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SOCIAL WORK IN INSTITUTIONAL CARE FOR OLDER ADULTS: TRANSFORMING MEDICALLY ORIENTED HOMES FOR THE OLDER PEOPLE INTO COMMUNITY-ORIENTED CARE CENTRES[1]

Summary

In recent years, demographical changes have posed a significant interest for social work. The primary aim of social work as a science and as a profession is to ensure the social participation of all people on all levels of society: micro, meso and macro. Social work is therefore connected not just with individuals and families, but also with communities and society as a whole. This paper presents how this characteristic of social work in homes for the older people influence on the transformation of Slovenian institutional care from primary residential care to centres of care for the older people. The significant impact is in the difference of social work between socially and medically oriented homes. The difference lies in social work methods as well as in the roles of the social worker in different areas of work with the residents, relatives and staff. This approach enables the provision of holistic care for the older people in institutions and in the community. Slovenian homes for the older people with existing and planned forms of assistance in the community demonstrate that institutional care is not necessarily linked only to the classical care in an institution. The transformation of homes enables the development of new forms of care for older adults both inside and outside each home for the older people.

Key words: the older people, older adults, social work, institutional care, community care

The conceptual framework of social work with older adults

Recently, professionals in various fields have devoted much attention to the increasing and continuously changing needs of the older generation. Demographical changes have a significant interest for the field of social work. Older adults have moved from being a marginal concern in the mid-twentieth century, to one of central importance for social work in the twenty-first century (Payne 2005; Lymbery 2005; McDonald 2010; Mali 2013). It is increasingly important for social work to develop an area of spe-

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cialisation that will be devoted to the issues of older adults' lives and all aspects of the assistance they need. The role of social work has changed in new social circumstances, with the focus steadily shifting to the work with the older population. As Nathanson and Tirrito (1998) have pointed out, social work is a dynamic discipline responding to social circumstances. Phillips (1996: 149) asserts that that social work with older adults plays a very special role, arguing that the survival of social work depends precisely on this area of specialisation. The older generation therefore represents a real challenge for social work.

Social work with older adults should be clearly conceptualised if social workers are to be efficient in performing practical work and resolving the crises experienced by this population (Ray et al. 2009). To achieve this, they need (1) knowledge and experience about the ageing process and (2) the specific skills and knowledge needed to research the needs of older adults and find ways to satisfy them. The conceptual over-atomisation of social work could result in the failure to recognise social work with older adults as an area of specialisation. Social work enters the area of work with older adults in a specific way, and it is not the only discipline dealing with people during the later stages of their lives (McDonald 2010: 3). Old age is a complex phenomenon and the older population is an expressly diverse group. In searching for solutions to the crisis experienced by older adults, social workers should be able to make critical assessments of the positions taken by various disciplines and policies pertaining to care for this population (Ray, Phillips 2002; Payne 2005). Knowledge about the specific features of older adults' lives is not sufficient in itself. The assistance provided by social workers cannot be reduced to one age group or one generation only. Social work is always conducted for the benefit of all people, all age groups and all generations, since one of its basic ethical principles is not to exclude, restrict or neglect anyone. Social work with older adults as an area of specialisation (Mali 2013) indeed concentrates on older adults, but in so doing it does not exclude co-operation and the co-creation of solutions with other age groups that come in contact with older adults.

The primary aim of social work as a science and as a profession is to ensure the social participation of all people on all levels of society: micro, meso and macro. Rapoša Tajnšek (2007: 10) argues that social work can be successful only if it takes into account, in addition to the micro level (the individual, the family and the group), the meso level of the social environment, which includes informal and formal resources and assistance networks in one's living environment and community, and the macro level, which provides the social and political context for the consideration of social issues. Social work cannot be performed on one level only. Apart from being interdisciplinary, it also connects several levels of living (Flaker 2012), so it cannot be restricted to one dimension only or reduced to one space only. Each change initiated by an individual (with the help of social workers) is reflected on all other levels and in social work's relation to other professions and experts dealing with older adults. One important principle in social work is the conviction that older adults are not merely passive recipients of help, but they also co-shape and co-create the quality of life during the late stages of

their life courses (McDonald 2010; Ray et al. 2009; Nathanson, Tirrito 1998; Lymbery 2005). Through such an approach, social workers point to potential new forms of co-existence of various age groups and dispel prejudices against older adults according to which they are merely parasites feeding on social welfare or a so-called 'selfish welfare generation' (Phillipson 2005; Macnicol 2006). The greater awareness of the increasing numbers of older adults places the issue of solidarity and harmony in modern societies high on the agenda for discussion. It is interesting that it was the increase in life expectancy that alerted us to the significance of solidarity, one of the crucial phenomena of humankind. Regardless of the reasons that led us to recognise its significance, what is important now is to develop various types of solidarity and by so doing ensure the continuation of our civilisation.

On the micro level, social work with older adults draws attention to the changes introduced into the dynamics of family life with the ageing of a family member. From their perspective, old age and the changes accompanying it are a challenge that a family needs to address rather than a problem. The manner in which the family will respond to the challenge depends on the living pattern of the individual family and its reaction to the changes that old age inevitably brings about. Social workers help families to accept old age as a challenge in a specific way (Čačinovič Vogrinčič 2006). The mission of social workers working with older adults is to improve older adults' capabilities and capacities and consequently enable them to confront their difficulties and deal with distress (Mali 2008; McDonald 2010; Lymbery 2005; Phillips et al. 2006). In so doing, social workers adhere to certain principles of work, for example, seeking strengths, promoting maximum functioning, promoting a non-restrictive environment, promoting ethical practices, respecting cultural differences, working within a systemic perspective and setting appropriate goals (Burack-Weiss, Brennan 1991). These principles point to the specific features of social work with older adults, which stem from a holistic approach to these individuals and their needs, with an emphasis on the promotion of the users of social work as partners in the process of help provision and on their active role and co-operation with professionals, i.e. social workers, in finding solutions. The mission of social workers working with older adults is to improve these individuals' capabilities and capacities and consequently enable them to confront their difficulties and solve problems (Mali 2008).

Our lives are necessarily connected with the community. On the meso level, social work with older adults seeks to establish how organisations within the community can contribute to the strengthening of social networks and how the community can be mobilised. Social workers help older adults and their families to obtain assistance from the various services available in their environment and co-ordinate these services (Walker 1996). Using their knowledge about the needs of older adults, they contribute to the development and linking of various services (Mali 2008: 65). Knowledge about the social construction of the later stages of life enables social workers to identify various problems confronted by older adults in contemporary society. Definitions of these problems are crucial for various programmes and organisations for older adults, ena-

bling professionals working for these organisations to diagnose the problems and implement adequate measures to mitigate them (Hazan 1994). The mission of social work with older adults goes beyond this, however. Social work has not stopped at merely identifying and mitigating the problems but has taken one step further, seeking to help and support older adults to take advantage of their rich life experience to overcome difficulties (Mali 2008; Burack-Weiss, Brennan 1991). It places the emphasis on individuals and their capacities and capabilities rather than on problems whose solution is, at any rate, the responsibility of specialised programmes and services to which social workers contribute through their knowledge about older adults' needs (Mali 2008: 65).

The macro level involves cohesion within society as a whole. It necessitates the linking of measures taken on the national level with activities undertaken on the other two levels, and at the same time it creates for the state an autonomous and legitimate space enabling it to adopt the kinds of policies that will encourage intergenerational cohesion. The task of social workers is to contribute to the transformation of policies and resulting attitudes towards older adults on the local and national levels (Koskinen 1997; Mali 2009a; Mali 2013). Social workers endeavour to eliminate any discriminatory attitudes towards older adults (the English term frequently used to denote discrimination against older adults is *ageism*) and empower older adults to ensure their social, economic and political rights (Mali 2008; McDonald 2010; Nathanson, Tirrito 1998). The practice of social work is aimed at eliminating prejudices and negative attitudes against people and inappropriate approaches based on personal characteristics such as race, gender, religion, ethnicity, age or the like.

Social work functions on all three levels, exploring and developing specific knowledge for working with older adults. It is possible to argue that social workers most frequently realise their mission through the services offered within the field of social protection, where they co-create solutions with individuals, families and social groups within a community and in relation to the state. Social work cannot be restricted to one level only. Every change that an individual achieves with the help of a professional or a social worker is reflected on the other two levels as well as within relations with other professions and professionals dealing with older adults. Social work is not only interdisciplinary, it also connects different levels of existence (Flaker 2012). One of such examples is the fact that older adults are not just passive recipients of help but they are active creators of their quality of life.

Social work in homes for the older people

Social work in homes for the older people is based on the relationship of the social worker with the residents, staff and relatives. The characteristics of social work in the home are reflected at two levels: the most obvious and acknowledged one consists of the role and tasks of the social worker during different periods of an individual's life in which an older person encounters an institution. These tasks apply to the different pha-

ses of the individual's residence in the home. The tasks and roles of the social worker in the home are carried out in accordance with the phases of an older person's contact with the institution, namely certain tasks are carried out before the resident is actually admitted to the home, during the resident's stay at the home and when they leave the home; then there are tasks involved in establishing a good climate in the home and for monitoring the residents' institutional life. The foreign literature (cf. Ledbetter, Hancock 1990) in particular is permeated with descriptions of the tasks of social workers in homes according to different fields. The fields of social work in the home include social work with the residents and their relatives, the role of the social worker in the home team, counseling, advocacy, group work and work on innovative programmes.

The separation of the role of a social worker in the different phases of a user's residence in the home taken from social work in different fields of work in the home has in practice proven to be inappropriate and senseless, while such a separation does seem appropriate for the formation of theoretical concepts as it enables the transparency of the field and establishes the basis for its scientific conceptualisation. The roles and fields of social work in homes for the older people are based on the relationship of social workers with the residents, staff and relatives and individual work with residents, the representation of their interests against institutional requirements and the balanced co-operation of social workers with other experts in the home to ensure an integral approach to the resident. The preservation and strengthening of family ties and the quality of interpersonal relations in institutions are particularly important for the residents' quality of life. This part of social work in homes for older adults is in general what we have called social work on the micro level, as presented in the previous chapter.

The social worker is the older person's fellow traveller; from their first contact with the institution (before actual admission to the home), he or she introduces them to institutional life and accompanies them during the time of their life in the home and is also present when the resident's contact with the home ends or they leave the home. The way in which the social worker carries out and plays their role, mission and expert competence depends not only on the worker but also on the institution's orientation.

In medically oriented homes, the basic characteristics of social work shown in socially oriented homes, which consist of the social worker's personal attitude towards the residents, relatives, staff, work with the individual, advocacy and team work are replaced by bureaucracy. Administrative work enables impersonality, distance and disengagement from relationships. It leads to the routinisation and bureaucratisation of work, which constitute the motivating power of an institution's medical orientation. It enables the measurability of social work's efficiency in terms of the satisfaction of the institutional criteria of the home's functioning. But in socially oriented homes, the role of the social worker is more in the spirit of a conceptual framework of social work with older adults.[2] It enables the holistic approach to older adults and breaks the limitations

[2] Presented in the previous chapter.

of social work within the institution. The social orientation of the home gives the opportunity for the development of community care in which social work can play a central role (Mali 2010). With the widening of the role of social work from mainly residential to community, the meso level of social work is presented. Over the past decade, social workers have worked intensely on the development of services and programmes targeted at older adults needing help with their everyday tasks and activities. A broad network of services and programmes of social protection for older adults was established (Walker 1996; Lymbery 2005). In Slovenia, social workers in homes for the older adults play a great role in that.

The role of the social worker is also key upon the admission of an older person to the home and afterwards. The social worker introduces the resident, together with their relatives, to the institutional world, to a new environment. The difference between social work in a medically and in a socially oriented home has roots in the realisation that the mission of the social worker is oriented towards individuals. In the medically oriented home, it is important that in the initial phase the newly admitted individual and their relatives adapt to the requirements of the institution as much as possible. Their goal is to submit their interests, needs and requirements to the goals of the institution. In the socially oriented home, the social worker in this phase strives for the harmonisation of the interests of the individual and the institution. In this phase, the social worker takes on the role of a mediator, advocate and harmoniser of demands and needs or goals of both parties. To achieve a mediator position, the social worker in this phase carries out individual functions of social work, i.e. establishes personal contact with the future resident and if necessary with their relatives or other members of their social environment. Personal contact enables the establishment of a working relationship, which establishes the basis for monitoring the resident from their initial contact with the institution to the phase when they conclude their relationship with the institution. The final phase, i.e. when the resident leaves the home, also formally ends in compliance with the principles of the administrative procedure or when the social worker pays it as much attention as necessary so as to be able to use all their expert knowledge to meet the criteria of the institution's social orientation.

Social work in homes works against the categorisation and stigmatisation of the older people by striving to include residents as equal partners in the processes of institutional life so as to enable shifts in the institution's functioning to become more adapted to the individual. This approach interferes with the institutional regime, which from the beginning of the establishment of such homes was formed to satisfy society's goal of discriminating the older people. The model of social work in homes for the older people helps restructure closed structures to make them become more open and to generate shifts known as deinstitutionalisation, with the goal of acting critically towards the traditional institutional treatment of older adults. In this manner, social workers try to make changes that are part of the macro level of social work.

Homes for the older adults as community centres of care for the older people: transformation of Slovenian institutional care

Characteristics of the development of Slovenian homes for the older people involve a shift in the dynamics of the orientation of the homes from a medical to a social model (Mali 2008; Mali 2009b) and lately from institutions that provide only care for older adults within an institution to community centres of care for older adults that provide a variety of services for older adults and their families. Different factors have influenced the shift towards a social orientation and towards community, i.e. the macro level changes, which involve significant changes in welfare system, the policy of establishing homes, the influence of socio-gerontological principles, the development of social work and, recently, by their involvement with the residents with dementia.

The current Slovenian welfare system is the outcome of a series of gradual changes over the last 20 years, which originated from the state socialist welfare system (see Kolarič 1990, 1992; Kolarič et al. 2009). Compulsory payment of contributions by employees and enterprises covered risks of income loss (including old age) and all contributions for care for older adults, education, childcare, etc. The system had three components. The public sector consisted of a developed and regionally dispersed network of public (state) institutions including numerous institutions for the care of older adults (old people's homes). The informal sector provided services that were lacking in the public sector; in the case of older adults, these were services provided by close and extended family members, friends and neighbours largely based on strong value orientations, normative expectations and emotional closeness within informal networks (Hlebec 2003, 2009; Hlebec, Šircelj 2011). This area was not supported by policy measures until 1991. Over the past 20 years, the policy measures have been oriented to encourage the development of institutional care with the focus on private institutional care in addition to public institutions, community care with numerous forms of new care services and facilities (networks for day care; a sheltered housing system; the remote help system, development of social home care) and support for family members who take care of older people family members (possibility of leave of absence for employed family member [carer], possibility to became a family attendant with the right to partial payment for lost income). Family care is traditionally supported also by the legal obligation of family members (partner and children) to financially provide for a dependent partner or parent.

The development of institutional care before and after the transition can be divided into three main periods (Mali 2009b), accompanied by a paradigmatic view of institutional care. The period before the transition, between 1965 and 1990, is described as a socio-gerontological period where old people's homes were designed as geriatric institutions focused on sick old people. Employees mostly came from the medical professions. In 1967, there were 35 old people's homes, which had about 3,100 residents. The period between 1991 and 2000 is described by Mali (2009b) as a hospital model of old people's homes where, regardless of the increasing number of social workers among

the employees, hospital-like rules of living were in use. The employment of specialised medical professionals was called for by the growing complexity of residents' medical conditions. Employees noticed the increasing formalisation of communication between employees as well as between employees and residents, together with ever-less solidarity and co-operation. The period since 2000 is described as a social model of institutional care. Its implementation has been based on the rising number of people suffering from dementia and the inability of the medical model of care to provide highly individualised care. Social workers alone started to implement an individual approach to residents, along with the intervision and supervision of other professions employed in old people's homes. The introduction of a practice of team work among professionals will provide better care for residents in the future.

One of the key problems in Slovenia that has been recognised for some time now and one that obstructs the development of care for older adults, is excessive institutionalisation and a lack of community-based care. In brief, the care system is rigid and cannot meet the needs of older adults who make up an expressly heterogeneous population group (Mali 2011). Access to help is a special problem; in both urban and rural areas, help is often inaccessible. In the latter, both institutional care (homes for older adults) and community-based care (e.g. help at home) are often unavailable (Mali 2012). The reason is that help at home is, in most cases, provided by homes for older adults, so in places where there are no homes for older adults, there is no help at home either. By contrast, in urban areas the range of available assistance is quite large, but still it does not adequately meet older adults' needs (Mali 2012).

Our homes nowadays have the characteristics of special social homes – they provide care for older adults in social distress because of their health condition, weak social network or poor living conditions. They are large institutions. Till 2007 they provided care for 213 residents on average (Mali 2008: 109). Our analysis shows that trends in the short-term, five-year planning of institutional care do not go towards reducing capacity, but their increase (Filipovič Hrast et al. 2014). By the adaptation of buildings and construction of small housing units they wish to improve their living conditions but not to reduce the number of residents. In this context, the plans of such homes are in contravention of current social policy guidelines. The Resolution on the National Social Assistance Programme for the period 2006–2010 (2006) as well as the Resolution on the National Social Assistance Programme for the period 2013–2020 (2013) introduced the reduction of institutional capacity and magnifying the community forms of care. The existing national social assistance programme has highlighted the need to change the relationship between users of community and institutional forms of social protection, so as to increase the proportion of community forms of care and reduce the proportion of institutional care. The relationship between users of community care and users of institutional care is now about 1: 2. This means that on one user of community care come two users of institutional care. The relationship between the users of community care and users of institutional care should in 2020 come to approximately 1: 1, which means that one user of community care will come to one user of institutional care.

In 2012, we conducted an institutional survey that aimed at the identification of types of services provided by homes for the older people that go beyond institutional care defined in a narrow sense. A short questionnaire was sent to all 99 providers of institutional care in Slovenia, among which 55 were public and 44 were private providers of institutional care. Altogether, 83 institutions returned completed questionnaires (48 public and 35 private).

Table 1. Proportion of homes for older adults that provide community care services

Type of service	Description of tasks	(%)
Institutional care	Residence, organised eating, health care and social care	100
Social home care	Meals on wheels	39
	Housekeeping	23
Community nursing care	Nursing care	17
Life-line telephone	Monitoring	11
Temporary care	Within institution	34
Day care	Within institution	34
	At other location	7
Sheltered housing	Care in sheltered housing	15
Care in foster family	Foster care for older adults	2

Source: own data.

Many homes for older adults provide more than one type of community care services; however, the provision of these services is a new development, mostly since 2005. The most frequent services are social home care, day care and temporary care. Less frequent but equally important are other types of services such as the provision of physiotherapy, occupational therapy, rehabilitation after major illness or bone fracture, assistance for older adults living at home who suffer from dementia and assistance for their family members in self-help groups. One of the most important new tasks is providing information, not only about institutional care but about all types of care that are available in the community. In a society, where the long-term legislation is not yet available and the health system and the social systems work separately and provide a number of services to which access is granted for each service separately, such an informative function is extremely valuable.

The integrative role of homes for older adults in the community is explicit also at the institutional level, as most homes work together with other institutions that provide services for older adults, such as community health centres, centres for social work, the Red Cross, Caritas and associations for retired people. The majority of homes for older people see the advancement of community types of services as a strategic development.

More pronounced is the trend of development of care that strives to ensure individualised care, which is one of the objectives of the national programme, Resolution on the National Social Assistance Programme for the period 2013–2020 (2013). In developing professional work, homes for the older people follow the guidelines of social policy. The organisation of care and renovation of buildings shape this trend appropriately. It is difficult to predict whether they will follow the concept of specialised institutions (i.e. nursing homes, homes for people with dementia etc.) we are familiar with in other parts of Europe. Until now, professional work in the homes has not supported such an institutional concept, but the question is whether the existing standards and norms of care in our homes have a good grasp of the general principle of care that advocates meeting the needs of various categories of residents in one place.

Conclusions

For many years, homes for the older people have been the driving force behind the development of care for older adults, including community-based care. Homes for older adults provide not only institutional protection in the narrow sense of the word (residential facilities and care), but also assistance to older adults in their homes and within a community (the most intense development of day care centres has been seen within the framework of homes for older adults, and the same can be argued for home care, social services, sheltered housing and respite care) (Hlebec et al. 2014; Filipovič Hrast et al. 2014).

In the face of the economic crisis, the political and professional debates in Slovenia have neglected the financial aspects of institutional care for older adults. The exact cost of institutional care is guesswork because the financing of care is not transparent. Flaker et al. (2011: 249–254) estimate that 49.39 percent of the total expenditure for long-term care is set aside for the institutional care for older adults and the preservation and maintenance of the institutional infrastructure, while the users and community do not directly benefit from it. The institutional system cannot adequately meet the needs of users, community and society. The shift of expenditures from the present institutional care to the community provides an opportunity for a good quality of life in old age. It is an investment in the social network and serves the preservation of significant roles of older adults in society; it is an investment in strengthening the solidarity among all the age groups in society (Mali 2012).

Community-based care for older adults is a necessity, but the question is how to boost its development. For more than one decade now Slovenia has been waiting for legislation on long-term care, but older adults' increasing need for help has already become so acute that the failure to pass laws can no longer be an excuse for underdeveloped community-based care. The positive experience with the reorganisation of special social institutions into smaller and more user-friendly institutions could serve as an example. The analysis of the process of the deinstitutionalisation of special social in-

stitutions (Flaker et al. 2008) has alerted us to the fact that new organised forms of living in a community also create the need for new approaches that will represent a paradigmatic shift from traditional methods. It is suggested that these new approaches should be based on a personalised approach and advocacy and by adopting a pro-active stance, taking account of the concept of the social construction of disability (disorders, incapacities) and a sound knowledge of the context and everyday life of the users. Providers should have expert knowledge about their users, should be willing to take calculated risks and should be gender and culture sensitive.

It is clear that institutional care for the older people in Slovenia opens the dimension of community care. Homes for the older people with existing and planned forms of assistance for older adults who still live in the home environment demonstrate that institutional care is not necessarily linked only to the classical care in an institution. Developing care in the community and overcoming traditional institutional care enables the development of new forms of care for older adults both inside and outside each home for older adults. Such an operation exceeds the myths about homes for the older people as institutions with a low level of quality of care.

The presented consideration of the three levels of social work, the micro, meso and macro, is intended to identify the role of social work in homes for the older people in the transformation of institutional care from primary residential care to the centres of care for older adults. Social work functions on all three levels, exploiting the specific needs of older adults, their family and social network and the position of older adults in society. It is possible to argue that social workers most frequently realise their mission in the homes for older adults, where they co-create solutions with residents, their families and staff, within a community in which homes for older adults also provide care and in relation to society, to fight against stigmatised views of old age. Social work cannot be restricted to one level only. Every change that an individual achieves with the help of a social worker is reflected on the other two levels as well as within relations with other professions and professionals dealing with older adults. Social work endeavours to establish co-operation with these other areas, since joint effort is the only path leading to quality links between the people and benefits for older adults.

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