOPS we are examining how well these services and organisations are responding to the long-term care needs of older people. We are looking at how their services complement each other, how they are connected and who co-ordinates them. In particular, it is important to establish co-ordination now, when there are few different forms of support because with the introduction of long-term care, we hope to increase the range of support available, thereby establishing the need for good co-ordination. If we do not ensure this, older people will be left without the right help, their needs will not be met and dissatisfaction with care will remain as it is now, despite the expanded range of services on offer.

5.3. Heterogeneity of long-term care needs and attention to new ones

A research approach to identifying long-term care needs provides a detailed insight into people's lifestyles so that we can learn about people's different life experiences and different long-term care needs. It is important to pay attention to the different types of needs, as this allows us to develop services and tailor responses to people's real needs. We know that these change over time and space, even though they are also culturally and historically marked.

When we developed the needs index (Flaker et al., 2008), we were aware that we had not inventoried all needs and that the Index was designed to be updated and modified. In this presentation of needs, we have taken into account the context of the index at that time, but we do not quote it so explicitly because we want to highlight new aspects of understanding long-term care needs. For example, we do not write about housing as a general and specific need but instead show the specificities of living conditions that we need to be familiar with in order to provide long-term care and to ensure that older people live as long as possible in their home environment. We also do not write the category of work and employment, because it is quite clear that this is one of the basic needs for long-term care. We

list the specific aspects of this category that we have identified for the first time in such a pronounced way and that are relevant for further long-term care planning. In order to maintain the link with the original needs index, we introduce each subsection with an indication of which category of the index the presentation falls into.

5.3.1. Living conditions and factors in the provision of long-term care

In the context of the category or need for long-term care, called *housing* in the needs index, it is important to be aware of the different factors that determine the life of older people in a living space. A living space is defined as the living space in which an older person in need of long-term care lives. It refers to the internal space (flat, house, old people's home) and the external space (surroundings of the house, home, town, village). Lawton's theory (Pastalan, 2015) is interesting for understanding the impact of the living environment on the life of an older person, and it is only by studying the living conditions of an older person that we can understand their independence and autonomy in the internal and external environment. The more disorganised the living situation, the less autonomy the older person has and the more help they will need to manage their living situation and to move around outside it, and therefore make social contacts.

In social work, we understand living conditions holistically, in relation to different factors, such as social, material and employment-related aspects. A review of the gerontological literature (Golant, 2015; Oswald and Kaspar, 2015; Scharlach and Lehning, 2016) shows that a holistic understanding of living conditions is only just gaining ground in environmental gerontology, and we have woven their insights into our understanding in order to present as comprehensive a picture as possible of this important area for the development of long-term care.

Older people's understanding of living conditions is strongly influenced by their emotional attachment to the place of dwelling they have created through their lives. In finding solutions to the distress that results from the older person's relationship to their dwelling,

it is therefore of utmost importance to take into account 'the older person's perception, thinking and experience of functioning in the dwelling environment' (Golant, 2015, p. 33). Golant (2015) proposes a model for a coordinated understanding of the individual and the environmental aspects of the older person's living conditions, which assumes two aspects of research. In one part, we are interested in the older person's perspective, in which we identify all the factors that are important for an older person to feel comfortable in their dwelling, and in the other part, we observe in which spaces older people feel competent to live independently. This research approach is also used in social work. We find that older people describe life in their home environment with positive emotions, good memories, but on the other hand, they realise that the health problems that accompany ageing take away their ability to use and maintain the space independently, and this is a great burden for them. It is easier if they do not live alone if they share their flats or houses with a partner, children, grandchildren or with someone who is not a relative. They share both the costs of maintaining the home and direct help with everyday tasks.

Older people living in institutions or other forms of accommodation adapted to life in old age have been relieved of the burden of maintaining and using the space in their home environment by moving to these institutions. In institutions, living conditions are a positive factor because they are adapted to the needs of older people, they allow movement (they have lifts, there is enough space to move around with various aids, the rooms are designed for different socialising purposes), but the burden remains and is reinforced in the emotional area because it is impossible to associate living in an institution with good memories, feelings, emotions and a sense of purpose in life. It is therefore understandable that older people feel insecure, indecisive and dependent when presented with a choice by professionals: to remain in a non-functional environment where their well-being will deteriorate over time, or to move to a functional institutional environment, which they may initially resist, but where their needs would be better met.

Not all homes have living conditions that are truly adapted to the needs of the residents. The Association of Social Institutions of

Slovenia (2020, p. 10) states that the standard of living in private homes is slightly better than in public homes. Private homes have a similar proportion of single rooms as public homes (46%), but have more double rooms (public 44%, private 53%), only 2% of double rooms and there are no triple rooms. The worst living conditions are in special social care institutions, with 27% triple rooms and only 18% single rooms. Residents' preferences for single or double rooms vary. Some people prefer to live alone because they can maintain the lifestyle they had before entering the home in a single room and have the privacy that is lacking at every turn in an institution. However, not all residents want to do this, as some want to share their living space with another person and live in a double room. It is important that people have a choice and that they decide for themselves how and where they want to live in the home. Unfortunately, not all homes have this. In one of our studies, we took a closer look at the living conditions in a home that was built almost 80 years ago, in a location that is now unsuitable because it does not allow people to move around the home. The interior spaces do not meet today's living standards and are in need of major renovation. The architectural solutions are very complex and financially challenging. The structure of the residents is also changing and it is difficult to provide quality care in such a situation. The director of the home states:

> Older people need space, they need light and they need to be able to move around. There are no standard space conditions for residents with dementia. It would be good to have a smaller unit so that people with dementia have the opportunity to go out and exercise (Mali et al., 2019, pp. 82, 83).

Oswald and Kaspar (2015) point out that in order to understand the individual and specific determinants of the living environment (in the language of social work, this means the needs of the older person in the context of the living environment), it is important to take into account the different socio-physical determinants, which are made up of four components: satisfaction with the living environment, autonomy to carry out different activities, perception of the home, and the impact on the home life. Satisfaction with the home relates to the question of how satisfied older people are with the living conditions in their own homes. The measurement of this component is

certainly also linked to the identification of the physical conditions for the independent pursuit of various activities as well as to the identification of the specific meanings that the concept of home has in old age. The perception of the meaning of the term home consists of three questions: (1) how adapted is the layout of the rooms to my needs; (2) how can I change or arrange the appearance of my home on my own; (3) what does it mean to me to feel comfortable and at home in a place I call home? The last component, which is linked to the previous ones, is aimed at identifying the degree of influence on living in one's own home. We are looking at the extent to which the old person can influence life at home, and the extent to which this is influenced by others, such as housemates, unforeseeable events or coincidences.

The understanding of living circumstances in old age, which Oswald and Kasper (2015) refer to, is certainly a welcome tool for planning assistance in long-term care. The social worker assessing the living and dwelling conditions of an older person should also take these components into account. They are a new piece in the jigsaw of understanding needs and finding solutions in the context of long-term care. The additional inclusion of these components and new measurement instruments to measure them is also not a major obstacle in the rapid needs and services assessment method.

Life at home at old age is certainly challenging, as various physical, cognitive, sensory and other age-related changes occur. This is when we become aware of how the home is built when obstacles become parts of the home that we previously used automatically, without much thought. Often the obstacles are thresholds, stairs and furniture layouts that do not allow for example the use of various mobility aids such as crutches, rollators and wheelchairs. Stairs often lead up to a dwelling in a house or block of flats. When we are no longer able to use them independently, we need help and support from another person to get out of the home. Without this support, even public transport, which is adapted for older people, for example, is useless. It is also possible to have good mobility assistance outside the home, but no mobility help to get to goods and services. Mobility is also often limited in old age due to the inability to use a car independently, and other forms of transport are out of reach

financially (taxi rides are too expensive), socially (e.g. relatives do not have time for rides or the old person does not want to be intrusive) and emotionally (when a long-time and experienced driver, who is no longer allowed to drive a car, is embarrassed to ask someone for a ride).

Scharlach and Lehning (2016, p. 67) state that more than 90% of older people want to stay at home as long as possible in old age. Living at home allows them to live independently, to adapt more easily to age-related changes, to have more control over their lives, and to keep in touch with friends and acquaintances. However, when they move to live with relatives or in age-appropriate accommodation, they face new challenges in creating a situation that ensures the above criteria as far as possible.

In our research, we find that older people live in flats and houses that are not adapted to their sudden decline in the ability to move independently and meet the basic needs of life. There are no lifts in the living areas, bathrooms are not built for wheelchair use, nor are kitchens and their fittings, nor are all other living spaces. They would need additional funding to renovate their living quarters, as their current material resources do not allow them to spend money for this purpose. Awareness of the importance of this issue is growing.

> Slowly, property will become a burden. In Žirovnica, we do not have blocks of flats. People are left alone in semi-detached houses or blocks of flats. They can no longer maintain them. And in Žirovnica, too, there are problems with what to do with these houses. It is typically Slovenian to be emotionally attached to your property. If we had the opportunity to stay in this environment, we might be more willing to sell our property or rent out our flat (Mali et al., 2019, p. 82).

Whatever the type of living environment, it is important for older people to feel comfortable at home. In the home environment, some have already had to adapt the living environment to keep it functional. Ramps have been built, doors widened, handrails and grab rails added. If more intensive care is needed at home, nursing beds have been added.

> The most important thing for her is that the doors or passageways between the rooms are big enough for her son. Also needed are ramps and railings made by her brother-in-law. A bed lift is also very important, otherwise she would not be able to turn him around at night and help him get out of bed. Later she also made an application to have iron railings or 'ramps' made for her (Mali et al., 2019, p. 69).

Older people want to live in a home that allows them to live the way they want to live and that they can maintain in their old age. We create a home, among other things, to make the space we live in the way we want it. As we age, some of the factors of living that we have perceived as automatic over the years become difficult and need to be adapted to the needs of life in old age. For example, an old person who uses a wheelchair to get around their home may find switches difficult because they cannot reach them and spend much of the day in the dark in winter.

According to Clough et al.t (2004, p. 157), three important factors determine whether an older person will feel comfortable in their own home:

1. minimum and stable expenses for the upkeep of the home and regular living costs (payment of electricity, utilities, etc.),
2. easy maintenance of daily room hygiene and simple repairs and maintenance,
3. design and equipment that adapts to the changing needs of people in old age.

Addressing living conditions is clearly a complex area that needs to be addressed in an interdisciplinary manner. The following are important in the search for solutions: cooperation between the various agents in the long-term care field, the creation of solutions in existing homes and the development of new forms of housing. People should be able to choose between different forms and ways of dealing with their housing needs, so even alternative forms such as sheltered housing, respite care, housing associations – houses adapted to the needs of older people, etc. should not be neglected when defining new solutions.

5.3.2. Social participation in the context of long-term care

The literature on long-term care needs (Grebenc, 2005; Flaker et al., 2008; Mali, 2013) has so far emphasised the need for contact and sociability as a specific need because in this area people in need of long-term care have a number of difficulties – from establishing and maintaining contact to the demarcation between dependence and independence. However, in our more recent research (Mali et al., 2017; Mali, et al., 2019), older people have expressed a distinct need to ensure an active role in social relationships, which is why we have called it social participation. It manifests itself in different ways, but most often as the contribution of older people to community action. Recent research in the US shows that the participation of older people in different social roles has increased (Scharlach and Lehning, 2016, p. 91). This has been significantly facilitated by: higher education among older people, their improved health, greater networking between older and younger people, and new voluntary roles filling gaps left by the collapse of state forms of assistance and support.

The forms of social participation vary, but research (Clough et al., 2004; Rowles and Bernard, 2013) shows that the effects of participation on older people's lives are independent of the type of participation. For older people, any form of social participation enables the strengthening of social ties and networks that are expected to shrink as peers die. Activity and participation in these activities have an impact on the physical health of older people, even though the focus may be on socialising, participating in religious rituals or achieving the goals of the association of which they are members. However, activities in which we are physically passive, such as watching television, increase the risk of death (Scharlach and Lehning, 2016, p. 93). Social activities, such as visiting friends and spending leisure time together, reduce mortality because they provide a combination of positive effects such as social inclusion, personal satisfaction, physical and cognitive stimulation, and they increase an individual's strength to live independently (Scharlach and Lehning, 2016, p. 69).

People in need of long-term care are lonely, limited in their contact with the people who care for them at home or with the people

who work in the home. They constantly lack contact with a variety of people: acquaintances in the home, friends from the home environment, and similarly, in the home environment, as they are unable to participate in organised activities for older people if they are unable to move around independently. Those who are limited in their independent mobility need transport to visit friends and acquaintances, but unfortunately, there is not enough of it available. They also need transport to sort out personal affairs at the office, post office, bank – these services are moving out of the city centre to the periphery and can only be accessed by transport.

Pensioners visiting other pensioners at home perceive a high level of loneliness among those who are unable to move independently. They remain dependent on their home, family and relatives who, with their many daily responsibilities, can provide for the basic needs of life for their family members but cannot prevent their loneliness. Loneliness also has the effect of reducing the aspirations and meaning of life in old age, and thus severely impairs the quality of life in old age.

We need to think about how to include them in social life and how to give them a wider range of contacts with people. Volunteering fills these gaps quite well, but recently there have been problems in this area too:

> We are receiving information from humanitarian organisations and pensioners' associations that there are no new volunteers. This problem has also been observed at social work centres, particularly in the field of guardianship. It is almost impossible to find new volunteer guardians (Mali et al., 2019, p. 83).

The culture of volunteering is on the wane among the younger and middle-aged generations, but it is particularly visible and strong among the older generation, as retired volunteers mainly provide companionship to older people.

Many factors influence the forms of social participation in old age. Older people are more socially active close to home, in the neighbourhood where they live, more socially active with neighbours and less socially active with people who do not live close to them. They are therefore more dependent on the social contacts they make

directly in the community in which they live. This is also influenced by their capacity for mobility. Strong social ties in the neighbourhood are extremely important for preventing social isolation and ensuring well-being in old age (Scharlach and Lehning, 2016, p. 69).

Social participation is determined by the characteristics of social capital, which refers to the quantity and quality of social relationships that people establish in the community in which they live (Scharlach and Lehning, 2016; Rostila, 2011). Among social relationships, those in which social interactions are based on mutual trust and benefit are of particular value. There are three types of social capital: bonding, bridging and linking. Bonding refers to connecting within a peer group, e.g. across age groups. Bridging refers to cooperation between different groups, e.g. age groups where intergenerational cooperation is involved. Linking, on the other hand, describes cooperation between individuals, organisations or institutions in the community, e.g. volunteering in a retirement association (Scharlach and Lehning, 2016, p. 99).

Personal contact, direct companionship, seeing, feeling and touching people mean a lot to them. Contact over the phone is different, especially short-term, but it often breaks the long-term exclusion from the community and the constant loneliness. Remote assistance has certain advantages which have proved to be important, especially during COVID-19. With limited social contacts, a phone call or a videoconference is the only way for many older people to get in touch with others. The difficulties are how to use the new communication tools (mobile phones, tablets, videoconferencing software) and how to teach older people how to use the new technology in this new situation. Even before the COVID-19 epidemic, older people faced challenges in using modern communication technology, along with other problems that manifested themselves. For example, in one of our surveys, a pharmacy representative warned us that her help over the phone was ineffective:

> Remote assistance is unrealistic for implementation. These people are not capable of communicating over the phone, they cannot even order medicines over the phone. He takes Prenessa, I ask which one, he says the yellow one, he cannot explain it in milligrams (Mali et al., 2019, p. 69).

It is easier to understand and agree if people visit the pharmacy in person. But face-to-face contact is also more important for older people, because what they really need is company and, in many situations, a companion who is willing to help with the distress that older people feel when they are alienated from people.

To ensure social participation in long-term care, we need communities that respect older people, understand their specific needs and are generally age-friendly, accepting of old age and not neglecting it or referring to it as a stage of life we fear or do not want to live to see. Age-friendly communities are those in which members live full and meaningful lives throughout old age (Scharlach and Lehning, 2016, p. 15). The changes that people experience in the ageing process are the predictable physical and cognitive changes that accompany old age, but also the psychological and social changes that determine our position in the community. Age-friendly communities take into account all of these aspects of ageing, which also change over time and culturally, and are therefore evolving, changing and quite flexible.

In age-friendly communities, the subjective perception of ageing is important. Most often, older people associate successful ageing with social connections, particularly close friendships, mutual support, respect and positive interpersonal relationships (Scharlach and Lehning, 2016, p. 18). The perception, acceptance and experience of ageing among older people also play an important role. A key factor in this process is the acceptance of the physical changes that come with ageing and the experience of satisfaction and happiness in later life, along with maintaining a sense of purpose and meaning in old age.

Adapting life to ageing and adapting ageing to life is one of the guiding principles for *ageing well*. A person who is willing to adapt to the changes brought about by the ageing process will also understand ageing itself as a process of adapting to a variety of expected and unexpected changes (Scharlach and Lehning, 2016, p. 21). This view of ageing is a step away from the established belief that older people do not like change or are even unwilling to deal with change. It is also a guide to ensuring social participation because without understanding ageing as a process of adaptation to change, we cannot grasp the importance of the participatory role of older people.

5.3.3. Changes in the field of institutional careers

Neglecting the development of long-term care in Slovenia does not provide older people with a choice of services and forms of assistance, forcing them into a cycle of an institutional career. During the development of the needs index, we referred to this area as *‚instead of institutionalisation and hospitalisation‘* to emphasise that an institution is not a need, but a poor response to unmet needs. Today, we find that institutional careers have been strengthened because older people have experience of many different institutions.

Instead of long-term care that would enable people to live in a home environment, we have strengthened the system of institutional careers for those in need of long-term care and have made it impossible to create new forms of community-based support. This is because when older people's needs are such that they could be met in a home environment and with the support of existing or new community-based services, they do not receive them because they are not available.

Experts are critical of the current system of assistance. Hospitals discharge patients too quickly, there is insufficient home help (or social care at home) in their own homes, and there have been waiting lists for admission to residential care for decades. The system works in such a way that a person is first hospitalised and then discharged to home care when their hospital treatment comes to an end. At that point, people ask for help at home. Home help is therefore an intermediate stage between hospitalisation and going into an old people's home. If they do not get help at home, they use various sources of informal help and apply for admission to institutional care, as this is often the only form of help available. They are often hospitalised until there is a vacancy in the home, then receive home help and live to see their admission to the home. This increases their dependence on help from others in a very short time because when they need home help services, they do not get them in time.

> It is a classic case that someone from Jesenice goes to live in a home in Gornja Radgona or somewhere else in Slovenia. Now I am talking off the top of my head. Some do go to local homes, either because they have been on the waiting

list for a long time, or because they were hospitalised for several months, and their place was held for them. Then there are the places that were considered temporary and are now, of course, filled. We have nowhere else to put people. Most of them are, in quotes, 'normal older people' and they can usually wait. Then there are those who need more care, and here lies the big problem. The other day we had to send two ladies to Metlika, one from Bled and the other from Kranj (Mali et al., 2019, p. 84).

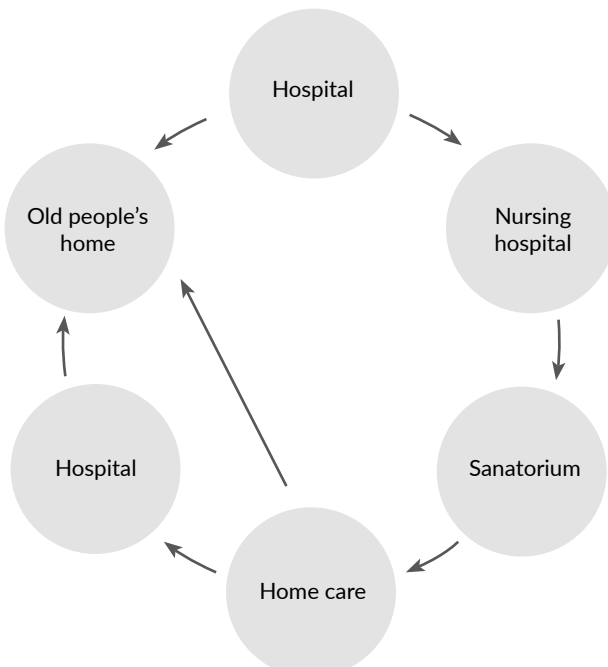

Figure No. 3: Institutional careers of people in need of long-term care.

It is important to note that in such a system, it is not only older people who are affected but also to a large extent their relatives, the locals, who remain powerless and unsupported in the existing system.

The description of the institutional careers of older people has been given without the perspective of older people, which will be considered a major shortcoming by readers of literature on social

work. We have deliberately taken this approach because it is intended to show that in the context of institutional careers, older people are without autonomous decision-making power over their own lives. The long-term care system and the professionals working in it act in a way that does not allow room for the user perspective that we take into account in social work. However, the user perspective is becoming increasingly important in the sciences and disciplines dealing with ageing. It can also be found in gerontology.

In contemporary gerontology, the concept of *ageing in place* is often mentioned in relation to meeting the needs of people with long-term care needs. The concept refers to the ability of an individual to live at home, in the community, independently and comfortably, regardless of age, financial means or ability (Scharlach and Lehning, 2016, p. 44). At the level of the individual, it is certainly important to understand the concept in a complex way, to consider that the needs of the individual are in harmonious proportion to the needs of people in their wider living environment. The benefits of ageing at home should be based on good outcomes, family ties, building and maintaining one's identity and attachment to an environment that enables a long life in the same home that one has created. Foreign research (Rowles and Bernard, 2013; Caro and Fitzgerald, 2016) also concludes that care is potentially less costly in the home environment.

The benefits of ageing at home lie in the contribution that older people make to their communities as volunteers, carers, neighbours. We also strive for ageing at home in social work, and for many years we have been highlighting the negative aspects of the mass institutionalisation of care for older people. Above all, people need to be provided with the conditions to age at home and, only in extreme cases, to move to environments specially built for older people, such as assisted living or retirement homes. However, it is essential to check with each older person individually whether they really experience life in a home environment in the positive way that the term implies. An old person can live in an adapted home, but in a neighbourhood where people are moving away, services are being cut, and public transport is disappearing. In such circumstances, an old person may be trapped and stuck in their own home, unable to

meet all their needs successfully.

So we need to move from thinking about what services and forms of support we will develop for older people, to thinking about how to ensure that older people can live independently in the dwelling and living environment they have shaped in their lives. In discussions about creating a sustainable long-term care system based on meeting the needs of older people, the importance of autonomy (making independent decisions about one's own life) and ensuring a sense of security (both in the indoor and outdoor environment) must not be overlooked. In short, older people must be actively involved in dealing with their own living situation, and professionals must listen to, respect and take into account their views when finding appropriate forms of assistance. Professionals must also ensure that the solutions proposed do not interfere with the older person's sense of security and acceptance in the environment in which they live.

When planning long-term care, it is important to keep a few factors in mind. Accessibility to health services and shopping centres has a decisive influence on the choice of living arrangements of older people, as it is directly linked to the exercise of *autonomy in old age* (Geboy et al., 2015, p. 51). If these services are so far away that the older person cannot reach them on foot or by public transport, their autonomy is compromised, as they become dependent on the transport of others, most often relatives, who are not always available. Research shows that 43% of moves in old age are due to the inadequacy of the location of the home, which older people most often associate with the level of autonomy provision (Geboy et al., 2015, p. 52). If the living environment provides conditions for maintaining autonomy, older people are willing to look for ways to reduce distractions. For example, if there are health services in the living environment that the older person can use independently, without the help of relatives, they will also find it easier to deal with gardening squabbles with relatives, as they will not be burdening them also with going to the doctor or shopping at the pharmacy.

A sense of security in old age is an extremely important factor in ensuring an independent life. The more risks there are in an older person's life, the more the sense of security is affected. From a living situation point of view, it is therefore important that the living space

has as few risk elements as possible that could make the older person dependent on the help of others. Equally important is the element of the dwelling's location in the community, as the level of trust in the neighbourhood is an important factor in the feeling of security. In this context, the older person's previous experience of the cultural and geographical familiarity of the environment in which they live also plays an important role. Older people still vividly remember the time of institutional care, when there was a severe shortage of free capacity in the homes of central Slovenia but there were vacancies in old people's homes in Prekmurje. It was not only difficult for older people from the central Slovenian region to relocate to an old people's home and into an institution, but they were also moving to a different geographical region, to a new cultural and social environment. The sense of security that the homes could have provided given their adapted design and care provision for older people, was significantly diminished because they were forced to start their twilight years in a different geographical environment where the conditions for the recognition of their personal identity were not in place.

When we talk about long-term care, we need to mention the concept of stigma. In previous monographs on long-term care (Flaker et al., 2008; Mali et al., 2018), we learnt that people in need are often stigmatised for being dependent on the help of others and for not being independent. This starting point could be called 'primary stigma'. It needs to be taken into account both when researching long-term care needs and when planning services and forms of assistance, as it affects the actual use of long-term care services. For example, due to the nature of the condition, people with dementia gradually lose the ability to live independently, communicate, have social contacts and need help from others in these areas. They are labelled as different, a burden on society and the community (special forms of support need to be organised for them, as the existing ones are not sufficient) and are therefore stigmatised. Their stigma does not remain focused only on them or perhaps on the people at home who care for them. It is also mapped onto the spaces they use, which can be labelled as 'secondary stigma'. For example, secure wards in old people's homes are seen differently in the community in which the home operates because they are unusual, locked, life in them is

different from life in a regular residential home. They are also labelled as different within the home itself because they live separately, residents in secure wards have no contact with other residents living outside the ward, they need a court order to live in a secure ward, etc. Hrybyk et al. (2015, p. 296) point out that such housing, together with its residents, is devalued and people who do not live or work there understandably avoid it. This makes these spaces and the people in them even more isolated and makes insight into their lives and living conditions inaccessible.

So, if long-term care is to provide a modern approach to tackling the difficulties of older people, it is important to stop now the inappropriate solutions that manifest themselves in a continuous institutional career for older people. Institutions exist and will exist, but they must not be used to fulfil the need for long-term care, as is the case now. Institutional solutions force older people into the role of powerless individuals, depriving them of the power to make decisions about their own lives and stigmatising them.

5.3.4. Mobility and activity needs

This need could be placed in various categories of the needs index as mobility facilitates social connections, interactions and daily activities. It also affects the categories of dislocation and belonging, while it is largely made possible by money.

Ageing well requires that the community in which the older person lives provides conditions that enable them to be mobile – to have access to transport and to use it according to their needs. Translated into the field of long-term care, ageing well in the home environment also means ensuring mobility for people in need of long-term care. Mobility refers both to the provision of movement within the home, within a flat, house or residence, and to mobility in the immediate vicinity of this residence (around the home) and more widely (within the local community, local and wider regions or even across national borders).

In providing conditions for the mobility of older people, it is important to recognise the extent to which existing buildings and infrastructure are adapted to the needs of older people. Our roads are

typically built to 'ensure safety, suitability and usability for motor vehicles' (Scharlach and Lehning, 2016, p. 69). The question is to what extent they provide mobility for people who like to walk, do not drive but prefer other forms of transport, or are forced to use them because of their health, financial situation or personal preferences.

Older people, without specific long-term care needs, often find that transport arrangements are poorly adapted to their needs (Scharlach and Lehning, 2016, p. 69). For example, the pavements are poorly maintained and cracked, increasing the risk of falls, and the traffic light durations are too short, making it difficult for them to cross the road safely.

Car transport has many advantages, because it allows older people to live independently, to get to their desired destination faster. Scharlach and Lehning (2016, p. 70) cite Burkhardt et al. (2002) and Glasgow and Blakley (2000), who report that, in addition to increased flexibility and personalised transport, older people cite car driving as part of their personal identity. Not only does the ban on driving in old age have a negative impact on reduced mobility, but above all on feelings of dependence on others and self-image.

The need for transportation is also strongly linked to the need for *material resources and companionship*. Our research has shown that these needs are often inadequately met, frequently leaving individuals confined to their homes or apartment buildings, leading to social isolation. For instance, older people living in blocks of flats may become isolated due to poor building design and living spaces that fail to accommodate their specific needs.

> Many people live alone in their flats, 17 people live alone in their flats in seven blocks, aged between 80 and 90. They mostly talk over balconies, sometimes from door to door, especially if the person is sick, which makes any kind of communication even more difficult (Mali et al., 2017, p. 43).

Transport to events and activities is also of little help, as they do not have a lift in their block and stairs are often no longer an option due to illness and age-related changes.

Older people need transportation for a variety of purposes. Often, this transportation is not much different from the daily needs

of people who do not need long-term care. However, some life circumstances are special. Pharmacies perceive that older people receive large amounts of prescription medicines, large packages (e.g. nappies) which they cannot transport home by public transport. The staff in some pharmacies in smaller towns help them to do this, as people there know each other, they may be neighbours, friends, acquaintances. In larger towns, volunteers from various associations, such as pensioners' associations, the Red Cross, Karitas, etc., help. Those who are limited in their mobility need transportation to visit friends and acquaintances, but unfortunately, there is not enough transportation available. They also need transportation to sort out personal affairs at the office, post office, bank – these services are moving out of the city centre to the periphery and can only be accessed by transport.

Older people need to keep active, otherwise, their leisure time becomes unfulfilling, their days are monotonous and the meaning of life is a distant construct. In our research, we wanted to know what they do to fill their days, what chores they do and what else they would like to learn. As expected, we got very different answers, as this area is very much shaped by the individual's identity and personal characteristics. Nevertheless, four categories of occupations can be identified: (1) intellectual: reading, education as part of the project 'Older people for a better quality of life at home'; (2) physical: hiking, walking; (3) social: volunteering, providing care for a family member, taking care of grandchildren, visiting friends; (4) hobbies: tending a garden, knitting, sewing. For some, transportation is required as they do not take place in their place of residence.

Those who care intensively for a family member spend all their time doing so and have no time for other activities. There is a high burden, which shows that care in the home environment cannot be sustained in the long term without additional help. After talking to a colleague who cares for her son, a student said:

> She also has no time for extra income or hobbies as she is very busy with her son, the house and the garden. She rarely finds time for herself. She only has one hour a day for herself to walk the dog. As her son likes to do crossword puzzles, they often do them together. He likes doing them because he

> has a lot of knowledge and gets distracted by having something to do. As he can't write, his mother helps him. She is usually too tired and always falls asleep when she is doing crossword puzzles. This is mainly because she doesn't get the rest she deserves at night either, as she has to get up three to four times a night and turn her son over to make sure he doesn't get bedsores. She pointed out that she falls asleep whenever she sits down at the table or in front of the television or calms down a bit. To prevent this, she has to do things standing up (Mali et al., 2019, p. 71).

She says that she feels useful and important to be able to show others what she is still capable of, but that any relief would be very helpful. She does not even think about mobility, it is not an option for her. She has few urgent tasks outside the home, all related to caring for her son.

The late 20th century was marked by work in sociology, health, social work, medicine and urban planning that emphasised the impact of communities on the lives of people of all ages (Scharlach and Lehning, 2016, p. 32). The context of community influences the presence of both positive and negative phenomena, including the level of education attained and the incidence of drug abuse and depression, regardless of the age of the population. There are links between these phenomena and the way in which the environment is constructed (e.g. access to parks as places for socialising, leisure activities, contact with nature), the characteristics of the social environment (in particular social capital) and the way in which members of the community are connected (e.g. in the distribution of goods). It can be argued with certainty that the context of the community also influences life in old age, as it determines our lives from a very young age. Moreover, as we grow older, our activities, commitments and use of different spaces diminish, and our living space becomes smaller and smaller in old age. People in need of long-term care are confined to the living space of their own home due to reduced independence, especially if their mobility outside the home is hampered by the unavailability of transport or someone to accompany them. The community can affect people in need of long-term care by geographically confining them to one area and creating dependence

on social ties with neighbours (Scharlach and Lehning, 2016, p. 33). This is in contrast to young people and adults who have social networks linked to different spaces (work, leisure activities) in geographically diverse areas.

The situation of the COVID-19 epidemic also brought changes in these areas, as the lives of young people and the middle generation were confined to one and the same geographical area, and above all to one environment and community, the family. We can only predict whether the consequences of such a life will have a similar impact on the young generations as they have on the old. That is to say, they will become particularly attached to the familiar and secure family space, but not interested in new spaces, mobility and the forging of new social ties. The consequences could lead to severe changes in civilisation that we have not yet seen.

Scharlach and Lehning (2016, p. 41) cited by Golant (2011) point out that it is important to consider two factors when providing living conditions for older people: (1) ensuring comfort and well-being, and (2) mastery and control of space. He suggests that older people assess the suitability of their living environment by checking how comfortable they feel in their home, and in the community in which they live. Positive emotions and memories play an important role in ensuring well-being, as well as keeping stress and upsetting events to a minimum. These factors are not universal, people do not attach the same importance to them, and they depend on many other factors, so the only way to take them into account is to check them again and again with older people. Certainly, these factors are important criteria when examining the lifeworld of older people, when a social worker enters the lifeworld of an older person and assesses their living conditions together with them.

It is important to start including older people in long-term care needs assessment practices. If we are to achieve the goal of long-term care, i.e. care in the community and living as long as possible in a home environment, we also need to pay attention to the living conditions in which the older person lives and how they affect their well-being, as well as the fulfilment of their living needs. People who need long-term care, feel comfortable at home and perceive the community they live in as safe will also be willing to invest various

resources in adaptations to their home so that, despite the need for long-term care, they can live in an environment of their own making. They will consider moving to new forms of living arrangements, such as sheltered housing or care homes, at a later stage, perhaps only when they feel uncomfortable despite the various forms of help and support available at home.

The living space not only has a physical dimension[36] but also several social functions as it is 'a place to gather with friends, start a family, store necessities and other things' (Mali, 2013, p. 25). Especially in old age, when routines and activities are mostly carried out at home, living space has a particular value in engaging in different activities. It is the physical dimensions that enable or hinder the performance of activities as well as the (non)satisfaction of social needs in old age.

Every home is part of a wider community (settlement, neighbourhood, city, region) that also has a significant impact on the sense of well-being and control of people in need of long-term care. This is an important consideration when looking for solutions to meet their needs in the home environment, because the home environment may be adapted to the older person through various adaptations to the home, but the same home may also be in a community where the older person has no friends or acquaintances and does not feel safe due to poor relationships with neighbours, for example. It is always important to understand the living situation of people in need of long-term care holistically, to explore with them the different aspects of living and housing, and to present the living situation from different perspectives.

5.3.5. Poor material conditions of the older population

In the *work and money* category, our latest findings related to the perceived poor material situation of older people are relevant. These were already expected from our review of various statistical indicators[37] and were confirmed by our interviewees.

Research experts (Mali et al., 2017; Mali et al., 2019) have

36 The basic functions of shelter from the weather (Flaker et al., 2008).

37 See Chapter 5.1.

pointed out that it is the lack of welfare of the older population, not other age groups, that is most alarming at the moment. In their work, they are confronted every day with the financial hardships of older people, which manifest themselves at different levels of everyday life. The most evident issue is the lack of financial resources for food, especially staple foods, let alone food tailored to individual health conditions. Ensuring access to quality nutrition for everyone would further emphasise the growing need for such diets. Many people cannot afford enough food each month and rely on the help of Karitas and the Red Cross. Both organisations know that the actual number of people in need is higher than the number of people asking for help. In some cases, they proactively identify those in need and provide them with help, while in other cases neighbours step in and organise support.

> Material aid, food and other things for all those in need – many times we have to find people ourselves, especially in places where they know each other (they are ashamed) and have reservations about others because they are from small places (EU food and diocesan food for those who cannot cook, diocesan parcels – we deliver it, sometimes neighbours come to get it, sometimes they come to get it themselves) (Mali et al., 2017, p. 53).

The Red Cross helps materially vulnerable people with food, clothing and money.

The stigma of poverty is severe. It is often hidden by older people, alone or with the help of relatives. In smaller places where people know each other very well, the shame of poverty is much worse than in larger places. Poverty remains a family issue and is very difficult to tackle in an organised way.

The lack of material means for survival is also recognised by healthcare professionals, such as nurses and pharmacy workers, who note that people do not have money for basic necessities such as adult nappies and that they cannot afford the nutritional supplements they need to live a good life in old age. Even if doctors prescribe them, they are not available on prescription, so people cannot buy them. The result is poorer and slower treatment of illness.

After leaving for an old people's home, the financial hardship

continues. It is very important that the municipality pays extra for all those citizens who are unable to pay for residential care. However, people in care homes have very little money left over to cover other everyday needs, such as buying clothes and shoes, going to the hairdresser or buying medication. Before they go into an old people's home, older people and their relatives are in difficulty because they do not know how they will manage to pay the care fees. In recent years, they have been choosing institutional care in Croatia because it is cheaper there:

> Citizens have started to use services across the border, going to homes in Croatia, picking up medicines here and taking them across the border, this is the problem of border municipalities. The question now is whose care recipients are they? (Mali et al., 2017, p. 42).

Older people's main source of livelihood is the pension they have earned through their own work, through their deceased partner's pension, or a higher pension due to their deceased partner's allowance. They do not want to talk about the amount of their pension but admit that it is enough to live on. They feel deprived since they are retired and their pension is less than their salary. They cannot afford to save and make major purchases (e.g. a car). If they need more money, they can count on the help of relatives. If they are caring for family members, most of the money goes to buy medicines, care aids and nursing care.

> They help each other and their son with expenses and share them. Most of the costs are for medicines and appliances that my son needs. Fortunately, they help each other with his pension and allowance for assistance and care. The biggest costs are also for bandages and nappies because he needs special ones so that they don't irritate his skin and he doesn't get bedsores (Mali et al., 2019, p. 71).

Deprivation is most often mentioned in relation to material goods, but it also manifests itself more broadly. They feel deprived because they cannot afford the life they had before retirement, they have a new status (pensioner status) and they are trapped in a search for new survival strategies. If the pension is very low, they make a living

by growing food in the garden. If this is not an option, they share the cost of living with their children. These are new survival strategies, which lead them to new dependencies on others. When the need for daily help with the basic tasks of life arises, the sense of deprivation is even greater, as they feel deprived of an independent life.

The interviewees residing in the home have taken on some jobs within the home, but these do not bring additional financial resources. Their children provide them with extra care and small amounts for living in the home. Nevertheless, they feel useful and proud to live in the home. This shows that they have found a sense of purpose in living in an institution or that they have come to terms with living in a home.

When planning the development of assistance, it is also important to take into account current specificities, as people are ashamed to admit how much help they need and in which areas. The annual survey of the Association of Pensioners of Žirovnica on the quality of life at home shows very clearly that the respondents do not want to talk about their difficulties, about their dependence on the help of others. In the period from 2014 to 2018, 224 pensioners were surveyed and 70% of them did not think they needed any additional help, while 27% did not want to answer the question. When asked in more detail about the need for help with personal and health care, cleaning the house, daily shopping, bringing food, legal advice, gardening and even whether they already receive any specific help, the response rate is similar – around 70% do not think they need extra help and 30% did not answer these questions at all. The response rate on who helps them with financial difficulties is even worse – 75% of respondents did not provide an answer. Receiving or depending on help from others is often a source of shame for pensioners, leading many to avoid acknowledging that they actually need assistance.

A similar cultural characteristic of long-term care is noted by some professionals, especially those who are not directly involved in addressing people's specific needs. For example, a police representative notes that there is a need for a detective approach to dealing with people's hardships:

> We sense that those who need help do not speak up. This is especially noticeable here in the village, where it is difficult

to convince older people to take them to the shop if they need it (Mali et al., 2019, p. 88).

Older people are therefore described as modest because they do not ask for help and because they say they are happy with everything. The question is whether this really is modesty. More likely, it is a form of survival strategy that, in the circumstances, still allows the older person to have an influence on their life. However modest it may be in the eyes of professionals, relatives, friends and acquaintances, for an old person, this is the kind of life that is a space for maintaining influence and autonomy.

5.4. A vision for long-term care

Current trends in long-term care and care for older people emphasise the need to create the conditions for living independently in the home environment for as long as possible, and long-term care policies at the national and local level should be based on these premises. This ensures, on the one hand, the development of home care services and, on the other hand, assistance in the maintenance of the home and possible adaptations in the event of sudden adjustments to ensure independent living in the home environment. We have some experience with the development of care,[38] much less with the adaptation of housing. This could be planned and provided for in the framework of so-called 'old age care centres',[39] which would offer advice on home adaptations in each region, perhaps municipality, and would be responsible for obtaining funding for adaptations, etc. During the adaptation of the home, older people would be provided with temporary care in the institutional part of the centre.

Addressing living conditions is clearly a complex area that needs to be addressed in an interdisciplinary manner. The following are important in the search for solutions: cooperation between the

38 Home help started to develop in the mid-1980s (Hlebec et al., 2014, p. 17) and is now provided in almost all municipalities, more specifically in 209 municipalities out of a total of 212 municipalities (Kovač et al., 2020).

39 We do not yet have a proper name for them, but they are sometimes referred to as gerontological centres (see HOPS reports in Straža and Žirovnica).

various agents in the field of long-term care, the creation of adaptable solutions in the older person's home and the creation of new forms of living. Older people should be able to choose between different forms and ways of dealing with their housing needs, and the development of alternative forms, such as sheltered housing, temporary care, housing cooperatives – houses adapted to the needs of older people – should not be neglected.

Traditionally, the concept of family care for older people, supported by institutional care, is well-established in Slovenia. Intergenerational solidarity is formally reflected in existing legislation, which requires family members to care for ageing family members when they are unable to care for themselves. There is also strong cultural intergenerational solidarity based on reciprocity of support – parents who cared for their children when they were young can expect their children to care for them when they are dependent on other people for help in old age. This caring culture is also passed on to members of the extended family when older people do not have children.

From a socio-cultural point of view, it is extremely important that older people are cared for in their own homes, as close as possible to their immediate and extended family members. This is also reflected in our research (Grebenc, 2005; Mali et al., 2017; Mali et al., 2019), as contact with family members is extremely important in the lives of older people. Older people describe their family as a community that provides help and support in all forms, from material and emotional to contact and companionship. They can rely on their family members (most often their children) in any situation, including during various life crises.

Home care is the last in a series of services for an older person, as it is important for ageing well that people stay in their home environment for as long as possible. Since home care is the only form of community care and there are no places in residential care homes, older people are forced to follow an institutional career path, which most often leads them to a residential care home. First, they are hospitalised, then in a nursing hospital, a sanatorium, from where they return home and are soon hospitalised again, then after a while they are given a place in an old people's home, which is often not even close to their hometown. It is not uncommon to move from home

to home in order to be as close as possible to familiar surroundings and, above all, to be close to family. There is a need to stop pointless multiple institutionalisations, either re-institutionalisation in hospitals because of inadequate care in the home environment, or moving from a distant old people's home to a home closer to relatives so that they can visit more often, etc.

Older people have the right to live in a home-like environment. However, when life circumstances are such that institutionalisation is unavoidable, it is important that the institution is in the older person's home environment or immediate surroundings. An old people's home could provide so-called crisis accommodation to ensure temporary institutionalisation until, for example, the living conditions at home have been sorted out (e.g. until their flat is adapted, life in their house is adjusted), home help has been obtained and life in the wider family has been organised to provide support in the home environment.

5.4.1. Old age care centres

The old people's home is the most well-known organised form of support for older people in our country and is most often mentioned at the local level as the only possible solution for the care of older people in the context of long-term care. Often, the construction of homes is outlined in the municipality's development programmes, but the forms and contents of care are not defined in these programmes. On the basis of analyses of the situation in different municipalities, the needs of older people and existing responses to needs, HOPS has developed proposals for the creation of so-called 'old age care centres', which would provide institutional care for a certain number of people, with the primary mission of providing care in a home environment and implementing the idea of long-term care in old people's homes.

It is important that such a centre operates in the heart of the municipality so that older people are literally at the centre of what is happening in the municipality. Key *activities and services of the centre* for people living in their home environment could be:

- help with basic living tasks (at home, in a day-care centre

that is part of an old age care centre),
- meals (at home and in the day centre)
- day care and day activity centre,
- sheltered housing,
- a place to socialise with peers and with younger people, a place for people to share experiences and coexistence,
- short-term accommodation, respite care, crisis accommodation (for those aged under 65 after a head injury, various forms of disability),
- transport (for older people with impaired mobility, to visit friends and acquaintances, to arrange personal matters at the office, post office, bank),
- expert help and advice,
- education,
- various activities for active ageing (along the lines of the day activity centres that already exist in various parts of Slovenia).

The centre should be architecturally designed to allow flexibility or adaptation of the forms of assistance to the real needs of the local environment. For example, if there is a greater need for temporary care in a municipality at a certain time, the centre could adapt its premises to increase the capacity for temporary accommodation, while the rest of the activities would continue as before. When the need for temporary care decreases, the temporary care facilities would be used for the activities that the citizens would need. The premises should certainly not remain empty, nor should the staff providing temporary care be out of work.

The *institutional part of the centre* would mainly provide institutional accommodation for those aged over 65, in single and double rooms. Not all people want to live on their own in rooms, but they want to share a living space with another person, so the home should also have double rooms. It is important to give people the choice and autonomy to decide how they want to live in the home. The centre should not exceed 80 people, as larger homes do not allow people to live in dignity in an institution. The centre itself would be built as a household community, bringing life in the institution closer to life in the home.

The household concept introduces the notion that health care is not a primary activity into institutional care. The primary approach is about a different relationship with residents and a culture of personalised care.

> Staff are also no longer uniformed, but work clothes are just ordinary clothes (trousers, T-shirts, sleeveless shirts and fleece jumpers), and employees have their names and job titles written on their work clothes (Mali et al. 2018, pp. 191–192).

In the household units, there are more opportunities for all residents to participate, the living units are smaller and there is good cooperation between residents and staff.

The use of modern ICT, such as mobile phones, computers and the internet, should be encouraged in the home to give older people the autonomy they need to contact others, manage their financial affairs and deal with different institutions remotely. During the COVID-19 epidemic, such technological solutions proved to be indispensable, without which keeping in touch would not have been possible at all. These practices should be maintained after the epidemic and developed in line with the needs, capacities and abilities of older people. The centre could have a unit for the development of modern ICT adapted to use in old age.

The old age centre would function as a support hub for older people, comprising various centres with specific purposes. Here are just a few that have been identified as essential.

- A multi-generational centre: to promote a culture of intergenerational coexistence and solidarity, to promote volunteering in the field of long-term care, as a meeting place, to prevent loneliness. The centre would be a meeting place for pensioners, for people from the area who already know each other. Children from the nearby primary school could be taught by older people at the centre, while at the same time providing older people with a social environment and a meaningful activity. The centre could organise holiday care for school children.
- Day care centre: to accommodate people who find it difficult

to live alone at home when their relatives are away during the day. Transport to and from the centre would be provided by the municipality. The centre would design social and interaction activities based on the users' life experiences. Today, four types of activities are suggested: (1) intellectual: reading, education as part of the project 'Older people for a better quality of life at home'; (2) physical: hiking, walking; (3) social: volunteering, socialising with friends and acquaintances; (4) hobbies: tending a garden, knitting, sewing.

- Mobile community care centre: a mobile team of professionals providing rapid assistance in the community, based at the centre. It would link up with home help. The centre would coordinate community support and strengthen the networking between social and health professionals;
- Long-term care education centre: the centre would provide training and education for relatives caring for their relatives in the home environment. It would also provide forms of respite care for relatives, e.g. self-help groups, relatives' clubs, Alzheimer's and hospice cafés.

All forms of assistance would be provided with food, nursing care, physiotherapy, occupational therapy and other forms of assistance. The centre would also provide such assistance in users' homes.

5.4.2. Conditions for introducing long-term care in the community

All the forms of assistance developed by the municipality at the local level must be *financially affordable* to citizens. Material resources and the financial capacity to pay for assistance services are the two most critical issues today. No major turnaround in this area is expected in the future, so consideration of affordable assistance in the future is warranted. Whatever the forms and types of assistance, it must be accessible so that people can afford it. The municipality is expected to provide funding for new forms of assistance that are affordable for people. The professional services (social work centre, residential homes, municipal social services departments) should set criteria for determining poverty and monitor them regularly. The data obtained

can be useful in planning and setting up new forms of long-term care.

Much of long-term care is provided by *informal carers*, most of them family members. New forms of long-term care support should relieve the burden on them, but it would be good to look elsewhere for forms of relief. Our research has shown that a significant proportion of active pensioners already volunteer in a number of activities that older people accept and find important. In the future, it is these pensioners who could do a good part of the relief work for informal carers, and it would therefore make sense to plan how to involve the still quite active part of the retired population in informal forms of long-term care for older people and fellow citizens in need, or even in forms of additional and complementary employment that would allow people to earn extra income (e.g. transportation, companionship, assistance with administrative errands, socialising, helping with lighter household chores).

The COVID-19 epidemic highlighted a number of shortcomings in the functioning of communities, and in particular showed how inadequately trained people in need of long-term care are in the use of *modern information and communication technology*. Most often they use the telephone, listen to the radio and watch television. They are not familiar with the various aids that make life easier for an older person in a home environment. The most advanced forms are: the red button (a wireless phone that enables remote assistance and can feature additional functions such as a fall detector, home security alarm, fire alarm or a stepping mat placed beside the bed), various detectors (e.g. for water leakage, smoke, low temperature, presence of items in the bed) and pill dispenser (which beeps to alert the user to the time at which they need to take their medications).

ICT is one form of technology that will continue to evolve rapidly. We expect it to become an important factor in ensuring quality of life for older people here too. Areas covered by ICT will be: healthcare (remote communication with doctors, medication monitoring, physical activity tracking, blood sugar level checks and health counselling) and social networking (establishing and maintaining connections within a social network, voice, video and text communication with relatives and friends, video conferencing and

text-to-speech conversion). New forms of support for older people should consider the possibilities of using modern technology to establish and maintain more permanent links with relatives and acquaintances. The resistance to modern technology that we have seen is more or less due to a lack of understanding of the use of technology than anything else. Municipalities could carry out pilot projects on the introduction of ICT for older people with the funds available for such projects in EU schemes.

The old population will continue to grow in the future. The needs of older people, both in terms of daily tasks and specific services for them, will increase accordingly. In line with this, the need for various professional profiles that can provide social care, nursing care, protection and support will also increase. At the same time, it can be assumed that the need for services, institutions, professionals for the care, education and training of children and young people will decrease. All of these changes may alter society's attitude towards old and young people and cause intergenerational tensions. On the one hand, young people are increasingly valued because there are few of them and their role in the social and economic system is increasing. On the other hand, there is a danger that older people will be less valued due to their large numbers. However, their sheer demographic presence can still allow them to significantly influence many social and political decisions.

Low fertility and mortality rates contribute significantly to the rising proportion of older people in society. It is a mistake to think that the main contributor to population ageing is life extension. Over time, as fertility rates stabilise at low levels, increasing life expectancy through declining mortality rates naturally becomes an important factor in population ageing. In addition to the changes seen with changing fertility and increasing life expectancy, migration is an important factor in population ageing. Young people are more likely to move away (for school, work, partner), while those aged 65 and over rarely move. Immigration tends to slow population ageing, while out-migration tends to increase it, as young people tend to move.

These changes have a major impact on the composition of older people's social networks, which are naturally shrinking due to peer

mortality. Daily migration and constant relocation of social network members increase the older person's sense of loneliness and neglect. Reduced peer cooperation and intergenerational coexistence further reinforce this.

An atomised, competitive and individualised society has distanced the younger generation from caring for the community by emphasising individual careers and success. In their most physically productive years, young people are excluded from activities that foster community belonging and solidarity between people. This situation prevents young people from experiencing interconnectedness and empathy towards those in need.

Generations of older people remember a time when community and interconnectedness played a very important role in people's survival and lives. Different forms of help among the peasantry, rituals of helping the poor in the community, daily neighbourhood help and help from relatives were woven into normalised daily routines. Many people remember the days of the previous social system when people helped each other because there was a lack of both service activities and an adequate daily supply of goods and materials. Many a house was built with the help of neighbours and friends. Personal and public investments were made through volunteer and brigade work. The community is still an important resource in people's memories and has livelihood potential.

However, with contemporary urbanisation and technological and service development, most of the needs of individuals are met only in the marketplace, thus losing the important experience of generations that knew how to foster genuine interpersonal relationships. Many young people today will complain that they do not know how to ask someone out on a date, when to take the time to chat in person and not just communicate through devices.

Today, it is the older generation that keeps the bonds of the community alive. We found that quite a few interviewees mentioned that they still maintain good relations, socialise, spend their leisure time together and help each other out if someone needs something. People who have managed to establish good friendships and neighbourly relations during their active lives can now count on each other. Those who used to be more active in the community and engaged

in various forms of organisation can now count on this kind of help. But there is also an apathy in the relationships between people. It can be noted that the consumerist lifestyle of today has in fact led to a great deal of mutual alienation.

It is essential to develop ways to overcome loneliness in older people, as loneliness is one of the biggest stressors. Projects to promote and disseminate companionship based on personal contact have been very successful in this respect. This is something that older people value. It is also a form of relief and enrichment of life. Virtual contacts using ICT can only be a complement to face-to-face interactions.

Older people benefit from contact with like-minded people, e.g. members of the society they belong to or the profession they had before retirement. It is also worth building a social network in old age on the basis of such contacts and certainly incorporating this knowledge into new forms of support that will develop companionship. It is important to explore ways to connect the young and middle generation with older people. Intergenerational coexistence projects and links with existing multi-generational centres can be successful in this respect.

5.4.3. Accepting long-term care as a key factor for coexistence in the community

People are generally hesitant about long-term care. The younger and middle generation mainly because they do not know what is involved, and older people because it reminds them that they are losing control of their lives and becoming dependent on daily help. They accept assistance in old people's homes because it is a form of help they are familiar with and because they believe they do not need it yet. Those already living in an old people's home admit that they had to prepare for their move there, which was a major ordeal in their lives. Overall, they all have limited awareness of modern, community-based support systems and alternative living arrangements in old age and they have many reservations about these.

They also have many reservations about dementia and imagine that it is a serious condition that keeps family members busy and

that help is only possible in an institution. People are afraid of dementia and of people with dementia. They do not consider it appropriate for a person with dementia to live in a home environment, even though this is contrary to present-day guidelines for the care of older people, especially people with dementia.

In general, there is a lot of confusion among people about what long-term care is, who the people who need it are, and how their life circumstances can be addressed. Breaking down these perceptions needs to be approached in a planned, project-based way, but also with a great deal of compassion and understanding. At the local level, municipalities can take the lead in tackling misconceptions about long-term care and, together with projects, promote their elimination. Projects can be intergenerational and aim to promote good interpersonal relations and solidarity.

In the modern community, the image of older people and all that is associated with them is subject to values that otherwise support the high productivity, strength and energy of the young, working-age population. Older people, long-term care, plans and solutions are a burden on the community, and it is important that proposals for long-term care are well thought through. People in the community need to recognise and be aware of them so that not all older people are labelled as needing long-term care. As the number of older people in a given living environment increases and the younger population decreases, it is becoming increasingly important for older people to be aware of the importance of autonomous decision-making about their own lives. The baby boom generation, which is becoming more and more numerous in our country, is very aware of the importance of autonomy. They are therefore much more attentive to their position and role in society, to the knowledge and exercise of their rights, and to possible disadvantages in decision-making at the national and local level. For the older generations, the need for autonomy in life is not as visible, pronounced or even perceived. There are therefore differences between younger and older members of the older generation.

Members of the older generation, who do not attach importance to autonomy, need to exercise the rights of the people they represent or defend before institutions, institutional procedures and processes.

These are professionally qualified people who, through their work, help empower older people and promote their interests, aspirations and ideas for a good quality of life. They are also needed by the most vulnerable older people we have identified in our research, those who have poor literacy skills, do not understand the instructions of professionals, such as doctors, pharmacists, nurses, social workers, and who are in the early stages of dementia and related conditions. Their rights, interests and, above all, their needs and their satisfaction in relation to professionals should be represented by advocates for the rights of older people.

Often, a person's degree of autonomy is reflected in their relationships with people in their personal social network (in partner and parental relationships, relationships with colleagues and relationships with neighbours and friends) and the management of their day-to-day responsibilities in relation to the wider social environment (in their relationships with professionals and officials, as service providers, as consumers, and so on). In addition, people who experience distress and problems in coping with their everyday tasks are confronted with feelings of shame and powerlessness due to traditional social beliefs (e.g. about gender roles and different social groups within society) and generalisations or trivialisations of problems (e.g. attitudes towards violence, alcohol consumption, illness, unemployment). It is often precisely these perceptions that drive them into dependent relationships and cause them to lose control over the course of their lives. By being sensitive and attentive to the fact that people experience themselves as competent in their relationships, even when faced with problems, we can provide them with a meaningful experience of empowerment. For example, by familiarising them with the procedures in offices and institutions, explaining their rights, giving them instructions (e.g. on how to use medication, aids and devices), familiarising them with certain situations (e.g. diets, characteristics of illnesses, the importance of changing habits), we support the processes of maintaining autonomy through the very way we communicate and adapt our communication.

Knowledge about specific life experiences (e.g. coping with illness, loneliness, bereavement, loss and life turning points such as retirement, children moving away) and knowledge about everyday

life (i.e. the routine, sometimes almost hidden knowledge that helps people get on in life and survive, from domestic, technical and social skills) are important sources of empowerment. People who suddenly find themselves in a situation where coping with everyday life becomes very complicated (e.g. coping with a serious illness, deterioration of their material situation or losing people they lived with) may feel helpless and powerless for a certain period of time before they establish new routines. Help that is proportionate to their needs, i.e. measured in a meaningful way, not imposed or patronising, enables them to take back control of their day as soon as possible. In each situation, it is therefore sensible to make a needs assessment and adapt responses so that both lay and professional help are combined. In this area, too, there is potential for developing different forms of peer and intergenerational volunteering and advocacy in municipalities.

Particular care should be taken in the way services and assistance are provided to people who have difficulty communicating verbally (e.g. hearing impairment, visual impairment, illiteracy, difficulties in perceiving reality). In these situations, the older person's wishes and interests are often overlooked, and life decisions are spontaneously taken over by those around them. The risk assessment method is an individualised approach to assessing risk, where each specific situation can be used to assess whether it is necessary for a third person to take control of a particular daily activity, and to make a plan of what is reasonable help for someone.

The introduction of long-term care services must take into account some of the lifestyle changes that ageing brings. This stage of life is characterised by the fact that it is much more difficult to accept change than at other stages of life. When planning new forms of support, gradual introduction should be taken into account, as well as the organisation of awareness-raising about their forms, types and functioning.

New forms of support should be based on the knowledge, skills and experience of older people. Only in this way can they work for older people and according to their needs. Such orientations should be considered when designing new services and activities, such as employment or companionship. In practice, we too often only see

activities that teach older people new skills (which are often unsuitable for this age group) and such practices should not continue. But at the same time, we need to move away from the persistent belief that the middle and younger generations know best what the older generation needs. Today, the perspective or voice of people with lived experience of old age is taken into account when planning assistance. Professionals know and exercise their expertise by incorporating the experiences of older people into their help and working in a way that provides a 'user perspective'. This is also one of the orientations of long-term care.

6. CONCLUSION: DIRECTIVES FOR A STRATEGY OF FUTURE RESEARCH AND DEVELOPMENT IN LONG-TERM CARE

The concluding chapter is a reflection on the future of long-term care from the perspective of research and development. In doing so, we cannot overlook the circumstances brought about by the epidemic, which impacted the field of social work and exposed many unresolved and traditionally neglected issues in long-term care. Neglecting the development of long-term care and focus on the development of institutional care have proven inadequate since it is in old people's homes that infections spread most rapidly and mortality among residents was at its highest (Flaker, 2020). The consequences were not only felt by the residents of old people's homes but also by those old people living in their own homes, who, because of the underdevelopment of community care, were deprived of the assistance of an old people's home. The fear of institutionalisation increased significantly among older people. There were cases where relatives withdrew their family members from residential care and cared for them within the family. The focus of care remains primarily within families and with informal carers and the trend is continuing. In some parts of Slovenia, older people are even declining admission to old people's homes, despite having waited for this opportunity for many years.

The measures taken during the epidemic also had a major impact on social work education, as all forms of teaching were carried out at a distance, using information and communication technology that does not allow direct contact with the students. The provision of practical training in social work is particularly critical in this sense. In the first and second waves of the epidemic, the delivery of practical training was particularly challenging, especially in the area of long-term care, as old people's homes closed their doors to all external

workers, no new residents were admitted, home help was delivered with strict measures on the use of protective equipment, and intergenerational centres, day activity centres and day-care centres closed their doors. Experience in social work with older people was gained at a distance. This can be seen as a new form of knowledge acquisition, but it is no substitute for face-to-face contact with people. In the second wave of the epidemic, there was also a new requirement that social work students were not allowed to carry out research in the field. This measure was justified on the grounds that in this case the teaching process was being carried out, part of which, in this case, was the research activity of the social work students. Since the teaching process was carried out remotely, the research should also be carried out remotely. However, it is precisely people in need of long-term care who are disadvantaged in this process, as the existing information and communication technology is inadequate for researching their difficulties and problems.

How do we move forward in this situation? Do we first need to overcome the obstacles that have arisen from the efforts to contain the epidemic before developing long-term care? Or should we accelerate the development of long-term care to minimise the challenges posed by the epidemic? These questions very clearly point to the eternal dilemma of which came first: the chicken or the egg. And since in social work, we understand this dilemma as a starting point for development, we look for answers on what to do with the chicken and the egg, or how to deal with the epidemic so that old people get the help and support they need. In doing so, we address issues of both research in long-term care and the development of the field of long-term care itself.

6.1. What were the limitations of research during the COVID-19 epidemic for the development of long-term care?

Research is of particular importance in social work for the different reasons and tasks that social workers undertake. Most often, research is part of social work practice, as we collaborate with clients to ex-

plore their lifeworld and their living circumstances in order to understand their challenges as much as possible and seek to understand what they are dealing with in their daily lives, which are usually quite different and far more complex than our own.

We build special relationships with people, specific connections. Users expect us to provide them with solutions to the hardships they experience in their lives that make their lives difficult, because they have not been able to solve these difficulties themselves, or because the solutions they thought would help have failed.

In social work, we do not have one-size-fits-all solutions to people's hardships, we do not treat life's hardships with medication, we do not write prescriptions, we do not have laboratories to carry out tests. Our laboratory is people's real-life situations, so we need to be in direct contact with people, in a relationship, in person, not at a distance, on the computer or on the phone. It is hard to imagine a daughter whose mother passed away from COVID-19 in a hospital, without the opportunity to say a proper goodbye, sharing her feelings, grief and sorrow with us via Zoom. Even more unimaginable is an older woman who confides in us via Skype because she is being physically and mentally abused at home, or reaching out on her own to seek help for domestic violence.

Information and communication technology is useful in social work as an auxiliary form of communication, but it cannot be used to implement social work concepts because it prevents the establishment of a direct human relationship. Our ethical attitudes do not allow us to accept universal solutions, which, in times of an epidemic, are accepted as being applicable to all groups of people, to all situations in life, to all possible life situations. The needs of people in need of long-term care are specific, we know this and we realised it early on,[40] in the early days of research into long-term care needs. Research in this area is therefore also specific and in particular highly tailored to the capacities and abilities of people in need of long-term care.

Another feature of social work research is that it is necessarily intertwined with social work practice. Qualitative research is therefore

40 This was first highlighted in a monograph on long-term care in 2008 (Flaker et al., 2008).

most often used to conduct research, as it allows us to learn about people's life situations related to the research problem and research questions. As Mesec (1998, pp. 28–35) writes, qualitative research is important for social work for at least three reasons: (1) it focuses on exploring people's real problems rather than distant academic debates, (2) it allows openness to different data about the phenomena under study rather than relying on solely data derived from existing theories, (3) it allows for the exploration of different integral social structures in their everyday life context. In what follows, we describe each of these aspects in more detail and place them in the context of research on long-term care during the COVID-19 epidemic.

1. *Researching the (actual) real-life situations of people (social work users)*

In social work, we define research problems as those situations in people's lives that are relevant to the research participants. In doing so, we start from the more or less familiar situations that we perceive in society, and the research problem itself, as Mesec (1998, p. 30) states, 'is formulated from their point of view'. For example, most often in the field of long-term care, research focuses on exploring the needs for long-term care in order to make the forms of assistance truly and as relevant as possible to people's needs. The expected outcome of the research is findings that are directly applicable to people in need of long-term care, professionals providing long-term care services and social workers who can improve their methods of assistance based on the research results.

In the new social circumstances, we are exploring topics that we know little about, as well as areas that we already know are relevant to social work but need to learn more about. For example, there is an area of support for the dying, better known in the health sector as palliative care. Social workers are becoming increasingly recognised as experts in this field (Beresford et al., 2007; Reith and Payne, 2009), and social work methods need to be developed and adapted to new knowledge in this field, and social work needs to evolve and be placed alongside the medical and health professions, which are currently the dominant disciplines. The knowledge to develop social work in this way is gained through qualitative research, which

enables palliative care users to talk about their situation, to tell us how they experience situations, to present their own understanding of their situation in the specific life circumstances of dying. What we do not know enough about is how the situation and the measures taken against the COVID-19 epidemic affect this area.

Qualitative research uncovers a wide variety of life situations, ones that vary from person to person, and uses them to recognise the diversity and uniqueness of people, individuals and groups. We are entering a field of identifying the specificities that mark humanity and civilisation. We can identify those real-life situations that are specific to the community because they reflect the functioning of different communities according to cultural, historical, geographical and other characteristics. We are always exploring specificities in order to shape assistance based on them, which can only be effective in social work if it is based on identifying the experiences of users since they know what works and what does not work for them.

The experience of living with the COVID-19 virus for more than a year also had a profound impact on the field of social work research. It impacted the life situations of people in need of long-term care, as they are predominantly older people. Even though they were labelled as a particularly vulnerable population group during the epidemic, such a label does not mean much to social work. In social work, we need to identify how old people are particularly vulnerable during an epidemic. It is not just the virus that threatens them. For social workers, it is not enough to have statistics on the higher mortality rate in 2020 and the higher proportion of deaths in the 75+ age group (Statistical Office of the Republic of Slovenia, 2021). Daily data on the number of people infected, dying, hospitalised and in intensive care do not mean much to us. Such data can be a starting point for formulating a research problem and for reflecting on the actual, tangible and real problems that the epidemic introduces into the lives of older people. This needs to be researched on the ground, with old people, in their living environments, whether in their home environment or in an institution. Research should also include representatives of their social network – partners, relatives, acquaintances, friends, neighbours and professionals involved in long-term care. However, the primary focus should be on the

older persons themselves, followed by other participants involved in the assistance processes.

The perspective of older people is the most overlooked during an epidemic where the state is taking measures to curb the spread of COVID-19 – an ironic contradiction. In social work, we have a duty to draw attention to the situation of older people, and we need concrete and realistic data from the field. As social work professionals, we have also experienced first-hand how disempowered people can feel as users when field research bans are imposed without any consultation during an epidemic as a measure to prevent the spread of the disease. Although we could have ensured the safety of our contacts in the field in many ways (e.g. by having an appropriate safety distance in the open, by testing before the meeting and using all protective equipment, by talking in different rooms with a glass screen), in our research we were pushed into a situation in which we were prevented from having direct contact with older people. ICT for conducting remote interviews is often impractical for long-term care users. It fails to ensure privacy, as they usually need the help of a person familiar with the technology. Furthermore, ICT is unsuitable for discussing personal problems and difficulties as there is a lack of real human interaction. Furthermore, researchers or social workers cannot fully observe the actual living conditions of the interviewee, as ICT does not provide insight into the older person's real-life environment. ICT deprives us of the possibility of observation, which is often an integral part of research in social work.

2. *Openness to different data on the studied phenomena*

Social work research draws on familiar theories, concepts and ideas, both those that are specific to social work and others that emerge in different fields of social science. These are often tested through research to see how they manifest themselves in concrete life situations and to prove or disprove them through research. In long-term care research, the most commonly used method is to assess the existing long-term care needs index (Flaker et al., 2008; Mali, 2013). However, this is not the only approach. Even if the needs index is used as a starting point, it is applied with openness to new insight and findings that go beyond existing theoretical assumptions (e.g. the long-

term care needs index). Mesec (1998, p. 32) argues that in social work research, we are alert to any developments in those we are researching, even if they cannot yet be characterised in terms of this or that theory. In other words, we could say that research in social work is spontaneous, just as life itself is spontaneous. It is the consistency in the application of research methods, the justification of procedures, the close monitoring and documentation of processes, information, analytical thinking and the formulation of theories that elevate research above the ordinary everyday experience of life. Such an open and flexible research attitude is also a fundamental orientation in social work, as it is the only way to get in direct contact with the world of people's everyday lives.

The openness to exploring new, different research data, as yet undefined research phenomena, enables the development of our discipline, is its development potential and gives social work the fundamental characteristic of being adaptable to new insights, findings about developments in society, changes in communities and people's ways of life. This approach is needed to maintain the ongoing link between the social work profession and science, which provides new theoretical insights for professional practice. We have repeatedly pointed out in this monograph that social work theory and practice are directly linked, and it is precisely in the context of this epidemic that social work is being tested in new ways. More than ever, it is clear and unambiguous that research is the key link between the profession and the science of social work. If we do not have research in the field of long-term care, we will not be successful in developing support for older people and we will not be able to develop concepts and methods of assistance in the field of social work with older people.

3. *Examining different integral social structures in their everyday life context*

Mesec (1998) highlights four key areas of focus in qualitative research in social work: (1) examining the integral social structure, (2) studying the context (3) the past and the development of life situations, as well as (4) conducting research in everyday situations. These are complex tasks that social workers approach with varying degrees

of analytical depth, including in practical application. To provide a clearer overview and facilitate their application to research during the pandemic, these areas are examined in continuation.

Examining integral social structures means trying to understand the life situations of people in need of long-term care in a holistic, integrated, connected way. Although we focus on the individual, we try to understand how they function in a smaller community such as the family, in a wider community such as the local environment where they live, how their life is affected by social structures, e.g. the social, health and other policies adopted in national programmes dealing with long-term care, because we still do not have a single legislation governing this area. To accurately identify the characteristics of people‘s lives, hardships and circumstances, we analyse these community registers separately. However, our primary goal is to understand the broader context of an individual‘s life situation within their actual community.

During an epidemic, it is important to learn about the lives of residents in old people‘s homes or specific groups of residents (people with dementia, residents who need intensive care, as well as those who are still able to take care of themselves fairly independently), but also to try to understand their lives in relation to the changes set out in the guidelines for old people‘s homes adopted at the national level by the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities. We know that the instructions from both ministries were such that they were forced to create white, grey and red zones in old people‘s homes (NIJZ, 2020). Residents who were not suspected of being infected with the SARS-CoV-2 virus were placed in the white zones, those who were suspected of being infected with the virus were placed in the grey zones and those who were confirmed to be infected with the virus, but did not require hospital treatment, were placed in the red zones. Residents‘ movement was very restricted not only within and between the zones but even within the rooms. One can only imagine how such restrictions on movement, the moves to the zones and the illness itself affected the lives of the residents. Visits from relatives, acquaintances and friends were forbidden, contact with staff was restricted, volunteers and students were few. Residents‘ already limited contact with

significant others in their lives became even more limited. In some places, information and communication technology was used to replace it, but not all residents found it an advantage. For people with dementia, calling a relative on Skype was often more of a burden than visits being banned because they did not recognise relatives on the computer or phone and did not understand where the voice was coming from or why the picture had voices.[41] We know little about the hardships experienced by residents during this period. We do not know what impact these measures would have on their experience of life in the home, on the relationships between residents and relatives or on the relationships between residents and staff. We also know very little about the impact of the measures on the working lives of the staff, who were also experiencing daily hardship because they did not know how to provide the best possible quality of care. By conducting research during the epidemic, we could have analysed the important moments, characteristics and changes in the institutional life of all those involved in order to gain a truly comprehensive, complex, integrated understanding of the impact of the epidemic on life in old people's homes.

Framing research as holistic knowledge and insight into phenomena points us towards the *exploration of context* as another important feature of social work research. Social work is concerned with the context in which people's hardships occur, because we are all part of a wider environment that we create, while at the same time, this environment influences our lives. The research into the lifeworld of the residents of old people's homes that we described earlier is inevitably linked to the context of the institution, the old people's home. We know that some of the characteristics of homes are institutional, they have the characteristics of a total institution (Goffman, 1961; Mali, 2006), i.e.: invasion of the individual's privacy, care for all aspects of the individual's life, care for a multitude

41 Few old people's home managements were open to finding pragmatic, convenient, yet safe solutions (let us remember the media coverage of a birthday visit by a mobile lift that lifted visitors to the height of the window of a lady's room; or the organisation of a concert with a solo singer in the garden of an old people's home). In some places abroad, special contact chambers were set up so that people could meet separately in two rooms and talk through a glass wall, transmitting sound through a microphone. The risk assessment method as we know it in social work could certainly contribute to the discussion and invention of meaningful and safe solutions for organising contact (Flaker, 2003). However, by facilitating research, the creation of such alternatives could become controlled and monitored.

of people in one place, disciplinary procedures, etc. It is imperative to take them into account in our research, to include them in our research design, whatever the focus of our research. If we were to undertake research into life in old people's homes after the implementation of zoning during the epidemic, we would have to take into account the well-known fact that, even before the epidemic, control over the lives of the residents was already quite common, and that this was also manifested in the inappropriate invasion of residents' privacy. While we do not know how successfully or unsuccessfully privacy was handled by staff during the epidemic, we will not learn much about this factor in the guidance on zoning (NIJZ, 2020). We can only conclude that the practice in those homes that tended to organise care more in line with the residents' needs, wishes and interests before the epidemic was more adapted to these factors, and that the residents' voices were heard and their opinions taken into account more than in homes that did not develop care in this way before the epidemic.

Being aware of the context presupposes prior knowledge on the part of the social work researchers, making it easier to understand the context and create the conditions for the research to become part of that context. We will not enter old people's homes with the hypothesis that care that violates residents' privacy is prevalent in all old people's homes and that the epidemic exacerbated such practices. This kind of approach closes doors. However, we can express doubt, scepticism and concern about this factor during the epidemic and use research to show that the context of care in terms of ensuring privacy changed during the epidemic or the point at which it came to a standstill.

It is important to know the background, history and evolution of the context of our research. This is the only way to gain a comprehensive understanding of the problem under study. When researching the lives of residents in residential homes, it is important to know the historical perspective of the development of residential homes, to know when social work emerged in residential homes and how it came to play its role. This makes it easier to understand the role of social workers during the epidemic, why they experienced hardship when the zones were set up in the homes, why they experienced

conflicts with the professionals who coordinated the setting up of the zones, and so on. When researching the lived experience of residents during the epidemic, it is important to be acquainted with the circumstances and reasons that led to the residents coming to the old people's home. We are always interested in at least part of the past in order to understand the present and to make suggestions for the future. This is the orientation required by a comprehensive understanding of people's life situations.

Research in everyday settings is a necessity for social work, and without it, we are deprived of the knowledge we need to plan assistance, but also of the knowledge we formulate at the theoretical level as social work concepts. Research in social work must take place in the everyday life environment of users, because only in this way can we discover the specific situations in which people in need of long-term care find themselves. This is the only way to identify the complexity of everyday life situations, to understand the specific situation of our users and to work with them to shape solutions to the difficulties they experience. This is where qualitative research comes closest to social work practice. In practice, too, in direct relationship with the users, the social worker explores the characteristics of the users' lives in the context of everyday life. In doing so, they apply the same research principles as in qualitative research methodology – the user is the focus of the research, not the social worker. The social worker seeks to understand the user's life context, their needs and difficulties in a holistic way and, on the basis of this understanding, seeks solutions together with the user.

During the epidemic, as social work professionals we must strive to conduct research in people's living environments because this is the basic premise of our research. Information and communication technology is of little use to us in this respect because it does not provide information about people's living environments. Even if we can see the space in which a user lives through the movement of the camera on a computer, we can only perceive a part of their actual living situation. Social workers need a holistic picture of the users' living situation, we need to experience, feel and perceive the environment in which the user lives. A resident who lives in the red zone of an old people's home can answer our questions over the phone,

but that will only provide us with bare answers. We will not be able to perceive how these answers fit into the context of the red zone. Perhaps the resident is not responding critically enough out of fear of potential repercussions. Alternatively, she may be overly critical due to illness and discomfort caused by the COVID-19 virus. It is also possible that relocating to another room in the red zone has not significantly altered her experience of life in the home during the epidemic. We can only guess what the actual daily context of her life in the old people's home is if we talk to her over the phone. In a face-to-face conversation with a resident, we can adapt the interview to the actual situation, to what is happening in the field, ask questions spontaneously, but in the context of the research problem, we can also obtain additional valuable information to learn about the resident's real-life situation. The good thing about information and communication technology is that it saves time, the conversation can be recorded, played back to the resident, arranged several times, etc. However, we cannot obtain other, more important and more valuable information to really understand the resident's lifeworld.

6.2. Implications of banning research during the epidemic for the development of long-term care

Needless to say, the constraints on long-term care research imposed by the national guidelines for controlling the spread of the epidemic had irreversible consequences in terms of recognising the impact of the epidemic on the lives of older people in need of long-term care. However, we would like to mention in particular that the reduction of research opportunities during the epidemic in this area has had a fatal impact on the provision of advocacy for those groups of long-term care users who are limited in expressing their needs, interests and preferences. The HOPS method is particularly well suited for exploring their needs, as it provides time and cost-effective results, rapid findings and enables rapid action.

In the last few years, the Faculty of Social Work has focused on researching the needs of two such groups of long-term care users

– people who are dying and people with dementia. Within both groups, those who have a small social network or even no relatives are particularly disadvantaged. For both groups, relatives are also part of the research process because they are subject to similar stigmatising processes as people with dementia or people who are dying. In continuation, we outline what the mentioned stagnation in research and development in long-term care meant for both groups.

6.2.1. Developing long-term care for the dying

Only in some parts of Slovenia do dying people receive adequate help and care, namely where palliative care is provided at home. These are more or less enthusiastic efforts by individual palliative care teams, but the results of their work are staggering. They provide people in the last phase of life with real care, tailored to their needs and wishes. However, their work is not foreseen and such assistance is not planned in the long-term care system.

There is a growing awareness in professional debate and practice of the importance of respecting the wishes and needs of the dying, respecting decisions about the place of dying (home or institution) and the choice of care. The prevailing medical doctrine is not always in line with the needs of the dying and the expectations of the relatives who care for them. The current healthcare system for the care of the dying does not promote home care (Lunder, 2010, p. 186), as medicine prioritises diagnosis and treatment in hospitals rather than the needs of patients.

Relatives are afraid of accusations from the professional and lay public that if the dying person is assisted at home, this would mean that they have given up on treatment (Russi Zagožen, 2001). Klevišar (2006, p. 42) cites three main reasons why so few people have the option to die at home, even though the vast majority wish to do so: (1) fear and lack of experience in end-of-life care, (2) high expectations of medical care, and (3) the decreasing ability of families to support a dying loved one without additional assistance due to modern lifestyles. On the other hand, Pera (1998, p. 72) highlights the losses that a dying person experiences when they are hospitalised: the loss of personal identity, social connections, a sense of alienation

and a diminished sense of security.

Gedrih and Prusnik (2011, p. 194) conducted one of the few studies in Slovenia that focuses on nurses' attitudes towards meeting the needs of the dying. They find that nurses are in favour of dying in the home environment, but more important than this are reducing physical pain and ensuring the presence of relatives at the time of death.

There is no research on the needs of the dying in Slovenia, but there are several theoretical accounts on the importance of taking needs into account when providing support to the dying and their relatives, which mainly summarise foreign sources. Russi Zagožen (2001) refers to Kübler-Ross (1995), who stresses the importance of taking into account the psychological needs of both the dying and their relatives. For all people, these needs are linked to the dying process, which takes place in five phases: 1. denial (avoiding confrontation with death); 2. anger (looking for someone to blame for the illness); 3. negotiation (trying to delay death in order to experience more of life); 4. depression (recognising that bargaining is no longer possible and death is inevitable); 5. acceptance (coming to terms with illness, mortality and loss). Pera (1998, p. 148) refers to Sporken (1975), who categorises dying into four phases: ignorance, uncertainty, implicit denial and finally recognition or acceptance of the truth. Klevišar (2006, p. 50), however, rather than talking about the phases of dying, speaks of patterns of reactions that differ from one individual to another, do not necessarily follow the sequence of phases mentioned by the aforementioned authors, and trigger different reactions and emotions, for example: horror, fear, hope, feelings of guilt.

Pera (1998, pp. 64–65) argues:

> In the last stage of life, people need touch, affection, talking, air to breathe, refreshment, laughter and crying. They need food that they like but does not cause them problems, care and attention, and above all a loving relationship, human closeness, touch, words and a sense of security.

Efforts to meet the needs of the dying and their relatives are set out in Slovenia's National Palliative Care Programme (Ministry of Health of the Republic of Slovenia, 2019), which states that palliative care

is a holistic support for people with a terminal illness and their relatives during illness and bereavement. It aims to improve the quality of life of the dying and their loved ones and to alleviate suffering, including pain and other physical, social, psychological and spiritual suffering. Palliative care respects ethical principles, legal norms and human rights. Palliative care involves a team of professionals consisting of a doctor, a nurse, a palliative care nurse, a social worker, a clinical psychologist, an occupational therapist, a physiotherapist, a nutritionist, a chaplain and volunteers. An active and equal relationship is emphasised, which takes into account the values and needs of the dying and their loved ones.

According to Lunder (2010, p. 150), there are divergent views in the field of palliative medicine. On the one hand, medicine is committed to developing new skills and knowledge in the field of euthanasia; on the other hand, dying people are an admission of defeat for medicine, of failure, of the inability to help them, to heal them. In such a situation, the involvement of social workers in the process of end-of-life care is essential, as they are able to direct assistance towards finding solutions that are appropriate to the new life circumstances that the dying period brings (Štambuk, 2018). They take a holistic approach to end-of-life care by involving the family, the community and its cultural characteristics in the process of end-of-life care (Reith and Payne, 2009). Social workers provide practical support, counselling, help in coordinating different services and bereavement support to the dying and their families (Beresford et al., 2007).

The roles of social workers in palliative care relate to supporting the family, ensuring appropriate communication between family members, providing tangible support to the dying, teamwork and ensuring that patients are treated with dignity (Hughes et al. 2014). It is therefore important to further develop these roles and make them part of long-term care. The potential for the development of social work in palliative care lies in research in this area and in particular the involvement of social work students in the research process.

6.2.2. Developing long-term care for people with dementia

Dementia is a challenge for social work, as there is a lot of direct support for both people with dementia and their support networks, which are crucial in caring for people with dementia. Social workers differ from medically oriented professionals in that we are aware of the need to respect social justice, human rights, participation and equality (Moore and Jones, 2012; Parsons, 2005). For example, the medical model is undoubtedly too narrow for social work, as it emphasises in particular the deficiencies that eventually lead to the complete collapse of a person with dementia. This is also reflected in the specificity of the naming, because the most important thing for us is the human being in all their dimensions, with all their personal and social characteristics, and only in second place is it emphasised that they have dementia (Mali et al., 2011). Thus, we talk about people in order to emphasise their identity, and the problem (dementia) is externalised and separated from the human being (Mali et al., 2011). In this way, we make it impossible to create an identity based on the problem and we respect and preserve the person's identity that they have built throughout their life and prevent their identity from being defined by others.

Social work in the area of dementia has a particular contribution to make in identifying the needs of people with dementia in order to tailor the forms of support for them and the lives of their relatives to their needs, wishes and goals (Moore and Jones, 2012). Given the widespread rejection and neglect of people with dementia, an important focus of social work with such people is the concept of empowerment, which Thompson and Thompson (2001) cite as an opportunity to move beyond the prevailing care-protection model of helping older people. It is also important to empower relatives who provide care, as they also often experience social exclusion and a lack of acceptance from their surroundings (Hill, 2015; Page et al., 2007). Focusing on empowerment allows individuals with dementia to take responsibility for their lives, build their self-esteem and recognise the value of their experiences. It strengthens their sense of agency, enables them to take on meaningful tasks and helps them to leverage various sources of social power to their advantage. For social

work, recognising the experience of living with dementia is extremely important, as it provides insight into the needs of people with dementia and the appropriateness of existing forms of support in responding to their needs. Through this approach, social work aims to find new forms of support for people with dementia that enable them to live independently in the community. Ways must be found to involve people with dementia in the process of support as active co-creators in the support process. It is important that professionals and family carers also move away from the hardened caring role, which is patronising towards people with dementia, overprotective and proprietary (Flaker, 2012). In social work, we are working to ensure that patients, clients and customers or people with dementia are now recognised as people with important life experiences, but also with support needs, adapted to their needs and with their contribution, so that the support meets their criteria for quality of life in the community. Shaping care around people and their needs is also a central focus of long-term care, which is why long-term care for people with dementia is directly linked to social work in theory and practice.

The situation of people with dementia is highly marginalised at different levels of social action – at the macro-level of the social and political system, at the meso-level of formal and informal forms of support in the community and at the micro-level in the relationships between people with dementia and social networks. In two surveys conducted in small municipalities in Slovenia on people's needs for long-term care and care services (Mali and Grebenc, 2019; Mali et al., 2019), we found that experts – long-term care providers, future and current users of long-term care – believe that care for people with dementia is only appropriate in institutions. It is worrying that professionals at the macro- and meso-level are not catalysts for change in the situation of people with dementia, as they consider them as a special group of people for whom institutional care is foreseen. This is in contrast to the modern orientations of care for people with dementia, which are based on community care. Given that we still do not have a well-developed long-term care system, the current funding system, the culture of care and the lack of an integrated service system make community care possible mainly

for those with less intensive needs, which, due to the nature of the condition, do not include people with dementia themselves. The intensive personalised services that best respond to users‘ needs are either underdeveloped (personal assistance, personal plans and service packages) or inadequately regulated and insufficiently intensive (home care, fieldwork). Community services and programmes also exhibit excessive standardisation (residential groups and day centres being the predominant models), leading to a lack of diversity in the options available.

6.2.3. The role of social work in the development of long-term care

Long-term care poses a unique challenge for social work. The epidemiological measures discussed here do not mean abandoning it, excluding it from the development of social work or stopping research in this field. The link between social work development and long-term care was in fact reinforced during the epidemic. The impact of the epidemic on the development of social work with older people was discussed in more detail in the first chapter, whereas in the last chapter, we want to emphasise the impact of social work (with older people) on the development of long-term care.

Social work, with its research approach embedded in both practice and the development of theoretical concepts, recognises the importance of the development of long-term care in three areas of social action: micro-, meso- and macro-. In practical action, in research, the fields are typically intertwined, but at the theoretical level, they are divided in order to think analytically and to make proposals for the further development of long-term care. We make these proposals as a synthesis of research in the field of long-term care and the currently known outcomes of the epidemic.

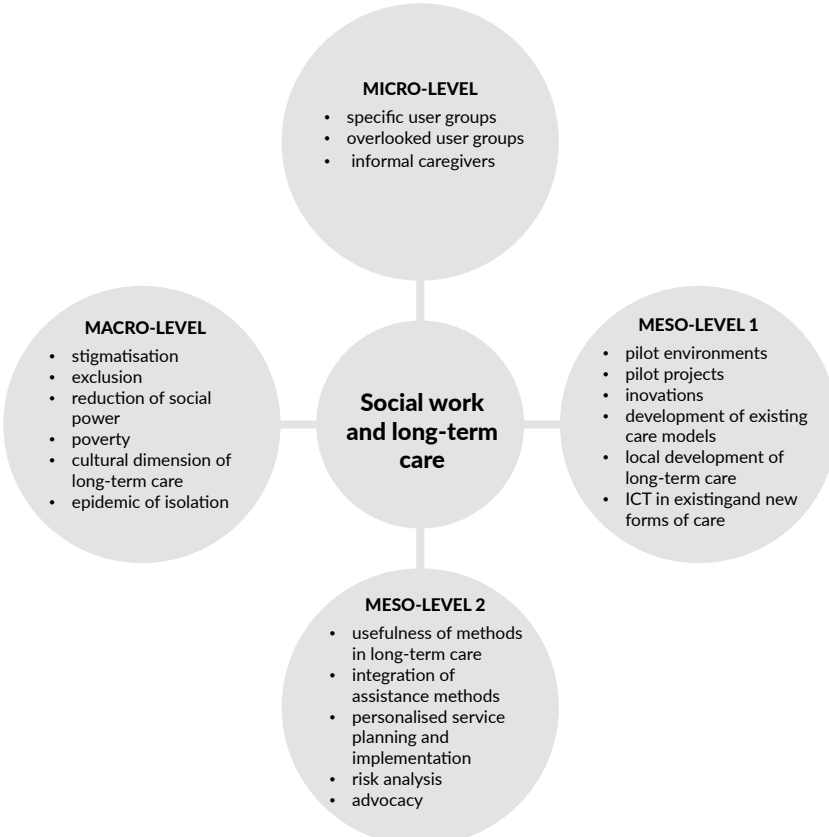

Figure No. 4: Social work and the development of long-term care.

At the *micro-level*, in concrete contact with older people, their relatives, families, representatives of the social network, social work identifies new areas of long-term care and new phenomena. The most prominent are: (1) the development of support and long-term care for specific groups of older people in need of long-term care, e.g. dying people, people with dementia; (2) the development of long-term care and the system in such a way that groups of older people who are already excluded and ignored are not overlooked; (3) the inclusion of informal carers (relatives, close family, friends, volunteers, etc.); (4) the development of a new social care system for older people, which is a new phenomenon in the field of long-term care. The relationship between long-term care users and the family

system providing assistance is crucial for social work in long-term care in organising assistance that includes formal forms of assistance as a complement to informal forms.

The *meso-level* is more complex because it involves, in one part, the functioning of existing forms of assistance and, in another part, the professional work and working methods of experts. Existing forms of assistance need to be developed, taking into account the needs of older people, new phenomena (such as the epidemic), and we need research projects that provide concrete solutions. New solutions should be tested in pilot projects, in environments where innovative solutions, innovations in long-term care, can be developed.

INNOVATION IN LONG-TERM CARE

There is good experience in this area from old people's homes (Mali et al., 2018), which should be transferred to community-based forms of care (e.g. home care), developed in the field, together with older people. New legislation on long-term care will not in itself enable the development of new forms of care, but it is up to the professions to set the directions for further development. At the same time, existing forms of community care need to be developed and adapted to the needs of older people in each case, as well as to explore how the incidence of particular forms of care corresponds to the paradigmatic directions for the development of long-term care. For example, in the field of home help, various home care providers have emerged in the last five years (care homes, old people's homes, social services), but we do not know much about the quality of the care they provide, the methods of assistance they use, the way they are adapted to the needs of users, etc.

Until long-term care is established at the national level, local development must continue, but in the way we have described in this monograph. By examining the possibilities for the development of long-term care, specifically in each local area and municipality, taking into account local specificities and existing networks of formal and informal support, we will stimulate new and urgently needed forms of long-term care.

The use of information and communication technology should be developed in existing forms of care and in new ones. Developments

must be in tune with the needs of older people in need of long-term care. We do not just need new ICT solutions, we need solutions that take into account the specificities of certain groups of long-term care users, e.g. people with dementia. Technological solutions should be developed in such a way that they are tailored as much as possible to the capabilities and capacities of long-term care users.

METHODS OF ASSISTANCE IN LONG-TERM CARE

In terms of the profession, it is necessary to develop methods of assistance and evaluate their suitability in meeting the evolving demands of long-term care. In social work, we have identified the method of personal planning and service delivery as a useful method for the development of long-term care, but we do not know how it is feasible if it is implemented by other professionals working in long-term care. This lack of knowledge requires a pilot test of the method, and it is already clear that new training programmes need to be developed for this purpose. In addition, the method should be tested on groups of older people who require specific forms of long-term care.

The methods of assistance in the long-term care field need a greater focus on development. Each discipline involved should test its established methods of assistance in long-term care and then collaborate with other disciplines to assess their applicability and effectiveness in this field. For social work, we can say that this approach should also apply to the use of risk analysis, which is known on a theoretical level to be useful, for example, in supporting people with dementia, in supporting people who are dying, but which is rarely used in practice.

It is in the area of the professional methods of the different disciplines in long-term care that the integration of long-term care could begin. As far as implementation is concerned, this remains a rather abstract concept for the time being. However, the only viable way forward seems to be for each profession to first assess what it is already developing and determine what can be applied to long-term care. Assigning long-term care exclusively to the social or health sector is neither practical nor beneficial, certainly not for the users. Instead, it is crucial to look for ways to integrate these disciplines

effectively. We see the area of professional methods of the individual disciplines as the most appropriate area for such action.

Methods of assistance in social work need to be developed further more than ever before to ensure that older people play an active role in support processes. For example, it is essential to actively involve people with dementia, regardless of the stage of the condition, in the process of personalised planning and service delivery. Current practice shows that personalised plans are created for people with dementia in the early stages of the disease because they can still communicate verbally, while these practices are not known for people with advanced dementia (Mali et al., 2018). However, personal planning is important for this group because people from this group most often live in institutions, in secure wards, where their needs can quickly be ignored or not recognised at all.

ADVOCACY

From a social work perspective, the epidemic has shown many negative aspects, such as the neglect of older people and their diminishing social power, and we see this situation as a good opportunity to intensify the development of advocacy for older people. Before the epidemic, advocacy for older people was very often mentioned as an area of professional work to be developed. During the epidemic, it became a necessity and social work should take the lead in developing it. Social work can do this in concrete terms, in practice, through pilot projects, in existing forms of care and by promoting both formal and informal advocacy. Among the formal forms, we know of mental health rights advocates, but they are not very active in the field of care for older people. Their activity needs to be encouraged, as the epidemic has highlighted a number of new areas of violation of the rights of people with mental health problems. Community social work is the area closest to the development of non-professional advocacy, such as self-advocacy, peer-, collective- and citizen-advocacy. And it is community social work that can be the catalyst for the development of these forms of advocacy.

At the *macro-level*, it is most evident that the position of older people in society is changing, as stigmatisation, disadvantage, social exclusion and disempowerment are on the rise. Long-term care in

social work is seen as an area that can strengthen the bonds between people and serve as a basis for solidarity and the acceptance of differences (Mali, 2013a). Given the current social context marked by the epidemic, the development of long-term care at this level is particularly important.

POVERTY AND SOCIAL ISOLATION

To address the changes in society resulting from the COVID-19 epidemic, we need long-term care in social work because it enables social change. Concretely, our thinking can be supported by the example of tackling poverty among older people. We already identified poverty among older people in our research before the epidemic (Mali and Leskošek, 2015; Mali et al., 2017; Mali et al., 2019), and we assume that it intensified during the epidemic. Social work must therefore remain vigilant on what legislation on long-term care the state intends to adopt in the coming years to make it truly accessible to all older people, including those who fall into the category of the poor. We do not support the development of forms of long-term care that are envisaged to be paid for outside the long-term care insurance system. Even if voluntary insurance is adopted, efforts should be made to ensure that a sufficiently wide range of services is included in compulsory insurance in the first place, to ensure quality long-term care. Voluntary insurance should not cover what compulsory insurance should provide, as people may not be able to pay for basic long-term care services themselves.

The COVID-19 epidemic has helped to recognise a new phenomenon in social work in long-term care – social isolation – which emerged as a necessary measure to contain the epidemic but has quickly developed into a new form of epidemic, perhaps a pandemic of isolation of different groups of people in society. Among them, it is the older people who have experienced it in its most cruel and brutal form, as it has led to greatly diminished social relations, smaller social networks and less contact with other people.

CULTURAL DIMENSIONS OF LONG-TERM CARE

We need an understanding of the cultural dimensions of long-term care, which are reflected in the processes of support when long-term

care providers are of different ethnic backgrounds. The diversity of cultural backgrounds creates the potential for new characteristics of care if special attention is paid to this if long-term care providers are given the space to bring culturally specific experiences into the care process. Social work, as a discipline and a profession that incorporates anti-discriminatory concepts of action, could therefore recognise cultural potentials and allow them to be realised in long-term care.

These are just some of the most visible and pressing directions for the future development of long-term care as identified in social work. No doubt we have overlooked some factors and new ones will emerge, but our aim is to outline the key priorities based on the orientations of our profession and discipline, which will serve as a basis for developing strategies for both the advancement and research of long-term care.

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PEER REVIEW
prof. dr. Ana Štambuk

Long-term care is becoming an increasingly important area of research, analysing the strategies of support it offers with the aim of facilitating its effectiveness and further development. As there is no long-term care system in Slovenia yet, this monograph is particularly welcome as it provides an analysis of certain aspects of long-term care that can serve as a basis for the future development of a better quality and more stable long-term care system. The monograph is based on an analysis of the needs of those in need of long-term care, which will certainly ensure the development of responses that provide effective and long-term solutions to people's problems and contacts. It was written using the relevant contemporary international and Slovenian literature in the field of long-term care for older people in the community and in institutions.

Although long-term care is intended for people of all ages who need ongoing support due to their long-term difficulties, the older people make up the majority of the population. For this reason, the authors focus on the group of older people who receive the most organised forms of care in homes for older people in Slovenia. On the contrary, the monograph proposes to focus on community-based care as one of the most important changes in long-term care. It is necessary to find out what older people need to live in the community, in a home environment, so that it is possible to develop support that is effective and ensures that older people can live independently at home for as long as possible; this is a key element in the development of a long-term care system. The Rapid Needs and Services Assessment method, on which the proposed monograph is based, provides an opportunity to explore the answers to these questions.

The Rapid Needs and Services Assessment method is the central method presented by the authors as a research tool that can be

used to design strategies for both research and the development of long-term care for older people. Using the example of three municipalities, Ljubljana, Straža and Žirovnica, they first develop an initial research strategy, the Long-Term Care Maps. This is an analysis of existing quantitative and qualitative research data that provides a detailed overview and analysis of the situation of individual local areas in the field of long-term care. By comparing geographical, demographic and socio-health characteristics and existing forms of care, they offer a way of explaining the circumstances surrounding the provision of long-term care. This is followed by a second research strategy, analysing the needs of older people. It is skilfully embedded in the analysis of older people's everyday lives in the context of long-term care. They then offer a third research strategy - concrete suggestions and conclusions for the design of long-term care that local environments could develop for their older citizens.

The book contains all the elements of a scientific monograph - it is analytically sound, explanatory, critical of current practise and provides concrete answers to inexplicable phenomena in long-term care. It is therefore suitable for all professionals entering the field of long-term care, and especially for social workers, nurses and other health professionals, gerontologists and andragogists who are just beginning to find their place in long-term care. It will also be of interest to a wider readership, both professionals and a lay audience interested in the phenomena of population ageing. Professionals will certainly include all social scientists, humanities scholars and technicians concerned with gerontological issues, but above all sociologists, psychologists, economists, architects and electrical engineers.

The proposed scientific monograph is characterised by its language, which is scientific, professional and at the same time readable, reader-friendly and comprehensible. It shows that the authors have also written with the needs of a wider readership in mind, which in the end proved to be very useful. The text has several features. In addition to the scientific aspect, which is reflected in the choice of terminology related to social work, there is also an analytical aspect, which in the end gives the text a utility value without which it is difficult to imagine the further development of long-term care.

Ana Štambuk

PEER REVIEW
prof. dr. Nino Žganec

The monograph, written by Jana Mali and Vera Grebenc, deals primarily with the issue of research methodology suitable for the field of long-term care of the older people in the community, as well as with various issues related to the organisation of long-term care in the community. The text is divided into 6 chapters and includes a list of relevant literature from the field the authors are concerned with. In the first chapter, the authors deal with long-term care issues related to the Slovenian national guidelines. The second chapter deals with issues of researching the concept of need in the context of long-term care within social work. The third chapter explains some characteristics of the rapid needs assessment method as a basic methodological approach used by the authors in their research. The fourth chapter provides a thorough overview of the various elements of the "map" of long-term care in several selected municipalities where the research was conducted - the municipalities of Straža and Žirovnica. Here, a detailed picture of the existing characteristics and resources that are important for the care of older people is created on the basis of a kind of mapping. The fifth chapter provides information on the results of the qualitative research conducted, in which the authors analysed the needs of older people in the municipalities studied. The sixth chapter is particularly valuable and deals with the issue of long-term care strategies at local level. Here the authors address, among other things, issues of the vision of long-term care in the communities studied, as well as a whole range of established proposals and existing solutions for the realisation of long-term care at the local level identified through the field research conducted. In this chapter,

the authors draw useful conclusions and a number of implications for the social work profession.

Overall, this is an extremely detailed, methodologically interesting and practically useful piece of content, written in response to the growing need for answers to the question of how to research and organise long-term care for older people. Most importantly, the authors address issues of care for the elderly in the community as a kind of counterpoint to the still-favoured model of institutional care for the elderly in a large number of municipalities. Both in the theoretical approach and in the methodological anchoring of the research, the authors have already made it clear that a question like this should be approached from a user perspective, which, with the application of a suitable (qualitative) methodology, can offer concrete solutions for the care of the elderly within the profession of social work. In both the methodological and theoretical sections, the authors use the appropriate scientific apparatus for the field with which they are concerned. With a broad knowledge and presentation of relevant theoretical approaches, which they skilfully incorporate into the content and elaboration of the topic, the authors choose a qualitative methodology, an ethnographic approach with interviews, observations, ad hoc information, documentation analyses, etc. In this way, they fulfil not only the requirements associated with the purpose and objectives of the research, but also the basic methodological determinants of social work as an applied scientific discipline. The content of the monograph is extremely important and topical, as the subject of elderly care is increasingly coming into focus not only in the narrow professional world, but also among the wider public. The growing proportion of the elderly population in the overall population makes it necessary to answer questions relating to new approaches to care for the elderly in the future. Since it is illusory to expect that the problem of long-term care can be solved primarily within an institutional framework (which would also be wrong from a professional point of view), new solutions must be found based on the actual needs and wishes of those for whom this care will be intended. The authors use appropriate scientific language and cite several concepts known from the literature in this field. In the part where the "maps" of long-term care are presented,

the content (and the language used) may seem dry in places. However, this is justified by the need to present as vividly as possible all the resources, elements and circumstances that influence the position of older people in their communities and the possibilities for developing a new concept of long-term care. Overall, this is a valuable, methodologically complex and theoretically well-rounded work that will inform future planning of both research and professional activities related to the organisation of long-term care for older people in the community. Potential readers include professionals concerned with age and ageing in the social work and related professions, those working in social care settings for older people, professionals in local communities, higher education, social work centres and other related settings. The content is also of interest to students of helping professions such as social work, education, psychology, medicine and others. The content may be useful for decision-makers at different levels of decision-making as well as for older people who may be interested as potential service users.

The monograph transcends national contexts and therefore the English translation can contribute to this important work being recognised by a wider scholarly audience.

Nino Žganec

Long-term care is new in Slovenia, both in the field of institutional care for older people and in the field of community care. In both areas of long-term care, there is a lack of analytical research and thus a lack of scientific debate and knowledge about the characteristics of long-term care for older people. This monograph fills these gaps by presenting the basic characteristics of long-term care, on the basis of which the authors justify research that is centred on the needs of people in need of long-term care. This is a central concept in social work, and because of the paradigm shift in care that long-term care implies, it is also an effective way to conduct research in long-term care as well the central theme of the monograph remains social work with older people, which we present in the context of long-term care as a discipline that offers conceptual starting points for long-term care and research methodological knowledge for the development of the field of long-term care.

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