

Community care of older people in rural setting: A case study from Slovenia

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Abstract

This essay discusses the organisation of community care for older people in a Slovenian rural municipality categorised as having “low well-being”. The case study is part of a wider research project on community care in Slovenia, which aims to explain the differences and similarities in the organisation and quality of care for older people. The case study is a follow-up to the research of a previously established typology of community care in the country, formed by a cluster analysis. A case in a rural setting was selected to assess this typology directly in the field. The various actors were selected by snow-ball sampling and interviewed about the traditional and present forms of caring for older people in the community. Contrary to the typology, the fieldwork results show that institutional forms of care at home and at homes for older people exist in the selected municipality. Considering the particular regional context, the results also show communal cooperation among various formal and informal care-practitioners. Finally, care for older people within a family, which is prevalent in the community, obscures the financial inability of the locals to use some of the forms of service available in the residential community.

KEYWORDS: community care, older people, rural setting, Slovenia

Introduction

The research interest in “rural ageing” is relatively poor considering the current global demographic evidence showing that ageing worldwide is in fact rural ageing (Wenger 2001: 537). The reason for this may lie in the prevalent myths of close and supporting ties among generations in rural settings compared to the weak family bonds in urban settings (Hareven 1996; Melberg 2005; Jong et al. 2005; Keating 2008). However, the reason may lie in the assumption that the development of welfare institutions would displace the private support within families (Künemund & Rein 1999).

It might be that similar musings were the main “culprit” for why the first global rural ageing conference was held only recently, in 2000. Discussing rural ageing in various parts of the world, the participants showed that rural ageing was far from a uniform phenomenon, since rural localities were heterogeneous spaces both inside

their localities and compared to urban settings (Wenger 2001; Scharf 2001; Wenger and Burholt 2001; Shenk 2001; Keeling 2001; Bhat & Dhruvarajan 2001; Keasberry 2001). Increasing interest in rural ageing further questions and demythologises biased images of rural communities as either idyllic and supportive for older people or bereft of any social services for them (Keating 2008).

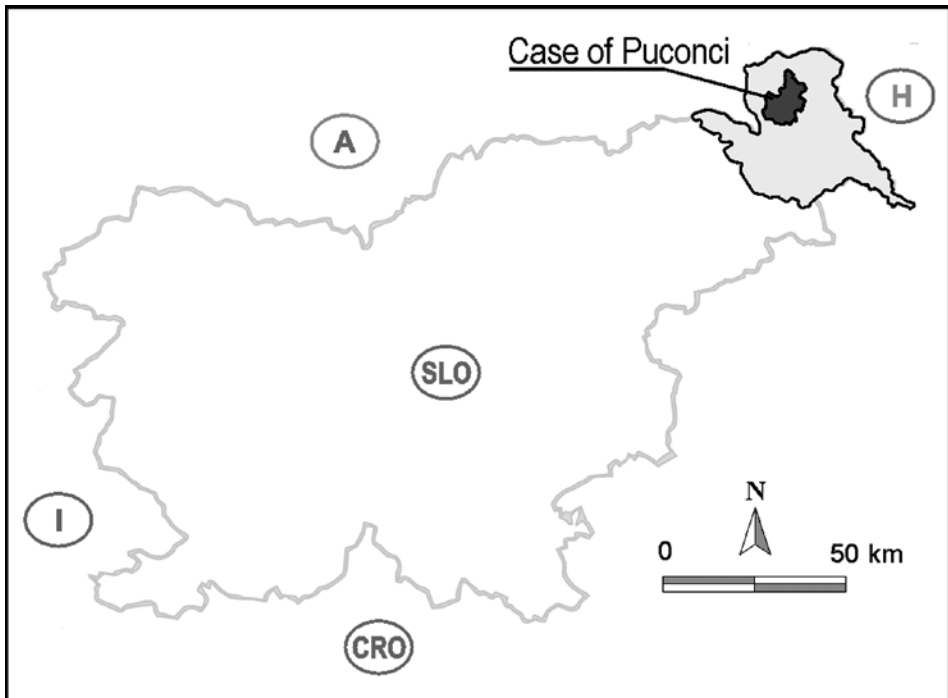
This paper discusses the organisation of community care for older people in one rural municipality in Slovenia, a “typical” ageing society with low fertility levels and longer life expectancy. The case study in the municipality of Puconci was conducted within the framework of the on-going research project on community care of older people in Slovenia (2011–2014), a project that aims at forming a typology of care at the community level in the country (Hlebec, Mali & Filipovič Hrast 2013, in this issue) and discovering a particular organisation and quality of care for older people in individual communities. The case in a rural setting was selected to assess the typology directly in the field and to contribute to the neglected field of rural ageing in domestic studies (Čerňič Istenič 2007; Mali & Ovčar 2010).

The initial assumption of the project was that the municipalities differed in organizing, financing and performing care for older people, irrespective of the obligations imposed by national uniform legislation, standards and programmes on the issue, which address the concept of home assistance of older people or, as far as possible, their staying at home (Hlebec 2010). Whether the municipalities differ or not in this regard was examined by a cluster analysis employing various indicators on institutional and home care and on well-being calculated in a particular municipality (Hlebec 2013; Hlebec & Mali 2013; Hlebec, Mali & Filipovič Hrast 2013).¹ In the cluster analysis in which the typology entitled ‘A Combination of the Home for Older People and Home Assistance’ was observed, five groups of communities were identified. The communities with few recipients of home assistance and a home for older people in the residential community are placed in the first two groups; in these groups, the older people are usually settled in a home for older people outside their residential municipality. Furthermore, these groups are differentiated by the subsidies received for both forms of care and the “level of well-being”. In the first group are the municipalities with higher subsidies for both forms of care but a smaller number of recipients of the home for the aged compared to the second group. The level of well-being in the first group of municipalities was “poor” compared to the level of “moderate well-being” characteristic of the second group. Substantially larger and economically more developed municipalities, which also receive greater shares of subsidies, are found in the third and fourth groups compared to the first two groups. The two biggest urban municipalities (Ljubljana and Maribor) comprise the fifth group. Finally, rural municipalities make up the first three groups while urban municipalities fit into the fourth and fifth groups of typology.

¹ Indicators on institutional and home care included the number of care-users located either in the home for older people within or outside the residential municipality, the number of care-recipients of home-care, and subsidies for both forms of care by the municipality or the state. The well-being of the municipalities was calculated with 49 social, economic, demographic and environmental indicators in the year 2005 (Rovan et al. 2009).

The five groups of typology were further analysed through a set of statements on “intergenerational assistance”, i.e. through the question of whose responsibility (“society’s” or a “family’s”) it is to care for older people (Černič Istenič 2013).² The results showed opinions to be significantly connected with the forms of organisation of care for older people in municipalities: the poorer the organisation of institutional care for older people and their home assistance in a community, the more frequent the expectations of people that “the family” was more responsible for the care of older family members.³ Such expectations were prevalent in the first two groups of rural municipalities.

Therefore, the selection of a case for additional fieldwork stems from both analyses: firstly, that of locating the municipalities in five groups in view of various indicators of care forms and well-being, and secondly, the opinion analysis on the care responsibility for older people. The case selected, the municipality Puconci, is a rural, “family-oriented” community with a moderate level of well-being and belongs to the second group of municipalities. Here, the presented fieldwork results revolve around the question of whether the selected case mirrors the main contours of the shaped typology



² These opinions are found in the database ‘Generations and Gender on Farms in Slovenia’ that was formed in a survey between 2006 and 2008 (Knežević Hočevar & Černič Istenič 2008, 2010).

³ Interestingly, the FP7 project entitled ‘Demographic Change and Housing Wealth’ showed that in Slovenia the significance of the co-residence between adult children and their parents was proved to be the most important reference point for seeking a solution to the problem of a frail older person (Mandič 2010).

of community care for older people and whether it reflects the simplistic notion of idyllic rural ageing at home.

The case of Puconci

The municipality of Puconci is found in the middle of Pomurje,⁴ a region situated in the northeast of the country and bordering Austria, Hungary and Croatia. Pomurje is the most agricultural region in Slovenia due to its favourable conditions. The region covers 6.6 per cent of the total territory of the country and has six per cent of the population (nearly 120,000), living in 27 municipalities. Its main city is Murska Sobota (RRP 2007: 29).

The region is a clearly agricultural countryside, both by its share of agricultural areas and by its share of farm population (20 per cent at the state level). As in the past, agriculture remains the major economic activity in the region, which is often portrayed as “romantic countryside”:

The dreamy countryside along the Mura River in eastern Slovenia is a land of wide fields and rounded hills, storks and wind-rattles, floating mills, healing waters and energy points, picturesque winegrowing hills, original traditions and dialects, and most of all, a land of hospitable people, who live in Slovenia’s largest agricultural region (Travel).

However, Pomurje is one of Slovenia’s least developed regions, with economic activity orientated to industry producing a low added-value per employed person. In the past, the Pomurska region was not industrialised to a large degree, and the majority of workers were employed by a few large companies, most of which proved to be economically unstable. In general, the service sector is also poorly developed.

The poorer economic prospects in the region are accompanied by unfavourable population trends. Besides low fertility and longevity, as well as emigration both abroad and to other Slovenian regions, Pomurje has the highest natural population decrease in Slovenia (SORSa 2012: 40).⁵ Pomurje is a distinctive ageing region⁶ with premature mortality due to a higher prevalence of chronic non-communicable diseases. Moreover, high shares of cardiovascular diseases, cancer and cirrhosis of the liver are interpreted as features of the “unhealthy life-style” of the people in the region (RRP 2007: 43).

In 2009, the largest Slovenian apparel producer, Mura, and a meat processing company, Pomurka, located in Murska Sobota, declared bankruptcy and thousands of employees lost their jobs. The global economic crisis followed, and the number of officially unemployed people dramatically increased and reached the highest level in the history of the region.⁷ Due to this economic crisis, the Slovenian government created legislation to regulate development support in Pomurje for the 2010–2015 period.

A cursory review of demography in the municipality of Puconci displays a well-known picture of the Pomurska region. In 23 rural settlements, about 6,200 people live;

⁴ Here “Pomurje” is used to refer to the Pomurska statistical region (NUTS 3).

⁵ Natural increase per 1,000 people and net migration have negative values: -2.3 and -0.9 respectively.

⁶ The ageing index for Pomurje (132) significantly exceeds the national one (117) (SORSa 2012: 9).

20 per cent are older than 65 years of age (SORSb 2012). The number of deaths exceeds the number of live births, but the number of people who move in the municipality is higher than the number of people who move out the municipality. The negative natural increase (-3.4), positive net migration (8.5) and the value of ageing index (136)⁸ render the municipality of Puconci a typical ageing community. The recent economic crisis in the Pomurska region is mirrored not only in higher registered unemployment rate in Puconci (19.2 per cent in 2011) but also in the fact that every thirteenth person in the municipality receives at least one form of financial social assistance while at the national level only every twenty-fourth person receives such assistance (SORSb 2012).

These wider demographic and economic circumstances in the region of Pomurje were also expected to be reflected in the community care for older people in Puconci, the municipality that was recognised as a typical rural municipality of low well-being even before 2009 (Rovan et al. 2009: 84). Moreover, together with twelve municipalities in the country,⁹ Puconci was categorised as part of a group of municipalities without any institutional forms of home care (Hlebec 2010: 776). Therefore, unemployed people in the region might represent a potential labour force contributing to the increased number of various actors providing care. The same financial crisis, however, may also be reflected in a decreased number of care recipients who can afford any form of assistance. In this regard, the recent study on intergenerational solidarity in family farms in the region¹⁰ (Knežević Hočevar 2009) shows that the poor availability of public services in farm settings and the low average pensions of farmers to afford them does not hinder a noticeable increase in the beliefs of the farm population that institutional care for children, older people and the disabled may be the alternative to home care (Knežević Hočevar 2013). People still prefer ageing at home but the home for older people no longer represents “shame” in the village. However, this alternative is acceptable only if the farm cannot function properly as a business due to time spent for any type of caring. The study also points to those forms of community care that are not found in official records, such as the humanitarian organisation of the Evangelical Church, EHO – Podpornica, which does some of its work in Puconci, since the municipality is the oldest Evangelical parish in the region. The charitable organisation provides various forms of assistance to individuals and families in social distress or emergencies, particularly to older people who live alone in villages.

The still prevalent desire for ageing at home among the locals, and their more open attitude towards institutional care, raises the question of identifying the various actors who are involved in community care. The fieldwork research attempted to determine how community care for older people was organised in the rural municipality of Puconci, who the main actors

⁷ At the end of 2009, the regional Employment Office in Murska Sobota registered more than 50 per cent higher unemployment in the region compared to December 2008 (ZRSZ MS 2010: 15). The latest evidence shows 18 per cent registered unemployment in Pomurje compared to 12 per cent in the country (ZRSZ MS 2012: 47).

⁸ The ratio of 136 people aged 65 or more, per 100 people aged 0–14, shows that the value of the ageing index is higher than the national average of 117 (SORSb 2012).

⁹ Since 1995, Slovenia has been divided into 212 counties, of which 11 have urban status.

¹⁰ The study on intergenerational assistance in farm families was carried out in some villages in Puconci at the end of 2009. The results are presented in a monograph entitled ‘Ethnography of Intergenerational Relationships: Home and Work through Life Stories’ (Knežević Hočevar 2013).

providing the care were, and how they understood their roles in the community.

The fieldwork in Puconci was conducted in 2012. The collocutors were selected by snow-ball sampling, starting with the employees of the Centre of Social Work in Murska Sobota, the institution that first organised home assistance for older people in the region (1991). In open interviews, with the employees of the Centre and with the mayor of Puconci, five actors were recognised as “significant and visible” in the field of community care in Puconci, among them were the Centre of Social Work Murska Sobota (CSW), the Institute for Home Day Care for Older People and Home Assistance (Domania), the Pensioners’ Association Puconci (PAP), the private home for older people Home Brigita (HB) and the Evangelical Humanitarian Organisation – Podpornica (EHO-Podpornica). In semi-structured interviews, the collocutors further discussed pertinent topics identified in the first interviews about the organisers and performers of community care in Puconci, their cooperation, evaluation of caring by the care-users, and the tradition of caring in the municipality.

Who are the main actors of care-providing for older people in Puconci?

In some Slovenian municipalities, the initial forms of home assistance were active before the introduction of the Social Security Act in 1992, which defined the service within a network of public institutes. At the beginning, this service was organised predominantly by the centres of social work and, to a minor degree, by the homes for older people or private practitioners (Mali 2008: 432; Nagode 2012: 231). The Centre of Social Work in Murska Sobota started to organise home assistance in 1991 in twelve municipalities in the region of Pomurje, including Puconci until 2006. Therefore, a coordinator of home assistance could not hide her surprise on being told that Puconci was to be one of the municipalities without this form of service:

I am very surprised! In Puconci, home assistance was introduced in 1991. It is true, however, that the service changed hands from the Centre to today’s Domania. It might be that this new practitioner did not pass data on assistance to the competent institution. Who knows (Coordinator of the CSW)?

In the first decade (until 2000), home assistance was very well accepted in Pomurje mostly due to the employment of care-providers by means of active policies for employment in the region. The coordinator emphasised that, at that time, the region registered the highest number of home care-recipients who did not pay for the service due to the state subsidies of care-providers. After 2000, however, the “professionalisation of the field”¹¹ led to a more curtailed execution of home assistance. The introduction of new standards for performing care work entailed the loss of employment of the majority of care-providers without “adequate qualification”. Additionally, on the basis of a new

¹¹ “Professionalisation of service” refers to the introduction of the new Standards of Knowledge and Skills for the Profession of Social Carer in 2000, and Methodology for Calculating the Price of the Service and Criteria for a Payment Exemption (Nagode 2012: 231).

methodology for calculating the price of service, the care-recipients had to pay a part of the price for a service that had previously been free. A similar difficulty arose after the bankruptcy of Mura in 2009. The national employment service enabled unemployed Mura workers to retrain as care-providers. However, after the lapse of one year of employment via the programme of public work, they were not retained and remained jobless. Finally, the bankruptcy of Mura caused a decrease in the number of applications for home assistance and an increase in the number of care-users' requests for a payment exemption for the service:

In Mura, the employees worked in three, at the end in two, shifts. Therefore, the centre performed home assistance only every second week when the relatives of our care-users worked late at night or late in the evenings. After Mura's bankruptcy, the relatives stayed at home, so they cancelled the service. Well, there were not many such cases. Many more candidates could not pay for the service, so they asked for an exemption (Coordinator from the CSW MS).

The higher prices of the CSW Murska Sobota and the increasing number of people aged over 65 were the main reasons that, in 2006, the municipality Puconci licenced a private firm, Domania, to execute home service and assistance for a ten-year period; in 2008, the firm was granted an additional concession for home nursing in Puconci in two neighbouring municipalities. Five employees, i.e. three care-providers, one coordinator of the carers and a nurse in home care, provide care for 16 to 20 care-recipients, and the director of the firm believes that a small team is cheaper and much more flexible than the CSW:

As to employment of personnel, we are very flexible and adaptable and we work seven days per week. This is our advantage. Our carers have the proper qualifications, and I economise the costs in the field. For instance, I do not refund expensive allowances for travelling but only petrol used. This is not the case for the centres for social work in Pomurje. They are not motivated to be thrifty because they are steadily financed by the state. In this view, the centres are privileged compared to us, the concessionaires. Some years ago, the centres got many public workers for home assistance, but they didn't have appropriate qualifications. Do you know what I'm saying? The public institution [the CSW] got a public worker who was financed one hundred per cent by the Employment Service and still, the Centre charged the municipality and the care-user for the service. As an economist, I ask myself, where did the money go (Director of Domania)?

In 2006, a smaller private home for older people, Home Brigita, was opened and in the following year started with care service. The home is not a concessionaire but was granted a permit for work by the Ministry of Work, Family and Social Affairs. Home Brigita does not work within the network of public institutes; therefore, it has no right to daily compensation for caring and nursing by the Health Insurance Institute; a care-recipient pays the total price. The home is owned and managed by a married couple who

joined their work experiences in a similar home in Austria and their own capital, inherited land and buildings, i.e. the former farm of the husband's grandparents. At the beginning, the couple planned to establish a classic licenced home for older people. However, they decided for a more family-like home, the first of its kind in Pomurje:¹²

Actually I don't know why we were advised for this form of a home at the ministry. It might be that at that time the ministry did not grant concessions. Well, finally we decided for a smaller, more intimate form of a home (Home Manager).

Among the 19 care-recipients settled in Home Brigita, only four are locals from Puconci. The majority of the locals are residents of other public homes for older people scattered in Pomurje, either for financial reasons or because they are more suitable institutes.¹³

Since 1987, the Pensioners' Association (PAP) has been extremely active in the municipality. In the last seven years, the PAP has been part of the project Older People for Older People for Better Quality of Staying at Home.¹⁴ The members of the PAP (about 400) regularly visit older locals at their homes and also in the institutes outside the municipality. Between 2008 and 2012, about 44 volunteers conducted 1260 visits of the locals aged 69 and over to assess the conditions in which they lived and to organise any kind of help they needed:

I have to tell you that we have helped seventy-four people who live in difficult circumstances either in poor housing without water and electricity or they are themselves in poor health. Our volunteers, who are over seventy, are very affectionate. They regularly visit aged locals, talk to them, cook for them and help them. Such solidarity doesn't exist in cities. And I am telling you, it is much better to give than to ask (President of the PAP).

The president of the Pensioners' Association is proud of its young volunteers, about ten pupils from the elementary school. He believes that this can be attributed to a social worker from the school who strives to develop intergenerational solidarity in the community. However his own distinct accomplishment is that, as a coordinator of the project Older People for Older People, he persuaded the mayor to establish a Commission for Older People to influence the local policy related to older people in the municipality:

I have to tell you that our municipality has an ear for social difficulties of older people. From Domania to the Centre in Murska Sobota, the health

¹² Home care in Pomurje is "traditional". Since the 1950s, nine public homes for older people have been built in the region.

¹³ Every year, the mayor and his team visit and give presents to the locals who are settled in the homes for older people outside the municipality of Puconci. The list shows that in December 2012, 28 locals were settled in four general public homes for older people all over Pomurje and 12 locals in five institutes for people with special needs.

¹⁴ In 1995, the organisation Slovene Philanthropy (Association for Promotion of Voluntary Work) and the Slovene Alliance of Pensioners' Associations started to develop a project about mutual assistance of older people to remain as long as possible at their homes. In its current form, the project has been running since 2004.

visitors from the public health centre, the EHO-Podpornica, and numerous others. We cooperate with all of them and we inform them about difficulties in the field, yet we have not succeeded in organising them among themselves (President of the PAP).

In Puconci, the Evangelical Humanitarian Organisation Podpornica is also extremely active with tangible aid programmes for the most vulnerable individuals among older people.¹⁵ This organisation provides help to the users in need at their homes with daily deliveries of warm meals, assistance with their personal hygiene, cleaning of their homes, assistance in arranging regular day-to-day issues, as well as assistance with nursing and heating. Older people and the handicapped are given free transportation to and from their physician's office. The organisation provides orthopaedic devices and deliveries to patients recovering from major surgeries and those who are dying; it also works within the parish's network of volunteers who assess in the field the living circumstances of their users and what they need. The collocutor, a food deliverer, emphasised that the EHO Podpornica is the first one in Pomurje that started to deliver free meals to recipients, who are invariably older people without relatives:

It is a precondition that a user lives alone without relatives and any source of income. Only a low farm pension is tolerable, because for a majority of older people, it does not exceed two hundred euros (Food Deliverer from the EHO).

He drives approximately 90 kilometres all over Pomurje on a daily basis and delivers food to 25 users; in Puconci, there are about 15 users. The driver cooperates also with Domania's carers. In some cases, Podpornica pays for the meal, and the carers deliver it to their recipient or the driver agrees with the carers on free transportation to a physician and back home.

A cursory review of the "more recognised" actors in the municipality shows that the care for older people is well-organised in the community. The majority of collocutors stress that they cooperate among themselves, inform each other about the situation in the field, and try to resolve every single case. In general, their activity seems rather complementary than competitive despite some occasional disagreements:

The Centre of Social Work in Murska Sobota is a bureaucratic institution. They work only with documents, so they don't know their area very well. That's why we inform them about the situation in the field (President of the PAP).

The Pensioner's Associations are very active in the project 'Older People for Older People'. Their members scrutinise every nook in the field. But when they cannot resolve the problem they call us (Coordinator from the CSW MS).

¹⁵ EHO-Podpornica is financed by the Foundation for Disability and Humanitarian Organisations, contributions and gifts of its members, individual congregations and their women's associations, collected money at its yearly gathering and various donations (EHO-Podpornica).

When we are facing a difficult situation with a particular user in the field, we must inform the CSW. The CSW sometimes treats us as a competitor; however, we have to work with them hand in hand (Director of Domania).

The Pensioners' Association regularly informs us via their volunteers. Yet the volunteers are not professionals and sometimes it's a false alarm (Director of Domania).

Who are the care-recipients and how satisfied are they with their care-practitioners?

Compared to the number of people aged 65 and over in the municipality, there is a relatively small number of care recipients at home and in the home for the aged.¹⁶ As their carers describe, the recipients of home assistance are predominantly people who suffer from chronic diseases, dementia, Alzheimer's and Parkinson's disease, atrophy of muscles, multiple sclerosis, alcoholism, or have undergone amputations due to diabetes:

Some years ago, a local journalist organised A Day with a Carer in the Field. We had a hard time finding an elder interlocutor among the recipients of home assistance who wasn't suffering from any major health difficulties and was ready to participate in the broadcast (Carer 1 from Domania).

A similar profile of the users may be found in the private Home Brigita. Half of the care-users suffer from dementia, which makes it a challenge for the employees to teach the users about tolerance:¹⁷

Sometimes, we have conflicting situations among our recipients. In such circumstances, we discuss the disease with a single user and teach them about the development of the disease and some empathetic techniques (Home Manager).

The director of Domania still remembers his first day in the field:

When I saw the conditions some users of our assistance live in and to whom our carers provide daily care, I sent them all a phone message saying that I admired their positive attitude and good will (Director of Domania).

A coordinator of the carers at the CSW also believes that fieldwork is a very challenging task that demands that the carer sometimes be a "real magician". Nevertheless, the work of the carer is regularly controlled. In Domania, a director together with a coordinator of the carers and a representative from the municipality visit all of the recipients of assistance every three months to find out whether or not they are satisfied

¹⁶ In December 2012, the picture showed that among 1224 people aged 65 and over, there were 12 users of home assistance in the municipality, nine users were in institutional care in the community (in *Home Brigita*), and about 40 locals were settled in institutions outside the municipality (telephone conversation with the social worker employed at the municipality, 2 January 2013).

¹⁷ That mobile and immobile residents, active and those in need of nursing live together in the same building is a typical characteristic of Slovenian homes for older people. This form of home for older people was introduced in the 1960s according to then prevailed principles of social gerontology which considered the homes as gerontological-geriatric institutions aimed at solving both social and health care difficulties of their residents (Mali 2008: 434, 2010: 547, 2011: 660).

with the assistance and service. Evaluation questionnaires are too difficult for the users to fill out; therefore, a personal conversation is the preferred practice. The coordinator assesses that recipients are more or less satisfied, but the point is that they all would need more assistance if their finances permitted it. The director also prefers “direct talk” in the field rather than a questionnaire:

When I am annoying, asking them what should be improved, they say everything is fine. Maybe they have lower expectations. Who knows? The only thing I am sure of is that they don't want changes. They want the carers to work in the same manner (Director of Domania).

The health visitor from Domania has to fight for her health recipients daily in comparison with health visitors who are employed at public health centres. Her work is evaluated by the head nurse from the hospital three times per year. In the presence of the nurse from Domania, the evaluator asks a health-user to describe her work. Therefore, a relationship of trust is necessary:

I do believe that you have to talk to everyone face to face to create an intimate bond, to be accepted by them. I earn their faith by helping them to wash and only after that I re-bandage their wounds. You cannot work in a cold room. So, I first heat the stove and make tea. You must be a human being first and foremost. Work in the field differs from that in a hospital. After eight hours of work in a hospital you go home. Here, these people are your people, your family! (Health Visitor from Domania)

Trust between the carers and the care-recipients is necessary for successful and efficient work. Moreover, the coordinator of the carers in CSW believes that even more significant is the very first contact when a carer enters the intimate space of a user:

The entrance of a stranger into the personal space of a user is very complicated. The old person insists to the last minute that he does not need any help even though he is confined to bed or in diapers. At the beginning, a lot of patient persuasion is necessary (Coordinator from the CSW MS).

The carers are in daily contact with their care-recipients and, in many cases, they represent their only connection to the outside world. The carers believe that what their care-recipients need most is “a nice word”, since they are alone for the greater part of the day and often suffer from loneliness:

I always take time for a talk. In the morning, when I visit my first care-recipient, I begin by sitting close to her and discussing with her what is new, what she needs. She explains all her troubles to me, and she is pleased only if somebody listens to her. In general, what they need most is a conversation with somebody. It is impossible to stand like a mannequin in a kitchen without saying anything. That doesn't work at all (Carer 2 from Domania).

All collocutors agree that a successful fieldworker must be empathetic person. To offer social and health services does not suffice. Older people have to be heard and understood.

The tradition of caring in the municipality: a culture of shame

The relatively small number of care-recipients in the municipality of Puconci was ascribed by the collocutors to the persistent belief that older people had a right to die at home or to the “mentality” of many locals who viewed receiving assistance as a shameful act. In a study on intergenerational solidarity in farm families, the local priest emphasised that many locals still had difficulties taking any kind of help because they understood it as shameful; it is a personal defeat to be incapable of taking care of themselves:

You never know how this assistance will be accepted, with approval or disapproval. Here, a conflict is created. Yet these people have always been used to receiving help. In this environment there has always been very strong assistance among neighbours or relatives (Priest from Bodonci, a village in Puconci; in Knežević Hočevar 2013: 140).

Similar musings are still present in Puconci. The coordinator from Domania thinks that a belief that home assistance may represent a shame is still strong in the village, although it is slowly undergoing a change. Particularly in villages, the relatives of older people are not fond of somebody else coming to assist at their homes, let alone moving an older family member in a home for older people:

As long as an older person functions alone or with our help, he will not go to a home for older people. These people build their houses for their entire life, and a majority of them will insist on remaining at home even though they are confined to bed. Oh well, only then will they accept our home assistance (Coordinator from Domania).

A food deliverer (the EHO) explained the rejection of assistance as a consequence of onetime strong solidarity among neighbours and even the “mentality of a man from Prekmurje”:¹⁸

In Prekmurje, farmers have helped each other from time immemorial. Neighbour to neighbour. This practice remains in people. It is not like in Ljubljana, where in a skyscraper one neighbour does not know the other neighbour. A man in Prekmurje is frugal, and he prefers to be hungry than to ask for a help. In our organisation, we got this impression when Mura declared bankruptcy. Those most in need refused help or were not visible in the front lines. Those who were not endangered were the first who asked for help (Food Deliverer from the EHO).

The coordinator of the CSW Murska Sobota agreed that such a mentality was changing extremely slowly in the entire Pomurska region. As she noted from experience, people at first struggle against any kind of assistance although they need it. Slowly, however, they recognise the advantages of institutional care and shed stereotypes about fearful impersonal institutes. This is the main reason the CSW devotes a great deal of effort to the promotion of a service:

¹⁸ Prekmurje is a region in Pomurje, located to the east of the river Mura.

For many years we have been working very hard on promotion. In the last year, we organised a very sound round table. We advertise in local newspapers because they are free of charge and this form of advertising is more accessible to an older person than the internet. We present our forms of assistance in a simple and friendly manner. We inform the locals about all the possibilities in the region via local radio stations and we organise a press conference every year (Coordinator from the CSW).

A majority of collocutors agree that the apparently prevalent practice of caring for older people in a family environment mirrors the economic position of each and every local. In the field, the collocutors daily meet many people in need who cannot afford institutional care.¹⁹ To pay additional money for a family member to live in a home for older people is a considerable expenditure for the entire family, especially if somebody loses a job. However, if an older family member stays at home his pension remains in the family. Those we spoke to see a future of social security in the community mainly in their cooperation, which has thus far been limited more to their regularly exchanging information than harmonised acting. The latter, they believe, would be enabled only by the Act of Long-Term Care and Long-Term Care Insurance through its transparently defined financial scheme.

Concluding remarks

The case study conducted in the community of Puconci assessed the typology ‘A Combination of the Home for Older People and Home Assistance’ through the observation of the organisation of both forms of care in the field. The case study displayed the applicability of the typology in some aspects. In the community, there are a relatively small number of recipients of both forms of care with regard to the number of older people. The majority of care-recipients live in homes for older people outside the residential community. Although both forms of care are practiced in the residential communities as well, for the majority of the locals, they represent a “large expense”, mostly due to their low pensions. As an autonomous actor, the municipality provides substantial subsidies in accordance with its budget, which is also well illustrated by other actors who agreed that their municipality “has an ear for older locals”.

The fieldwork showed that the numbers of care-recipients and care-practitioners were variable and quickly changing in a community. Therefore, the typology could not register a precise snapshot in the field, and the evidence needs to be continually updated. To illustrate: the typology did not record the practices of home assistance in Puconci organised by the Centre of Social Work in Murska Sobota since 1991, and a change among practitioners of home assistance from the centre to the private concessionaire Domania in 2006. Similarly, a private

¹⁹ Since the introduction of new social legislation in 2010, the Act on Social Assistance and the Act on the proclamation of the rights from public funds, older people all over the country have renounced the state pension (e.g. 13 % in 2011) and supplementary allowance (21 % in 2011). Older people have been afraid that their relatives would have to return both forms of subsidy after their death thus substantially endangered their material existence. Such a reaction, however, has made older people even more dependent on their adult children or relatives (Mali 2012).

home for the elderly, established in 2006, was not registered. As a result, this municipality was classified as a community with neither form of care for the elderly.

In addition to the institutional providers of care, whose forms increased particularly in the last decade when the region was faced with the bankruptcy of the leading local industries, other vital activities for older people have been continuously practiced by volunteers, pensioners' association and charity organisation. This multiplication of institutional care providers reflects the needs of ageing society. However, the efforts of "traditional" charity assistance and of many local volunteers point to the poor economic circumstances of the older people who cannot financially afford any form of institutional care. In Puconci, the actors seem to be in rather complementary than competitive position to each other, which well reflects life in rural community. Or, as said in a *typical* musing, 'Here, we all know each other,' and 'Older people have to be heard and understood.'

The pluralisation of care for older people in Puconci does not diminish the importance of caring at home within a family. Institutional forms of care for older people are today more accepted among the locals of rural communities than in the past. However, this practice is not performed on a large scale. Some individuals remain suspicious of institutional care or reject any assistance because of a sense of shame. "To offer assistance" is still more acceptable for the locals than to receive it.

Care for older people within a family, which continues to be prevalent, also hides some cases in which individuals cannot afford the regular nursing or occasional assistance that is available in a community. There are frequent cases of older people themselves rejecting professional treatment in order to contribute their pension to the family budget, helping their adult children and their families to survive. It seems that financing the care remains a challenge in the selected rural community and also all over the country. This very issue seems worthy of further investigation.

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Povzetek

Pričujoči prispevek presoja organizacijo oskrbe za starejše v eni izmed slovenskih ruralnih občin. Študija primera je del obsežnejšega raziskovalnega projekta o oskrbi starejših v Sloveniji s ciljem, da se pojasnijo razlike in podobnosti organizacije in kvalitete oskrbe za starejše ljudi na ravni občin. Študija primera je izpeljana raziskava na podlagi predhodno oblikovane tipologije oskrbe starejših v skupnosti, ki je bila izdelana z metodo razvrščanja v skupine. Primer iz ruralnega okolja je bil izbran, da bi ocenili tipologijo neposredno na terenu in prispevali k redkim domačim študijam o »ruralnem staranju«. Terensko delo je bilo izpeljano v ruralni občini z »nizkimi kazalniki blaginje«. Različni akterji, ki izvajajo skrbstvene dejavnosti so bili izbrani z metodo snežne kepe. V pogovorih so presojali tradicionalne in sodobne oblike oskrbe starejših v skupnosti. V nasprotju s tipologijo terenski rezultati kažejo, da v izbrani občini obstajata obe institucionalni obliki: tako pomoč na domu kot domska oskrba. Upoštevajoč regionalni kontekst, rezultati tudi kažejo, da v občini vzajemno sodelujejo različni izvajalci formalnih in neformalnih oblik pomoči starejšim. Nazadnje, še vedno prevladujoče nudenje oskrbe starejših v družini prikriva tudi denarno nezmožnost lokalnega prebivalstva, da bi prakticirali nekatere razpoložljive oblike oskrbe v skupnosti, kjer bivajo.

KLJUČNE BESEDE: skupnostna oskrba, starejši ljudje, ruralno okolje, Slovenija

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