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Community care for older people in Slovenia

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Abstract

The primary interest of this article is to understand the organisation of community care in Slovenia. There are several differences at the local level regarding how the formal care of the older people is organised (e.g. the existence of social home care services) and to what extent other services have developed (e.g. institutional care for the older people, intergenerational centres, community nursing, NGOs and interpersonal assistance). We focus on two services, institutional care and social home care, and present the typology of community care in Slovenia. Four clusters were obtained via a hierarchical method (k-means clustering). Clusters of municipalities are comprised of municipalities that have similar characteristics of care for older people, taking into account both institutional care and social home care. The results have shown that municipalities in Slovenia differ dramatically in the availability of care for the older people. Some offer only a poor quality of care (mainly smaller rural municipalities), while others offer higher quality of care and a strong combination of both institutional and social home care.

KEYWORDS: older people, community care, home care, institutional care, typology, municipalities

Introduction

One of the main challenges facing contemporary societies involves demographic changes and population ageing and, consequently, the organisation of care for the older people. The family is the main caregiver in Slovenia and other countries, as shown in research (Albertini et al. 2007; Kohli & Albertini 2008; Kogovšek et al. 2003; Dremelj 2003; Hlebec 2003, 2004; Mandič & Hlebec 2005; Pahor & Hlebec 2006; Hlebec et al. 2010). The other formal part of caregiving rests on the social welfare services and health services, which are mainly supplied by state institutions in Slovenia.

The local communities in which these services are organised are not homogeneous, even in a small country such as Slovenia. There are several differences at the local level regarding how formal care for older people is organised (e.g. the existence of social home care services) and to what extent other services have developed (e.g. institutional care for the older people, intergenerational centres, community nursing, NGOs and interpersonal assistance) (Hlebec 2010; Jelenc Krašovec & Kump 2009; Kump & Jelenc Krašovec 2010; Smolej et al. 2008). For those living alone, the development of community care is particularly important,[1] and this group is quite large in Slovenia (see Mandič & Cirman 2006; Filipovič & Hlebec 2006).

The primary interest of this article is to understand the organisation of community care in Slovenia. This is linked to specific policy developments in the field of health and social care, as well as to the specificities of community development. In this article, we will present the typology of community care in Slovenia. We are interested in how well developed the care for older people is and how it is organised in individual community types and whether there are differences in that regard, focusing on two services: institutional care and social home care.[2] We presume that the development of community services has been diverse, and we expect to find several types of community care associated with particular characteristics of communities, such as their size and level of urbanisation.

What is community care?

According to Loughran (2003), community care has two meanings. In its wider meaning, it denotes the care of the community for older people and is linked to everyday help from neighbours, the existence of various forms of socialising, co-operation, and mutual learning (see McAulley 2001; Loughran 2003).

A narrower meaning of community care denotes a more traditional understanding of community care, i.e. the community as an arena in which the care for older people is carried out by different societal actors, such as institutions, day care centres, intergenerational centres, voluntary organisations and associations. Community care services for older people encompass services of long-term care and other supporting services (health, transport, housing), community social work and educational and informational activities and programmes based in the community (see Wacker & Roberto 2008; Mali 2010b; Kump & Jelenc Kraševec 2010). Hojnik-Zupanc (1999) describes the formal network of services in the community based on spatial criteria as the following: stationary, alternative institutional forms (e.g. day care centres), modified housing, mobile services, home services and on-line services. The work of formal services is compensated by the work of

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[1] One of the important changes affecting quality of life of older people is the loss of services in local community, e.g. grocery stores and other shops, where the trend is of moving the shops in large centres in suburbia (see Uršič 2012), which can increase their dependence and the need for social home care, for example.

[2] Here, we will use the terms social home care, also labelled as home care, assistance at home and home help. It is help that older receive at home, and it can range from personal care (bathing, dressing, eating) to smaller amounts of household help (cooking, cleaning).

voluntary services and organisations, which are often co-financed by the state. The other part represents informal care, which is linked to informal support networks, family care and others.

In this article, we understand community care in its wider meaning, including all forms of care from institutional to home care as well as informal care. Sometimes institutional and community care are presented as being in opposition to each other. However, institutional care is based in a community and, therefore, can be an integral part of it. In addition, when observing individuals in institutional care, there is a significant difference when this institutional care is carried out in their community, i.e. if they need not change the municipality/locality in which they live, or if they need to go into institutional care outside of their known community. The all-encompassing view of community care is based on environmental gerontology and different community theories and place identity theories, which indicate the relevance of the known environment in lives of the older people, through known social networks, identity building, memories, etc. As previously emphasised, the environmental gerontology context is important for the well-being, identity and autonomy of older people, which depends on the processes of belonging, such as cognitive and emotional evaluation, the representation of physical environment and attachment to place (Wahl & Oswald 2010). Older people are attached to the communities they live in, and their known places represent possibilities of reminiscence, reinterpretation of life events, and represent an "album" in which life achievements are documented (see Evans 2009: 23; Smith 2009: 16; Ekstrom 1994). Here, one can distinguish between social meanings of the place for an individual, which are connected to social networks developed in a community (family, friends, neighbours) and autobiographical meanings of the community, as they are linked with one's personal history connected to the place (Rowlings 1983 in Smith 2009). It is not surprising, therefore, that older people in general wish to age within their community. These preferences are linked to the abovementioned place identity and social networks established in the community, as well as knowledge of the physical space through repeated use of the space and the services within it (Smith 2009: 14). Living in an institutional setting, when this is based within the known community, therefore, can also mean keeping some of these advantages of aging in the community, such as the process of belonging and attachment to place (see Wahl & Oswald 2010). We argue, therefore, that integrated and long-term community care should encompass all forms of care and thus cater the different needs of older people in different stages of their lives. That means that a local community with well-developed community care of older people has social home care, home nursing, different forms of social work in the community, a developed NGO sector that works with the older people, educational and informational activities and programmes, based in the community, as well as institutional care, which can function not as a closed organisation, but an organisation that is open to the community through its services for older people (including those not included in the institutional care). This is something that we can see already developing in Slovenia. Consequently, in this article we will observe community care services within the community settings that are intended for the older people, which include institutional as well as social home care.

The characteristics of community care in Slovenia

We have defined community care as care services within the community setting, combined with several other services for the older people. In the article, we will elaborate on the development of institutional care and home care as two of the most important services ensuring care of elderly in a certain community, while also acknowledging that a complete understanding of the organisation of community care also requires investigation of the NGO sector and interpersonal relations.

The welfare state has gone through significant changes in Slovenia since the mid-1990s (Kolarič et al. 2009; Mandič 2012). The state is withdrawing support and transferring the burden of care to other sectors (market, civil society and family; predominantly to NGOs and the family). In the field of care for older people, several changes have been made in the previous 20 years, and several documents have been adopted that regulate its development (Hlebec 2010; Kolarič et al. 2009). The most significant changes have involved the development of institutional care (Mali 2010a) and the development of services to ensure the quality of life of the older people living at home (Hvalič Touzery 2007; Ramovš 2003; Hlebec 2010). Care for older people in Slovenia is institutionally oriented, although as early as in the 1960s different experts in the field of gerontology emphasised that older people should live in their domestic environment for as long as possible (see Mali 2011a). Only recently have some new forms of care for older people to replace institutional care started to be developed, such as day care centres and social home care for older people, increasing possibilities of living arrangements with supported housing (see e.g. Hvalič Touzery 2007). However, 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 people, remains excessive institutionalisation. In brief, the care system is rigid, and it cannot meet the needs of older people who are an expressly heterogeneous population group (Mali 2011b).

Municipalities also differ significantly in their availability of care for the older people. Specific are differences between rural and urban communities (see e.g. Kneževič Hočevar 2012; Mali 2012; Jelenc Krašovec & Kump 2009; Kump & Jelenc Krašovec 2010). Help is often inaccessible in both urban and rural areas. In the latter, both institutional care (homes for older people) and social home care are often unavailable. In contrast, in urban areas, the range of available assistance is quite large, but still it does not adequately meet older people's needs, often due to long waiting lists (Mali 2012).

In the field of health care, there has been a negative trend toward limiting health care at home, e.g. health services (decreasing doctors' visits to homes, accessibility to rehabilitation at home is difficult and regionally diverse, shortening periods of hospital treatment, nursing care at home (Hvalič Touzery 2007; Ramovš 2003).

The NGO sector has been developing, and there is an increasing number of organisations that aim at helping older people at home.[3] However, municipalities differ in

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[3] For example, a network of 6 of 15 intergenerational centres and 1,029 self-help groups was co-financed in 2008 by the Ministry of Labour, Family and Social Affairs (MLFSA; Dremelj et al. 2009: 103). Similarly, in 2007 voluntary work carried out by members of the Slovenian Federation of Pensioners' Organisations was extensive, as 1,384 of volunteers made home visits to 50,982 pensioners aged 69 and above. (MDDSZ 2008: 46–7).

how developed their networks of voluntary organisations and associations, educational associations and learning circles are (Jelenc Krašovec & Kump 2009; Kump & Jelenc Krašovec 2010). There are additional factors that influence the delivery of care in the community as a broader concept. Communities also differ in the extent of co-operation and interpersonal solidarity in the community among neighbours, which is linked to the level of urbanisation, type of environment, and the socio-demographic characteristics of the inhabitants (see Filipovič et al. 2005; Mandič & Hlebec 2005; Filipovič 2007). As already said, the focus in this article will be on institutional help and social home care, which we will describe in greater detail in the next section.

Institutional care

Institutional care for older people is the most developed and widespread form of care for older people in Slovenia. In 2009, 16,978 people resided in homes for older people, and in the same year the socio-political goal of enabling institutional care for five per cent of people over 65 was achieved (Hlebec & Mali 2013). The majority (80%) of homes for older people operate within the public sector. The network of state-run homes for older people is supplemented by homes within the private sector, while the voluntary sector does not offer residential facilities of the institutional type. In terms of the type and content of care, the private sector does not differ from the public one (Hlebec & Mali 2013; Flaker 2011). What is different are the funding principles and terms of operation. Private homes for older people offer institutional care according to the provisions applicable to the state-run homes; to carry out this activity they need to obtain certification from the Ministry of Labour, Family and Social Affairs (Hlebec & Mali 2013). Their services and programs are, therefore, identical to those offered by the state-run homes for older people.

The historical development of institutional care for older people and changes of care for older people can be explained in the three models of institutional care: 1) the initial socio-gerontological model (1965–1990), 2) the intermediate hospital model (1991 – 2000) and 3) the present model that is in the transition from a hospital model to a social one (from 2000 onwards). Historically, the dynamics of shifts have occurred in different periods and can also be seen today (Mali 2010a). The reasons for the shifts of the homes towards a social orientation differed in various historical periods. They were conditioned by the policy of establishing homes, the influence of socio-gerontological principles, the development of social work and, recently, by their confrontation with the changed characteristics and demands of the population of residents, such as residents with dementia.

Hlebec and Mali (2013) analysed the institutional care for older people from the historical development and local residence access perspective, which has indirect effects on quality of care. Though Slovenia has achieved the criterion of providing institutional care for 5% people older than 65 years on a national level, on the level of municipalities there are significant differences. Such differences include the presence of institutional care in specific municipalities, the size, the degree of urbanisation and the economic development of the municipality. With the typology of institutional care for older people in Slovenia from the development perspective, Hlebec and Mali (2013) demonstrated that people over 65 years do not have the same possibilities for institutional care. The

principle of the territorial building of institutions and the principle of plural social care encourage the entrance of the private sphere into the institutional care of older people. Private homes are more expensive than public ones and, therefore, inaccessible for older people in need for institutional care.

While elsewhere various types of help beyond those provided by homes for older people are available, Slovenia is characterised by an explicitly institution-oriented approach. There are various reasons for this, ranging from social, cultural, political to professional (Mali 2008: 9). For many years, homes for older people have been the driving force behind the development of care for older people, including community-based care. Homes for older people provide not only the institutional protection in the narrow sense of the word (residential facilities and care), but also assistance to older people 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 people, and the same can be argued for home care, social services, sheltered housing and respite care).

Social home care

Social home care has developed in Slovenia relatively recently, from the beginning of the 1990s. Due to the fact that ageing at home has been recognised as important and a preferable alternative to institutional care (abroad and at home, in expert as well as political circles) there has been increasing focus on its development, e.g. in political documents it was claimed among priorities (see Strategy for the care of older people to 2010: MDDSZ 2006b; The National Social Protection Strategy of 2005 and the Resolution on the National Social Protection Programme 2006-2010; National Programme on the Fight against Poverty and Social Exclusion (MLFSA 2000) and the National Action Plan on Social Inclusion 2004–2006.).

Social home care is therefore developing in Slovenia, and the number of users is increasing every year, from 2875 users in 2003 to 6583 in 2012 (Nagode & Lebar 2013). However, the number of users is still lagging behind the goal that was set in Strategy of care for the older people to 2010 (MDDSZ 2006a) of covering 3% of older people population or at least 10,000 older people (aged 65 or more). Additionally, there are significant regional differences in the delivery of these services. Hlebec (2010) has analysed these differences and identified five types of local communities (municipalities) that differ in the following aspects: what the main actor paying for social home care (the state, municipality or user) is, and the quantity and quality of care (the duration of visits and number of users). When looking later at changes that occurred in the organisation of social home care, Hlebec (2013) found that, in 2010 compared to 2008, the heterogeneity of municipalities decreased, as fewer of models of organisations of social home care were found. More detailed analysis showed that the majority of municipalities also used their funding more efficiently. However these comparisons of municipalities only examined social home care, while in this article we wish to present a more complex view, combining characteristics of social home care and institutional care.

Typologies of community care in Slovenia

As we have presented in the above sections, the development of both institutional and social home care is interwoven and must be observed together in order to obtain a comprehensive overview on how care for older people is ensured in individual community. In this paper, we would like to establish: (1) If Slovenian municipalities have common characteristics in the organisation of care, i.e. we would like to obtain a typology of care and (2) What kind of actors and what kind of services' mix (social home care and institutional care) comprise particular types of care. We expect several types of care settings, depending on the tradition of care in specific municipalities.

Methodology

The method of analysis is a multiple hierarchical cluster analysis based on a search for similarities and dissimilarities of units. Hierarchical cluster analysis was selected, since the number of clusters is not known in advance. This is exploratory analysis, and the number of clusters is a result of analysis as well as the composition of clusters. The Ward method was used on standardised variables, and squared Euclidian distance was used as a dissimilarity measure. The proposed solution was optimised using iterative k-means clustering, using the number of clusters and centroids suggested by hierarchical cluster analysis as a starting point (Ferligoj 1989).

As we wanted to consider both social home care and institutional care when analysing types of care settings across municipalities, six variables were included in analysis: three variables describing social home care and three variables describing institutional care. The variables describing social home care were the amount of money spent by a municipality per user in euros, the price of social home care per user in euros, and the number of users of social home care that are older than 65 years (on 12 January 2010). The variables describing institutional care were the number of residents in homes for older people older than 65 per municipality (on 31 December 2009), the percentage of costs of care in home for older people per user paid by a municipality in 2009 in euros and the percentage of residents of homes for older people residing in their municipality of primary residence prior to transfer to home for older people in 2009.

Results

Four clusters were obtained via the hierarchical method and then optimised with k-means clustering. In all tables there are five groups; the fifth group is comprised of Ljubljana and Maribor, the two larger cities in Slovenia. They were excluded from clustering as they influenced results and formed a separate group. In all calculations presented in the tables, these two municipalities were included and their values considered in final calculations. The results are graphically presented in Picture 1.

Figure 1: Municipalities of the Republic of Slovenia
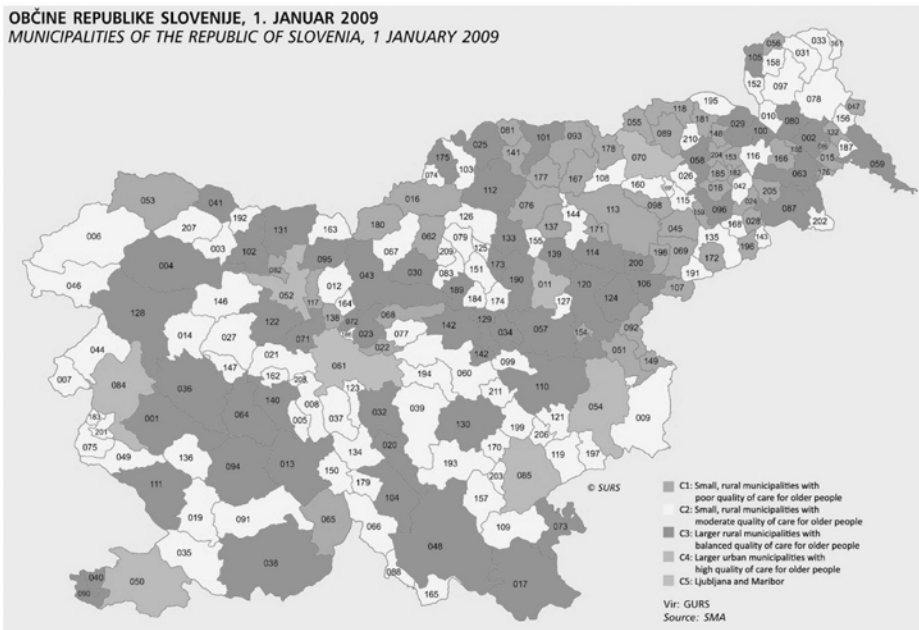
001 Ajdovščina	025 Dravograd	051 Kozje	078 Moravske Toplice	104 Ribnica	206 Šmarješke Toplice
195 Apače	026 Duplek	052 Kranj	079 Mozirje	177 Ribnica na Pohorju	125 Šmartno ob Paki
002 Beltinci	027 Gorenja vas - Poljane	053 Kranjska Gora	080 Murska Sobota	106 Rogaška Slatina	194 Šmartno pri Litiji
148 Benedikt	028 Gorišnica	166 Križevci	081 Muta	105 Rogašovci	126 Šoštanj
149 Bistrica ob Sotli	207 Gorje	054 Krško	082 Naklo	107 Rogatec	127 Štore
003 Bled	029 Gornja Radgona	055 Kungota	083 Nazarje	108 Ruše	184 Tabor
150 Bloke	030 Gornji Grad	056 Kuzma	084 Nova Gorica	178 Selnica ob Dravi	010 Tišina
004 Bohinj	031 Gornji Petrovci	057 Laško	085 Novo mesto	109 Semič	128 Tolmin
005 Borovnica	158 Grad	058 Lenart	086 Odranci	110 Sevnica	129 Trbovlje
006 Bovec	159 Hajdina	059 Lendava/Lendva	171 Oplotnica	111 Sežana	130 Trebnje
151 Braslovče	160 Hoče - Slivnica	060 Litija	087 Ormož	112 Slovenj Gradec	185 Trnovska vas
007 Brda	161 Hodoš/Hodos	061 Ljubljana	088 Osilnica	113 Slovenska Bistrica	186 Trzin
008 Brezovica	162 Horjul	062 Ljubno	089 Pesnica	114 Slovenske Konjice	131 Tržič
009 Brežice	034 Hrastnik	063 Ljutomer	090 Piran/Pirano	179 Sodražica	132 Turnišče
152 Cankova	035 Hrpelje - Kozina	208 Log - Dragomer	091 Pivka	180 Solčava	133 Velenje
011 Celje	036 Idrija	064 Logatec	092 Podčetrtek	202 Središče ob Dravi	187 Velika Polana
012 Cerklje na Gorenjskem	037 Ig	065 Loška dolina	172 Podlehnik	115 Starše	134 Velike Lašče
013 Cerknica	038 Ilirska Bistrica	066 Loški Potok	093 Podvelka	203 Straža	188 Veržej
014 Cerkno	039 Ivančna Gorica	167 Lovrenc na Pohorju	200 Poljčane	181 Sveta Ana	135 Videm
153 Cerkvenjak	040 Izola/Isola	067 Luče	173 Polzela	204 Sveta Trojica v Slov. goricah	136 Vipava
196 Cirkulane	041 Jesenice	068 Lukovica	094 Postojna	182 Sveti Andraž v Slov. goricah	137 Vitanje
015 Črenšovci	163 Jezersko	069 Majšperk	174 Prebold	116 Sveti Jurij	138 Vodice
016 Črna na Koroškem	042 Juršinci	198 Makole	095 Preddvor	210 Sveti Jurij v Slov. goricah	139 Vojnik
017 Črnomelj	043 Kamnik	070 Maribor	175 Prevalje	205 Sveti Tomaž	189 Vransko
018 Destrnik	044 Kanal	168 Markovci	096 Ptuj	033 Šalovci	140 Vrhnika
019 Divača	045 Kidričevo	071 Medvode	097 Puconci	183 Šempeter - Vrtojba	141 Vuzenica
154 Dobje	046 Kobarid	072 Mengeš	098 Rače - Fram	117 Šenčur	142 Zagorje ob Savi
020 Dobrepolje	047 Kobilje	073 Metlika	099 Radeče	118 Šentilj	143 Zavrč
155 Dobrna	048 Kočevje	074 Mežica	100 Radenci	119 Šentjernej	144 Zreče
021 Dobrova - Polhov Gradec	049 Komen	169 Miklavž na Dravskem polju	101 Radlje ob Dravi	120 Šentjur	190 Žalec
156 Dobrovnik/Dobronak	164 Komenda	075 Miren - Kostanjevica	102 Radovljica	211 Šentrupert	146 Železniki
022 Dol pri Ljubljani	050 Koper/Capodistria	170 Mirna Peč	103 Ravne na Koroškem	121 Škocjan	191 Žetale
157 Dolenjske Toplice	197 Kostanjevica na Krki	076 Mislinja	176 Razkrižje	122 Škofja Loka	147 Žiri
023 Domžale	165 Kostel	199 Mokronog - Trebelno	209 Rečica ob Savinji	123 Škofljica	192 Žirovnica
024 Dornava		077 Moravče	201 Renče - Vogrsko	124 Šmarje pri Jelšah	193 Žužemberk

Clusters of municipalities are comprised of municipalities that have similar characteristics of the care for older people, taking into account both institutional care and social home care. The first two clusters are comprised of municipalities with a small number of users of social home care and a small number of people residing in homes for older people. In most of these municipalities, there is no home for older people and older people that want to stay in a home for older people have to move to another municipality. In the first cluster, the financial contribution of the municipality per user is very high, while in the second very small. The price of social home care is about the same in both clusters. Clusters differ with regards to the percentage of costs of care in home for older people per user paid by a municipality as it is the highest in the first cluster and much lower in the second cluster (C1 42%, C2 27%). The clusters also differ with regards to the proportion of users of social home care and residents in homes for older people (C1 1:3, C2 1:2), indicating that in the first cluster institutional care is more popular than in the second cluster, as there are three users of institutional care per one user of social home care.

Table 1: Results of cluster analysis

Cluster	No. of mun.	X1	X2	X3	Y1	Y2	Y3
1	53	3242	4.06	7	21	42.18	1.33
2	91	1362	4.33	15	29	26.55	1.14
3	58	1596	4.63	35	102	31.42	64.12
4	6	1764	4.23	174	317	24.50	52.69
5	2	2278	3.98	465	1963	24.45	62.98
Total	210	1922	4.34	27	74	31.76	20.64

X1: amount of money spent by municipality per user in euros, X2: price of social home care per user in euros, X3: number of users of social home care that are older than 65 years (on 12 January 2010), Y1: number of residents in homes for older people older than 65 per municipality (on 31 December 2009), Y2: percentage of costs of care in home for older people per user paid by municipality in 2009 in euros, Y3: percentage of residents of homes for older people residing in municipality of primary residence prior to transfer to home for older people in 2009.

These two clusters of municipalities can be described as (we also consider other characteristics of clusters presented in the next paragraphs) C1: Small, rural municipalities with poor quality of care for older people: no institutional care within municipality, poorer availability of social home care, C2: Small, rural municipalities with moderate quality of care for older people: no institutional care within municipality with moderate availability of social home care (as it is also more accessible during afternoons, weekends and holidays) Clusters 3 and 4 are similar with regards to the financial contributions of municipalities for social home care (price per user is higher in Cluster 3); they differ with regards to financial contributions for institutional care (C3 31%, C4 24%). When residing in homes for older people, they mostly stay in the same municipality they were in prior to moving there. These two clusters differ considerably with regards to number of users of social home care (higher in Cluster 4) and number of residents in homes for older people

(again higher in Cluster 4). They also differ with regards to the ratio between the number of users of social home care and residents in homes for older people (C3: 1:3, C4: 1:2) indicating that social home care is more popular in the fourth cluster of municipalities. These two clusters are comprised of municipalities that have higher numbers of residents and are economically more developed; they can be described as: C3: larger rural municipalities with balanced quality of care for older people: well developed institutional care and moderate availability of social home care; C4: larger urban municipalities with high quality of care for older people: well developed institutional and good availability of social home care. Such a description of clusters is a relative one with regards to the municipalities in C1 and C2. As regards Ljubljana and Maribor, these two cities are well off in terms of institutional care, as most residents of these two cities stay in institutional care within the community. The residents of Ljubljana and Maribor are also well off in terms of financial contributions for social home care. However, the number of users of institutional care is quadruple the number of users of social home care. There are two competing explanations for that; either the number of users of social home care should be increased or the number of users of institutional care is higher because these two cities offer institutional care for residents from other parts of Slovenia.

In C1 and C2, social home care is organised mostly by centres for social work as most municipalities do not have homes for older people. As regards number of visits and average time of visits, C1 is the richest while accessibility during weekends and holidays is better in C3 and C4. As regards institutional care, municipalities in C1 and C2 do not have homes for older people, while municipalities in C3 and C4 do. The majority of residents in these clusters reside in public homes for older people. which are somewhat cheaper than private homes (see table in appendix).

Municipalities in C1 and C2 have small numbers of residents and are geographically smaller with lower population densities. Municipalities in C3 and C4 have larger numbers of residents, are geographically larger and have higher population densities. In C1 and C2, there are some urban municipalities (C1 9%, C2 12%). In more than half the cases, the municipalities in C1 have lower welfare (Rovan et al. 2009). In C2, there are municipalities with moderate welfare (39% moderate, 28% low welfare). In C3, almost one third of the municipalities are urban (29%), and two thirds are in C4 (67%). A half of municipalities in C3 have moderate welfare and one third balanced welfare, while municipalities C4 are economically and socially well developed (see table in appendix).

Discussion and conclusion

In this article, we have wanted to discern how community care for older people is organised in individual municipalities. Although we understand community care as wider concept including different forms of care services and also including informal care forms, we have focused here on only two services: institutional care and social home care. We have determined that municipalities can be divided into five distinct types regarding organisation of care. Of these, two types do not have any institutional care organised, i.e. they rely on institutional care outside of the local community. When observing this from the perspective of importance of integrated community care and the relevance of aging

in place, or ageing in a known local community, as presented at the beginning of the article, we can say that these communities have less-developed comprehensive community care. Unfortunately, such communities are quite common (144 of 210 municipalities, i.e. Clusters 1 and 2).

Municipalities, therefore, differ dramatically in the availability of care for the older people. Some offer only moderate welfare (mainly smaller rural municipalities), while others offer higher welfare and a strong combination of both institutional and social home care. Considering the fact that older people do not move when they retire, it seems that quality of life in later life strongly depends on the place of living. However, it needs to be stressed that rural community does not automatically also mean poor welfare, as several rural communities (specifically larger rural ones) have moderate or good welfare.

The accessibility and availability of community care, in our case both institutional and social home care, depends on the financial support of the local community. As our analysis has shown, the costs of care are relatively high in a significant number of municipalities, such as in larger rural municipalities (Cluster 3). However, in smaller rural communities (Cluster 1), the state and municipality are co-financing care for elderly to a higher extent, making it more available for the older people as these municipalities have, for example, the lowest prices of social home care and also highest share of co-financing of institutional care. A key problem in the accessibility of care lies in the poor financial situation of the older people. Hlebec et al. (2010) point to the expanding group of the poor older people who, despite their need for services, cannot access them (due to financial and other constraints) and must reject them (as one of their poverty coping strategies). While the economic situation of older people had been improving until 2001, it has deteriorated since then (see Stropnik et al. 2010; Stropnik et al. 2003) Older women, especially single women, and people living in pensioner households are in a particularly difficult financial position. Considering these circumstances, the co-financing of institutional and social home care by state and municipality are vital in enabling accessible care for older people.

The development of institutional care in Slovenia has definitely been influenced by the situation in the area of care for older people in recent decades. The absence and uneven distribution of social home care, the inadequate exploitation of advanced technologies that would enable older people to lead independent lives and thereby prolong their life at home, the appreciation of homes for older people among all generations – all of this and many other factors have been for many years contributing to the phenomenon of long waiting lists for admittance to homes for older people.

Furthermore, our analysis has shown that institutional care has been much more used than social home care in all municipalities (ratios 1:2, 1:3). It is, therefore, understandable that in many environments homes for older people, as the centres of knowledge and experience characterised by professionalism and staff that is highly qualified to work with older people, have also become the leading providers of care for older people who still live in their own homes. This is especially evident in larger urban municipalities (Cluster 4), where half of the homes for older also provide social home care. We have therefore argued that institutional care is part of integrated community care. However, it is important how open it is toward community, whether it is offering social home care,

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as well as whether it is located in the municipality where residents also previously lived. Moreover, it would even be possible to argue that the placing of homes for older people under the institutional care category is inappropriate. In reality, homes for older people have become the centres for comprehensive care, where health care and social services co-created a mutually complementary model of collaboration.

In Slovenia, there is a problem of differentiated care for the older people within a community. Research abroad has indicated that integrated, community-based care models are more beneficial to the older people in the sense that they reduce admission to institutions, and reduce the functional decline of those living in community (Barnabei et al. 2005; Fischer et al. 2003; Kodner & Kyriacou 2000; Kodner 2006). However, if we understand integrated care not only as fully integrated variety, but also as linkage, for example (i.e. health and social care providers attempting to work more closely, even though they operate within their own rules and funding schemes), as defined by Leutz (1999 in Kodner 2006: 385), one could claim that in Slovenia integrated care is also beginning to be developed. Homes for older people play here a critical role that is specific to Slovenia.

As we have already mentioned, a comprehensive analysis of organisation of community care should include also other aspects of care for older people, such as informal relations and the role of NGOs. If possible, additional analysis should be done including these data. However, since such data often is not available, it is proposed that further in-depth studies based on qualitative methods would enable a better understanding of the organisation of community care for elderly.

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APPENDIX

Table 2: Other characteristics of social home care

Cluster	X4	X5	X6	X7	X8	X9	X10	X11	(n / %)	X12	(n / %)	X13	(n / %)	X14	(n / %)
1	1214	18.64	84.43	3	2	25%	29%	3	6%	41	77%	6	11%	6	11%
2	280	16.79	53.96	2	2	34%	45%	7	8%	55	63%	21	24%	12	14%
3	440	16.92	61.09	7	6	52%	65%	58	100%	34	59%	15	26%	9	16%
4	285	22.18	52.33	11	23	100%	100%	6	100%	3	50%	3	50%	0	0%
5	180	14.16	74.00	114	86	100%	100%	2	100%	0	0%	0	0%	2	100%
Total	559	17.44	64.12	6	4	39%	49%	76	36%	133	64%	45	22%	29	14%

X4: financial contribution of the state per user in euros, X5: monthly number of visits of social carer per user on average, X6: time spent with user on average, X7: number of potential new users, X8: number of social carers, X9: % of municipalities with social home care available on afternoons, X10: % of municipalities with social home care available during weekends and on holidays, X11: number and percentage of municipalities with home for the older people, X12: organizer of social home care – Centre for social work (n / %), X13: organizer of social home care – Home for older people (n / %), X14: organizer of social home care – Other (n / %).

Table 3: Characteristics of municipalities

Sk.	N	POV	GPREB	STAR	U(OECD) %	VR %	UB %	ZB %	NB %
1	3761	58	83.91	40.75	9	0	14	33	53
2	4676	78	87.86	41.31	12	3	39	30	28
3	13405	144	138.41	41.45	29	11	32	51	7
4	41510	227	233.67	41.58	67	83	0	17	0
5	195478	212	888.00	42.75	100	100	0	0	0
Total	9725	97	112.61	41.23	19	8	29	36	27

N: number of residents in municipality, 1.7.2009 (Statistični podatki, občine, Slovenija, 2009), POV: area (km²), 1. 1. 2010 (Statistični podatki, občine, Slovenija, 2009), GPREB: population density (preb/km²), 1.7.2009 (Statistični kazalniki, občine, Slovenija, 2009), STAR: average age of population (leta), 1.7.2009 (Statistični kazalniki, občine, Slovenija, 2009), U: percentage of urban municipalities by OECD, VR: percentage of economically and socially high developed municipalities (Rovan et al. 2009), UB: percentage of municipalities with balanced welfare (Rovan et al. 2009), ZB: percentage of municipalities with moderate welfare (Rovan et al. 2009), NB: percentage of municipalities of low welfare (Rovan et al. 2009).

Povzetek

V članku želimo razumeti kako je organizirana oskrba za starejše v posameznih občinah. Občine se namreč korenito razlikujejo v tem, kako je oskrba starejših organizirana, tj. organiziranost oskrbe na domu, kot tudi institucionalne oskrbe, patronažne službe, neprofitnega sektorja ter medosebnih odnosov in pomoči. Osredotočimo se na dve storitvi, in sicer institucionalno oskrbo in pomoč na domu. Predstavimo tipologijo skrbi v skupnosti v Sloveniji na podlagi hierarhične metode razvrščanja. Skupine občin, ki so nastale, se združujejo glede na podobnost značilnosti skrbe starejših, kjer se upošteva tako institucionalna oskrba kot oskrba na domu. Rezultati so pokazali 4 skupine, ki se med seboj izrazito razlikujejo v kakovosti oskrbe starejših, saj nekatere skupine nudijo le nizko kakovost oskrbe, druga pa visoko kakovost z dobro razvito tako institucionalno oskrbo kot pomoč na domu.

KLJUČNE BESEDE: stari ljudje, oskrba v skupnosti, oskrba na domu, institucionalna oskrba, tipologija, občine

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Aging in place: From theory to practice

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Abstract

The rapid aging of many Western societies has compelled policymakers and professionals to develop concepts, programs, and services to meet the complex and diverse needs of their elderly populations, in particular the segment of older persons who are frail, chronically ill, and functionally disabled. Aging-in-place has become a key and guiding strategy in addressing and meeting the needs of older people. This paper discusses the multifaceted aspects of aging-in-place and presents an ecological approach to understanding the interaction between the individual and her or his environment and its impact on aging-in-place. Community care and its components are discussed, examples of programs that reflect aging-in-place and community care are presented, and problems of fragmentation between services are highlighted. The paper concludes with challenges that societies have to confront in order to enable their aging populations to age-in-place.

KEYWORDS: older people, person-environment fit, community care, programs

Introduction

The elderly population worldwide is rapidly increasing due to the aging of the population and a constant increase in life expectancy. Projections for the next 40 years foresee an increase in the older population greater than in any younger age-groups. Thus, the number of people aged 60 years and over as a proportion of the global population is expected to more than double from 880 million in 2012 to 2 billion by 2050 (United Nations 2012). The greatest increase is projected in the layer aged 80 and over. The number of centenarians is growing even faster and is projected to increase tenfold, from approximately 343,000 in 2012 to 3.2 million by 2050 (United Nations 2012).

Concurrently, ageing is connected with increased chronic morbidity and functional disabilities. There is evidence that physical disabilities are delayed to older ages than in the past (Freedman et al. 2002) and that the majority of older people aged 65 and over are healthier and more functionally independent compared to older cohorts of older people, suggesting that in the future older adults will be able to live independently in the community later in life.

The majority of older people want to age-in-place, to remain as autonomous, active, and independent as long as possible and live at home surrounded by family and friends (AARP 2011; Rantz et al. 2005). Autonomy consists of decisional control and

choice in shaping one's life; institutional care is perceived to be a last resort. The move to senior residential housing and later to a long-term care facility is often the result of inadequacies of the home to meet the changing needs of older people due to decline in health and self-care abilities, loneliness, solitude, accessibility barriers within the home and in the surroundings, an unavailability of necessary services, a poor quality of care, and the danger or fear of crime and violence in unsafe neighbourhoods.

The purpose of this paper is twofold: first to define the concept of aging-in-place and its theoretical base; second, to review the conditions that are necessary to enable aging-in-place. Specifically, the paper will address the concept of "community care", which relates to formal and informal support systems, including family, friends, and neighbours. It will discuss some programs that are aimed to enable aging-in-place such as age-friendly communities and innovative models of long-term care facilities that are aimed to meet the comprehensive and diverse needs of older adults. We will conclude with the challenges that aging societies need to face.

What is "aging in place"?

The term *place* has several dimensions that are interrelated: a physical dimension that can be seen and touched like home or neighbourhood, a social dimension involving relationships with people and the ways in which individuals remain connected to others, an emotional and psychological dimension, which has to do with a sense of belonging and attachment, and a cultural dimension, which has to do with older people's values, beliefs, ethnicity, and symbolic meanings. Thus, the home-space is not just a physical setting of residence but it enables the older person to preserve life history meanings through which a social identity can be preserved even when the older person becomes chronically ill or disabled. From this perspective, the home reflects an extension of the self, individualization, enabling preservation of integrity of the self and promoting a sense of personhood (Gitlin 2003). The term aging-in-place is relatively new in gerontology and has many meanings (Pastalan 1990); it has been defined as: '… remaining living at home in the community, with some level of independence' (Davey et al. 2004: 133).

The literature on aging-in-place is often about how the home can be made more functional and less risky for the older adult by providing various home aids to help with various aspects of daily life. The idea is that as older people become increasingly frail or chronically ill, they can safely stay in their homes as long as they have appropriate supports and services. The simple meaning of it is often used to denote the policy ideal of being able to remain at home while ageing (Cutchin 2003) and maintaining independence, privacy, safety, competence, and control over one's environment (Dyck et al. 2005). This suggests that the homes of older persons are increasingly becoming spaces of consumption of short- and long-term care provided by formal and informal professionals and lay caregivers, thus blurring the boundaries between private and social space, because the provision of care requires some intrusion into privacy (Dyck et al. 2005). Thus, paradoxically, when the home becomes the core site of everyday life for those who are functionally dependent, it also becomes its most "public space".

However, the term place relates not only to the home of the older person but also to his or her community through family members, friends, neighbours, religious congregations, or service agencies. A longitudinal study (Gilleard et al. 2007) found that as people aged their residential mobility decreased and they felt more attachment and belonging to their community. Indeed, many sociologists and environmental gerontologists have argued that advanced age brings increased attachment to place and to the social and physical environment (Lawton 1985). This highlights the importance of neighbourhoods as people age, particularly in terms of accessibility to local services and amenities. A study (Wiles et al. 2011) that examined how older people perceive aging-in-place, found that older people perceived this concept as having choices about their living arrangements, good access to services and amenities, maintaining social connections and interaction among locals, feeling safe and having a sense of security at home and in the community, and a sense of independence and autonomy.

A more complex view of this concept relates to the dynamics and changes that older persons undergo in their interactions with their environments that hinder their integration in their environment. Changes might be long-term, such as functional decline, or day-to-day, such as variations in health conditions or mood. These problematic situations can result in activities that are aimed at attaining the re-integration between person and place (Cutchin 2003).

What are the goals of aging-in-place?

The goals of aging-in-place are twofold; first, from the perspective of the older persons and their families, most older people prefer to stay in their homes as long as possible because it provides them with control over their lives, it enables them to keep their identity and well-being (Cutchin 2004). Relocation entails losing social relationships, changes in daily routines and lifestyles, leaving behind personal possessions, which they cannot take with them due to small spaces in the residential units, and loss of independence. For example, Clarity (2007) found that 26% of people who feared nursing homes reported they mostly feared losing their independence. All these in turn can result in emotional stress, depression, loneliness, adjustment difficulties, functional deterioration, and debilitate well-being (Chappin & Dobbs-Kepper 2001). It is also economically burdensome for older people, in particular when they have low incomes.

Second, from the perspective of policy makers, institutional care is much more expensive than the provision of care in the community and at the older individual's home (Chappell et al. 2004; Kaye et al. 2009). The high public expenditures on nursing-home care urged policy makers as well as professionals to provide alternatives to serve frail older adults in their communities. Unsurprisingly, many aging societies have endorsed policies that highly prioritize aging-in-place, and home- and community-based services have started to proliferate, providing new options to those who need assistance in the continuation of a somewhat independent life in their places and who do not want to move into a long-term care facility. Thus, policy-makers and the public alike have become attuned to the desire of older people to age-in-place.

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Research provides evidence of the benefits of aging in place, and there is also evidence that environmental changes can generate positive outcomes (Lawton 1998) when it improves the person-environment fit by improving living conditions and personal control, thus decreasing environmental pressure (Kahana & Kahana 1983). However, environmental change can be also negative when environments age and decline, undergoing socioeconomic and demographic changes. These changes can turn these neighbourhoods into deprived and unsafe environments or bring about exclusion, detachment, and a sense of being out of place of older people (Phillipson 2007) due to processes such as gentrification and the revitalization of neighbourhoods (Burns et al. 2012; Smith 2009). This definition of aging-in-place, which is based on Lawton's ecological theory of aging (e.g., Lawton 1982; Nahemow 2000) puts more emphasis on the social nature of thought and action of this notion, as is discussed below.

Theoretical approach

Environmental gerontologists assert that as people age they increasingly become attached to the place where they live, but concurrently become more sensitive and vulnerable to their social and physical environment (Lawton 1977; Lawton & Nahemow 1973). Rowles (1978, 1983) developed a theory of *insideness* to conceptualize attachment to place, related to three dimensions: physical insideness, which means living somewhere for long periods of time and developing a sense of environmental control by creating an idiosyncratic rhythm and routine; social insideness, which relates to the social relationships that the person develops with others and is therefore known and knowing others; autobiographical insideness relates to older people's attachment to place because of the memories they have that shape their self-identity. Therefore, older people with strong ties to place also feel more mastery, more secure, and have a positive sense of self.

In parallel to Rowles' work, the ecological theory of aging was developed by Lawton and his colleagues. According to the environmental docility hypothesis (Lawton & Simon 1968), the environment's influence increases as the functional status of the older person decreases. The competence-environmental press model introduced by Lawton and Nahemow (1973) asserts that an interaction between personal competences and social and physical environmental conditions determine the extent to which a person will be able to age-in-place. According to this model, there is a need for a fit between the personal competences and environmental press that can result in positive outcomes, while a mismatch can result in poor adaptation (Lawton 1989). In fact, adaptation in older age reflects the interaction between personal and environmental characteristics. In order to age-in-place, it is necessary that the immediate as well as the near environment will be free of barriers that can hinder independent functioning.

However, Lawton's theoretical model has been criticized because of several limitations. First, it does not offer a precise theoretical strategy to measure person-environment linkages. Second, the model asserts that the environment controls the behaviour of the individual, but it does not relate to individual attributes, such as personality and personal and social resources, and how older people manipulate the environment to reduce its demands on one hand, and how people use the environment as

a resource to meet their needs on the other, and how the home-environment can promote or hinder quality of life at home (Gitlin 2003; Golant 2003). Third, this model is a rather static model and has not given appropriate attention to the changes taking place in the neighbourhoods where older people live and age.

Cutchin (2004) elaborated the concept of "place" and relates to "place integration", which includes a geographical place that undergoes constant change due to socio-cultural processes and the experiences and actions of people in these time-specific contexts. These changes can lead to a disintegration of the person-place relationship from which problems and possibilities emerge, and stimulate creative thoughts and actions to restore the integration (Cutchin 2003, 2004). Thus, the place integration process can be viewed as a spiral of transactions into new situations, which are different from a circle of repeated and predicted situations. From this perspective, place integration relates to the dynamics and process of aging-in-place. For example, Burns et al. (2012) found that in neighbourhoods that underwent changes even when older residents remained in place, some of them experienced alienation, insecurity, and social exclusion, while others felt a strong sense of social insideness to the neighbourhood. This suggests that various groups of older people may react differently to environmental changes, thus affecting their process of aging-in-place.

A review article (Wahl et al. 2009) provides empirical evidence of the ecological model by indicating links between the home environmental features, the surrounding environment, and the personal functional outcomes. However, to enable aging-in-place, it is necessary that environmental barriers be removed. These include indoor physical modifications and accommodations to enhance the accessibility and usability of the home environment, increase safety, reduce difficulties in activity performance (Petersson et al. 2008), as well as the provision of formal and informal social support and care services, to enhance older people's independence (Johansson et al. 2009). One strategy is physical modifications, such as the installation of ramps in staircases, safety bars in bathrooms, and making premises and amenities more accessible and useable. However, failure to adapt to the changing situations may lead to relocation to long-term care facilities.

Community care

The term "community care" relates to the help provided to older people in their own homes or within their communities rather than in hospitals or in long-term care institutions. This help is provided mainly by their families and supplemented and complemented by local formal services.

The gerontological literature has extensively addressed the strategic role played by family caregivers in order to enable their older family members to age-in-place. Furthermore, the roles of family caregivers have dramatically expanded in recent years and include complex medical and nursing tasks that were once provided only in hospitals. A survey conducted in the United States (Reinhard et al. 2012), for example, showed that almost half of family caregivers managed multiple medications, provided help with assistive devices, provided wound care, and operated special medical equipment at the homes of the care recipients.

However, significant changes in family structure and family roles have raised the question of the extent to which the current family by itself is able to meet the complex and varied needs of its older family members. Many of these families are preoccupied with juggling competing roles at work and family, while increasing life expectancies impose on families a longer duration of caregiving to their older family members. Thus, family caregiving entails a caregiver burden that can debilitate their well-being and quality of life and can result, in some cases, in elder abuse and neglect.

To meet the growing needs of older people to age-in-place and to support family caregivers, formal home- and community-based supportive services and assistive technologies have been developed. The primary goal of these services and technologies is to match the level of support provided by the housing environment to the level of capabilities of the individual, although they have historically been underfunded, leaving many without adequate help (Doty 2010).

Several theoretical approaches have addressed the interaction between formal and informal caregiving (Denton 1997). The first is the substitution hypothesis that implies there is a hierarchy of support providers who may be replaced by others when needed (Cantor & Brennan 2000). This suggests that when informal care is unavailable or inadequate, formal care is used to substitute for informal care (Penning & Keating 2000). However, evidence for a substitution effect is scarce (Litwin & Attias-Donfut 2009; Noelker & Bass 1989). The second approach is the supplementary or complementary, according to which family caregivers are in charge of providing care to their elderly family members and the formal care is intended to complement or supplement the care provided by the informal care system (Noelker & Bass 1989).

Several studies lend empirical support to the complementary/supplementary approach. For example, Noelker and Bass (1989) found that in the United States, elderly persons with higher levels of physical impairment and morbidity used more formal service care. Several studies have examined the interaction between the formal and informal care systems in providing care to frail elderly people and found consistent findings supporting the complimentary model (e.g. Brodsky et al. 2004; Litwin & Attias-Donfut 2009) In other words, research findings suggest that frail elderly persons receive instrumental help with personal care and housekeeping from both formal and informal systems, and that family caregivers play a key role in providing care to their elderly members even if there is a paid homecare worker.

These approaches are criticized for being non-comprehensive, because they assume that the two systems of care are not only different, but that informal care is preferable to formal care, and that the latter is supposed to supplement the former (Ward-Griffin & Marshall 2003). Furthermore, Ungerson (1990) argues that the conceptual splitting of formal and informal care is a false dichotomy in assuming that the nature of the relationships that prevails in each of these spheres is totally different, and that it is necessary to analyse formal and informal care together. Ward-Griffin and Marshall (2003) argue that there is a dialectic relationship between informal and formal care systems, and provide empirical evidence that both the substitution and supplemental models are interwoven and occur simultaneously.

Programs aimed to facilitate aging in place

In a functional sense, aging-in-place and community care include policies and programs that help maintain fit between the persons and their residential setting (Pynoos 1990). In other words, in order to enable aging in a community, it is necessary to establish what is called "liveable communities" – a concept that connects the physical design, social structure, and social needs of all generations that share a common location. Liveable communities offer affordable and appropriate housing and supportive services, as well as transportation that enable independent living and social engagement (AARP 2005). In recent decades increasing numbers of communities are becoming "naturally occurring retirement communities" as a result of older people continuing to age in the homes in which they resided as young families and as a result of the "out-migration" of younger adults (Black 2008). The Global Age-Friendly Cities Project launched by the World Health Organization (WHO) is one example of such a community planning process that will be discussed later.

Based on Lawton and Nahemow's ecological perspective (1973) that articulated the dynamic interplay between the individual and the environment to maintain optimal functioning in older age, home- and community-based services for vulnerable older adults have rapidly expanded in recent decades and have grown dramatically in scope and variety. These include home-based services such as homecare services, home health care, home-hospice that is provided in end-of-life care to terminally ill patients, adult-day-care centres, respite services, senior citizen clubs, nutrition programs, as well as supportive services for family caregivers.

Recent technological developments and proliferations such as information communication technologies (ICT) including telemedicine, tele-homecare and other high-tech devices are intended to provide better solutions for safety at home and promote independence. Technology has become an increasingly significant component in enabling aging-in-place. Many of these technologies are aimed to support the working-family caregivers of cognitively impaired and physically disabled older adults (Mahoney 2011).

Age-friendly communities

The Global Age-Friendly Cities Project, which was launched by the World Health Organization (WHO), is aimed at promoting the physical and psychosocial wellbeing of their older inhabitants and thus improve the quality of life of the entire community. This model incorporates all aspects of the natural, built, and social urban environment and includes assessment of needs related to accessible and affordable services, social participation and inclusion, accessible public transportation, provision of information, community support, recreational and social programs, civic participation, and security at home and at outdoor spaces (Gonzales & Morrow-Howell 2009; Plouffe & Kalache 2010). In age-friendly communities, older people are not only consumers of services but are rather a social capital that contributes to the well-being of the whole community.

Aging in place in long-term-care facilities

The idealized vision of aging-in-place presumes that in all ways staying at home in old age is the best and ultimate option. However, recognizing that for some older people

aging in their homes is not a feasible option, Golant (2011) presents a much broader view on the meaning of aging-in-place to also include retirement communities, or assisted living where older people can feel competent and have mastery of their environment, despite their functional disabilities. Thus, the concept of aging-in-place also includes transitions between levels of care within multilevel institutional settings, such as relocation from assisted living to nursing care. These transitions were found (Shippee 2009) to be disruptive of the sense of home and sense of autonomy, caused social disengagement and disempowerment, hindered self-worth, and generated negative attitudes towards these transitions.

Providing support to older people to enable them to age-in-place has also become a core philosophy in long-term care facilities. More attention is given to creating homelike environments and preventing transitions between levels of care. This suggests that instead of moving the resident between different levels of care within facilities or between facilities, the facilities are adjusted and are flexible to meet the changing needs and preferences of the residents and provide the necessary services in their residential units. An example of such a homelike environment is the *Green House model,* which provides an intimate community-oriented alternative to conventional large-scale nursing homes for disabled older adults (Kennedy 2010).

Fragmentation and coordination between services

Concepts such as holistic care, continuum of care, and prevention of functional deterioration are keystones in long-term care for older adults that may have ramifications on quality of care, quality of life of the care recipients, and on public expenditures. A study conducted in the EU (Mur & Van Raak 2003) found that a fragmented system of services was unable to meet the holistic needs of aging societies, because integration between services is complex, including problems in inter-disciplinary teamwork, financing, and legal aspects. However, fragmentation and the need for integration between health and social services is on the agenda of many aging countries (Kodner 2002, 2006; Leichsenring 2004).

A study that compared seven programs aimed at integrating services in Europe and North America (Johri et al. 2003) found that in spite of the differences between the programs all of them had some common characteristics: single entry point, case management, comprehensive geriatric assessment, and interdisciplinary teamwork. However, it is essential to emphasise that integration between services is not a goal but rather a means to achieve policy goals. Therefore, there is no one ultimate model for service integration but rather a diversity of models depending on the goals to be achieved.

Challenges and implications for policy

The constant increase in the number of older people who are chronically ill and/or functionally dependent increase public concern over the cost and future of long-term care. The new generations of older people (the 'baby boomers') are more educated, more politically active, healthier and wealthier, and (most of all) more demanding, and aging-in-place is the preference of most of them (Kennedy 2010). This requires policy makers as well as service providers to devote more attention to several key issues: community

planning, use of land, housing programs, transportation, health and social services as well as long-term care services, social activities, and social integration of older persons in order to make these environments more friendly to older people and enable them to age in their homes and communities. To meet these socio-demographic shifts, the following several key issues should be challenged.

Social inclusion

To age-in-place older people need more opportunities for social involvement, participation, and attachment to their communities. The age-friendly community model can be one means to promote this idea and to change the image of the older population from a burden to a social asset.

Urban planning

There is a "mismatch" between the design of communities and the needs of older people. Both the physical and the social environments are designed for a mobile and functionally independent people. Most housing, transportation, services for health and home care, and public spaces are organized to accommodate people who are healthy. The need to have residential and commercial spaces within walking distance is rarely considered in most urban planning (Bookman 2008). Therefore, urban planners have to take these into consideration and initiate new innovative and creative architectures of housing and city building to enable the integration of older individuals in its mainstream of life.

Accessibility and affordability of services: Many older people and their families are unaware of or have no information on available services in their communities or access to them (Bookman & Harrington 2007). This is a substantial barrier to accessing services and may hinder aging-in-place (Tang & Pickard 2008). There are also affordability issues for those who are middle class who are not entitled to receive subsidized housing and care services. Nevertheless, with regard to formal services, attention should be given to welfare state regimes and cultural differences that are profoundly influenced by the role of families in providing support to their older family members.

Integration of services

There is a need to overcome the fragmentation in elder care services. This suggests a comprehensive, coordinated approach to home-based and community services on a one-stop-shopping basis that includes a comprehensive assessment and delivery of services that are tailored to the needs of older individuals. An integrated care system is necessary to enable most older adults to remain in their own homes, even with severe disabilities. This can reduce high expenditures on expensive health care services. Coordination between the multiple care providers is necessary to help older persons and their families better navigate the long-term care system (Castle et al. 2009), increase efficiency and effectiveness of services and improve the quality of life of its consumers. More coordination and collaboration between services and organizations can prevent barriers of accessibility, duplication, and people "falling between the cracks".

Training

Service providers should receive training to enhance their interactions with their older care recipients and enrich their knowledge and skills and to qualify them to recognize the comprehensive bio-psycho-social needs of older adults within the context of their living environment and to be able to provide individualized care packages (Black 2008). Special attention should be given to front-line hands-on care workers, such as home care workers, who compose the backbone of formal community care.

Gerotechnology

Many gerotechnologies and assistive devices are already available, and many new ones are introduced to the market each year. These gerotechnologies can serve as compensatory mechanisms in the person-environment interaction and, therefore, are aimed at enabling older adults to age-in-place and alleviate caregiving burden (Mahmood et al. 2008). However, the use of such technologies also has some pitfalls: it may intrude on privacy and increase loneliness by decreasing face-to-face interaction. It may provide a mechanistic aid that cannot meet the emotional and social needs of the elderly person and may even hinder their quality of life.

In summary, in the coming decades, the greying of the population will be witnessed in many aging societies. Aging-in-place is a common strategy employed to meet the complex, varied, and growing needs of older people. Societies need to face the old-new challenges to take forward the concept of aging-in-place by adapting existing and developing new innovative and creative models of caring for older persons and their families.

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Povzetek

Zaradi staranja v mnogih državah zahodne Evrope so tako politiki kot strokovnjaki pričeli razvijati koncepte, programe in storitve potrebne za izpolnjevanje potreb te starajoče populacije, še posebno najbolj ranljivih starejših, kronično bolnih in gibalno ali drugače oviranih, hendikepiranih oseb. Staranje na mestu (ageing-in-place) je postala ena od vodilnih strategij s katero se poskuša nasloviti potrebe te populacije. V prispevku naslavljamo različne vidike »staranja na mestu« in predstavimo ekološki pristop k razumevanju odnosa med posameznikom in okoljem, ter njegov vpliv na staranje na mestu. Predstavimo oskrbo v skupnosti in njene komponente, ter primere staranja na mestu. Naslovimo tudi problem razdrobljenosti storitev. Prispevek zaključimo z izzivi sodobnih družb, da bodo omogočile ljudjem staranje na mestu.

KLJUČNE BESEDE: stari ljudje, odnos oseba-okolje, programi, skupnostna oskrba

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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 (Černič 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.

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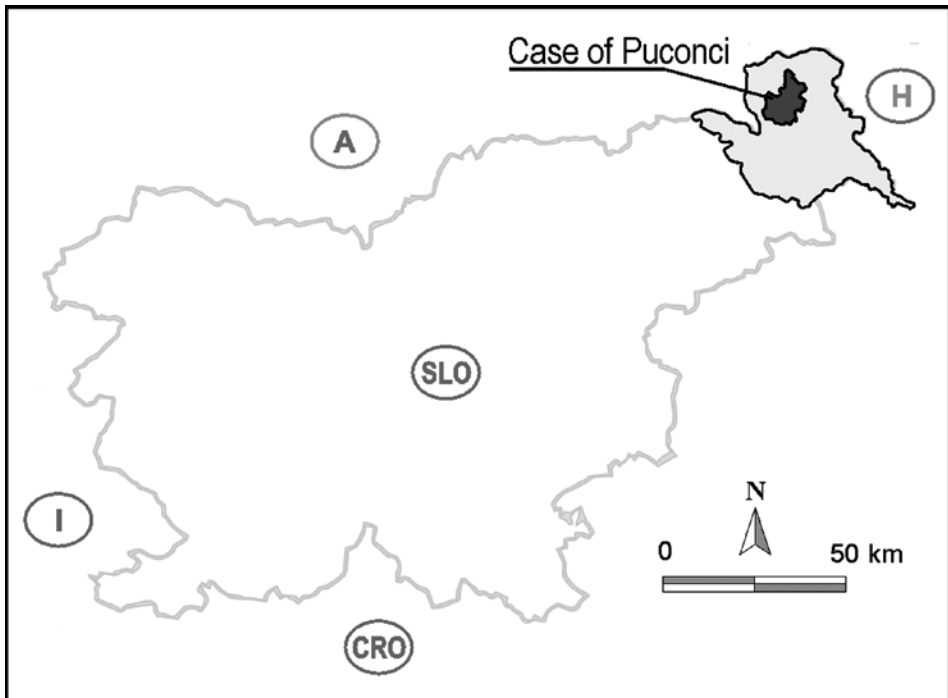
of community care for older people and whether it reflects the simplistic notion of idyllic rural ageing at home.

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 region[6] 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;

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[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 region[10] (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

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[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

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[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. There-fore, 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 mu-nicipality 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

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[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' 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).

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[15] EHO-Podpornica is financed by the Foundation for Disability and Humanitarian Organisations, contributions and gifts of its members, individual congregations and their women' 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 scleroses, 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 collocutor 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

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[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 eve-
> rything 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 compli-
> cated. 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-re-
> cipient, 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:

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[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

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[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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The educational opportunities for older adults in rural and urban municipalities

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Abstract

The aim of our paper is to investigate what the differences between rural and urban municipalities are with regards to the educational opportunities for older people. With the method of multiple case studies, we have determined that in selected municipalities there are significant differences in educational possibilities for older adults in rural and urban local municipalities. The readiness of older adults to enrol in education not only depends on the extent of educational opportunities in a municipality, but also on the various measures for encouraging the participation of older people in education. On the basis of our findings, we suggest the following further steps to improve the educational opportunities for older people in both rural and urban municipalities: educational programs are free of charge and accessible; they have responsive content and organisation of education, based on older adults' needs; that there is cooperation and networking of different providers of educational and spare-time activities for older people in the community etc.

KEYWORDS: communities, rural, urban, older adults, education

Introduction

Educational and leisure activities have a crucial role in making older people more active in their everyday life. Education is a significant factor influencing the well-being of an individual and a community; the influence of education is more dynamic in communities with more systematic development of educational activities (Field 2009: 7).

In this paper, we compare the data gathered in selected urban and rural municipalities in Slovenia, which give some explanations for the interrelation of rurality/urbanity, well-being, and the educational opportunities for older people in municipalities. Prior research in Slovenia has shown that the educational opportunities for older adults (more than on the level of the well-being of the municipality) depend on whether the municipality is urban or rural (Kump & Jelenc Krašovec 2012). In this paper, we analyse the differences regarding the educational opportunities for older adults in selected urban

and rural municipalities in Slovenia. We investigate who the holders of such activities are, and how responsive those offering the activities are to the needs of older adults, and also how connected and integrated the educational institutions and other voluntary associations are that offer educational and learning possibilities for older adults.

Urban vs. rural in the context of community and personal well-being

Rural/urban differences are not easy to define. The differences as well as the cooperation between rural and urban areas are of great interest mostly for economists and geographers (Wokoun et al. 2010: 1882), who attempt to analyse and further support balanced territorial development, but from an educational perspective these questions are equally important.

Among the most frequently and commonly used definitions of rural and urban areas is the OECD's definition (*Eurostat 2013*), which uses a regional typology according to which regions have been classified as predominantly urban (PU), predominantly rural (PR) and intermediate (IR). For this process three criteria are used: 1) population density (the percentage of regional population living in rural or urban communities[1]); 2) percentage of the population living in rural communities; regarding this criterion we differentiate areas as *Predominantly rural (PR), Predominantly urban (PU)* and *Intermediate (IR)*[2]; 3) the size of the nearby urban centres.

Scott et al. (2007: 4) describe urbanity as an area with employment in administration and services, with a higher-than-average educational level, high accessibility of services, information accessibility, but low fertility and mortality, a low sense of community, and varied ethnicity. In contrast, rural areas are defined as more dependent on the primary industry sector, agriculture and forestry, as areas with a lower-than-national average educational level, low accessibility services and information, but a higher sense of community.

The data show that more than half of Europeans live outside major towns and that European rural areas have a higher proportion of older people, aged 55 and over (Giarchi 2006: 705). The disproportionately greater number of older people live in rural and remote regions, facing considerable social and economic change, a loss of infrastructure (social and health services), and population change (Inder et al. 2012: 182); consequently, older people are amongst the most vulnerable groups in the entire population. Understanding the differences between rural and urban areas is essential, because some research (Giarchi 2006; Inder et al. 2012; Scott et al. 2007) has shown that rural deprivation is more complex and common than urban deprivation.[3] In rural areas,

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[1] Community corresponds to Local Administrative Units (communes, municipalities, etc.).

[2] Region is: Predominantly rural (PR) if more than 50% of its population lives in rural communities; Predominantly urban (PU) if less than 15% of the population lives in rural communities; Intermediate (IR) if the share of population living in rural communities is between 15% and 50%.

[3] There is no universally accepted definition of deprivation; in the past, *deprivation* and *poverty* were used interchangeably. Poverty means mostly a lack of financial and material resources, while deprivation is more a multi-dimensional concept that includes consideration of financial resources, material commodities, and the ability to participate in social life (Scott et al. 2007: 16). Deprivation also relates to those who do not or cannot enter into ordinary forms of relationships (Townsend 1987).

social exclusion and the risk of poverty is often more difficult to identify. Ageing in rural areas opens questions related to social isolation, reduced mobility, and limited access to community and health services.

Rural poverty is understood as more concealed than urban poverty, and geographical remoteness is another aspect that influences the welfare of communities. Conversely, Scott et al. (2007: 19) assert that 'deprivation is popularly presented as an urban phenomenon' and that living in rural areas is more often understood as a place with a better quality of living. Differences in measurements appear due to different definitions of deprivation, but also due to the fact, whether we consider the deprivation of the area or individual. Moreover, Shucksmith et al. (2009: 1279) affirm that there are significant differences regarding rural and urban deprivation between richer and poorer European countries.

Regarding education and skills deprivation, Scott et al. (2007: 16) assert that this is also a vital asset that contributes to the disadvantaging and deprivation of residents. The access to services (education, communication, social care, health, civil society associations, etc.) is often geographically defined and is connected with the educational characteristics of an area. Findsen and Formosa (2011: 15) state that in deprived communities where social services, material resources, civic activities, and social relations amongst neighbours are low, the quality of life of many older people remains limited. Ageing as a biological, psychological, and social process takes place in the social space in which older people live; the economic, environmental, social, cultural, educational, and human conditions in the rural and urban communities are crucial for their activity and well-being.

Well-being and education of older adults

To determine how rurality and urbanity actually define the living circumstances of older people, we should develop our discussion towards the role of different social and educational possibilities in a certain environment. How do those possibilities influence the well-being and quality of life of older people, and how might they create a cohesive and inclusive community?

In most of the discussions, the geographical dimension was paramount in defining a set of people as a community; bonding and common interests among this set of people are also vital (Gilchrist 2009: 3). A community can be defined as a social unit, bounded by physical and social borders (Loughran 2003: 89). Therefore, communities may be seen to be inclusive to some people and social groups and exclusive to others; they can also be elitist and oppressive. Better facilities and services network influence the well-being of community members as well as the cohesion and development of the community as a whole. There is a dearth of research about the role of an adequate network of educational organisations and educational programmes for the well-being of older people in communities, but more is known about voluntary associations, which may influence creating and maintaining social cohesion in the community as well as affecting perceived well-being based on co-operation, collaboration, and trust (MacKean and Abbott-Chapman 2012: 50).

Well-being includes personal well-being (health, personal relationships, safety, standard of living, achievements, community connectedness, and future security) and the

well-being of the communities (the level of a country's functioning, the assurance of local public services for people, education, social care, health care, etc.) (Cummins et al. 2002: 4). Well-being is most often defined as 'the state of happiness, health, and prosperity' (Rovan et al. 2009: 70). It is a complex concept that includes objective and subjective[4] factors. The objective components of well-being are demographic, economic, social, and environmental factors (Rovan et al. 2009: 70). The most complex and heterogeneous amongst objective factors are social factors, which most directly influence the well-being and the quality of life of individuals.[5] Some objective factors can influence the self-assessed well-being of older people.[6] The subjective ratings were significantly higher when some of the social factors were high. According to Activity Theory, the psychological or subjective perception of well-being and life satisfaction in an old age can be maintained by a high level of involvement in activities that are 'positively correlated to the benefit of essentiality' (Nimrod 2007: 77).

Policy documents define a stimulating and diverse environment as one of the main predictors for healthy and active ageing; for example, the World Health Organisation in its study on Global Age-Friendly Cities ascertains that playing key roles in communities (volunteering, working, sharing knowledge, and experiences or being caregivers) give sense to older people's lives. However, these activities need to be supported by ensuring inclusive, accessible, and safe environments (WHO 2007). The report also emphasises the opinions of the interviewed older people, suggesting that having more and varied activities closer to where they live would foster bonding with other age groups and cultures within the community; at present, these activities are inaccessible in the experience of many participants in the project (WHO 2007: 39). Similar findings are reported by Nimrod (2007), Blace (2012) and Cummins et al. (2002), who assert that all kinds of activities within community groups (mental, physical, educational and social) can play an vital part in maintaining older people's well-being, as long as they contribute to life satisfaction.

Quality of life as a concept is an indication of the overall well-being in the society; it is a multidimensional concept that involves objective living conditions, subjective well-being, and the perceived quality of society (Veenhoven 1996: 5); it is measured by objective and subjective indicators (Fahey et al. 2004: 1). According to Shucksmith et al. (2009), knowledge, education, and training are one out of the six most important core areas for measuring quality of life. Other research has confirmed the influence of social support and social networks on the health, mental health, and quality of life of older people in different living environments (Shucksmith et al. 2009; Inder et al. 2012; Fahey

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[4] Freedom, happiness, safety, the quality of life.

[5] Social factors are defined by Rovan et al. (2009) as: individual life index (income, unemployment, living conditions, access to goods); index of education (preschool, primary/basic school, higher education); health; free time/leisure; crime rate; efficacy of municipality administration; individual well-being (subjective perceiving of well-being – suicide level, abortions, divorces, fertility rate, etc.).

[6] This is confirmed by research findings: a study of older people's self-assessed well-being (Montross et al. 2006) showed that 92% of the interviewed older people, despite chronic physical illness and some disability, rated themselves as ageing successfully if they thought that their quality of life is good, if they are able to be active and if they still have close friends.

et al. 2004; Šadl & Hlebec 2007; Jelenc Krašovec & Kump 2007), but further research on the role of community-level factors and the role of education for the quality of life of older people and personal and community well-being is needed.

As our previous research (Jelenc Krašovec & Kump 2009) shows, education can be understood as a means of establishing older adults' social networks; education provides instrumental and emotional support, reduces social exclusion, and forms a context for the socialisation of older adults. Field (2009: 6) argues that nevertheless 'there is compelling research evidence of a positive overall association between education and well-being, the relationships are probabilistic ones,' but there is no relevant research on the topic. However, he ascertains that education influences well-being at different levels: there is a direct effect on well-being (helping people develop capabilities and resources which influence their well-being), an indirect effect (leading to outcomes that allow people to increase their resilience in the face of risk), and a cumulative effect (influencing the social and economic environment in which people spend their lives). The evaluation of the educational opportunities, the quality and responsiveness of the offer to the needs of older adults, and finally the evaluation of the cooperation amongst educational institutions and voluntary associations is essential; any kind of generalisation about the different educational needs of older people regarding rural or urban areas is dangerous and unacceptable.

In this paper, we compare selected urban and rural municipalities regarding the main well-being characteristics, the main characteristics of the living environment, and the educational possibilities of older people. We are focusing on the following questions:

- What is the difference between rural and urban municipalities regarding the extent and quality of educational opportunities for older adults?

- Who are the holders of educational activities in selected municipalities?

- Is the range of educational services responsive to older adults' needs?

- How connected and integrated are the educational institutions and other voluntary associations offering education for older adults?

Research methodology

The availability of educational opportunities for older adults is investigated in the framework of the research entitled Care for the Older People within Communities in Slovenia. In this paper, we present the results of the primary research, specifically the results of multiple case studies of 22 selected municipalities, which were partly explorative and partly descriptive case studies (Yin 2003; Creswell & Plano Clark 2011). For further analyses, we have selected three Slovene municipalities: an urban municipality (Novo Mesto) and two different rural municipalities: remote rural municipality (Puconci) and "close to the city" rural municipality (Starše).

The selected municipalities were also considered according to their level of well-being (according to Rovan et al. 2009)[7], which might add another dimension

7 Slovene municipalities were, according to the level of well-being, classified in four groups: High well-being communities (in economic and social terms highly developed communities), balanced well-being communities, moderate well-being communities, and low level well-being communities.

to the evaluation of educational opportunities in the selected municipality. According to Rovan et al. (2009), the urban municipality (Novo Mesto) is in a high well-being municipality, Puconci is a low well-being municipality, and Starše is a moderate well-being municipality.

First, we performed an overview of the educational opportunities for older adults in the selected municipalities. We collected the data over appropriate webpages, on the bulletin boards of organisations (libraries, health centres, voluntary associations, day centres for older adults, etc.), and advertisements in local newspapers, on radio and television, and with personal contacts with the representatives of organisations. Interviews on the educational opportunities for older people were held with the providers of education for older adults and with older persons. We were interested how people experience the educational possibilities in different municipalities, why and how often they participate in educational programmes, what hinders them from participation in education, and how they evaluate the accessibility of the educational opportunities.

The questions varied for different interviewers. All interviews were transcribed; the material was organised and prepared for the analysis; the concepts were categorised, and the analysed material was interpreted.

Novo Mesto – the urban municipality

The urban municipality of Novo Mesto is a part of Slovenia's south-eastern statistical region and consists of 98 settlements. In mid-2010, the municipality had approximately 36,200 inhabitants.[8] Their average age was 40.1, which is lower than the average age of the Slovenian population (41.6 years). According to the classification of Rovan et al. (2009), the municipality of Novo Mesto is ranked in the group of high well-being communities. In Slovenia, there are 15 such municipalities (9.4% of Slovenian land) with a high level of urbanisation. According to the number of inhabitants, this is the largest group (36.5% of Slovenian population) with a high standard of living and the highest values of economic indicators. In these municipalities, the level of education of inhabitants older than 15 years is higher than the national average (Prebivalstvo 2003).[9] In comparison to the Slovenian average in 2010, there was a higher number of employed people and a lower number of registered unemployed people among the working-age population[10] (Slovene Municipalities in Figures 2012).

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[8] In 2010, on average. 154 municipality inhabitants lived on a square kilometer of land, meaning the population density was higher than that of the country (101 inhabitants per km²). Also in 2010, a positive natural increase rate of 4.9 per 1,000 inhabitants was recorded (the Slovenian rate was 1.8).

[9] Completed levels of education: 33.8% of population finished grammar school or less (Slovenia: 33.0%), 51.7% finished high school (Slovenia: 54.0%), and 14.5% finished a higher level of education (Slovenia 12.9%).

[10] Among the persons between 15 and 64 years of age (i.e. among the working age population) approximately 63% of them were employed or self-employed, which is higher than the Slovenian average (59%). On average 8.1% of the municipality's working age population was registered unemployed, which is lower than the national average (10.7%).

Educational opportunities for older people

The town of Novo Mesto, which is the municipality's centre, as well as the administrative, economic, and cultural centre of the south-eastern region, offers the most educational opportunities for older adults. In this field, The Development and Education Center (RIC) has the main role as an organiser of The University of Third Age (U3A). The U3A program offers its students more than 30 educational programs in various topics[11] and most of these programs charge a fee (from €40 to 106), but U3A members can also choose from five free educational activities.[12] Among the U3A members, the most popular of the aforementioned programs are trips and programs on health. Women are the sole participants in some programs and in the great majority in others. The only exceptions are computer courses, in which both genders are equally represented.

Older adults receive special attention from three retirement associations. The Retirement Association of Novo Mesto organises cultural and educational activities, including writers' and artists' groups, a mixed choir, a lifelong learning book club, and a course for expanding one's knowledge about computers, the Internet, and email. They also promote health in old age by educating their members about maintaining good health and eating healthily. The Novo Mesto Retirement Association for Free-Time Activities organises its educational activities in cooperation with Grm Grammar School, which provides the space. Their free programs include lectures on health, history, and traveling. Their members can also participate in organised hikes, join a folklore group, and attend organised group visits to the theatre in larger Slovenian cities. The Krka Retirement Association organises lectures on topics such as health, diet, gardening and traveling.

Free lectures on health are also offered by the Novo Mesto Health Center in cooperation with RIC, municipal retirement homes, local communities, the Red Cross, and self-help groups. The Miran Jarc Library organises some free educational programs for older adults.[13] The participants in these programs are predominantly older women. The library also participates in the all-Slovenian voluntary project, Symbiosis – e-literate Slovenia, aiming to increase computer literacy of older adults through intergenerational learning.

In the municipality of Novo Mesto, there are more than 140 associations (some with older adult members) that also organise educational (lectures, workshops) and free-time activities (trips, competitions, games, hikes, etc.). Intergenerational cooperation and learning are present in several of these associations (e.g. in firefighters' associations).

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[11] Let's Travel Together, Travel the World on a Bus, Foreign Languages, Living Happy and Healthy, We are Masters Too, and Grey Matter Matters.

[12] Thursday Meetings, Study Group – Reading with Manca Košir, Improving our Computer Skills, Learning for a Successful Life – Expanding our Horizons, and Learning New Foreign Languages.

[13] The Reading Badge for Adults (promoting reading), Stories from behind the Desk (presenting well-known people) and Thursday Meetings (various lectures, literary evenings, book presentations).

The opinion of the organiser of educational activities for older people on the educational opportunities, participation, motivation and barriers of older people

We spoke with the coordinator of the RIC and U3A programs about educational opportunities and the participation of older adults. They inform older adults about their offers in a variety of ways: by posting information on a notice board and on the RIC website, by sending individuals SMS messages and emails, by sending catalogues on education to people's homes, and with ads on the local radio and on various media websites. However, the most successful way of disseminating information remains "by word of mouth". The available programs have a high attendance rate, so they are satisfied with the response of older adults, who also come from the neighbouring settlements and other municipalities. On how they determine the educational needs and interests of older adults as well, as the satisfactions of participants, the coordinator said:

> At the end of each program the participants fill out an evaluation questionnaire which helps us find out how satisfied they are with the offers, the time of the program, the execution, and the lecturer. They also give us their suggestions. For example, if they are dissatisfied with a lecturer, we provide a different one.

This indicates that the RIC collects information about the needs and interests of participants in their educational programs, but they do not research the needs of a wider group of older adults. According to the coordinator, older adults can choose from many activities, which are also organised by numerous other associations, but many of them simply do not take advantage of this wide array of offers. She thinks the problem is that older adults are not motivated enough and have too much to choose from, so it is sometimes difficult for them to decide which program to participate in.

The opinion of the active older adult on educational opportunities, motives and barriers of older people

A 69-year old retired electrician has been an active member of U3A for 10 years. He regularly participates in computer courses and excursions. He believes that RIC and U3A offer a wide variety of educational programs and that everyone can find something for themselves. When asked if he has the opportunity to influence the formation of content and the execution of educational programs, he gave us a positive answer: 'Most definitely. I am a member of the RIC Program Board that includes seven external members, users. We can provide comments and influence which programs get selected.'

He is also a member of the Krka Retirement Association and participates in their various lectures on health and computer courses, as well as trips and hikes. He is also informed about other educational possibilities because he participated in various programs when he was still employed. He takes part in educational programs to socialise, make new friends, broaden his horizons, for personal growth, and above all to 'keep track of things.' Since he has good computer skills and also shares his knowledge with others; he is sometimes quite proud of himself.

The opinion of the non-active older adult on educational opportunities, motives and barriers of older people

In a conversation with a 73-year old retired textile worker living on the outskirts of town, we found out that she is not informed of the educational possibilities for older adults in her town and that she is also not interested in them. She might participate only in a free gardening course if it took place in the vicinity of her home. She is a member of a retirement association but does not participate in their activities because she lives too far away from the centre of town. She does not miss socialising because she has friends, as well as things to do in the garden and the vineyard. Her lack of interest in education probably stems from her previous schooling experience:

> I didn't have opportunities because I grew up on a farm and had to work a lot. I wanted to become a salesperson. But the school was too far away, and my mother, who then became a single parent, could not afford to pay for my education. Then I had to find a job and work only for survival.

Puconci – the remote, rural municipality

The municipality of Puconci is a part of the Pomurje statistical region and consists of 23 settlements. In mid-2010, the municipality had approximately 6,100 inhabitants.[14] The average age of the municipality's inhabitants is rising faster than in Slovenia as a whole; in 2010, it was 42.8 years, while the national average age is 41.6 years. According to the classification of Rovan et al. (2009), the municipality of Puconci is ranked in the group of low well-being communities. This group consists of 52 municipalities (17.3% of land and 7.6% of Slovenian population). An average municipality of this group is economically poorly developed, mainly rural, has an above average number of recipients of social benefits, a high level of registered unemployment, and its inhabitants have the lowest level of education.[15] In comparison to the Slovenian average, in 2010 the municipality of Puconci had lower employment and higher registered unemployment in the working-age population.

Educational opportunities for older people

The rural municipality of Puconci has modest educational opportunities for older adults. Even though they have approximately 40 associations, most of them organise firefighting, sports, cultural, and tourist activities. Most of the free-time activities designed especially for older adults are made available by the Puconci Retirement Association. Occasionally,

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[14] In 2010, on average 57 municipality inhabitants lived on a square kilometer of land, meaning the population density here was lower than that of the entire country (101 inhabitants per km²). Also in 2010, a negative natural increase rate of -2.5 per 1,000 inhabitants was recorded (the Slovenian rate was 1.8).

[15] After the last population census in 2002, in this municipality the finished level of education of the inhabitants of 15 years of age or older was noticeably lower than the national average (Prebivalstvo 2003). Completed levels of education: 51.5% of the population finished grammar school or less (Slovenia: 33.0%), 43.7% finished high school (Slovenia: 54.0%), and 4.8% finished a higher level of education (Slovenia: 12.9%).

they hold lectures on health and craft workshops. At the association, they believe that there is no interest in education. For example, they have received an offer from the Murska Sobota U3A for programs on computer literacy and foreign languages, but the members of the associations showed no interest in them. The association is more active in other areas such as culture (a women's folklore group, choir, art, and literary groups), sports (hiking, winter sports, cycling), and social activities (visits to ill and elderly members as a part of *Seniors for a Quality Life at Home*, an intergenerational project). The municipality has outpatient and dental clinics that are privately owned and do not offer educational programs. Furthermore, the Brigita Retirement Home, a private secure care facility, offers no educational programs and is barely in touch with the local community. In the municipality, churches mostly offer pilgrimages, while the evangelical humanitarian organisation EHO Podpornica helps the socially disadvantaged and the ill, most of whom are older adults.

The opinion of the organiser of educational activities for older people on educational opportunities, participation, motivation and barriers of older people

It was difficult to find someone to speak with about the educational opportunities for older adults because most people we asked were unwilling to participate. Finally, an evangelical pastor with a master's degree in theology agreed to have a conversation with us. She organises educational and cultural events at the Štefan Küzmič Memorial Home in Puconci. The home organises many exhibitions, concerts, and lectures (on health, psychology and history). Even though these activities are intended for all age groups, most of the participants are older, and with at least a high-school diploma. Among the participants are also older adults from the neighbouring settlements and even highly educated people from the centre of the neighbouring municipality. According to the pastor, the reasons older adults do not participate in these activities in larger numbers are psychological. Many of them feel unworthy and, when invited, say: 'This is only for those with high education.' She is familiar with the older adults' needs for education; the problem is that she sees the problems and the older adults do not. These events are generally financed by the municipality, making most of them free for participants.

The main barriers they face when organising lectures and other events are financial restrictions, the difficulties with finding appropriate providers (who would be prepared to participate for free instead of requiring high fees) and a lack of integration and collaboration between the municipal organisations. Another problem is that the village's spiritual and cultural stagnation that cannot be reversed overnight. It would also be necessary to attract young people and make them accustomed to the local culture. They have already thought of designing a questionnaire and visiting village people in person to talk to them about their needs and interests concerning educational and cultural events. She is supportive of including all social classes and age groups in the community activities and intergenerational partnerships. She believes that in order for people to be more involved, various municipal organisations should collaborate when preparing for

joint projects: a factor which is now lacking. She thinks that older adults could do a lot to contribute to the well-being of the community, especially with regards to its culture and spirituality.

The opinion of the active older adult on educational opportunities, motives and barriers of older people

In the settlement of Šalamenci, we spoke with a 65-year old retired high-school graduate about the educational opportunities for older adults. She is participating in the retirement association's volunteer training for the project 'Older people for older people.' In this project, volunteers work together with social services and record in person the problems that older people in the municipality face and what conditions they live in.

As a member of the retirement and tourism associations, she regularly participates in working out, cycling, trips, and hikes, takes part in culinary and flower-arranging workshops, as well as participating in a folklore group which she joined in order to socialise and to satisfy and 'relax her mind a little bit.' She mainly finds out about the associations' activities from others, but also on the local radio and newspaper. She does not use the internet because she does not have a computer, but would gladly participate in a computer course if it were organised in the municipality. She takes part in educational programs because it gives her pleasure to see her own progress. Her friends and family are supportive of this. She has always been involved in learning programs, even when she was still employed. She would like to encourage older adults not to stay locked away inside but to get out among people, make new friends, and educate themselves in any way so that they strengthen their brain and vitality.

The opinion of the non-active older adult on educational opportunities, motives and barriers of older people

We conducted another interview in Šalamenci with a 66-year-old retired carpenter who is a member of the local community association, tourism association, and a political party, but none of these organisations offer any forms of education. He would be prepared to pay for education because 'even prayers to God aren't free anymore.' There are no educational opportunities in his village; the municipality also does not offer the education that he desires; the neighbouring municipalities are too far away. In his words:

> In the village, it's not possible to organise much because there aren't enough people; we lack the initiative for group work, or an exchange of experiences. The most detrimental to people's socialising is television: in the evenings, everyone sits in front of their TVs to see what's going on around the world and that's all there is. When you're older, you can't take part in evening educational programs available 15–20 km away.

He self-critically admits that it is also difficult for him to get out of the house in the evening but that there are no educational programs earlier in the day. As he said, he believes in the importance of education:

> I support adult education in all age groups. You need to keep educating yourself as long as you're alive. Every day something new happens, and if you don't keep track of things, you get lost in time.

In his opinion, the associations have enough free-time activities (events, folklore groups, choirs, work-outs etc.) to satisfy the needs of village people. They are, however, lacking educational programs, such as those that help people acquire the computer skills that are nowadays indispensable. If the municipality offered these, then older adults would be able to educate themselves on their own by using computers, as they do elsewhere. At the same time, he asks himself how many people in his village would even be interested in a computer course. Organising such classes for one or two participants would of course be unreasonable and unprofitable.

Starše – the rural "close to the city" municipality

The municipality of Starše is a part of the Podravje statistical region and consists of eight settlements. In mid-2010, the municipality had approximately 4,150 inhabitants (Slovene Municipalities in Figures 2012).[16] The average age of the municipality's inhabitants was 41.8 years, which is slightly higher than the average age of the Slovenian population (41.6 years). In the municipality, the number of older adults is higher than the number of children. The data show that the average age of the municipality's inhabitants is rising faster than in the rest of the country. According to the classification of Rovan et al. (2009), the municipality of Starše is ranked in the group of moderate well-being communities. This group consists of 70 municipalities (covering 35.9% of land and 33.5% of Slovenia's inhabitants) with moderate economic conditions and a living standard slightly below average. Inhabitants aged 15 years and older have a slightly lower level of completed education than the national average (Prebivalstvo 2003).[17] Compared to the Slovenian average, in 2010 the municipality of Starše had lower employment and higher registered unemployment in its working-age population.

Educational opportunities for older people

The providers of education for older adults in the municipality of Starše are the village hall, health centre, grammar school, associations and parish. The village hall offers a free computer course, with older members of the municipality among the participants. It is funded by the European Social Fund and the Ministry of Education, Science, Culture and Sport. In the coming years, the municipality intends to build an intergenerational centre in Trniče and an Older Citizens' Home in Starše to fulfil the needs of older people. The health centre holds free lectures on health. The Starše Grammar School participates in the intergenerational project Symbiosis – e-literate Slovenia, through which older

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[16] In 2010, approximately 122 inhabitants lived on a square kilometer of the municipality; the population density was higher than in the entire country (101 inhabitants per km²). In the municipality, a positive natural increase rate of 2.9 per 1,000 inhabitants was recorded (in Slovenia 1.8).

[17] Completed levels of education: 32.6% of population finished grammar school or less (Slovenia: 33.00%), 59.3% finished high school (Slovenia: 54%), and 8.1% finished a higher level of education (Slovenia: 12.9%).

adults learn the basics of computer use, internet surfing, and email use. Another, already traditional, intergenerational activity is In School with Grandmothers and Grandfathers, which is organised by the Starše Grammar School. The parish of Št. Janž na Dravskem polju organises parish pilgrimages to churches in Slovenia and abroad for those interested in religion, religious architecture, and history. Usually, more than half of the participants are of 65 years of age or older. The participants pay for the pilgrimages themselves.

The associations offer modest educational opportunities; most of them organise free-time activities. For example, two municipal retirement associations do not have educational activities but organise various trips, cycling, and nine-pin bowling for their members. There are four municipal firefighters' associations with older members who have the status of veterans. They do not perform field work anymore, but still participate in regular monthly drills and pass their experiences on to younger members. A lot of older adults participate in the Starše Cultural Association, where approximately half of the members are older than 65. The association's main activity is choir singing. Some older adults also participate in the other three municipal cultural and art associations, the main purpose of which is to preserve the folklore, customs, and traditions by presenting them on stage. The highest number of educational activities is offered by the Starše Ajda Association – The Women's and Girls' Association for the Preservation of Countryside Tradition. The average age of members is 55 and almost half of the members are 65 years of age or older. They are mainly retirees, housewives, country wives, and some teachers who are interested in socialising and acquiring new knowledge. They have organised several educational programs as well as numerous workshops on cooking, gardening etc.

The opinion of the organiser of educational activities for older people on educational opportunities, participation, motivation and barriers of older people

In the settlement of Marjeta na Dravskem polju, we talked to a professor who organises educational activities at the Ajda Association. The association mostly informs members about their activities verbally, through representatives in various villages who forward thoughts and comments of members about past events to the management. The management learns from these opinions and will attempt to organise things in a better and different way in the future. The rooms for carrying out their activities are provided by the municipality, grammar school, and fire station. The reasons older adults opt not to participate in educational programs are, in her opinion, a lack of motivation, health problems, the village environment, and the problem of transportation. Another barrier is the modest range of educational programs, about which she said:

> We live in the countryside after all and there aren't many opportunities here.
> There are plenty of options to socialise, but for educational opportunities it
> is better in the villages of other municipalities.

She thinks that computer courses are especially beneficial for older adults because she believes that they are quite illiterate in their computer use, and in this sense the municipality is falling behind. She is sure that associations could do more in this area.

The opinion of the active older adult on the educational opportunities, motives and barriers of older people

In the same village, we interviewed a 70-year-old retired technical illustrator who is a member of the Ajda Association and the retirement association. She regularly participates in Ajda's workshops as well as trips, hikes, and organised cycling. She is informed about the options for educational and free-time activities for older adults and thinks that there are almost too many of them, because she does not have enough time to participate in everything. She would like to participate in a choir (but believes that she does not have the ear for it), working out (but feels that is too crowded), and a computer course (of which she was not informed soon enough). Her biggest problem is transportation because she always has to ask someone to drive her.

The opinion of the non-active older adult on educational opportunities, motives and barriers of older people

In the village of Trniče, we talked to a 74-year old retiree who worked as a cleaning-lady for a short amount of time and was otherwise a housewife. She is a member of the retirement association but does not participate in it actively. She used to go to their activities, but does not leave the house anymore because she has to take care of her husband who is ill and would be upset if she left home in the evenings. Her experiences with grammar-school education were good: 'It was fun in school,' she says. However, her father died early; there were no possibilities for further education and they had to work on the nearby farms to earn money. She explains her reasons for not participating in education in later years by saying:

> If I joined some sort of educational program, then others would be able to see that I don't know anything. That's why I prefer to stay here, at home. Besides, an old hag doesn't need to study anymore!

She does not believe there is anything that would make her interested in organised education. She already knows everything she needs for working at home. She likes reading books about flowers and medicinal plants. However, she would like to have a computer so that she could play games on it, like her neighbour.

This is another example of an older adult retired woman with a low level of education, who in the had performed low-qualified work and now also cannot find the courage to join the existing community activities; this standpoint is further enhanced by stereotypical views on old age: she believes that old women should stay at home and so she does.

Findings and discussion

Our research shows that the differences regarding the extent and quality of educational opportunities for older adults between selected urban and rural municipalities in Slovenia are evident. Two of our selected rural municipalities (Puconci and Starše) have low service and information accessibility, and lower-than-national-average educational

levels. Those factors, and probably also the fact that the selected rural municipalities in our research are municipalities with moderate and low level of well-being, influence the extent of the educational opportunities for older adults, which are in both cases modest. Both of the selected rural municipalities have very few organisations offering educational activities for older people, but the situation is worse in Puconci (the remote rural area). Researchers have indicated the substantial social marginalisation of rural populations, and especially the older adults farm population in Slovenia (Trbanc et al. 2003); rural areas are losing vital social institutions (cultural homes, schools, libraries, etc.), and bus and rail connections are diminishing.

We discovered some similarities but also differences regarding holders of the educational activities for older adults in selected municipalities. The opportunities for older people in both rural municipalities in our research are mainly provided by voluntary associations, which offer non-formal educational and leisure-time activities. In contrast, the selected urban municipality (Novo Mesto) is well-equipped with different services, has many different formal and non-formal educational possibilities for older people, and has good information accessibility. In the selected municipalities, the educational opportunities for older people are mostly free of charge (financed by EU funds, municipality and state funds, etc.). A low level of participation in education is very often connected with a low level of education and the poverty of older people, regardless where they live.

Mobility, and consequently the limited access to education, are the most often cited barriers for education by older people particularly in rural areas, which holds true especially for the older adults without a driver's license or without a car. The providers often overlook how important it is (especially for socially more endangered older adults) to ensure performing of the education close to home. This could be solved with the organisation of transportation for the older adults and with the development of learning possibilities for older adults (e.g. study groups, life-long learning points, travelling libraries, visits and learning at home, etc.) also in smaller settlements. Other authors similarly ascertain that due to the decreasing mobility in later life, the accessibility of services in living environments become increasingly significant both in rural and urban areas (Filipovič Hrast et al. 2012; Kneževič Hočevar & Istenič 2010; Trbanc et al. 2003). We can agree with Scott et al. (2007: 16) that generalisations based on urban-rural differences are in this case problematic.

The perception of the adequacy and responsiveness of the educational services offered to older adults' needs depends mostly on the level of activity of older adults. We determined that older adults who are active in communities are relatively satisfied with the educational opportunities. However, non-active older adults show dissatisfaction with the educational opportunities in their community. Their inactivity could be the result of a lack of attractive educational offers, but further analyses show that this is not the key barrier to participation. Non-active older adults in both rural and urban municipalities mainly cite situational barriers like lack of time, health and financial problems, distance from an educational site and care for family members, but we have also observed stereotypical perceptions of aging.

The level of education and the previous occupation have a significant role in the educational process; the higher the educational level, the more likely a person will

be actively involved in community activities offered and the more likely the person will attempt to influence the opportunities and performance of educational activities. Our research, therefore, confirms the findings of other researchers (McGivney 2001; Sargant et al. 2000; Withnall 2006; etc.): adults who left school early in their childhood and later did not enrol in education as adults are not interested in third-age education, are afraid of it, and even show resistance to it (in both rural and urban areas). They usually cite multiple different barriers for participation in education. The opposite holds true for adults who were active learners during their whole life.

Our findings show that educational institutions and voluntary a ssociations in urban municipalities have up-to-date webpages with extensive information on their activities, while voluntary associations in rural municipalities as a rule do not have webpages. Scott and his colleagues (2007: 4) ascertain that rural areas have lower service and information accessibility, but a higher sense of community. In general, this might be true if we take into account all inhabitants of certain rural municipalities, but for lower-educated older people living in rural areas in Slovenia the sense of community might also be extremely low, especially if people do not cooperate in social events and do not have access to information. This is also proven by research on farms in rural areas in Slovenia, which shows that farmers did not participate in wider social networks and that their social network still only consists of their closer siblings (Kneževič Hočevar 2012: 69).

We can posit that connectedness and reconciliation between educational institutions and voluntary associations, offering educational activities for older adults in selected urban and rural municipalities, is very low. There are some attempts to connect different generations through activities, organised by local schools; however, generally speaking, cooperation is uncontrolled.

The interviewed educational providers reported that the needs and interests of the older adults for education in local environments are not being specifically established and that they prepare programs according to their own estimations. We have found that the providers are rather self-content and mainly do not plan for the expansion of the educational opportunities; if older people do not participate, the reason is their low level of education and insufficient motivation.

We can summarise that participation of older adults in education does not depend only on the extent of educational opportunities in municipality; it should be followed by other measures for encouraging the participation of older people in education. In our opinion, in both rural and urban municipalities, the further steps needed to improve the quality of the educational opportunities for older people are: that educational programs are free of charge and accessible; they have responsive content and organisation of education based on older adults' needs; there is cooperation and networking of different providers of educational and spare-time activities for older people in the community; there is accessibility of information and educational counselling activities; and there is competent and trained staff in educational institutions and enthusiastic older members in voluntary associations.

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Povzetek

Namen našega prispevka je proučiti razliko med urbanimi in ruralnimi občinami glede ponudbe izobraževanja za starejše ljudi. Z metodo multiplih študij primerov smo ugotovili, da obstajajo pomembne razlike v možnostih izobraževanja starejših v ruralnih in urbanih lokalnih skupnostih. Toda pripravljenost starejših za vključitev v izobraževanje ni odvisna le od ponudbe izobraževanja v občini, ampak tudi od različnih ukrepov za spodbujanje udeležbe starejših v izobraževanju. Na podlagi rezultatov ugotavljamo, da bi bilo v ruralnih in urbanih občinah potrebno v prihodnje izobraževalno ponudbo za starejše izboljšati tako, da bodo izobraževalni programi brezplačni in dostopni, da bo vsebina in organizacija izobraževanja ustrezala potrebam starejših, da se bo vzpostavilo sodelovanje in mreženje različnih ponudnikov izobraževalnih in prostočasnih dejavnosti za starejše ljudi v skupnosti in podobno.

KJUČNE BESEDE: skupnosti, ruralno, urbano, starejši odrasli, izobraževanje

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Evaluation in care homes and empowerment of residents: A case study from Slovenia

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Abstract

This paper discusses evaluation in care homes, with a focus on participative evaluation, which specifically aims to empower people through participation, the development of valid local knowledge and further changes in the organisational culture in care homes. After an overview of various methods generally used to assess the quality of services in care homes, we use the model of participative evaluation as a yardstick against which to examine the quality of the evaluation practices among Slovenian care homes. Firstly, a survey among managers revealed various types of evaluation used and the fact that nearly all homes use it. Secondly, in DSO Fužine (chosen as a case study), a qualitative study was performed by placing the "evaluation practice" into the local frame of awareness and by means of a focus group of residents, aiming to identify residents' perceptions of the power of their voice regarding the daily life in home, regarding various power instances and the role of evaluation practice. The overall perception of residents was they have a fair control over life in the home, a form of "direct democracy"; while these findings cannot be generalised to all homes, they certainly represent a surprising extra quality in comparison to the present "outside world" of the currently troubled Slovenian society.

KEYWORDS: care homes, empowerment, evaluation, participation, direct democracy

Introduction

Participative evaluation in a care home[1] (i.e. the topic of this paper) is a decidedly particular issue, possibly seeming relevant for only a handful of deep specialists. However, if observed as an intersection of broader fields, the topic may engage many wider issues

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[1] In the article. we will use the term "care home". Other possible terms also include residential home and home for older people. It should be noted that the term care home does not imply intensive care or nursing home, but is used in its wider meaning and describes general institutional care for the elderly.

and questions. It is about a public policy and the control that users of its services may have by utilising various mechanisms; it is about the quality of life of older people and what they themselves, the staff in homes, and wider policy can do about it. Furthermore, above all, it is about being active subjects, taking part in construction of their lives, as opposed to being powerless objects of care as in pre-modern asylums for the aged.

There is a growing body of literature on old age care as well as public policies, social service programmes and their evaluation: both frameworks are relevant for our analysis. In recent discussions of these issues, an increasing variety of approaches and disciplines is used, offering new ways of observation and understanding. In addition to the "traditional" social policy disciplines, such as social work, public policy analysis or sociology, anthropology has also entered this domain and policy and has come to be recognised as a new field of anthropology (Shore & Wright 1997). There is a wide range of anthropological studies in specific policy fields, including medicine (see Whyte et al. 2003) or old age care (see Henderson & Vesperi 1995). Anthropologists' empirical and ethnographic methods can widen the understanding of policy processes by uncovering the constellations of actors, activities, and influences that shape policy decisions, their implementation, and their results (Wedel et al. 2005; Batterbury & Fernando 2006). As anthropology 'has always had the keen sense of the dependence of what is seen upon where it is seen from and what it is seen with' (Geertz 2000: 4), anthropological analysis has been applied to a number of policy issues. One of them is the language used in policy; discourse analysis helps to understand this language and deconstruct it by examining how it is used for the labelling of groups, for the framing of issues. etc. (Sutton 1999). For this article, the more relevant anthropological knowledge is based on field work (Gupta and Fergruson 1997) and in dealing with culture (cultures). Particularly relevant is the background of interpretive anthropology, attempting to explain social phenomena by placing them in local frames of awareness and focusing on the local knowledge'(Geertz 2000). This knowledge has been further developed in notions of organisational culture (Seel 2000), and evaluation culture (Toulemonde 2000), relevant for our analysis.

In this paper, we deal with the evaluation of care homes and particularly focus on participative evaluation. In contrast to traditional evaluation, which serves to assess quality of a project or a programme, participatory evaluation also specifically aims to empower people. In particular, people are empowered through participation, construction of their own knowledge, which is then used to change power relations and promote social action and change (Brunner & Guzman 1998). In participative evaluation, the local context of the programme and of its stakeholders is used as the starting point for 'the development of valid local knowledge, based on shared understanding and the joint construction of meaning' (Cousins & Whitmore 2007: 92). In this article, we take the model of participative evaluation and use it as a standard against which to examine the quality of the evaluation practices among Slovenian care homes; for that purpose, we place the "evaluation practice" in the local frame of awareness (i.e. among residents in a selected home: Dom starejših občanov Fužine), and wish to establish to what extent evaluation used is perceived as serving to empower them. However, we also aim to consider the wider cultural and historic context in Slovenia, where popular perceptions of care homes

are changing from a pre-modern to a more modern ones, from being perceived as only serving people's last days by giving them minimum facilities (i.e. *hiralnica*), to the one where support is tailored to the needs of residents, who have more active control over their quality of life. In addition, we also wish to observe the policy and organisational levels of care for older people and aim to provide an overview of evaluation practices used across Slovenian care homes.

The structure of the paper is as follows. First, we start with an overview of approaches to assessment of quality in care homes. We show the diversity of methods used, reaching from studies to standardised procedures of evaluation and national quality management frameworks. The increasing significance of evaluation practices in old age care is highlighted and documented. Next, we present the paradigm of participatory evaluation and summarise its conceptual background and its potential for empowerment. Then, we turn to Slovenia; after an overview of the various practices of quality management and evaluation in care homes, we present original survey data of homes, systematically presenting the coverage of various types of evaluation used. Following is the qualitative data, gathered via a focus group of residents in a selected home, focusing on their perceptions of evaluation practices in the home and their outcomes in terms of empowerment of residents. The selected home is not meant to represent an "average case", but a top quality home; the research question is to see how high quality is reached for the top quality homes in terms of empowerment of residents.

Assessing the quality in care homes: an overview of practices and approaches

There has been a growing concern about the quality of care homes in recent decades, and the issue has been raised in numerous ways, involving different disciplines, techniques and actors. Starting with early case studies, using both quantitative and qualitative data, assessment has been continuously growing and developing; one significant branch is the complex and standardised procedures of evaluation and quality management of services, the other branch being integrated quality frameworks at national and even international levels. These basic approaches, to a considerable extent coexisting and interacting, are briefly presented in this section.

Variety of single studies

Various aspects of care homes, their services and resident satisfaction have frequently been examined by researchers in recent decades. Such research continues to provide a valuable source of information; however, there is an enormous variation in its focus and in both quantitative and qualitative approaches. This variety is present from earliest studies; some of the most indicative cases can be summarised as follows.

In the early phase of the quality assessment, the quality of services was measured through direct observation methods. An example of this is a study by Townsend (1962), who performed observation of 173 care homes with his research team in a national research project on institutions of long-term care. He has graded these homes according

to their quality and found higher quality in smaller non-profit care homes. Along with visits and observations of institutions, they have also carried out interviews with social workers and other staff members, which was a somewhat exceptional approach for that time. Numerous other American studies, summarised by Linn et al. (1977), have also measured quality of care homes "from the outside", with the use of evaluations of external evaluators (such as social workers) and objective indicators, linked to staff and nursing process (such as the number of physician hours, nursing coverage and licensed nursing hours) or other physical characteristics of the homes (e.g. size).

The majority of the studies used a cross-sectional approach, i.e. observing care homes in a selected point in time. A classic study of Linn et al. (1977), however, adopted a longitudinal approach. Furthermore, they studied patient outcome as a measure of quality of care. In this study, 1000 men were observed after their transfer from a general hospital to 40 nursing homes, immediately after transfer and in the period of six months. The goal of the study was to observe whether characteristics of the care home (predominantly structural variables) have any influence on differential outcome of patients (defined as: improved, remained the same, deteriorated or dead) and location of the patient (discharged from home, still in home, readmitted to hospital, dead). With the multivariate analysis of covariance and controlling for age, health diagnosis and expected outcome, the nursing home variables associated with being alive were more professional hours per patients and higher factors scores related to meal services. They found, similarly to other studies in the field at the time, that structural variables rarely correlated with other means of evaluating the quality of care (Lin et al. 1977: 342).

In later development, various studies were increasingly used for assessing the quality of homes, their services and the changes introduced; particularly significant were the evaluation studies and evaluation procedures that became paramount in social services.

Evaluation methods and quality frameworks

The interest for quality assessment, including its measurement, has been growing in recent decades; there is also a growing motivation for assessment among homes, driven by the changing modes of governance in the social sector (competitive tendering, etc.) as well as by changing expectations of residents and their families with regard to quality of care. In addition to single or national studies, two specific branches of quality assessment have gained recognition: specific evaluation procedures and general quality frameworks.

Evaluation has come to be recognised as an indispensable element of public policies and programmes of social services (Parsons 1995; Guba & Lincoln 1987; Hogwood & Gunn 1984; Martin in Kettner 1996); its function is to provide feed-back information about the quality reached. The information is thereafter used by various stakeholders for making decisions on how to further run the program and the services. Various types of evaluation have been developed, diverging with regard to the position of the evaluator and other stakeholders, as well as the methods used. Regarding the role of programme users, two distinctive approaches exist: the traditional evaluation and the participative one; this is specifically discussed in a later section.

In his overview of evaluation practices across the EU, Toulemonde (2000) argues that evaluation was nationally developed under diverse external and internal influences and in different times and at different paces; however, he finds marked differences 'in the way that evaluation fits into the administrative culture of each country. While in some parts of Europe it is still a bureaucratic exercise, in others it is already part of democratic functioning' (Toulmonde 2000: 351). In particular, evaluation is found to have diverse meanings, ranging from "administrative exercise", "management tool" or "democratic duty", reflecting various states of maturity and professionalism.

In care homes for older people, a variety of evaluation practices exists, including standardised procedures. Moos et al. (1996) presented a holistic approach to evaluating residential facilities: the Multiphasic Environmental Assessment Procedure. They describe assessment procedures such as identifying resident and staff characteristics, critiquing the physical and architectural features of a facility, determining residents' and staff members' appraisals of the social climate, and evaluating the judgments of external observers. Another recent initiative on measurement of quality in care homes is the project entitled Quality Management by Result-oriented Indicators – Towards Benchmarking in Residential Care for Older People, aimed at collecting and validating result-oriented quality indicators on the organisational level of care homes, based on an exchange of experiences in selected Member States. Apart from the quality of (nursing) care, particular focus was given to the "quality of life" domain. Economic performance, leadership issues and the social context complemented the domains used to define, measure and assess the quality of results in care homes. In all the fields, different perspectives of stakeholders are considered, such as staff, management, funder, general public, family of resident. In the two of the listed fields, i.e. quality of care and quality of life, the perspectives of residents are included. (Hoffman et al. 2010).

For the Slovenian context, particularly relevant is yet another approach, the E-Qalin quality management system, which was a result of a European Commission-funded Leonardo da Vinci project (2004–2007) with partners from Austria, Germany, Italy, Luxembourg and Slovenia. It paid particular attention to the assessment of relevant stakeholders' involvement in planning, implementing, monitoring and improving processes and structures (Hoffman et al. 2010). The E-Qualin[2] system is used as a system to evaluate quality in: residential care for older people, community care and services for people with disabilities (thus far only in German), as well as social work (thus far only in Slovene). The model developed for residential care asks for the WHAT, WHO and HOW in the care home and guides its users from the general quality management issues towards their daily practice in care settings. It is used to analyse structures and processes according to the classic PDCA-cycle (plan, do, check, act). Furthermore, it emphasises the involvement of all stakeholders, but in particular that of residents.

Besides evaluation, the wider quality frameworks of services for older people are also becoming increasingly relevant. Along with the growing concern for old age care in the majority of EU countries, some quality standards and frameworks for the

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[2] Their web-site is accessible at: http://www.e-qalin.net/index.php?id=2&L=1

long-term care services are defined at national level, or at subnational levels. As Polacek et al. (2011) found in their overview of social services of general interest in case of long-term care (LTC), in the majority of EU countries there is a strong focus on skills and competence of the LTC workforce, and in many there is also a focus on accessibility of services. In many countries, users also seemed to have a role in the implementation of a quality framework and quality approaches; however, in some, this role was less distinct (e.g. Poland, Austria and Denmark).

Developing quality standards in long-term care has also gained increasing attention at the level of European Union, with increasing desire for EU standards in assuring the quality of social services:

> The main focus of quality initiatives is often placed on the quality of structures and processes. This is due in the first instance to the professionalization of long-term care, with a particularly strong focus on the qualification requirements of staff in the past and with an emphasis on raising the quality of care processes. The second point is that the change to a user-oriented, user participation perspective required for stronger outcome orientation is taking time to evolve in Europe, particularly where quality of life aspects are involved (Hoffman et al. 2010: 18).

Participative evaluation, organisational culture and empowerment

The features that define participatory evaluation, in contrast to the traditional evaluation, are summarised by Cousins and Lorna (1995) as follows. Traditional evaluation is characterised by the dominant role of hired, external evaluators, while in participative evaluation a "bottom-up" approach is used, guided partially or fully by the program participants, staff and members of the board and community. In the traditional approach, the engaged stakeholders range from programme sponsors and managers to program beneficiaries and interest groups. In contrast, in participatory evaluation, the focus is on primary users. In the traditional approach, stakeholders' participation is consultative, and they are consulted only at two points of the evaluation process: early with regard the focus of the evaluation, and later, in interpretation of data. However, in participative evaluation, participants are active during all research phases, they are involved in developing instruments, collecting data, analysing them, as well as in reporting and dissemination of results. Participative evaluation has some advantages and disadvantages in comparison to the traditional evaluation, summarised by Zukoski and Luluquisen (2002): it is less expensive than hiring an external evaluator, but requires more time; it gives participants more control and may strengthen their relationships, but there is a need for serious coordination and evaluation training for participants, who have to be motivated and committed.

The distinctive feature of participative evaluation with its on-going activities is in its impact on organisation. According to Cousins and Lorna (1995), participative evaluation may serve as an organisational learning system through which shared

understanding of organisational operations is developed; by facilitating the program participants to learn about the program and improve it through evaluation, the capacity of the organisation to learn is enhanced. Thus, the evaluation process can lead to an organisational change beyond the specific aims of evaluation and even lead to a change in the organisational culture. This is built on a dynamic notion of culture in the sense that it is being constantly produced and reproduced by its members; as stated by Douglas, it is about '… the admonitions, excuses, and moral judgements by which the people mutually coerce one another into conformity' (1985: xxiii). Building on such a dynamic understanding of culture, Seel (2000: 2) defines organisation culture as 'the emergent result of the continuing negotiations about values, meanings and proprieties between the members of that organisation and with its environment.' Moreover, organisational culture is operationalised as:

> … the result of all the daily conversations and negotiations between the members of an organisation. They are continually agreeing (sometimes explicitly, usually tacitly) about the 'proper' way to do things and how to make meanings about the events of the world around them. If you want to change a culture you have to change all these conversations – or at least the majority of them (Seel 2000: 2).

This is the point of Seel's anthropological criticism of the traditional, top-down management of organisational change, which considers only large-scale change, such as organisational structure, and disregards the significance of conversation. Also relevant for this discussion is Seel's distinction between two types of organisational culture: the blaming culture and the forgiveness culture. Each type provides a specific filter through which meanings and values common to that culture are ascribed to critical comments about the program. Thus, in organisations with a blaming culture, critical comments are commonly understood as accusations and threats; in contrast, in the context of a forgiveness culture, such comments are understood as observations and encouragement for improvement.

These features of organisational culture, summarised according to Seel, are specifically significant also for discussion of participative evaluation. Firstly, the importance of conversations is recognised; the process of participative evaluation (in its own turn) encourages them by facilitating the programme users to meet and discuss relevant issues. Secondly, participative evaluation itself is driven by the aim of seeking improvements, this being the frame for observations and information gathered and discussed. From this perspective, participatory evaluation can be seen as the introduction of an improvement-oriented framework of meaning; it is encouraging conversations towards seeking improvement, thus counteracting the "blaming culture".

However, considering more general aims and functions of participative evaluation, two principal streams are distinguished: the practical participative evaluation, serving the pragmatic aims of improving organisational decision-making and problem solving; and the transformative participative evaluation, primarily serving the empowerment of those members who are less powerful (Cousins & Whitmore 2007). The transformative stream

of participative evaluation can thus be seen as a 'developmental process, where through involvement of less powerful stakeholders in investigation, reflection, negotiation, decision-making, and knowledge creations, individual participants and power dynamics in the sociocultural milieu are changed' (Cousins & Whitmore 2007: 91). As defined by Brunner and Guzman (1989), it is an 'educational process through which social groups produce action-oriented knowledge about their reality, clarify and articulate their norms and values, and reach consensus about further action' (Brunner & Guzman 1989: 11). Therefore, the transformative participative evaluation helps create conditions in which participants can empower themselves.

Evaluation practice in Slovenian care homes

Building on afore presented concepts, we wish to observe the practices of evaluation used in Slovenian care homes. Besides the general overview of the extent, to which evaluation of any kind is being used, we also wish to identify the types of evaluation used; for this survey and qualitative methods are used. In addition, a particular care home was chosen as a case study where qualitative data is gathered to observe evaluation procedure more in depth, seeking to understand how in that particular local context evaluation practice functions in comparison to the ideal type of participatory evaluation; thus, in line with the principles of the case study design (see Yin 2009), the phenomenon of participatory evaluation is observed within a real-life context of the chosen home; specifically, the case study is exploratory and not intended for statistical generalisation.

However, first a brief overview of the policy context of residential care and its quality is presented.

Care homes, their quality and old age care policy in Slovenia – a general overview

Institutional care for elderly is well developed in Slovenia, especially when compared to other forms of care for the elderly (such as day care centres or help at home (Mali 2010; Hlebec 2012; Mandič 2012). The development has been to a large degree quantitative (increasing number of homes), as well as in part qualitative development. The Strategy of Care for the Elderly till 2010 – Solidarity, living together and quality ageing of the population (2006),1 and The national report on strategies for social protection and social inclusion (2008–2010) set objectives in terms of access to care for the elderly. The main concern was increasing accessibility of care, in terms of coverage. According to the report of SSZ (Association of residential care homes Slovenia), there were 96 residential care homes in the Association2 in 2011. At that, 60 were public and 36 were private with concessions. In total they provided 17009 places for elderly (SSZ 2011). These capacities suffice for the 5% coverage of the elderly population (65 years or more), which was one of the goals set in these documents.

General provisions for quality of care homes in Slovenia are described in Rules on norms and standards of social services (Ur.l. RS, št. 45/2010, also Ur.l. RS, št. 28/2011, 104/2011). Here the basic standards for institutional living are defined, along

with normative for human resources and organisation of homes (into smaller organisational units, such as living groups, housing groups or household groups). Additionally, there is some reference to the issues of quality of institutional care in Strategy of Care for the Elderly till 2010, where modern social concepts of the smaller groups of residents are promoted, and human relations within the institutions are stressed (MDDSZ 2006: 23).

Slovenia has also been a part of several European projects and is increasingly aware of the need for improving the quality of care in care homes. An example is a WeDo project (Project: For well-being and dignity of elderly). Another example is the already described E-Qualin project. Furthermore, the individual homes also carry out different quality evaluations. Also relevant, though not as common, is ISO standard of quality (ISO 9001:2008 which sets out the requirements of a quality management system (ISO 2013). However, there has been no systematic overview of the coverage of homes by evaluation practices and their types, neither about their outcomes in terms of resident empowerment, the issue of our study.

Methods of quality assessment and their scope – survey data

To obtain a systematic overview of quality assessment in care homes in Slovenia, we carried out a short internet survey among 133 directors of care homes[3] in Slovenia as part of the project 'Community Care of the Elderly' (TP, 2011-2014); we received answers from 84 of them. A little more than half of the homes were public (59%), while others were private with subsidies or work permits. We have them several questions on quality evaluations in their homes, the results of which we will present here.

The clear finding was that quality assessment is widely used by care homes; evaluation is practiced as a rule, and cases without quality assessment are an exception. Specifically, only two cases, one public and one private, revealed having no such practice. The rest used various approaches.

E-Qualin is practiced by one in four care homes, more frequently among public homes than among private care homes; the most frequent reasons given for not using it were that this model was time-consuming and also requires too many human resources. The ISO 90001 certificate has been obtained by approximately one in twelve care homes, also more frequently among public care homes. However, the large majority (approximately eight in ten homes) stated that they use other methods of quality assessments. Most claimed to mainly be using their own questionnaires (measuring satisfaction among residents) on a yearly basis. Some care homes prepare the questionnaires themselves, some use outsourcing (private companies that do evaluations); some focus on broader issues of satisfaction and quality, some focus only on separate issues (food, care, free time, etc.); surveys are done with residents, staff and/or residents' family members.

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[3] We have included care homes as well as their separate units. When comparing the sample to the homes that are included in Skupnost socialnih zavodov Slovenije SSZS (data from 2011), we can see that the sample is similar to the composition of care homes included in SSZS in terms of size of homes and in terms of shares of public and private homes.

Among other forms of evaluations, we can also find: book of criticisms and compliments, statistical reporting of health status of residents (number of falls, transfers to hospitals, use of antibiotics, etc.), use of student workers, regular meetings with residents, control and meeting with staff, gathering of individual comments, constant communication with residents, etc. The estimation of their quality of evaluation is mainly that it is at an acceptable level or better (61% of respondents); however, a significant share is critical of these evaluations.

What about the participation of residents? The majority of respondents (75%) said that they have a council in their care homes, which includes residents as representatives; almost half of the respondents (46%) have residents organised in smaller groups. The large majority of respondents were of the opinion that residents have enough influence on quality of services (89%).

Table 1: Overview of quality evaluation in care homes in Slovenia, n and %

	Public care home n=48	Private care home n=35	Total n=83
E-Qualin model practiced (certified or in the process of certification)	18 (39%)	3 (9%)	21 (27%)
Adopted ISO standard	5 (11%)	1 (3%)	6 (8%)
Other adopted methods of quality evaluation	32 (73%)	29 (91%)	61 (80%)
Does not have any method of quality evaluation	1 (2%)	1 (3%)	2 (2%)
Quality evaluation is estimated to be on an acceptable level	26 (58%)	22 (67%)	48 (61%)
Residents are represented in the Council of the home	44 (98%)	12 (39%)	56 (74%)
Residents are organised in smaller groups	20 (44%)	16 (50%)	36 (47%)

Source: Community care of elderly 2012 survey, own calculations

The Fužine care home: a qualitative study

For a more in-depth study, a care home in Ljubljana was chosen, due to the fact that it is one of the homes that have undertaken E-Qualin model, and is a public care home (a more common type in Slovenia). It is also one of the most popular homes and thus is generally believed to be among the top quality care comes in Slovenia. As an exploratory case study, it is not intended for statistical generalisations, but, according to Yin (2009) for qualitative exploration of the *how* and *why* of a phenomenon (i.e. of good quality of care and of participatory evaluation). The aim of the qualitative study was to identify how

residents perceive their position in the home regarding decisions about daily life in home and the level of empowerment achieved. For this purpose, a focus group was carried out, investigating more detailed questions, of which we present only four: first, the general perception of residents' influence in the home; second, indications about the prevailing organisational culture in the home; third, the impact of the evaluation practices in the home; and fourth, the present and past perceptions of attitudes toward care home.

The focus group was conducted in March 2013 in Dom starejših občanov Fužine There were seven people in the focus group; the manager in DSO Fužine was asked to choose from among more active part of residents; there were two men and five women, their ages ranging between 65 and 91 years, the majority being 80 and above; however, one member of the group was only 48 years old but with a severe physical handicap. The education level ranged from secondary to higher education; four residents had been residing in the care home for at least seven years, one resident for three-and-a -half years and two residents for two months.

A. Do the residents have any say in what is going on in the care home? Have you achieved any changes?

The question was open and intended for residents to bring up the most relevant areas and instances. Besides food, the areas most frequently mentioned were daily activities and trips where the residents' initiative was highlighted:

> Mostly we make changes about the meals. If there are things we dislike this can change if there are more such people (J). We ourselves propose where to go for trips, such as to go to Dob for cherries; we have been to the Stična monastery, and the Volčji potok arboretum; and mountain hut on Gradišče… We go to gather grapes, make wine and sell it. We make dolls… (K).

> Nothing is impossible in our home. We have regular meetings in household units, and there is resident council with seven members, and they work closely with the staff in planning the activities, in dealing with problems, new initiatives, suggestions… If we want something new, a change, it is not impossible, and we really work with the staff… In principle, the resident council would meet once a month, but at the moment we have slowed down a bit… but we talk about everything and make the list what we plan for the next month... we have so many activities and events, so I wonder whether any tourist club is better. Actually, we make proposals in household units for various activities. Well, a special quality of our home is that the centre for older people in the Fužine community is located here, so we get together. Sometimes it is difficult, it gets crowded … There is no such thing that we could not do… If a resident asks for something, it is forwarded and it is heard ... (I).

Instances or making changes and proposals by residents were mentioned on four levels: the basic household unit, the Council of Residents, The Home Council, and wider public engagement.

> We can say everything in household units... the council of residents is something different. We elect it. (M).

> We have elections like in the parliament … on the council of residents we deal with most critical stuff that is forwarded from household units, where minutes are also kept… everyone says his or her opinion, proposals and comments, no names. Like here today. We have the best form of direct democracy in the home. Everyone can have a say…. The council of residents sometimes support the management by sending letters to the ministry and so … Once a year we have a joint meeting with the Council of the local community Moste… (I).

B. How is the staff receptive for your suggestions and critical remarks? Are they generally open to criticism or perhaps resent it?

The basic perception, shared by the whole group, was that the staff is receptive and also open for critical comments:

> They are perceptive. If we want something, a couple of us gather together, something like three of us, and we can get it (K). On an occasion, I asked whether a person was offended and she said no and was to me even nicer than before (M).

> Furthermore, the critical comments were perceived as accepted; no case of bad feelings because of suggestions and critical comments were mentioned in the group. No evidence for any domination of "the blaming culture" in the home was found. Instead, human quality of staff was highlighted.

> We have wonderful staff here… they work miracles… they work under difficult conditions and are really something… there are no conflicts here… All those who leave us after completing their internship say that they got the best training here… The staff has this positive principle (I).

C. E-Qualin is used for evaluation of this care home. Can you recognise that activity and find any use in it?

The discussion revealed that evaluation practice is recognised by residents and that they take part in it; however, compared to other mechanisms, it was not seen as having any extra significance.

> Yes, some independent students come; we answer these surveys, so the quality of services is scored. I think our score is relatively very high compared to other homes… Also, when these polls are in preparation we can participate (I). There is a special meeting for that… we discuss it. And we get all sorts of surveys, all the time, from student papers to doctoral theses (M).

D. What were the images of the care homes in the past? What were your attitudes toward care homes?

The respondent recognised that the image of the care homes in the past was decidedly negative. The participants of the focus groups remembered the old care homes as *hiralnice*[4] or *poorhouses* (*ubožnice*), which as they said were intended for elderly, mainly those living alone:

> You know, I saw the *hiralnico* in Domžale. That was very hard life. Then, when my father went there… (K)… They called care homes poorhouses (*ubožnice*). I know where such a house was. But in the past there were not so many people as today (G)… They called it *hiralnica*. They said, the person that goes to Bokalce, is written off (L).

However, respondents felt that these images were in the distant past and that their present care home is quite the opposite of this image:

> Here a person is in the front, and here we are home. We have come here to live and not to die. We will all die once, but in some care homes you have special sections where older frail people are put separately. They make special departments only for frail, physically disabled. In our home, there is solidarity, there is no department where all residents would be all frail, or all disabled. Here we are one big family. I fit in. We publish a newspaper, we are good-natured people, we help each other in need (C).

Nevertheless some negative feelings regarding care homes are still present but are more hidden:

> When I decided to go, I did not dare to tell the neighbours and say goodbye, that I am going. I was ashamed. We have a lovely house and everything was all right… I was 80 years old. There was no need. I had everything at home. I was not ill and I was ashamed. Everybody was asking me what is the matter with me… if I had lost my mind (G).

Conclusions

This paper examines evaluation in care homes and specifically focuses on participative evaluation and the issue of empowerment of residents. After an overview of variety of methods generally used to assess the quality of services in care homes, the model of participatory evaluation is specifically discussed; with its distinctive aim (i.e. the empowerment of residents) this model is used in our study as an ideal model, against which to appraise the evaluation practices used in Slovenian care homes. Participative evaluation, with its on-going activities and wide participation, is seen as an element of an organisational learning system and as leading to changes; moreover, it is seen as an element of an organisational culture receptive of participation and open discussion of

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[4] Old people homes that were perceived for only those who went there and wasted away, i.e. languished.

quality issues, in contrast to the blaming culture in which critical comments are commonly understood as accusations and are not welcome. In our analysis, we observe the process of evaluation in care homes as potentially serving as a mechanism of control over the quality of service and of the active role of residents if participating.

An overview of the practices of quality assessment that are used in Slovenian care homes, based on the survey of managers, has revealed that evaluation is widely used and only exceptionally not practiced. While the E-Qualin model is used by approximately one in four homes, the most common are other methods of quality assessment, widely varying from in-house questionnaires to outsourced surveys. Among managers, the prevailing opinion was that the quality of evaluation performed is at least on an acceptable level. In addition, the survey revealed a fairly good level of participation of residents and their representation in decision-making procedures at the levels of the councils of homes; however, their representation is unusually high in public homes, but rather low in private ones, which calls for more concern by future studies and policy.

Finally, our qualitative case study of a selected care home served to observe how the issues of the service quality and empowerment issues are dealt with within a "local frame of knowledge" and as filtered through the actual organisational culture of the home. Thus, the phenomena of quality of service and of empowerment were explored within a real-life context, intending to answer how and why the quality level was reached, and not to provide a representative case to serve for generalisations of Slovenian homes. In operational terms, the aim of the study of DSO Fužine was to examine residents' perceptions about how their voices are heard and respected in the care home and how they feel their control over daily life and their sense of empowerment in home. A focus group of seven active residents in the care home was organised, and four focused questions prompted discussions to detect the range of attitudes.

Firstly, an open question about whether residents have much say about the care home revealed the areas, instances and overall sense of empowerment in the home. Besides food, the areas most often mentioned were daily activities and trips, for which residents' initiative was repeatedly highlighted. With regard to instances in which residents can initiate changes and improvements, all four levels were mentioned: reaching from the basic household unit, over the Council of Residents to the top level of the Home Council and stretching outwards to wider public framework. However, the lowest two intra-organisational levels were found to be more open and, in words of a resident, representing "the best form of direct democracy". The overall perception of residents was that they have a fair control over life in the home; some residents even praised the staff for being very receptive.

When examining indications of the organisational culture in the care home and the issue was raised about the openness of the staff to residents' critical comments, the focus group expressed the notion that criticism was generally accepted by the staff. No indication of a blaming culture resenting critical comments, was expressed; quite the contrary: the "positive principle" among the staff was mentioned.

When discussing the role of the E-Qualin evaluation procedure, residents recognised it as significant for service quality assessment, for its discussion and for

ranking of care homes with regard to their quality. The awareness that their home is ranked very high seemed to further add to residents' satisfaction and sense of control over their life. However, the contribution of E-Qualin to the residents' sense of empowerment seems to have been only minor in comparison to other mechanism of participation in decision making in home.

The life in the care home as it was presented in the focus groups seems to be far from the old-fashioned portrayal of the care homes. It was emphasised that the care home feels like home, like one big family. Nevertheless, some negative feelings regarding care homes are still present but are more hidden. When recounting their decisions for entering the care home, feelings of shame were connected with this decision.[5]

In conclusion, the wider implications of our findings should be considered. The results, indicating a high level of empowerment of residents, cannot possibly be generalised. To the contrary, the care home selected does not represent an average case, but a top quality home. That is why no conclusions can be drawn for the *average* and even less for the lowest end cases; this remains the challenge for future studies. Our results reveal top quality homes and how high this quality is with regards to terms of empowerment of residents. However, our findings can serve as guidelines for other care homes, showing not only how significant is resident participation for their well-being and for the quality of services, but also demonstrating that it is possible.

In addition, our findings could also be relevant for wider Slovenian society. Specifically, the detection of such a high sense of empowerment within an institution was surprising and challenging, not only because of the general criticism against institutional care, but also in relation to the outside world. That is to say, the social situation in Slovenia is presently characterised not only by a generally very weak evaluation culture, but also by the public political discourse dominated by the blaming culture, not to mention the current social uprising movement calling for direct democracy. In comparison to this situation, what was found in our case study certainly represents a surprising extra quality.

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[5] This is linked to the views held in local surroundings/neighbourhoods, which can influence also the attitudes toward ageing and how people cope with old age and their living circumstances (see also Jelenc Krašovec & Kump 2009; Kneževič Hočevar 2012; Filipovič et al. 2012).

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Povzetek

Prispevek obravnava evalvacijo v domovih za starejše, s poudarkom na participativni evalvaciji, katere specifični cilj je krepiti moč/opolnomočiti ljudi s sodelovanjem, z razvijanjem skupnega lokalnega znanja ter s spreminjanjem organizacijske kulture v domu. Po kratkem pregledu raznovrstnih metod ocenjevanja kakovosti storitev v domovih za starejše analiziramo evalvacijske prakse v slovenskih domovih za starejše in kakovost ter praks primerjamo s participativno evalvacijo kot idealno-tipskim modelom. Najprej, z rezultati naše ankete direktorjev domov ugotovimo, da evalvacijo uporabljajo skoraj vsi domovi in to zelo različne metode. Nadalje smo izvedli fokusno skupino med prebivalci Doma starejših občanov Fužine izbranega kot študije primera in tako umestili evalvacijske prakse v lokalni okvir znanja. Na podlagi fokusne skupino smo ugotavljali kakšna je percepcija prebivalcev doma glede njihovega vpliva v vsakdanjem življenju doma, nasproti različnim vodilnim strukturam ter vlogo evalvacije pri tem. Splošna ugotovitev članov fokusne skupine je bila, da imajo precejšen vpliv na življenje v domu in obliko neposredne demokracije. Teh izsledkov sicer ne moremo posplošiti na vse domove, zagotovo pa predstavljajo presenetljivo visoko kakovost v primerjavi z "zunanjim svetom" sodobne krizne slovenske družbe.

KLJUČNE BESEDE: domovi za starejše, krepitev moči, evalvacija, participacija, neposredna demokracija

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Working carers in Poland – successful strategies for reconciliation of work and care of an older adult

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Abstract

This paper focuses on the possible methods and measures that individual Polish informal carers utilize in order to manage the double burden of work and care. The strategies they use are understood as conscious and systematized ways of tackling the everyday obligations in order to *successfully* reconcile different duties. Based on interviews with working carers (N=58), the strategies they invented (either intentionally or accidentally) were intended to remedy the stress resulting from multiple conflict situations in everyday life. These strategies were individual approaches of every carer to the often unique situation of reconciliation, which could nevertheless form a set of practical advice for the benefit of working carers in Poland, but also in other countries.

KEYWORDS: work, care, Poland, reconciliation

Introduction

In the near future, a dramatic increase of older people in the population of Poland (as in other Central and Eastern European countries) will be observed, with various social and policy implications (Hoff 2011). The phenomenon will affect many areas of social and political life, and it will influence the labour market as the working population will not only be ageing, but also shrinking. Moreover, the growing number of seniors in society, even though enjoying better health, will need care in many forms (Österle 2010). The basic care needs of older persons are currently mostly covered by the family members (Golinowska 2010). However, due to changes in family patterns (more divorces, increasing mobility, solitary widowhood, fewer multi-generational families) (Slany 2002; Sytuacja demograficzna 2010), the Polish family will not be able to provide care for its growing number of dependent seniors. This trend will not only be observed in Poland, but will also occur in other European countries where care is provided primarily by family (Drożdżak et al. 2013)

Additionally, the increase of the statutory retirement age in Poland up to 67 (for both men and women)[1] will change the situation of individuals who previously, being retired, could support other family members, whereas now they have to continue working in order to obtain the pension benefit according to the new rules of the eligible retirement age. Therefore, the needs of the older people will have to be provided for (in addition to the family) by public and private institutions, as well as the non-governmental organizations (Krzyszkowski 2006; Kotowska & Sztanderska 2007; Kotowska et al. 2008; Perek-Białas 2011).

This paper presents the results of a qualitative study carried out in Poland in the framework of an international research project CARERS@WORK.[2] The aim of the research was to show if and how the reconciliation of employment and family care for an older adult is possible.

The two research questions, which are being answered throughout this paper, are:[3] 1) What *strategies* do carers use to reconcile work and care for an older individual?; 2) What are the factors influencing the choice of these strategies? The questions reflect the concern about the possible methods and measures the individual carers utilize in order to manage double burden of work and care. The strategies they use are understood as conscious and systematized ways of tackling the everyday obligations in order to *successfully* reconcile the duties. This paper consists of five parts: the presentation of rudimentary demographic data on the Polish aging population, a comprehensive theoretical background of the study, methodological explanations, and the results of the study followed by discussion.

Population ageing in Poland

In Poland, with its population of more than 38 million, about 13.6% of persons were over 65 years of age in year 2010 (Eurostat database 2013). Moreover, projections (of the Central Statistical Office of Poland 2012) indicate that further population ageing, and, therefore an increase in percentage of older persons in total population will occur (up to

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[1] The reform was introduced by the Polish government in May 2012; however, it officially started at 1st of January 2013. The retirement age will gradually rise by 3 months every year (for both, men and women) so as to achieve for all equally men and women the threshold of 67 in the year 2040.

[2] The project was carried out by the scientific consortium consisting of six universities in four European countries: Germany, Italy, UK and Poland. More detailed information can be found online at: http://www.carersatwork. tu-dortmund.de/en/index.php.

[3] The cross-national study was to answer the following research questions: What conflict- and stress-situations between work and care are typical among the caregivers?, What strategies do carers use to reconcile work and care for an older individual?, What kind of influence does the qualification level of the carers have with regard to the reconciliation of work and care for an older individual?, What kind of influence do the employment and income situations of the caregivers' households have on the reconciliation of work and care?, Within the context of the actual parameters of employment and family chores, what kind of gender inequalities are problematic in the results of the reconciliation?, Which kind of support at the public, company or societal level is most efficient for the reconciliation of employment and care for older individuals? Are there any specific individual conflicts or strategies related to the reconciliation of work and care for an older individual when comparing different countries?

23% of persons in age 65+ by 2030). In 2008, there were already more than 50% persons in age of 75+ and older suffering from health problems and considered to be disabled (Perek-Biełas 2011). This situation, together with the future projections and the social situation of the disintegration of the multi-generational households and the increase in the number of single senior households, will bring tremendous changes to the need for care coming from outside of the family and household (Szweda-Lewandowska 2008).

Care responsibilities in Polish families

Polish society, with its traditional family model, considers the care of a dependant older persons to be an obligation of relatives, and of primary importance to the wellbeing of seniors. The majority of society (90%) thinks that the care of older people should be the duty of their children or other relatives (Kotowska et al. 2008). The respondents of previous studies declared their willingness to take their older parents to their household (85%), whereas negative opinions about the institution of nursing home were declared by 70% of the respondents, and thus they would not put their parents in such an institution (Kotowska et al. 2005: 29).

Similarly, the study of Eurofamcare carried out in Poland in 2005 showed that 87% of respondents/carers declared that they would not place the older person in a nursing home under any circumstances. Only 11% would consider such an option if the condition of the person they cared for worsened, and only 1.5% would consider it if the physical condition remained the same (Czekanowski 2006: 105).

The study of Eurofamcare also yields more detailed information about the working status of the caregivers. The number of carers who worked (40%) was visibly lower than the number of carers who were economically inactive (60%). The largest group of caregivers was employed in the public sector (46.5%), the second was private sector workers (33.5%), whereas 18.5 % carers were self-employed (Czekanowski 2006: 90). In contrast, the status of the non-working family carers was mostly described as "retired" (pensioners) (62.4 %). A further 17.3 % of this group were homemakers, and 14.5% were unemployed/work seekers. It is necessary to note the group of non-working carers, who are not able to work because of the caring obligations. This group amounts to 8.1 % of the carers, and as many as 4.7% had to quit job due to their caring obligations (Czekanowski 2006: 92).

This state of art suggests strongly that the problem of caring of older persons in Poland is still debated almost solely through the prism of the health of the care recipient (Augustyn 2010) or as a special type of social work (Twardowska-Rajewska 2007) or as the need to introduce a long-term insurance (Błędowski 2008;Augustyn 2010). The perspective of caregivers is less frequently taken into account than the perspective of the care recipients; the problems related to the situation of caregiving of an older adult, especially by those in employment, have not yet been deeply analysed for Poland. It is especially vital for a country of post-socialistic regime to close this gap, since in other Central and Eastern European countries analyses have focused on the strategies older people use to cope with social exclusion (Filipovič Hrast, Kavčič & Hlebec 2012) or the typology of family care for seniors (Remr 2012).

Hence, the answers to our research questions are key to understanding what kind of strategies of reconciliation are possible and what kind of options and opportunities could be found for the working caregivers. Before the outcomes of the study[4] are presented, some theoretical background needs to be clarified.

Theoretical background

The choice of strategies of reconciliation of care and work is related to such factors as gender, employment status, occupation, income, level of qualification, family status and family/household structure, place of residence (rural, urban), as well as the amount of care given (Hamblin & Hoff 2011). Some of these factors will be presented in detail below.

Gender is a one of the most crucial variables in determining the work and care situation, as well as strategies of reconciliation for them. According to British researchers, it is the men who largely remain in full-time employment whilst providing care (Carers UK 2007), while women tend to reduce their working hours for combining work and care (Evandrou & Glaser 2005). However, men below the state pension age are less likely than their female counterparts to provide informal care (Hutton & Hirst 2001).

Secondly, the working carers with care-giving responsibilities for both the older and the younger generations (referred to as the "sandwich situation" in the research literature) are highly likely to face a particularly stressful situation. Although the scenario of taking care of children and parents at the same time is not particularly common, a situation of dual care (for parents and grandchildren) is quite frequently seen (Grundy & Henretta 2006; Künemund 2006).

The third dimension that plays a role in determining the care-work balance is the education level of the caregiver. Two particularly salient categories were the working carers with high level of qualification and those with low-qualification level. A strong correlation between higher levels of education/qualification and better employment prospects, also for older workers, was repeatedly presented in the literature (Hamblin & Hoff 2011). It seems probable to assume that highly qualified employees will find it easier to combine work and care (for example, by working from home).

Another factor connected with the employment status of the caregiver (i.e. the flexibility of the work arrangements) also plays a crucial role in shaping the situation. Workplace culture, in particular sympathetic line managers and work colleagues, are crucial for the successful combination of paid work and care-giving responsibilities (Bernard & Phillips 2007; Yeandle et al. 2002, 2003).

Methodology

Sampling

In an attempt to decompose the complexity of the number of factors influencing the choice of reconciliation strategies, only some of the abovementioned factors were taken

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[4] More results of the project could be found http://www.carersatwork.tu-dortmund.de/en/index.php.

into consideration in the sampling procedure, specifically the level of qualification and the household structure, as suggested by literature review (Franke & Reichert 2010)(see Table 1).

The definition of a carer adopted for the research was relatively broad, as the aim was to include a variety of carers with distinguishable characteristics, in order to allow for building a typology. The inclusion criterion for a carer were to spend at least 10 hours per week on care while at the same time working (fulltime or part-time) or being self-employed.[5] The relation between the carer and a person cared for was not specified and thus this could be a parent, parent in law, other family member, friend or a neighbour.

Table 1: The sampling structure

	Couple, both working	Couple, one working	Single	Total
Higher level of qualification (ISCED 4-6)	10	10	10	30
Lower level of qualification (ISCED 1-3)	10	10	10	30
Total	20	20	20	60

The semi-structured interviews followed the model of "problem-centred interviewing" as outlined by Witzel (2000). This approach offered a means of reconciling deductive and inductive research methods. Based on the aforementioned method, the interview guide contained three modules: the introductory part (with questions about the age of the person cared for, age of carer, education level), the main interview with five main themes:[6] 1) care history/current situation; 2) work and work history; 3) costs, conflicts and care; 4) strategies; 5) suggestions regarding what would make the reconciliation of work and care easier; and a final questionnaire (about the carer's occupation, work and care time, information about the older person, e.g. health status, relationship to the carer).

The interviews were carried out between September 2009 and June 2010 by the main interviewer (in Krakow), who was aided by two local interviewers. The interviews took place in three major geographical areas: in two large cities (Krakow (32) and Warsaw (1)), a medium-sized city (Kielce (11)) and in a rural area (Witnica (15)). For various reasons, this geographical diversification proved to be beneficial. Firstly, the socio-economic situation and labour market structure are different. Therefore, the situation of the working carers might differ from a macro-perspective. Secondly, the local contexts of institutional help and assistance were also varied, since it is mostly the local Welfare

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[5] There were two cases of carers who had recently retired, but due to their still "fresh" experiences, as well as their significant experience as carers, we decided to incorporate them into the study.

[6] The full topic guide is available in the national and more detailed reports (not only about Poland) are available at: http://www.carersatwork.tu-dortmund.de/en/index.php.

Centres that deliver formal care services. Therefore, the focus on three localities with their distinct institutional settings will enrich the analysis.

The individual interviews were carried out according to the topic guide. The interviews took between 30 minutes and two hours. They were transcribed in accordance with the recommendations of Kuckartz et al. (2007), because they suggest a relatively simple way of transcription, which nevertheless meets the requirements of our analysis.

Recruitment

The recruitment of the respondents for the interviews was carried out using two methods. Firstly, the snowballing method was used and allowed for the recruiting of 42 working carers. The snowballing method started with the family members, relatives, friends and colleagues of the researchers, as well as the interviewers and other persons involved in the realization of the project. This informal way proved to be the most efficient in the context of Poland, which can be related to the fact that Polish caregivers consider care to be a private matter and less frequently refer to the public institutions for support. The second method of recruitment, via the institution of Municipal Social Welfare Center in Krakow (Polish acronym: MOPS), resulted in carrying out 13 interviews[7]. The least efficient method used were the flyers distributed at various meetings or events concerning the topic of care or seniors, or during the seminars for social workers. This method was successful in only two cases. Additionally, announcement was put on the Polish Forum for Alzheimer Disease; however, only two caregivers contacted us and one interview was carried out.

The recruitment of interviewees was conducted following the guidelines pictured in Table 1. However, some recruitment criteria needed to be altered due to the difficulties encountered in fieldwork, such as finding the working carer with lower level of qualification. Based on the analysis of the literature concerning the working carers, as well as in the secondary data analysis of the SHARE data, the older people's carers are in primarily persons over 50 years of age, and in Poland this age cohort has extremely low employment rates in comparison to other countries of Europe, as well as to other age groups in Poland. The employment rates of age group 55–59 in Poland were approximately 60% for men, and 33 % for women in 2010 (Eurostat database, 2013). The lower the education level, the smaller the probability of remaining in employment after the age of 55 or even less. The number of interviews with the carers with higher qualification level was 40, and with lower qualification level was 18. Another alteration to the original plan of the recruitment was due to difficulty in finding carers who lived in households with only one person working.

In relation to the family structure, the biggest number of households were the double earner households (N=29) and the single households (N=21), where the older people either lived with the carer or not (see Table 2).

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[7] The rest responded either negatively to our contact or did not exactly meet the criteria (i.e. had already been retired for many years). Some of the contacts were not responding at all.

Table 2: The number of carried out interviews

	Couple, both working	Couple, one working	Single	Total
Higher level of qualification (ISCED 4-6)	18	5	17	40
Lower level of qualification (ISCED 1-3)	11	3	4	18
Total	29	8	21	58

Sample characteristics

Out of the total number of 58 carers, 35 were married, 11 were single, 10 were divorced, and two persons were widowed. The ratio of female to male carers was almost 4:1, which means that 11 of the sample were men and 47 were women. The age of the carers was ranging from the youngest (26 years old) to the oldest (64 years). The greatest number of carers (38 people) was in the age group of 50–59 years. This is a natural consequence of the character of the care for an older person, which is usually a parent. Almost three fourths of the carers (N=47) in the sample took care of their parent; 40 of their mother and several were carers of their father. In eight cases, this was a mother- or father-in-law. Five of the respondents were taking care of their grandparent, out of which four carers were women. One person was taking care of her aunt.

In terms of the employment status, most of the working carers were employees (N= 43), 12 were self-employed, and two were retired (early retirement). One person was a student. The working situation of the carers is one of the most important dimensions of the analysis. Regarding the distribution of the working hours, most of the respondents (N=39) worked fulltime, which means 40 hours per week (or less in cases of some occupations). There were also 16 respondents working in part time jobs, and one worked occasionally.

Data analysis

In order to analyse the vast amount of empirical material, the evaluation of the interviews was carried out with the method of qualitative content analysis according to Mayring (2000, 2008). For our purpose, the most interesting procedure offered by Mayring is the method of *structuring with regard to content*, the aim which it is to '… filter specific topics, contents and aspects out of the material and to summarize it. The choice of content, which should be extracted, will be named by categories, and subcategories will be developed according to theory' (Mayring 2000: 89, own translation). At the core of the qualitative content analysis are categories, which are found either inductively or deductively. The topic guide was used to develop categories according to the deductive category approach. The theory-driven topic guide provided a sound structure for establishing a first approach to a system of categories. The main, overarching analytical categories (e.g. the situation of care, the work situation, support received, strategies used) were later

divided into sub-categories creating "tree-like" branches of categories, from the most general to the most detailed ones (e.g. the strategies used category is later subdivided into family strategies, work strategies, other strategies, which could further be sub-divided into even more narrow categories).The inductive approach was employed as the second analytical step, which meant that the categories were not driven from the topic guide, but were post-hoc created in order to identify new topics and problems articulated by the interviewees, but not initially designed by the researchers. The next step of analysis was the identification of certain patterns and linkages between the categories in order to formulate final categories, such as the supplementing/replacing strategy. The combination of these approaches allowed for the final analytical frame to be thorough, coherent and comprehensive, which guaranteed high reliability and validity of the findings. This effect was additionally reinforced by employing two coders, who ran the analysis independently. The evaluation of empirical material was assisted by computer evaluation methods, i.e. MAXQDA software, developed for qualitative data analysis.

Findings

The Polish interviewees presented many strategies that they used to reconcile the work life with care obligations. The need to manage the variety of different tasks made it necessary for the carers to think of (and, in fact, act according to) some sort of reconciliation strategy. Therefore, some of them were clearly declaring that the management of support they used was a strategy they invented. Some of the respondents did not term their efforts to reconcile *a strategy*, but nevertheless their activities were classified in the analysis as such:

> A lot of people ask me: 'You must sit at work thinking how are things at home?' No! I, well no! I don't. There's somebody at home taking care and I'm at a university, and I think that this is most important. It helps you deal with it somehow (R 8, F, 64[8]).

Among the different strategies used by the working carers two types of strategies were most distinct: instrumental and psychological strategies. The instrumental strategies deal directly with care provision and its organization on an everyday basis. They include using all types of support (formal and informal) by the carer, with a combination of using different sources of help received from different actors engaged in caregiving). The second type, i.e. psychological strategies, are directed more towards the carer himself/herself; their primary objective is to reduce the stress of being overburdened because of double obligations. They are supposed to allow the carer to continue both working and caring. These strategies could be seen as one step beyond than the instrumental strategies; however, in the majority of cases they are used together with instrumental ones. All things considered, the subject of the instrumental strategies is the person cared for, whereas the subject of psychological strategies is the person of the caregiver.

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[8] The references in brackets relate to the number of the interviewee, their gender (M, F) and their age.

Instrumental strategies

The primary aim of these strategies is securing the well-being of the person cared for and proper time management in order to fulfil all the duties with limited or even no impact on work arrangement. Therefore, one type of an instrumental strategy, identified among our interviewees, is "good organization", which includes logistics and the subcategory called "thinking ahead".

Good organization (logistics and thinking ahead)

Some carers admit that, in the face of multiple tasks related to their work and care, they need to come up with certain strategies to tackle all these issues. The carers often described themselves as "good organizers", which meant that they had to acquire new skills, such as time management, when they were forced to combine both care and work:

> Well, she can handle herself around the house, it's even like, sometimes I have to take care of something, I have to go out from time to time so I won't go (crazy). And I do it like this, I set the alarm for the next meal after I leave, so she would know, if she has lain down, what time it is. Everything's prepared in one place, and generally I try to have two meals prepared (R 13, F, 54).

Thinking ahead is another type of organization strategy, but directed to the future rather than the present. It appeared to be extremely important to the carers who were not sure about their future income or health situation. In these cases, they attempted to assure proper care for the elderly in advance in case something unexpected happened:

> And when I say to him: 'Listen, February eight, I'm going away for three days', right? So I tell him that and I feel like – well I'm being a little bit manipulative, but I know that he even prefers that way, right? Because he already knows that it's February eight, and he says: 'All right!' I know that he won't screw up. And I'm calm (R 14, F, 51).

Another type of instrumental strategy is related to family support and could be practiced in cases in which the carer had at least a few family members or relatives who participated actively in the process of care. Among the family strategies, two types of strategies can be distinguished: the family network and supplementing/replacing.

The role of family in reconciliation of work and care

For those carers who could count on their families with regard to their caring obligations, two major strategies were identified. The first one is the organization of a "family network", which seems to be the most successful strategy, since it has highly positive impact on the carer himself/herself, on the older person, as well as on other family members. Here, the responsibility for the care is more or less equally divided among many family members in the form of duty hours ascribed to a certain person on a certain day. The most important aspect of this type of solution is that the main caregiver does not feel isolated and left alone with all the caring tasks, but can always count on others:

> …for example we, I mean my dad and I, have Mondays, Wednesdays, Fridays, and others, I mean mom, I don't know husband and so on, have Tuesdays, uncle has Thursdays, and weekends, well this is something different because there is a matter of going away, but it all comes to arrangements (R 19, F, 31).

The second type of family strategy, supplementing/replacing, was described by most of the carers as the possibility of asking someone from the family for help in case the main carer is not able to perform his or her tasks. This strategy is less "formalized" that the family network strategy, and it is still the main carer who is responsible for the overall care; however, the help from other family members is always possible and never questioned or problematic. The main carer acts here as the manager of other persons in fulfilling the needed duties:

> Of course if it's necessary, if we couldn't drive grandma, then either my daughter will do it or my son-in-law or my second son, who according to grandma is the best grandson ever (R 5, F, 60).

The last type of instrumental strategy, linking strategy, is combining different measures in order to make the entire reconciliation process work effectively.

Linking strategy

The family strategies, even though the most successful, were naturally available only to those carers who could count on other family members. Those carers who did not have families or the families refused to provide help in caregiving had to use different strategies. The equivalent of family strategies of networking or supplementing/replacing could be the linking strategy, which was used by few respondents. It could be described as a linking of several different types of help and support in order to efficiently arrange the care throughout the day, and sometimes the night. In these cases, the most essential elements of the strategy were the friends and neighbours, but also the formal carers or other ad-hoc solutions:

> During the week, this lady who lives with mom, well she has weekends off, right? So during the week it's all settled, but these two days it's necessary to, and there's the other lady who is on call, and she can always stop by. There's also this neighbour, so somehow we make it work (R 22, M, 39).

Work strategies

The last type of instrumental strategy identified in our study is related strictly to work hours and is used when the caregiver needs to handle some caring issues during the working hours. The most common approach in these cases is to take sick leave or a day from their holidays. Many respondents declared it was the only possibility for them to manage to go to a doctor with the older person or tackle some caring tasks in the working hours of public offices:

> Interviewer: So you take a leave from time to time, yes? If you want…
> Respondent: If it's necessary then I take a leave.
> Interviewer: And it's… it's a holiday leave, yes?
> Respondent: Yes. (R 3, M, 61).

This type of strategy could be described as rather passive and on a day-to-day basis, which suggests that there is no strong will to facilitate this situation from the employers' side. Moreover, the interviewees often declared that they had no expectations that their employers would make allowances for them and their family obligations. The privacy of family life and family problems was considered quite valuable. Even though the working carers in many cases had informed their managers about their caring situation, they did not want to use this situation as an excuse of their coming to work late or taking sick leave, as they thought this was not fair towards their colleagues.

Psychological strategies

The second group of strategies, called psychological strategies, used by the carers were stress management and positive thinking, professional help, physical activity, and work as balance.

Stress management and positive thinking

This strategy could be described as a sort of "mental experimentation", meaning that the carers were actively thinking about the care in a positive way or were trying to separate care from work. Such psychological measures helped them reduce their stress levels, which in the long run made the reconciliation process possible, and not merely a stressful and overburdening duty:

> Interviewer: So is a dose of egoism…
> Respondent: Necessary! Necessary. A little bit. Otherwise you'll go
> crazy, I guess (R 43, F, 44).

As almost all of the carers complained about the stress and constant worrying about the proper provision of help to the elderly; the need to reduce the stress level is one of the most beneficial approaches to the successful long-term provision of care. The carers were also trying to remain optimistic about the situation, think positively and avoid negative thoughts and worries:

> I mean, I try to separate the time for my mother-in-law from the time
> that is just for me. I try not to think about things that stress me out, that
> she's getting more and more sick, that she moves less, that she'll need
> to be carried in a while, and … she won't get up on by herself. This is
> very stressful. And I try to set my mind on something else, leave those
> things behind. When I go out and handle my own things it's a little bit
> easier (R 49, F, 56).

Physical activities

One of highly successful strategies undertaken by some working carers is practicing different kinds of sports and other types of psychical activities, such as hiking, biking, travelling. The carers very often resorted to this type of activities since they felt they were beneficial to their wellbeing and were also easily accessible in terms of time and money: 'Sometimes I go out to play squash or for a jog and… It's just a moment, and I'm ready for the rest of my day' (R 52, M, 27).

Professional help

Few respondents reported that they needed to look for a professional psychological or medical (psychiatric) help for themselves when they realized they were no longer able to provide care effectively. Some of the working carers declared they would like to use such help, but they lacked the time for regular visits at the psychologist: 'I couldn't… I couldn't take it anymore mentally so I just went to see a doctor and I got some pills. I take them and try not to run out' (R 15, F, 51).

Work as balance

In view of the caregivers, the activities connected to work were of a decidedly different nature that the ones connected to care, and thus were considered stimulating, new, refreshing or even relaxing. The respondents declared they could not imagine their lives without the job, because it was the only "time out" of care that they had, and they appreciated it very much. In these cases, the most important impact of work was positive and was described as having contact with people, doing something valuable, or personal development. The work gave them power and energy to deal with the difficult caring tasks, since they were not thinking about the care at during these hours. In context of the handing their work and caring obligations, it is noteworthy that having a job and the possibility to work does not exclude such carers socially. It also shows that both tasks are treated and perceived as extremely important parts of the life of the working carer, and that the possibility to reconcile them needs to be guaranteed: 'And I go to work, calmly, I'll do what I have to do, anyway. And then I come back all positive. Calm. And it's all good' (R 41, F, 55).

The socio-demographic factors influencing the strategy choices

Gender, education level and occupation status

The strategies used by the caregivers were not exclusive, and therefore one person could utilize more than one strategy. Different instrumental strategies, being the fundamental to the caregiving process, could be observed in all the reports of respondents, whereas the psychological ones were only identified in cases of some respondents. The identification of gender patterns of differentiation between the strategies used by the caregivers is not simple, as there were only 11 men in the sample, varying in age, occupation and

education level. In general terms, no differences were found in the strategies used by the male and female respondents. The gender of the caregiver was less of a defining socio-demographic characteristic than education level, the family status or the occupational status. The men in our sample used the instrumental strategies at the same levels that women did, whereas in the case of psychological strategies, our research found that they were also successfully using this type of support, which is in contrast to the stereotypical image of men not seeking psychological help and being self-dependent. What seemed to be of greater importance to the usage of different strategies by the respondents was perhaps their education level, as well as their occupational status. The psychological strategies were utilized predominantly by the caregivers with higher levels of education. This could be interpreted as a more conscious and reflective approach to the problem of care, in cases in which there is enough room for psychological deliberations, and perhaps enough support and encouragement from the most immediate environment.

Part-time and full time employment.
With regard to the distribution of working hours, most of the respondents (N=39) worked fulltime (40 hours per week or more), and 16 respondents worked in part time jobs, while one caregiver worked occasionally, and two were economically inactive. The influence of the work hours on the type of strategies used was visible, since in situations of lower work burden, the caregivers were more flexible to find the optimal strategy to deal with the balancing their various responsibilities. In case of fulltime employed caregivers, the majority of carers could use good organization strategies, including good logistics and thinking ahead. However, the most pivotal aspect influencing the choice of strategies was the combination of two factors: the amount of hours worked and the amount of hours spent on care. In cases in which the amount of hours in care exceeded 40 (20 respondents), the caregivers were more prone to using organizational strategies more actively than those with lower burden of care.

Place of residence: rural-urban differentiation
The differences between the urban and rural areas were mostly visible in the context of access to formal care services offered by the local welfare centres. In urban areas, the provision of these services and their availability to the working carers was much more evident than in rural areas. This difference translated directly into the types of strategies they could use. Among the 14 carers who lived in rural areas, only three persons used institutional help, which meant that they needed to rely on the family support largely. Most of the caregivers utilized the family strategies, especially the family networking and supplementing/replacing strategies (10 caregivers). This choice was also related to the fact that more caregivers lived in households with the older person whom they cared for, which is a more common living pattern than in urban areas. Five caregivers from rural areas were using linking strategies more frequently, i.e. the support came mostly from outside the family structure, i.e. friends, neighbours, and had relatively high levels of support from work colleagues.

Conclusions and discussion

The strategies used by the caregivers were intertwining with each other, and thus the possibility to precisely draw relations between the strategies used and the socio-demographic characteristics of the respondents is problematic. The utilization of the different strategies was more visibly related to the resources available to the caregivers, such as members of family, financial support, accessibility of state support, as well as their work arrangements. The strategies presented here were identified as different patterns of using the possible resources in order to successfully reconcile the caring obligations with work. Our results are in line with other studies that found the negative impact of combining employment and care in terms of mental and physical health (Lee et al. 2007); interpersonal relationships (Mooney et al. 2002; Keck & Saraceno 2009), and financial and employment situations (Bernard et al. 2002; Crompton et al. 2003). Therefore, it needs to be highlighted that the success of reconciliation is an outcome of internal and external factors, as well as the utilization of available resources by the carers.

The instrumental and psychological strategies identified in this research are the conceptual and theoretical explanation of the ways the working caregivers deal with the situation of constant management of double obligations and the conflicts arising from it. They form an original input into the theoretical and empirical debates about the increasingly urgent problem of sustainable care arrangements in modern European countries.

The strategies developed by the caregivers were aimed at decreasing the stress resulting from multiple conflict situations in everyday life. What needs to be underlined here is that the potential of successful reconciliation of work and care lies within the working carers themselves. The respondents rarely expressed the willingness to resign from either of the tasks, and therefore the strategies recommended for them should not be aiming at proposal "either work or care", but rather "both work and care".

In order to successfully manage the situation of reconciliation of work and care for an older person, not only the carers need to be included, but also the policy makers, local agencies, central governments, employers, and other potentially interested organizations. Although, as found by Yeandle (2002, 2003), the line managers seem to be crucial to the process of reconciliation, the findings in Poland did not verify that. Whether or not the type of employment allows for the flexibility in work arrangements is also relevant. The burden of caring for an aging population left only on the shoulders of the working carers will not stand the test of time and sooner than later will collapse. The need to support the individual carers with official state policies is inevitable in the coming decades, or even sooner. This is not to say that there are no public policies directed towards the facilitation of the situation of the working carers, since the existing practices seem to be effective (Głogosz 2008). However, the results of this study, as well as other recent studies on comparable topics (Bojanowska 2008; Kotowska et al. 2008) show that there is a considerable deficiency of reflexive, systematic and efficient measures to meet the needs of working carers. The element lacking in most programs and policies is the voice of the carers themselves, which needs to be heard in order to successfully schedule reconciliation strategies.[9]

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9 At the European level, the Eurocarers organisation aims to present and secure the carers' rights, see: www.eurocarers.org

Because there were no "non-working carers" in the project, it was not possible to distinguish or separate the strategies of working caregivers from the strategies of nonworking carers, which could be useful in seeing similarities and differences between carers based on their different employment status. This is certainly one of the limitations of the study. However, the results presented new issues that could deepen and enrich the current discussion and cast more light on the topic of reconciling being a carer and other obligations, as well as further analysis across various countries, especially in countries such as Poland where the change of the socio-political system (from a socialistic to free market economy) and rapid population ageing had an enormous impact on the reconciliation of work and care nowadays and even more so in the future.

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Povzetek

Prispevek se osredotoča na različne strategije usklajevanja zaposlitve in skrbi za starejšega človeka,ki jih uporabljajo oskrbovalci na Poljskem. Strategije v prispevku opredelimo kot zavestne in sistemizirane oblike spopadanja z vsakodnevnimi nalogami, s katerimi posamezniki uspešno usklajujejo svoje različne dolžnosti. Na podlagi intervjujev z zaposlenimi oskrbovalci (N = 58) so bile identificirane strategije, ki so jih uporabljali (namenoma ali nezavedno) za zmanjševanje stresa ki izhaja iz konfliktnih situacij usklajevanja dela in oskrbe. Idenfiticirane so bile specifične strategije vsakega posameznika, ki pa vendarle predstavljajo skupek nasvetov drugim oskrbovalcem na Poljskem in drugod.

KLJUČNE BESEDE: delo, oskrba, Poljska, usklajevanje

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A new pattern in long-term care in Hungary: Skype and youth volunteers

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Abstract

This paper presents the results of a model programme in Hungary designed to test the hypothesis that internet-illiterate elderly people receiving long-term care at home would cease to feel lonely if they could learn to use Skype. The research had positive results: older people learnt to use Skype, and communication via Skype not only strengthened family and interpersonal relations but also improved the elderly persons' mental state without the need for physical activity on the part of the carers. A new element of the action research was the inclusion of young 14–16-year-old volunteers. It was the transfer of knowledge from the youngest actors that enabled this change in the network of contacts and the mental state of the elderly people. The rapid and positive result of the transfer is linked to the regular voluntary activity, in a new form of "playful" volunteering. For the young people, the volunteering (a subject they take at school) became enjoyable, not just something they had to do. Through the young people, sick home-bound elderly people were successfully integrated into society, and new intergenerational relationships were formed. The research found a way to involve a potential new human care resource, teenagers, in eldercare.

KEYWORDS: Skype, young volunteers, loneliness, intergenerational relationship, care

Background

Much of the research focused on the loneliness and social isolation of older people has shown the negative impact these factors have on psychosocial well-being. According to Alpass and Neville (2003), lonelier men reported higher scores on the Geriatric Depression Scale (GDS), leading the authors to conclude that social isolation may influence the experience of depression. Anderson (2001) found that among 10–15% of the people over 65 depression was two to three times more common than dementia, and emphasised the high cost of this disease.

In societies with advanced technology, computers and the internet are widely used. In Canada and the United States, the connection between eldercare and technology is a key research area (Marziali 2005; Chiu et al. 2009). In Canada, two-thirds of people aged 65 and older use the internet at home (Milliken et al. 2012). The use of Facebook and

Twitter for social networking increased by 13% and 35% respectively between 2009 and 2010 (CBC 2011). Different studies show that video communication is especially helpful in reducing loneliness and isolation (Fokkema and Knipscheer 2007; Sum et al. 2008) and increasing self-esteem, satisfaction, and the quality of life (Shapiro et al. 2006; Slegers et al. 2008). In a case study of people aged 55–77, Milliken et al. (2012) emphasised that older people felt closer to others when they could not only talk to them but also see their faces via video-communication.

The use of info-communications technology to help the elderly has appeared in EU policy (ICT and Ageing, ISISEMD). The EU places particular emphasis on the development of ambient assisting living projects (AAL-JP programmes) and research related to ICT and eldercare (Mollenkopf et al. 2010) research to help carers via ICT (CARICT 2011) was also part of this policy. Case studies also illustrate in depth the different ways ICT can be used to support carers and care workers (Yeandle & Fry 2010). In the EU, loneliness and suicide is regarded as problems of distinct importance. In its Summary Reflections 2010, the European Commission cites loneliness, dependency and isolation among the causes of depression and, in serious cases, suicide among the elderly.

There has been an extremely wide gap between the info-communication skills of the 55–74 years age group in the countries of Northern Europe and in many countries of Southern and Eastern Europe (e.g. in the Czech Republic, Tošnerová & Zvoníčková 2006). The figures for Hungary are still extremely low; despite the improving trend in the level of info-communication skills of the elderly. Numerous programmes designed for healthy elderly persons to learn to use the internet, such as *Kattints rá nagyi* [Click on it Granny!] and *Folytassa nagyi* [Carry on Granny] are bringing improvement, but in 2008 only 20% of persons over 65 years used a computer and barely more than 5% used the internet (KSH 2009: 55, 58).

Interpersonal relations are a key factor in eliminating or preventing loneliness. Only a small proportion (3%) of the elderly living with a spouse or partner struggled with loneliness in Hungary. However, more than a tenth of those over 65 felt lonely often or always when family members lived far away (Spéder & Bálint 2013: 26–7).

This paper presents the results to date of a model programme that remains in progress. Its starting point, based on a case study, was the hypothesis that if they could learn to use Skype, digitally illiterate care recipients would cease to feel lonely, and their network of family relations would expand. An 89-year-old widow with cardiovascular problems and lack of outdoor mobility felt lonely and became depressed when her grandchild and a three-month-old great-grandchild moved to the United States. The elderly woman had no computer skills and at first rejected the idea of learning, but using Skype soon became an essential daily task, making her very active. Soon video communication not only substituted for personal communications but was preferred as it enabled a more intensive contact. When the grandchild came home for a visit, the elderly woman had "withdrawal symptoms", stating 'I can hardly wait till they go back, then I can see them every day and talk to them.'

Questions to be answered

The question was whether this can be regarded as generalisation, i.e. whether the loneliness and depression of people receiving long-term care will end if they are able to learn to use Skype. Could family contacts be maintained or even expanded in this way? If so, could it become a burden for the family if Skype becomes important to the elderly person? Could the difference between the generations in info-communications skill be reduced by teaching? Would older people receiving long-term care feel less isolated despite their poor health? Would their daily passivity be transformed into activity? Who would teach them, help them to practise and encourage them if they forget something? Would it be the family, i.e. the grandchildren in particular?

A key research question was whether young volunteers could help them. The assumption was that young people have the most up-to-date internet skills, and they might also have a very tolerant attitude towards older people.

Key factors of the model program, characteristics

Financial difficulties[1] allowed only a limited sample size of 15 persons: 10 in the Care Centre of the Hungarian Maltese Charity Service (Budapest) and five persons in the care centre of a local government in a county seat (Székesfehérvár). The criteria for selection were: participants should be over 75 years, should receive home care (physical or/and mental care such as personal hygiene, basic nursing, shopping, medication, delivering or giving food, handling administrative affairs, conversation, etc.), they should have limited outdoor mobility, be lonely and/or depressed, should have no computer skills or internet knowledge, but should have family members with a computer and computer skills. Through their activity, the carers were the most familiar with the physical and mental problems and the interpersonal relations of the elderly persons, and it was the carers who were fully trusted by the elderly. With the help of the carers, it was also possible to include in the sample two elderly persons who had attempted suicide and another one with mental problems (severe depression). The average age was 82 years, the majority of participants were women; two men had been blue-collar workers, and the others were white-collar workers (with secondary or tertiary education).

Qualitative methods were used: observation, in-depth interviews, reports, case studies and the intervention of the researcher to elaborate new elements in the pilot program in response to problems that arose.

The *observation* (by the head of the care centre, a carer, the researcher and the technical staff) during the *installation* and conversation with the elderly person were of fundamental importance for later comparison, as they made it possible to judge the initial attitude of the elderly person towards technology. Summaries of *intensive observation* in the first week by the carers indicated the problems that needed to be solved.[2] The carers observed the elderly persons' behaviour, reported weekly on when they used Skype,

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[1] Companies approached found the idea ridiculous and refused to support it.
[2] E.g. icons were made larger or the elderly were encouraged to do several minutes of warm-up hand exercises before using the mouse.

for how long, with whom, what contacts they had, and the extent of change in their mood, daily schedule and activity. From the third month, secondary school students were involved with the task of helping the elderly persons and reporting on their difficulties and progress. In the fourth month, two social worker students joined in the pilot programme. Their task was to make a case study on the impact of Skype and the internet.

Motivations of older people

Before the computers were installed, the elderly persons went through successive waves of emotions: *amazement* (that they are getting a computer); *interest*; *a great degree of fear, alarm*, declaring 'I'm too old for that; that's for the young.' Carers were able to dispel these negative emotions with reassuring talks, giving examples and explaining the benefits of the computer, which finally set off a wave of positive emotions: *impatience*: 'When will I be getting it?'; *excitement*: 'What will it look like, how will I use it?'; *joy* at reduction of the knowledge gap between generations : 'I'll have one, just like my grandchild.' The biggest motivation in most of the cases was the "magic word" *grandchild*, because the video camera enabled a two-sided relationship: 'I can see my grandchildren all the time, and they can see me' (reported by the head of the care centre).

The communication was based on a bilateral equality, both the family and the old person could monitor each other: 'I don't worry so much (about them), because I can see them every day' (89-year-old man, reported by the head of the care centre), or: 'I'm very glad that my mother is using Skype. Besides, I have to see whether everything is in order with her' (reported by daughter).

The prolonged daily use of Skype did not become a burden for the family. It replaced the activity of the family member who had been providing care and the younger generation also took an active part in the communication:

> I am on Skype every day with my grandchildren too, sometimes I practically fall asleep at the PC because they could go on talking forever while I am tired, but I don't mind (78-year-old man, Uncle M. observed by the head of the care centre).

In addition, the video communication enabled a "value-creating" activity:

> My great-grandchild will be born soon, and I can use the web camera, too, to show a lot of things, like things (hobby carpentry) I have made at home (78-year-old man).

The new computer and internet skill improved intergenerational relations within the family:

> My contact (with my grandchild) is much better since I have my computer and use the internet. We finally have something to talk about that interests us both! (78-year-old man, reported by the head of the care centre).

Family members with good internet skills helped in the process of learning:

When he got the computer (before Christmas 2010), one of his sons who is good at computers went over and did all the settings for him. He wrote down everything on a piece of paper for Uncle A.: how to turn it on, all the basic steps (social work student).

The sense of achievement gained with Skype encouraged the elderly people to learn to send email, chat, browse the web for topics of interest to them (e.g. fishing), and they continuously learnt something new. Learning to use Skype gave them the skill base they needed to exploit other opportunities provided by the internet, encouraging them to acquire new knowledge. The desire to *learn a*ppeared as a strong motivation mobilising will-power and each obstacle overcome enabled them to advance to a higher level: 'Uncle A. told us that he would never have learnt how to operate the PC without a strong will' (social work student). Despite their illnesses, their daily routine completely changed; passivity gave way to *new activity***.** An elderly woman with Parkinson's disease became extremely active and even got as far as editing a newsletter; it gave an elderly husband, who cared for his wife, a new goal, a challenge.

The motivations appeared separately but were often interlinked. An 88-year-old bed-ridden woman whose child and grandchildren lived in the United States became very uncertain and had learning difficulties, but she did not give up her will to learn in the hope of being able to have contact with her grandchildren (carer's observation). The video camera played a key role because it encouraged various forms of activity in the elderly: she got out of the bed, did her hair and put on make-up before speaking with her grandchild in the US. This example coincides with the one that served as a basis for the pilot programme and shows a pattern of mutually reinforcing motivations: family, daily activity/goal in life and learning with family as the primary motivation.

Changing social network

Maintaining or strengthening family relations

At first, the communication by Skype was used solely for communication with family members, for about an hour a day; the elderly persons did not want to maintain earlier personal relations or seek new acquaintances: 'I don't want to talk to anyone else, just my son and my grandchildren' (78-year-old man). The strongest connection as already mentioned, and the one that took up the most time, was between a grandchild and the elderly person.

Keeping old relationships alive

The family contact was soon joined by an expanding network of interpersonal contacts: 'I look up old acquaintances to find out if they have a computer too' (The 78-year-old man who at first rejected contact with others, reported by the head of the care centre). 'I looked up an old fishing friend, and I found him' (84-year-old man, reported by the head of the care centre). 'I saw six people connected. Uncle A. tried to talk to one of his old friends while we were there, but for some reason the other person did not reply, so he said: "No one's answering, let's talk instead"' (social work student).

Widening social network

Besides family and old friends and acquaintances, elderly people began looking for contacts in general, they also wanted to have contacts with persons they had not previously known and wanted to make contact with each other via Skype, discussing their problems and solutions, seeking new knowledge and helping each other. The expansion of the interpersonal network could be clearly seen. As their info-communication skills grew, they began to make efforts to contact other acquaintances or unknown persons and also helped each other. This research has refuted the earlier widely accepted view (Utasi 2002) that old age brings a shrinking of the network of contacts.

Change of mental state

Positive change

The many opportunities offered by the internet had a beneficial effect on the mental state: 'Uncle A. seemed to be a well-balanced, confident, communicative, optimistic person with good empathy' (social work students). 'Uncle A. has opened up like a rose' (head of the care centre). The conclusions drawn by the social work students and the head of the care centre are the same, and it should be emphasised that the students did not know about the man's earlier mental problems (this information was deliberately withheld). On the basis of their conversation and observation, both of them found an open, enquiring and *optimistic* personality:

> Uncle A. said that the computer is very good for him because he goes out very little and it gives him a little extra challenge, something to keep him busy, and he can talk with his family members and friends every day on Skype (one of the social work students).

The old person himself experienced a *positive* change in the general mood and sense of well-being:

> He himself said that he feels much better since he has the computer. Because he could finally get in touch with his old friends and with his grandchild in Italy. It seemed to me that he was making an effort to learn to operate the computer as soon as possible (social work student).

In this case, *three different types actors* spoke about the positive impact of the internet skill: the carer, observers (students) and the old person himself. The positive effect is all the more striking in the light of the initial attitude towards technology:

> The carer told us that the first time she mentioned to Uncle A. that there was a possibility for him to get a computer (and use it to talk to people), he at first refused (case study by social worker student with carer).

The positive effect of Skype was even more striking in the case of the elderly persons who had earlier made suicide attempts. Both of the suicide attempts had been caused by passing or lasting depression resulting from loneliness and a lack of purpose in life. The 89-year-old man attempted suicide while the family was away for a short

holiday: 'He wanted to commit suicide because he was overwhelmed by loneliness and depression, we found him by chance' (head of the care centre). In his case, the possibility of using Skype set off a process of info-communications learning, it gave a feeling of success and encouraged further learning. This process activated him and transformed his daily activity. Skype and the internet together kept him occupied for three to five hours a day: 'Since then his mood is well balanced and good' (head of the care centre).

The other person, a seriously ill woman (asthmatic), carefully planned her 15 suicide attempts (conducting electricity in the bathtub) and constantly made alarm calls to the carers seeking urgent intervention. Because of her permanent mental problem and psychosomatic illnesses, the general practitioner requested her forced admission to a closed institute, but the carers thought that such a permanent solution was not appropriate and instead accepted the additional burden of care.

Learning to use Skype strengthened her family ties (regular conversations with her two sons) and expanded her other interpersonal connections (regular chats with others). Using the skills, she had acquired she began to explore the virtual world offered by the internet. The Google search engine and visits to various websites gave her access again to leisure programmes that had been part of her life before she became ill: attendance at concerts, visits to museums and theatres. She made a conscious effort to end her loneliness by visiting dating sites. Apart from her main illness, her symptoms soon disappeared, and she made no further suicide attempts; she became well balanced, although addicted to the internet, often continuing to browse while the carers were present.

In all the above cases, the positive effect of Skype and the internet appeared within four months. By the fourth month, the elderly person who had not even dared to switch on a computer, was capable of doing what the bolder and more skilful do, only perhaps a little more slowly: '… she was the timid one, now she keeps in touch with five people on Skype, reads email messages and uses the Google search engine like an expert' (head of the care centre).

Six months after the start of the programme, the elderly participants regularly read the newspaper, watch television and films, and look at photos; some of them went to church; one of them began research on her family roots. Their vocabulary has expanded with info-communications terms, a) with entirely new Hungarian expressions: drive, surfing, mobile internet, keyboard, systems manager, email, chat, Facebook, website, Google, browser, download, YouTube, virtual; b) or with existing words that have acquired an info-communications content: mouse, window, library, virus. Before reaching this skill and knowledge level an elderly lady had been afraid that the mouse would eat her food. Another was afraid that a (computer) virus would infect her and asked for immunisation (an injection). All their fear that seemed ridiculous for younger generations disappeared and they soon acquired internet knowledge and habits similar to those of young (e.g. online shopping):

> You ask what information technology has given me. It has opened up the way
> to acquiring knowledge! The computer has brought great help and constant
> curiosity into my home… (76-year-old woman).

The role of young volunteers

Originally teaching would have been the task of family members, but seeing the empathy of grandchildren towards grandparents and their lack of prejudice, it was the grandchildren who were able to devote the most time to conversation, to helping the elderly persons practise and develop their skills. Seeing these results, soon a new research question arose: whether teenagers could be recruited as a source of Skype-internet knowledge transfer. In 2011, practical voluntary activity as part of the curriculum in secondary schools was a new model; students were required to carry out voluntary activity with a choice of various types of voluntary work. Eight 16-year-old students agreed to examine the problems, level of competence, and attitude towards technology of the elderly. Their reports reflect the ICT skill the old person achieved but also the positive feeling of the volunteers towards the old person:

> Aunt G.'s technical skills and problems: watches soap operas online, has difficulty using the keyboard, searches for her friends on international sites, searches for information, her use of the net is made difficult because of the keyboard. We will continue to visit her. Because we like to see the progress she is making' (Volunteer 1).

> We spent time on the internet with Aunt K. We browsed for things that she wanted to buy. We showed her how to watch the TV magazine on the net, but she wasn't very good at it. She wanted to buy woollen yarn on the net, but she has not succeeded yet. We will continue to visit her (Volunteer 2).

> We taught Aunt K. to use the internet. She learnt to switch the PC on and off and to use the mouse, to visit port.hu, create an email account. I have a lot of other plans for her, which is why I would like to continue intensive voluntary work with Aunt K. (Volunteer 3).

Behind the positive feelings of the young volunteers, the pleasure they felt at the progress made by the elderly learners is quite obvious. There is a change of role between the generations as the student became the teacher and the elderly person a "good student":

> O. has made a lot of progress, it was worth helping her. She is very enthusiastic and attentive. She accepted everything we told her ... It was a pleasure to work with her (Volunteer 5).

The way the elderly woman improved her info-communication skills with the help of the young volunteers is clearly expressed. The relationship between the old and the young became what could be regarded as a quasi "grandparent-grandchild" relationship. Empathy played a key role in the learning process.

Comparing the reports of the volunteers and the case studies written by social work students reveals a striking phenomenon. Neither volunteers nor social worker students were given the task of recording their feelings, but they described their own enthusiasm:

> That day when my student partner and I visited Uncle A. in the morning, the meeting had a positive influence on our whole day because it was a very good feeling to talk with him; that conversation gave us a lot of energy (social work student).

The reference to "a lot of energy" was surprising even for the social work students although they are learning in theory and in practice how to deal with and help to relieve human and social problems.

New elements of the programme

At the end of 2011, all participants wanted to pay the monthly internet fee (access had been free of charge during the first year). This can be considered as a "success story". However new research questions arose. How can the positive process be launched for people with disadvantages, even multiple disadvantages (low education, poor infrastructure, backward region, etc.)? What phase lag must be anticipated for elderly persons of different age, social background, level of schooling, gender, type of settlement and region? Could the attempt be unsuccessful and, if so, to what extent and in what cases? What other type of problems could arise and what intervention would be needed to solve them?

These questions could only be answered by a second pilot programme elaborated in 2012 (also financed by the HMCS). A small town (Fehérgyarmat) with fewer than 10,000 inhabitants) and six small villages in the vicinity (below or around 1000 inhabitants) in a rural region of eastern Hungary not far from the border with Ukraine were chosen. The new sample consisted of 25 persons (10 of them living in the town); the majority were women with a low level of schooling. At the beginning of 2013, 10 computers were already installed, and the results so far have justified the fine-tuning of the programme.

A methodological difference compared to the first phase was the involvement of volunteers *right from the start* as volunteering was included in the national curriculum for secondary schools in 2012. The subject comprised two parts, theory and practice. The 1.5-hour theory lesson was given by the researcher, a) explaining that Skype was to be taught, and b) what kind of attitude they should show towards the older person. However the "how and what to teach beyond the Skype" was intentionally not discussed as it was assumed that the younger a student is the more affection, patience, tolerance and freedom from prejudice she/he would show towards the old person, and that she/he would have the most up-to-date internet knowledge. The age limit was therefore lowered to 14–15-years. The "theoretical" lesson was interactive. It was quite clear that the students had positive feelings for their grandparents. Based on this feedback, the instruction was given in simple terms, emphasising the difficulties they could expect to encounter and the importance of patience:

> All you have to do is the things you enjoy doing, using the internet, chatting online, searching for things in Google, etc., and teach these to the elderly persons as though you were teaching your grandmothers.

It was a basic aim to evoke empathy because society has a strong prejudice regarding the poor learning capabilities of frail older people, especially anything connected

with ICT; this prejudice was also revealed in the research. At a family level, it was only mild: 'Oh, I hadn't thought of that, but if it could be done it would be good' (daughter). 'The family didn't believe that it would be worth giving an old person a computer' (head of the care centre). However, it was strong among 30-year-old young men installing the computers*:* 'I'd like to see what these old people are going to do with these computers: probably put a lace doily on them, and a vase on that and then look at them.'

Child volunteers (14 years old) helped to fulfil the wish to learn that was a strong motivation for close to one seventh of the women, a gender-specific feature in the rural region caused by the former strong discrimination: 'My parents didn't let me study' (78-year-old woman), or: 'It was very difficult for women to find an opportunity to study' (79-year-old woman). These women kept their desire to learn and they felt that by acquiring the new internet skill they would start a new life: 'It is opening up a window for me' (82-year-old women).

The involvement of volunteers right from the beginning accelerated the learning, and the successive steps of the first period where Skype was followed by the internet, *became parallel and simultaneous.* The students visited the elderly persons twice a week at a set time after school, for an hour. Students used different teaching methods. Some of them started the lesson with mapping the existing computer and internet skill and then decided what and how to teach:

> We didn't decide in advance what to teach her (to write email, etc.) … we decided on Skype because that seemed to be the simplest program but the one with the most functions … Aunt I. could then contact her family members and keep in touch with them.

Others followed the teaching methods of their school: acquiring new knowledge, practice, doing homework and applied the same pattern to their elderly "student". Other pairs had separate theoretical (explanation of the different functions of the internet etc.) and practical lessons, or they often divided a lesson into a theoretical and a practical part. Whatever method they applied all of them ended with success, the old person learnt what was taught. One important observation was that as a communication tool Skype was preferred to Facebook for its easier use even when they became familiar with Facebook, communicated through it or used its other functions (e.g. liking). Another important recognition of the "teachers" was that they needed to always pay attention to the interest of the old person as this accelerated learning: 'She showed great interest… She was ready to learn, so it was easy to work with her' (1st visit). Right from the outset, the two-way and rapid learning created an intergenerational relationship with a positive emotional charge: 'We learnt (that is they taught her) how to reply to email. She was very charming; we like working with her' (2nd visit). The emotional change and development in the young people can be clearly followed: on the first occasion only the "easiness" was stressed and already on the *second occasion* affection felt for the elderly person also appeared. In all cases there was a change of role from student to teacher and both the older person and the young were aware of this. The older people called the students their teachers or "little teacher". Some used even stronger terms, such as "school": 'I never thought I would go

back to school in my old age.' The students felt the change in role, too, but at the same time some of them started to learn to respect the knowledge of the old person as well the significance of the volunteer activity:

> To be honest, at first I didn't think it would be more than just a "compulsory school task", because I had never done any voluntary work before. But after we had visited Aunt Ica a few times I began to feel how good it is to help someone and to teach someone something new. It also gave me pleasure to see how Aunt Ica progressed, and how much she enjoyed the whole thing. I think it was a lasting experience to get to know an elderly lady who had already learnt countless things in the course of her life but was still prepared to learn things from two young girls.

The affectionate feelings for the quasi-grandparent changed the negative views of old age (missing teeth, wrinkles, sickness, etc.) typically held by the students. In this pattern, both inter- and intra-generational relationships are important.

Social inclusion – future aspects – a new pattern

The research resulted in a wide range of positive impacts on micro-, meso- and macro-levels. The relationships affected different actors on the micro-level: older persons; young volunteers; family members; family carers; interpersonal contacts of older people. These actors continuously interacted. The elderly came into contact with all generations in society, resulting in a strong network of intensive intergenerational and intragenerational relationships. Through their personal contacts with the young volunteers, the previously very limited network of contacts of the elderly gradually expanded through the opportunities provided by the internet (Skype, Facebook, chat, etc.). The communication via Skype not only strengthened family relationships but also helped family members and the carer by improving the elderly person's mental state without the need for physical activity on the part of the carer (e.g. travel, visits). It was the transfer of knowledge from the youngest actors that made possible this change in the network of contacts. The rapid and positive result of the transfer is linked to the regular voluntary activity, in the new form of playful volunteering. For the young people, the volunteering, one of the subjects they take at school, became enjoyable, not just something they had to do. The internet is an integral part of their daily activity, an indispensable element of their contacts and leisure activities; the time they spent with the elderly persons actually increased rather than reduced the time they spent on the internet. The lower age limit for volunteering proved to be successful.

The volunteering incorporated into the school curriculum differs in character from other informal, voluntary training and sheds light on a new possibility not previously taken into account for eldercare. Various projects involving technology as an important part of care have approached the problem of eldercare from the social and health care angles or by linking it to the use of ICT. However, none of these research projects have linked education, health care and the social system or involved young volunteers in care. The research discussed here found a way to involve this potential new human care resource,

the young age group, in eldercare. Without their role, the elderly could not have set out on the path of self-integration, of successfully reversing their own disadvantaged situation of social exclusion and reintegrating themselves into society through their own activity. In doing so, they not only changed their quality of life. The new connections between the elderly and the young transferring their ICT knowledge could also have a tangible effect at macro level through greater cost-efficiency of social and health services (less medicine, hospital treatment, carer time input, etc.). This new pattern of relationships is also capable of eliminating the multiple disadvantages arising from regional inequalities, lack of education and the housing situation. It can also lead to social redistribution (distribution of slightly outdated, but perfectly functional computers to the elderly) enabling them to overcome disadvantages arising from income differences. Since the method can be easily transferred, if it is successfully disseminated it could also win market sponsors after they become aware of the appearance of a potential new market segment. The most important thing, however, is the social inclusion of the older people. In the sixth month of the second phase, one elderly person died; later, another one was hospitalised but up to that time they had enjoyed their life, had had goals, curiosity, and extended interpersonal network and hobbies. What is social inclusion if not this?

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Povzetek

V prispevku predstavljamo rezultate programa na Madžarskem, v okviru katerega smo testirali hipotezo, da lahko uporaba Skypa zmanjša osamljenost pri internetno nepismenih starih ljudjeh, ki prejemajo oskrbo na domu. Program je pokazal pozitivne rezultate: stari ljudje, ki so pričeli z uporabo Skypa, so okrepili svoja družinska omrežja, hkrati pa so tudi izboljšali svoje mentalno stanje brez dodatnih aktivnosti s strani oskrbovalcev. Posebna novost je bila vključitev mladih prostovoljcev (14-16 let) v program. Hiter in pozitiven rezultat je povezan z rednim prostovoljnim delom, ki je imelo elemente zabave. Za mlade, ki so prostovoljstvo imeli kot obvezen šolski predmet, je bila aktivnost zabavna. Z njihovo pomočjo so bili starejši bolje vključeni v družbo in vzpostavili nove medgeneracijske odnose, kar kaže možnost uporabe novih virov pomoči pri oskrbi starejših.

KLJUČNE BESEDE: skype, mladi prostovoljci, osamljenost, medgeneracijski odnosi, oskrba

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BOOK REVIEWS

Phillips, Lynne and Sally Cole (eds.) 2013. Contesting Publics. Feminism, Activism, Ethnography. London: Pluto Press. xi + 192 pp. Pb.: £54.00. ISBN: 9780745332840.

In an era of continuous crises in participatory democracy in our increasingly global societies in which most social institutions are being challenged by liberalisation, commodification and privatisation practices (sadly, education and academia are no exception), Cole and Phillips offer a ground-breaking account of how feminists/activists are both challenged by and also challenging new spaces of participation. The book bridges the public/private debate in discussions of civil society and portrays how gendered concerns can illuminate explorations of social movements and social inequalities.

Within a period of three years, between 2006 and 2009, the authors interviewed feminist activists working in a variety of transnational networks and national democracy building projects in Latin America. The book is a fascinating journey of both the "routes and roots" of feminist activities and the authors' account of that research across a breadth of diversity of scales and spaces of political action. It is through a critical anthropological gaze and a sound theorisation of the private and public that we understand a wealth of issues, from the securitisation, hyper-sexualisation and commodification of women's bodies to the neo-liberalising globalisation and privatisation that have led to the increasing inequality and poverty that we witness today in a variety of publics. What is even more enticing is the fact that Contesting Publics not only documents new spaces of participation for women, it also discusses how these very same spaces may produce new exclusions, inequalities and silences. Through ethnographic contexts and a variety of encounters, Contesting Publics illuminates both the contradictions and re-inscriptions of publics while offering a platform to consider how we can re-invent such alternative publics for more inclusive feminist futures.

In terms of organisation, the introductory chapter situates the theoretical framework of how an ethnography of publics was set out and pursued, while three activist testimonies are interwoven among four ethnographic chapters. With diverse political agendas and strategies and work in a variety of organisations, the activist/public intellectual testimonies were selected from a range of conversations of the authors with activists in Ecuador and Brazil in 2007 and 2008. The interweaving of ethnography with activist testimony illuminates both the personal and the political in a fresh and fascinating way.

Three core arguments structure the theoretical foundations of the book: firstly, the authors propose that the public is not only a space of shifting power constellations but that the inequalities produced are very much such that social scientists are embedded within their domain; secondly, the public is contingent on the private so much so that this co-constitutive relationship is shifting but also critical to the analysis and, as such, they introduce the term "public-private", used by Wright in a chapter *Paradoxes, Protests, and the Mujeres de Negro of Northern Mexico* of the 2012 volume *Terrorizing Women: Feminicide in the Americas* (edited by Fregoso and Bejarno), to reflect the contingency of the relationship; and thirdly, the investigation of publics ethnographically enables both the re-examination in a critical perspective of conventional publics through a new lens, but also the theorisation of emergent ones.

Moreover, the authors are extremely accurate in underlying the importance of the scales of the public and publics as cultural spaces and draw particular attention to the fact that the space of civil society cannot be assumed to be a counter-public that is beneficial for women.

Within the above parameters, the book contributes expertly to the discussion on democracy projects and debates in Latin America by interrogating spaces. So that equality can hopefully move forward and materialise in productive ways for women. Chapter 2 depicts the range of opportunities, choices and compromises that women have to make as it introduces us to three households from which women's narratives illustrate their diverse roles and hence potential for transformation and innovation. Their storytelling of how new cultural norms and gender discourses are negotiated in households, neighbourhoods, factories and family activities are a hopeful indication of "liberdade" (freedom and implicitly rights). Nevertheless, a set of contradictory elements remains within the composition of the household, and this primarily relates to childcare, which remains the responsibility of women, as well as the stigmatisation of women who chose to leave a marriage or to live without a man.

Chapter 3 examines women, public spaces and sex tourism; the latter is considered as a new political space and also a contested public. This chapter presents Ponta Negra as a tourist district within the city of Natal, Brazil and the new spatial configurations that have shaped tensions over "race", class, sexuality and civility, while, through a critical les of the campaigns against sex tourism, the authors analyse the different interests underlying them while focusing on the various actors and institutions involved in these debates, such as the women engaging in sex tourism, government, local residents and businesses, NGOs, feminist activists and academics. What emerges here then is the complexity of articulations, agencies and constraints, all interrelated in producing particular discourses whereupon new forms of exclusion, power and civility emerge.

Chapter 4 explores feminism and "post-neoliberal" publics in Ecuador's constitutional reform. This chapter examines the shifting relationship of feminism to the "post-neoliberal" state, as feminist analyses have demonstrated that women's movements' engagement in state projects in Latin America often co-opt, de-politicise and institutionalise women's issues. This chapter argues for analytic attention to both the spaces inhabited and to the creation of new public spaces of social mobilisation: the former as "inviting" and the latter as "invented" spaces where (in this case) they may become marginalised and erased or even associated with "uncivil" criminalised behaviour.

Chapter 5 draws on the interesting topic of gossip as direct action and is based on an ethnography of a Zapatista solidarity collective based in Montreal, Canada. As one of the authors is directly involved in both the action and the research, as well as the spread of gossip, the methodology and the ethical considerations outlined in this chapter are well thought through, inspiring and a particularly useful framework for feminist research.

Chapter 6 is the concluding chapter; it extends the methodological, theoretical and pedagogical discussions in the previous chapters into reflecting on public scholarship, an anthropology of publics and public anthropology. The theorisation aims at developing new frameworks to study the emergence of new political spaces and new publics,

while the methodological parameters of feminist ethnography aimed at producing an ethnography of social action and activism. Interestingly, instead of answering questions, the authors suggest instead that initiating a critical pedagogy of public anthropology is what is required; consequently they end with a page and a half of questions in aiding the problematisation of the idea of the ''public''. It remains to be seen if future generations of feminist/activist/researchers will take up the challenge. For the time being, Contesting Publics is an exemplary start at addressing some of the issues involved in the democratisation of such contested terrain of publics, a project that desperately needs more feminist and ethnographic attention.

ANASTASIA CHRISTOU
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Navaro-Yashin, Yael. 2012. The Make-Believe Space. Affective Geography in a Postwar Polity. Durham and London: Duke University Press. xix + 270 pp. Pb.: $24.95. ISBN: 978082235204.

A very public and ethnographic anthropological account of the entanglements of materialities, division, and displacement in the affective experiences of Northern Cyprus and the lives of Turkish-Cypriots is what The Make-Believe Space is all about in its "phantasmatic" manifestation of life, objects and subjects of war and expropriation. The book examines the post-war social relations and political spaces of sociality and subjectivity in the aftermath of war and partition, of what the author, Yael Navaro-Yashin, conceptualises as contexts of "abjection", "ruination" and "phantasmatic" affective existence. This is a compelling and rich ethnography of nations, states, subjects, landscapes, objects, documents, ruins, spaces and places whereupon affective, material and imaginative geographies intersect with both ideologies and the banalities of everyday life in a divided island. This is a constellation of powerful geographies, illuminating anthropologies and potent publics, all unfolding in the contemporary, where both nations and states are salient features of lives, trajectories and polities.

There is a lot of human stuff circulating in the narrative excerpts of participants in this study and a great deal of profound insight into the messiness of the affective with the ordinary and the imposed in people's lives. It is the crafting of fantasy, lived and ethnographically deciphered intimacies of ruinations and the ramifications of what is left when war and displacement unfold in space, time and people's daily realities. Yael Navaro-Yashin combines excellent anthropological insight grounded on her reflexive understanding of Cyprus in spaces of friendship, kinship and intimacy that allows for a more holistic and attentive to relationality and subjectivity ethnography in a truthful realisation that the anthropological imagination is a product of the multidimensionality of the personal, the political and the professional. Marked by a decade of ethnographic immersion into the field from 1995 to 2005, Yashin offers a profoundly illuminating account of the messiness of daily human interaction crafted through fantasy, fact and policy.

The book is divided into three sections, all tackling different aspects of the "make-believe" space: spatial transformation, administration and objects and dwellings. The concept that Yashin introduces in this book, that of the "make-believe" space, is one that challenges the opposition between the social constructionist approaches and those of the new materialist perspective, thus, in term conceptualising the "phantasmatic" along with the tangible in unison thereby avoiding privileging either one. Very much a spatial and temporal investigation since both are intertwined in the aftermath of the 1974 partition of the island of Cyprus in defining its split territoriality beyond the material to the affective, social and political, an interrupted temporality emerges in 2003 after the opening of the checkpoints.

Narratives excerpts of Turkish-Cypriots are quite revealing of how the repopulated territory of Northern Cyprus figures in their everyday lives:

> This place belongs to the soldiers and to people from Turkey. Everything else exists only by chance. There is an extraordinary situation here, a state of emergency. If you were to worry every day about what happens here, you would lose the endurance to live here. If you live here, you have no choice but to accept the situation as it is. We, for example, have submitted ourselves. We have let ourselves be abased [under the presence of settlers and soldiers]. Otherwise they would not let us survive (Yilmaz, p. 56).

Such compromises, constructed as survival strategies within a consciousness of power entanglements, are a part of ordinary life. Nevertheless, settler communities are characterised by their heterogeneity in terms of their social, political and economic make-up. Grounding such differences of the Turkish-Cypriot polity ("Turkish Republic of Northern Cyprus" (TRNC)) is the fact that it is considered illegal under international law and hence, as an unrecognised state, it is particularly intriguing to observe a deeply affective attachment of the population to its civil service. Moreover, even more fascinating is the combination of feelings of apathy with a deep desire to acquire a civil service job. Prompted by an Agambian perspective, Yashin provides an insightful account of how the unrecognised state in northern Cyprus is inherently an amalgamation of sovereignty and biopolitics that evokes a particularity of a mixedness of affect. She exemplifies this through the study of objects such as documents among the most tangible phenomena that engender and enact political affects. As material manifestations of governance and law, documents are very much affectively charged, and they transmit energy as they transact a politics of affect that among other feelings, depict cosiness, cynicism, irony, familiarity, contempt and wit.

The affective relationship between people and surroundings of ruination is another layer of living among bordered ruins that Yashin tackles. In this sense, the abject both intrigues and repels but most importantly it is, in a Kristevian sense, located in the physical mechanisms of subjectivity and through which othering processes of self-identification emerge. A combination of inner and outer spaces of abjected domains is where identities are configured and defined. As Yashin suggests:

> drawing on Kristeva, we could construe the border area in Cyprus in such terms, not merely as an actual military blockade, but also as a spatial materiality that stands for that practice of abjection in the attempted constitution of a kind of subjective order in the aftermath of war. The abjected quality of the border. The border as an abjected space. The border area as the representation of that construed difference between the abject and the self (p. 148).

In other words, Yashin incorporates both a framework of selfhood and economy of violence in conceptualising abjection and thus proposes a visualisation of such in the light of both the personal and the socio-political representation of the system in a performative act of its materiality.

Such materialities, that is, the presence of objects or their actual absence, yield a sense of loss and hence spatial melancholia as the historical division of the island continues to the present. Having lost personal belongings and homes in southern Cyprus,

the sense of belonging and melancholia is accentuated by the realisation of a loss of a "sense of moral integrity". Decades of appropriation reinforce this spatial melancholy, which is essentially a feeling of a loss of self, the feeling of what Yashin considers "an abjectified self" in its interiority and exteriority, articulated through violence and war. This, ultimately, is what a make-believe space feels like; home and unhomely at the same time, imaginative and tangible, affective and abjectified, objectified and subjective: these are all make-believe qualities and practices that make it more than phantasmatic, as real as the barbed wire and bullet holes in brick and mortar, as vivid as the memories of the dead, identified or not, all a sense of self and identity in Cyprus.

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Howes, David and Constance Classen. 2014. *Ways of Sensing. Understanding the Senses In Society*. London, New York: Routledge. 200 pp. Pb.: £62.00. ISBN: 9780415697156.

At first glance, the volume *Ways of Sensing* authored by David Howes and Constance Classen, two of the leading scholars in the emerging field of sensory ethnography, may be understood as a condensed and updated version of the 400-page milestone volume *Empire of Senses - The Sensual Culture Reader* edited by David Howes. In 2005, *Empire of the Senses* overturned the linguistic and textual models of anthropological interpretation and placed sensory experience at the forefront of cultural analysis. The new volume does much more than this: through the contribution of Constance Classen, it extends not only the rich list of literature of the anthropology of senses but instead shifts the emphasis to the history and historicity of senses, focusing on the transformability of sensory orders and perceptions over time and cultures. The volume proposes a joint anthropological-historical methodology to study the senses, both within specific societies and cultures and cross-culturally.

Classen favours a historical approach to the senses, one grounded on the seminal research of the French historian Alain Corbin (1994). She argues that the sensual properties and the perception of historical events can be "reconstructed" and that this will lead us to a better understanding of the social underpinnings and reactions towards particular historical events. With this, she directs out attention to the immanent links between the senses, politics, ideologies and hierarchies of power. Sensory experience and emotions do not exist independently from politics but are interwoven with it; this is why the authors see the "politics of the senses" as a pivotal concept that has prominently shaped our sensual perception over centuries.

The volume presents a rich panorama of prominent settings in which senses do play a prominent role in societies of the past and the present: art perception, sensuous healing, sensory and social ordering, synaesthesia, perceptions of justice, and the use of senses for marketing purposes. In particular, the last two topics are innovative and welcome contributions to the dynamic and emerging field of sensory studies. The idea to link the senses with issues of law seems to be a particularly new and innovative step; indeed, we take for granted that audio-visual evidence is preferred in comparison to other sensory evidence in courts of justice. Moreover, the visual and aural characteristics of the courtroom are familiar to us but have not once been questioned thus far. The book asks for the (historical) reasons behind this and additionally presents various sensory representations/personifications of justice throughout history: from the Roman goddess "Justitia" to the representation of lawyers in Charles Dickens' work – a well informed and highly diverting chapter of the book.

The use of the senses for commercial purposes is another significant addition to recent studies on the human senses. Howes and Classen explain compellingly through rich examples that the new ideal of an "experience economy" require a stronger engagement of the senses in the realm of publicity than ever before, although the marketing of sensations reaches back into the 18th century.

Throughout the volume, the authors of the book refuse a strict division between cognitive and sensory experience. Instead, Howes and Classen consider sensory impressions as fertile ground for ideas and cognitive values. The resulting question touches upon the aesthetic and social relevance of the senses: 'To what extent, however, can the senses of touch, taste and smell model and transmit cultural values?' (p. 3) Naturally, this question implies a discussion of sensory representations in art history as the cover image of the volume implies. This discussion is probably the least convincing part of the volume. The statement that "art in the modern world is overwhelmingly visual" is rather debatable and the description of a combined sensory perception of art as a largely historical phenomenon at least in the Western Hemisphere is misleading. The Fluxus movement of the 1960s and artists like Dorothy Iannone who combined image, text, film and sounds in highly complex installations foreshadowed the growing popularity of multisensory art in our times. The audiences of the 21st century are far from a "single-sensed understanding of art" that the authors claim; instead artists and audiences engage more and more in artworks that challenge and engage our senses more complexly. At the same time, museum exhibits today do not 'remain predominantly silent, visual spectacles' (p. 29); instead, multisensory forms of exhibiting have gained ground on the way to what the authors themselves describe as the future "multimedia museum". This fundamental detachment from the 19th century perception of art are not just "cracks in the visualist façade" but instead a fundamental and paradigmatic change.

The book has two other shortcomings: firstly, it does not explore the class-relatedness of sensory access and perception, although this topic shines through in certain passages of the volume. Secondly, the authors leave largely unexplored the crucial concept of "taste". Sensory marketing, for example, has always been directed and shaped in reference to different "taste publics" – but Howes and Classen seem to avoid here terminological discussions with terms which compete with their favoured "anthropology of senses".

With this book, the on-going discussion of the individuality and universality of sensory perception and the legitimacy of a phenomenological perspective of the senses between Tim Ingold (2000), Sarah Pink and David Howes will surely receive a fresh impetus. It adds a retrospective perspective to the study of the senses, making us aware of the alterable role senses have played as driving forces throughout human history.

ECKEHARD PISTRICK
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Halilovich, Hariz (2013). *Places of Pain. Forced Displacement, Popular Memory and Trans-local Identities in Bosnian War-torn Communities.* **New York, Oxford: Berghahn Books. xviii + 269 pp. Hb.: $95.00/£60.00. ISBN: 9780857457769.**

The author intended this book to be a homage to and celebration of multicultural Bosnia, or the ideal of such a Bosnia, which now, ironically, exists only outside of Bosnia in the war-torn communities of the Bosnian diaspora throughout the world. This book is actually the largest study of displaced Bosnians to date and provides a deeper understanding of reality of displacement and post-war Bosnian identity and memory. Researching the global Bosnian diaspora (Austria, Australia, Sweden, U.S.A.) was a methodologically very difficult undertaking, so the author brilliantly combines narrative analysis 'with Geertzian thick description and ethnographic vignettes from the sites, places, networks and events that constitute the diaspora' (p. 7). Memories and narratives of displacement are not (re)collected in a coherent, (chrono)logical order, and they are mostly made up of fragments that the author connects and supplement with his own observations and participation. The key themes – places, memories and identities – are observed as 'experiential and performative actions that are situational, relational and self-perpetuating' (p. 7). Studying displaced Bosnians, the author did not neglect war-torn communities within Bosnia and Herzegovina, thus giving a broad new perspective on researching these communities. He explores monuments, memorials and commemorations and their relation to both personal and collective memories. At the end of the book, he explores the magnitude of the crimes against women, officially and unofficially remembered, as well as how it has affected the memories and identities of women survivors, their families and communities.

Theoretically, the author avoids being pulled into either of major theoretical frameworks and debates around displacement and identity (sedentarist and anti-sedentarist). He argues that, in practice, this dichotomy 'seems to be more important and meaningful to academics than to (dis)placed people: as my research findings and personal experience suggest, regardless of the level of their (im)mobility, people can develop and maintain multiple attachments to different places as well as construct their identities in the absence of an actual place' (p. 9). He argues that a 'predominantly transnational conceptual framework needs to be expanded to include trans-local diasporic identity formation among displaced Bosnians around the globe' (p. 118). By avoiding the term transnationalism, the author circumvents some of the limitations of that term, and focuses on trans-localism that has recently been regarded as a key focus of study in international migration. Bosnian-performed trans-localism exemplifies how cultural place and embodied local identities transcend geographical space and chronological time and how mobility and attachment to place are not intrinsically contradictory processes. According to Halilovich:

> trans-localism confirms the dynamism and fluidity of the complex relationship in which the identity of place as a set of embodied practices transcends its original geographical location and becomes polylocal, or trans-local. Hence, trans-localism encompasses a wide spectrum of practices and relationship

as the articulation of distinct (trans-)local identities and reveals how these practices and relationships get reconstructed, readjusted, remembered and reimagined in the world of movement (p.152).

The book describes how groups from Bosnia follow the patterns that are local (*zavičaj*) based, rather than national, ethnic or religious. The term *zavičaj* is defined by 'local geography, cultural norms, dialect, kinship, neighbourliness, a common way of life and embodied relationship with the place and social networks' (p. 10). This term encompass the wholeness of person-in-place and place-in-person and represents a social glue based on family background, kinship, friendship, dialect and place of origin and is, according to Halilovich, an extremely powerful cohesive factor in diaspora. *Zavičaj* both reflects and contributes to the multicultural and multi-ethnic pattern of life, and for those whose identity is embodied in the idea of the *zavičaj*, it continues to exist as an experiential reality 'despite its physical destruction and forced displacement' (p. 11).

The "dark side" of the book and extremely emotionally disturbing, especially to a person who lived through something similar, are the author's personal experiences and individual stories of his informants described in an almost artistic manner. For example, presenting three individual stories of displaced Bosnians in Austria (Sejo, Edita and Ibro), Halilovich among other things describes Edita's pre-war life and her father Alija who was a local postman: 'He loved his job, riding on his motorbike between villages and from house to house, exchanging the news and making many friends. He was popular and respected for his reliability, honesty and good sense of humor. He was always ready to crack a joke without insulting anyone. It seemed that everyone loved "Postman Ale", as they fondly called him.'

Edita and her brother Fikret especially loved him and were immensely proud of their dad. He would put them on his motorbike, and they would hold onto him tightly while riding around, feeling excited and safe behind his back' (p. 63). Later, Alija was killed by armed Serbian forces and Edita lost everything overnight.

Participating at one conference in Sarajevo, Halilovich, with other participants, was taken to a mass grave site near Potočari (Srebrenica), and he describes his experience:

> We could see some dozen skulls and many human bones scattered in the mud at the bottom of the pit. There were also pieces of clothing and shoes mixed with the body parts. Against the backdrop of visitors more befitting a school excursion, I was suddenly overcome with discomfort and a sense of shame for being where I was. It was not the direct confrontation with the magnitude of the tragedy called 'Srebrenica', or the realization of what human beings were able to do to each other that overwhelmed me. Rather, I felt ashamed for being a spectator, for looking at the exposed victims` skulls and femurs still covered in mud. I and others felt massive presence at the site was posthumously robbing the victims of their dignity. There they were, lying, still nameless, dismembered, their bones crushed, each piece of the remains holding clues to the secret of the way these people had died in July 1995 (pp. 94–95).

The part that seems somewhat problematic is Halilovich's choice of informants, at least those presented in the book. Most of his informants are actually Bosniaks or Muslims. I realise that it was easier for him to approach these informants since, as he wrote himself, Croats and Serbs "recognized" him as a member of the "Other" community and were not so open to his questions. However, since most of his materials are based on a decidedly distinct group, the question is: can we discuss Bosnian war-torn communities without taking in consideration, for example, Bosnian Croats now living in Croatia, or Bosnian Serb now living in Serbia where utopia of *zavičaj*, as described by Halilovich, is not functioning?

Nevertheless, this book is a brilliantly written, theoretically and methodologically refreshing and pioneering work in the studies of Bosnian diaspora. It often makes one laugh at one moment and in the next brings one to the brink of tears. Therefore, this reviewer does not recommend reading it before going to sleep.

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Sheller, Mimi. 2012. *Citizenship from Below: Erotic Agency and Caribbean Freedom*. Durham and London: Duke University Press. xviii + 346 pp. Pb.: $25.95. ISBN: 9780822349532.

In this book, Sheller so powerfully challenges narrow thinking about freedom that it would certainly influence scholars across disciplines to think "differently" and to think "together" of citizenship, erotic agency and human dignity as fundamentally "embodied phenomenon". The book consists of an introduction and nine chapters, of which the last brings the theoretical discussion on erotic agency and a queer Caribbean freedom to a new level. Sheller applies a novel approach to archival material, literature and textual sources, including poetry. She addresses methodological challenges of using such sources by 'listening to the bass notes' (p. 113) in archival material and using her sharp-eye to trace material evidences and absences in archival photography. Sheller argues that gender and sexuality was central to slavery, and it is crucial to understand these historical sensitivities in order to understand the post-slavery citizenship and embodied freedom.

In Chapter 1, Sheller discusses "citizenship from below" through examining the voices of subaltern groups, labour and sexual histories towards theoretical advancement of "embodied freedom", which she continues to saturate throughout the book. By interlinking concepts related to citizenship, embodiment, sexuality and erotic subjectivity, she lays out the framework of how we can analytically capture "citizenship from below" through both performative and discursive inter-embodiments of gazes, gestures, voices, pauses, movements and encounters.

In the following two chapters, Sheller probes deeper into gender formations and relations between marginalised groups, almost always overlooked in archival sources, which represent the perspective of the ruling class. However, Sheller's detailed reading proves that proud, independent, black slave women also held positions of relative power, resisted slavery and reclaimed their bodies either by running away, by taking their own time or dedicating themselves to motherhood. She elucidates ways through which Afro-Jamaican women claimed gendered rights and how they actually enacted embodied freedom from below.

Chapter 4 is an exemplary work of an excellent interpretation of archival photography. Sheller pierces through what is visible and interprets details of a materiality of embodied freedom – bare feet, tired eyes and labouring bodies speak of hard life from one set of photography of black people – while there is a total absence of bare feet in elite photography.

In Chapter 5, Sheller argues how and why the militarisation of masculinity undermined revolutionary promises of freedom, and she warns against romanticising all forms of "citizenship from below" *per se*, as these Caribbean "sword-bearing citizens" were carrying danger for women and children especially. In the following chapter, she excavates voices and practices within historiographical silences and accounts for relevant evidences how free urban women of colour exercised their agency in small-scale trade as well as in sexual-economic exchange. She argues that it was the very existence of this gendered citizenship from below – the financially free women – that led to the revision of Haitian civil law in the mid-19th century that granted considerable financial independence to married women.

Chapter 7 is, literally, about rooted structures for citizenship from below both in terms of its content and method: the author takes physical environment as a ground to broaden thinking about co-existing corporeality in time and space. Embodiment, she argues, means also interactions of humans with trees, gardens and land-plots. By combining approaches from anthropology and cultural geography, the author deepens interpretations of local meanings of nature and its interrelated immaterial realm of sacred places, the symbolism of slender palm trees, which need to be protected and thick *mapou* or silk cotton trees, which are both real shelter and meeting spots where Caribbean freedom was forged.

Chapter 8 analyses how Caribbean bodies (and body parts, facial features) were objectivised and exoticised in colonial travel writing. Sheller incorporates here analysis of literature and poetry and demonstrates how valuable these sources are for historiography to trace subaltern histories. She skilfully maps out what these texts fail to describe, what are fault lines that disrupt tourist gaze", notices counter-gazes, interprets "staring" and "laughing" of Caribbean people, which a white colonial traveller disinclined to see from his/her taken-for-granted racial superiority position.

In Chapter 9, Sheller provides a historically grounded analysis of sexual mobilisation and adds aesthetic and artistic aspects of erotic in completing the concept of "erotic agency". Erotic is energy for social change, erotic encompass a wider realm of feelings and sensual, 'erotic agency, in sum, is the anti-thesis of enslavement' (p. 245).

To conclude, this reviewer wants to highlight the lasting legacy, she believes, this book will have for those willing to understand embodiment, freedom and erotic agency in a broad sense. Sheller has opened a new study field in which erotic agency and sexual citizenship are "central" to understand embodied freedom. This is a radical revision of still widespread categorical distinction between sexuality and politics. Sheller argues that sexual citizenship is "always" about relationships between bodies and governments, and sexuality and citizenship should be thought as corpo-reality in everyday practice in which inter-bodily relations are a fundamental basis for dignity and empowerment, individually and collectively.

Once again, this reviewer praises the author and encourages others to follow her examples in advancing methodologies in studying photography, poetry and performances to trace "voices" and fleeting materiality of subaltern groups in examining meanings of embodied freedom and erotic agency. The chapter (7) about human relations with trees, implicated with erotic as 'the larger life horizon in which existence flourishes' (p. 279) was particularly appealing to this reviewer as a (more) geographical reading of erotic agency and freedom as spatial, temporal and corporeal.

This is a ground-breaking interdisciplinary achievement and contribution to the theory of freedom; thus, it is difficult to do justice to this rich and theoretically dense book. It certainly deserves more reviews from the regional perspective as well as from academics in feminist and queer studies and those who use archival material innovatively in historical sociology and other disciplines.

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Collier, Stephen J. 2011. *Post-Soviet Social: Neoliberalism, Social Modernity,*
Biopolitics. **Princeton: Princeton University Press. 320 pp. Pb.: $26.95 / £18.95.**
ISBN: 9780691148311.

According to Stephen Collier, a generation of critics has unsatisfactorily articulated the
relationship between neoliberalism and social modernity. In the familiar discourses,
"neoliberalism" stands for a political-economic project, hostile to forms of social
protection through its focus on the marketisation of society and the offensive against
the social state. Collier's book goes beyond this dominant discourse. Methodologically
informed by Michel Foucault's 1970s lectures on biopolitics and liberalism, the book puts
forth a provocative argument by examining the making of Soviet social modernity and
neoliberal reform in post-Soviet Russia.

In the first part of the book, Collier provides a genealogy of Soviet social
modernity by focusing on Soviet city-building. In Chapter 2, he begins by looking at
the three formations of government (absolutist-disciplinary, sovereignist-developmental
and Soviet biopolitical-disciplinary) (p. 41) and argues that in contrast to the tsarist
regime, which was hindering the transformation of collective life related to industrial
development, 'Soviet state-led industrialization was accompanied by explicit efforts to
revolutionize the national population's conditions of existence, first of all by rearranging
it over national space' (p. 49). Collier shows how the Soviet planning debates played
out with the division between genetic and teleological planning. Teleological planning,
which rejected the idea that an autonomous sphere could impose limits on state activity,
prevailed and inserted itself into total planning, shaping a distinct biopolitical form of
government, dismissing the limitations and the autonomous laws, which we find in the
political ontology of liberalism.

In the following chapter, Collier expands the previous chapter by looking at city-
building from the perspective of total planning. He provides a comparison between the
Soviet and the liberal project of social modernity in terms of two key concepts of liberal
social modernity – population and norm, both of which were re-worked in the Soviet
case, as the population emerges as labour-power and as subjects of need, while norms in
Soviet city-building are prescriptive (p. 67).

In Chapters 4 and 5, Collier takes the industrial cities of Belaya Kalitva and
Rodniki as case studies of city-building, arguing that 'city-building provides a window
on the process through which a new kind of collectivity was assembled in Soviet cities,
as urban populations were linked together and plugged into a new substantive economy'
(p. 85). By the end of the final part, it is pointed out how the city is de-governmentalised,
yet as Collier points out, 'What the "degovernmentalization" of the city of city-building
does *not* imply is that the elements that comprised the material, spatial, and demographic
reality of cities built according to the city-building ideal simply vanished, either as
material realities or as governmental problems'(p. 124).

In the second part of the book, the author turns to neoliberal reform. His meticulous
examination presents to the reader a decidedly different image of how neoliberal reform
actually worked in the case of post-Soviet Russia. Thus, in Chapter 6, he begins the analysis

by looking at structural adjustment. There certainly is a part of Collier's work here that takes up the traditional way of understanding neoliberal reform: for instance, his narration of the 1990s project of liberalisation, privatisation and stabilisation. Thus, the author does not renounce in entirety the argument that neoliberal reform is also about attempts at marketising society. However, for Collier this phase occupies only a short period of time, after which some of these questions were profoundly reconfigured, and 'the substance of reforms shifted' (p. 134). According to the author, rather than following a prescribed set of policies, which are put into practice, the implementation of neoliberal reform was based on conjunctural factors, and he identifies structural adjustment as an initial attempt to deal with the economic crisis, rather than a project of ideological offensive. In the following two chapters, he shows how the focus of reform shifts from the parameters of the "Washington consensus" towards reforming elements of Soviet social modernity, such as the budget (Chapter 7) and centralised heating systems (Chapter 8). In terms of budget reform, the author presents both ethnographic material and relates budget reforms to James Buchanan's minor tradition of fiscal theory, a current of neoliberal thought that did not reject the social state, but rather aimed to reconcile its existence with the tenets of classical liberal thought. In the chapter on the reform of centralised heating systems, the author continues in the same vein, dispelling once again the myth that neoliberal reform necessarily corresponds to an ideologically-driven dismantlement of public services. For Collier, reforms in post-Soviet Russia worked through the deployment of *microeconomic devices*, which 'depend on formal mechanisms of free choice, calculation, and enterprise. However, their aggregate functioning does not add up to a market, in which allocations are driven by mechanisms of supply and demand' (p. 242). In other words, reform has to work within the stubborn material framework, inherited from Soviet modernity. This difficult framework prevents centralised heating systems from being simply privatised. Rather, reforms 'retain the basic proposition that heat meets an essential need and that its provision has, at the end of the day, to be guaranteed by government' (p. 207).

In the epilogue of the book, the author returns to the initial question of neoliberalism and dissatisfaction with the predominant discourse. However, besides its critical tone, the epilogue is also extremely productive, as it offers a methodological toolbox: useful strategies for studying neoliberalism beyond the usual assumptions.

Undoubtedly, Collier's book is complex, yet highly rewarding, and this reviewer is certain that this book will transform not only our perception of how neoliberal reform actually worked in places like post-Soviet Russia, but also how we approach neoliberalism as an object of anthropological inquiry.

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Billé, Franck, Grégory Delaplace and Caroline Humphrey (eds.). 2012. *Frontier Encounters. Knowledge and Practice at the Russian, Chinese and Mongolian Border*. Cambridge: Open Book Publishers. xii + 278 pp. Pb.: £15.95. ISBN: 9781906924874.

There are few better places than a border to explore remarkably dissimilar ways of development, the rule of law, citizen rights, migration and inequality. The border is where cultural differences and divergent political strategies become evident, as well as the space where new partnerships are developing. Moreover, borders are deeply embedded in societies and encompass an arranging quality and enduring significance even in a context of globalisation. This conceptual "thickness" of borderlands is particularly well reflected in the volume *Frontier Encounters. Knowledge and Practice at the Russian, Chinese and Mongolian Border*, confirming once again that frontiers are not just lines drawn on maps and territorial demarcations, but also embodied imageries, social infrastructures and political mechanisms.

Nowadays, we observe how some borders are becoming more fluid and others more fixed. The meaning of borders is thus shifting, but not necessarily disappearing. There is, for instance, a certain decline of defining the borders as barriers of movement, paralleled by a development of borders as "managers" of flows. We see how people, goods, capital, information and even ideas and tragedies are moving faster and crossing (old) boundaries in a more irrespective way. This has three practical consequences: 1) We seem to be less cautious when crossing borders. 2) State power feels increasingly challenged, and thus develops new apparatuses of surveillance. 3) Relations and separations across borders are reshaped, influencing what individuals consider "normal".

It is thus not surprising that the study of borders is increasing in relevance. Not just the study of borders, but more precisely the normality and everydayness of living at the edge. A border is simultaneously distanced from political centres and immersed in transnational circulations. Indeed, borderlands are places where transnational culture takes place, yet not standardised but in a dialectic form (as the outcome of tensions and attentions). Anthropologists themselves frequently cross international and regional borders in order to do fieldwork. They are, therefore, well aware of some of the features that borders present. If we add to this the questions about access and scale that globalization posits, and the outgoing interest in matters related to identity, we determine from where this increasing attention is coming.

Focusing on a precise yet rich case study, *Frontier Encounters* sets up an original frame of understanding as well as a wide range of views on how these borders are built, conceived and enacted. Likewise, this compilation challenges a tendency in anthropological research to frame analysis merely in terms of culture and identity. For instance, some of the contributors have reflected upon what kind of normality the presence of a border constitutes; whilst some others focus on the processes of crossing and surveilling. Overall, *Frontier Encounters* is an anthology of how a point of passage works as a condensation of history (Delaplace) and infrastructures (Batomunkuev); as a meeting device for individuals (Billé), civilizations (Humphrey), traditions (Bulag), smuggling

(Namsaraeva), political repressions (Baldano, Peshkov) and survival tactics (Ryzhova, Anthony); and as a regulator of migration (Dyatlov), trade and labour (Lacaze).

The volume combines two relevant approaches in the (emerging) field of the anthropology of borders, namely the study of how people live in border regions and the (multiple) ways in which (singular) borders are conceived. In this sense, Delaplace presents the border as a complicated door (pp. 4–5). Borders not only discriminate between people, they also impose conditions on those who are allowed to cross them. They are not open to everybody, and not to everybody on the same conditions. Borders look different depending on who you are and where you come from (pp. 12). Hence, and agreeing with the editors of the volume, it would be more precise to pay attention to 'specific regimes of openness' (pp. 13), rather than talking about borders as closed or open.

The border epitomises the interrelations between individuals, groups of people and states, becoming a crossroad of institutions, contacts, conflicts and interests (see Baldano). Russia's Far Eastern provinces are a good example of this, wherein its inhabitants combine feelings of abandonment and stagnation with perceptions of a bursting China hungry for land – this fear and anxiety being symptomatically exaggerated (see Dyatlov). Symptomatically, because it relates with the conception of Russia and its historical evolution, through the Tsarist empire, the USSR, and the Russian Federation, eventually impacting how the border has been treated by the state as well as to the notion of frontier itself (pp. 55–56).

Humphrey finds the distinct character of the Russian-Chinese border in a centuries-old frontier of two post-imperial states (with markedly different cultures), which hosts indigenous people, such as Buryats and Evenki (communities that belong to the respective "large civilizations" only by a process of incomplete incorporation). This border was indeed created in the seventeenth century by Russia and Manchu China, and not by local ethnic groups, which in many cases have more in common with their fellows across the border. Likewise, mass migration, mostly promoted by Russia's inner dynamics, transformed the region's ethnic situation (see Peshkov). As a result, it determined the fate of local communities and even their understanding of "home" (see Namsaraeva).

Borderlands entail not only an emotional quality but also a conceptual tension between "border" and "frontier". For instance, Chinese lexical wealth suggests a wider set of spatially overlapping concepts, whilst, in Russian, "border" tends to be conceptualized as a firm line. Consequently, Chinese perceptions tend to be more zonal, frontier-like (see Billé). Borders and frontiers coexist, rather than being mutually exclusive. For instance, Humphrey remarks how the exiled Cossacks have become, through acculturation and intermarriage with other local groups, peoples who belong to the borderland. Different communities produce qualitatively different conceptions of space and time, and the way borders are perceived and imagined is crucial for that. Even boundaries with different neighbours are likely to be conceived differently (see Delaplace). Furthermore, after studying how hunters illegally cross the border, Anthony argues in his contribution that the very line can be practised as both multiple and singular. In his view, the hunter is not so much crossing and abstract line as he is immersed within a landscape in which the risks of animals, weather, border patrols and the like are all serious elements with which the

hunter has to engage. Simultaneously, he has to make estimations as to where the precise location of the border is, thereby actualising it (pp. 204–206).

In the aftermath of the Soviet collapse, scholarship on Central Asia has significantly increased, probably driven by post-colonial paradigms, geostrategic interests (war, natural resources, uprising of China, etc.), anthropological relevance, and a previous lack of access to the region to international researchers. By examining interactions between China, Mongolia and Russia at the passages where these nations meet, as well as on the immense borderland that separates them, this volume provides fresh material to a field of research still dominated by studies of the United States and Mexico border. The only critique this reviewer might raise is that the quality among the chapters is rather unequal.

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Miller, Daniel and Sophie Woodward. 2012. *Blue Jeans: The Art of the Ordinary.* **Berkeley, Los Angeles, London: University of California Press.** 169 pp. Pb.: £16.95. **ISBN: 9780520272194.**

In their book, Miller and Woodward expand our comprehension of the contemporary wearing of blue jeans by asking a simple question: Why do so many people wear them? Although blue jeans dominate most people's everyday wardrobe, there is remarkably little written about this topic, while famous designers whose clothes cannot even be seen on the streets receive enormous coverage. In the development of their arguments, the authors move beyond the historical research of blue jeans, claiming that today there are many products with deep historical trajectories that cannot be compared with the popularity and wide spread of blue jeans. The authors also realise that global presence of some items cannot be explained by the argument that capitalism persuades people to adopt the products that best serve the maximisation of profit. At the same time, they provide an insightful argument that firms would make much more money producing and selling clothes that rapidly go out of fashion.

The authors turned their research perspective to the ethnography of wearing jeans by studying people's life stories through the use of jeans and directing their broad research towards people's work, personal issues, feelings and relationships in the family sphere. Their fieldwork renders it obvious that in studying material culture the anthropological method of participating observation can provide deeply insightful knowledge, since the researcher derives no conclusions from presumptions and hypotheses established in advance, but must execute the research without an explanation given in advance. The researcher must remain open to the unknown instead of following a predetermined outline of questions that imply conclusions even before the end of the research.

Miller and Woodward make a unique and insightful contribution to material studies by questioning well-known assumptions that fashion is a fast, constantly changing phenomenon, based on "top-down" theories of theoreticians such as Veblen and Simmel, or "bottom-up" theories, that, for example, Hebdige represents. While carrying out ethnographic fieldwork, the authors realise that people do not strive for constant innovation in wearing jeans. In fact, as people's lives are permeated with massive advertising and fashion industries, they feel distant from these imperatives. People choose their jeans, not on the basis of brands and fashion dictates, but on the assumption of how they fit with their personality and individuality, which they describe in terms of 'comfort' and 'fit' (p. 64) wherein 'comfort is far more than just the feel of a fabric, as this physical experience also encodes a sense of what seems suitable or appropriate for a particular person' (p. 65). The authors expand their argument by stating that it does not matter how well jeans fit on the body, but how they look on the individual. Besides the amount of time jeans are worn, it is from this that the feeling of comfort is derived.

Studying blue jeans, the authors realise that people actually strive to become more ordinary. Far from being limited to these topics, the authors offer an eclectic understanding of the term 'ordinary' through further exploration of the concept of ordinary in their in-depth ethnographic fieldwork. The book attempts to demonstrate that 'jeans are approaching a post-semiotic status' (p. 95), which does not mean we are witnessing a total massive generalisation, since there are still people who buy designer jeans, but while

focusing on the observation that the majority of people on the streets do not wear or own designer jeans, blue jeans certainly are ubiquitous.

Moreover, in the context of the ordinary, jeans also serve as a 'default mode for simply getting dressed and out of the house in the morning' (p. 95), they represent an easy choice for people when they do not know what to wear, and they help to overcome social pressures and personal insecurities. With all these features 'jeans can accomplish an external task, an experience tantamount to a loss of self-consciousness' (p. 98). People were asked if blue jeans could go with any other colour or fabric and they replied in the negative, which leads us to think that the notion of denim blue jeans being compatible with other garments cannot be derived from their property, although informants think their quality of fitting with everything else lies in their intrinsic property. Only when 'blue jeans become nothing in themselves, they can go with anything' (p. 99).

The authors carried out their study in London, home for many migrants who are happy to reject the identity of the place where they were born and do not want to have a new identity while living in London as Londoners. They embrace the notion of being 'no one in particular' (p. 117) and jeans are perfect for that since they carry a connotation of sameness. 'The post-semiotic property of jeans lends itself to the ideal of post-identity of identification' (p. 119) or as one of the informants from Brazil stated: 'If I wanted to be fucking Brazilian I would have stayed in fucking Brazil' (Miller 2008, p. 134). Wearing ordinary and proper jeans, people feel better in public, and through the feeling of being ordinary they can feel more equal and included; however, this does not mean that class, gender and income distinctions no longer exist: it simply indicates that wearing jeans as an expression of being ordinary allows people to elude categorisations.

Further exploring the relationship between the normative and ordinary, the authors conclude that the ordinary stands in opposition to the normative, since the social normative tends to put pressure on people to wear something distinctive and to represent a particular kind of identity. In this way, the authors distance themselves from Goffman's argument that the ordinary allows categorisation of other people in a sense that a particular dressing style denotes a particular behaviour of the person. While further developing and exploring the term ordinary, the authors come closer to the arguments of researchers such as Savage and Longhurst, who realised that wearing blue jeans provides the concept of inclusion to people since everyone can wear them regardless of their taste, income and background.

The authors are well aware that there are hardly any generalisations possible, and they realise that the concept of ordinary would probably not be as urgent anywhere else as in such a multicultural and highly diverse city as London, so the meaning of wearing blue jeans might be entirely different in other parts of the world. Given the global presence of blue jeans, the topic was too vast; so, the authors established a Global Denim project to encourage other researchers all over the world to provide their ideas and research observations. One could argue that the tendency of further research of blue jeans to provide a unique solution is what makes their theory so illuminating and distinct from other contemporary research. They offer a more engaging approach to interpreting contemporary society in a most illuminating scientific discussion on examining specific local cultural forms and at the same time their ubiquity across the world.

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Ateljevic, Irena, Nigel Morgan and Annette Pritchard (eds.) 2012. *The Critical Turn in Tourism Studies: Creating an Academy of Hope (Routledge Advances in Tourism)* London, New York: Routledge. xl + 234 pp. Hb.: £95.00 ISBN: 9780415585521.

The Critical Turn in Tourism Studies is a continuation of the previously published volume (2007), entitled *The Critical Turn in Tourism Studies: Innovative Research Methodologies*. Both books from the series are a result of the project that was started by the respective editors. In the narrowest sense of the word, the editors consider the idea of hopeful tourism as an aspect of the "academy of hope", hence the subtitle of the book, *Creating the Academy of Hope*. In creating the concept, the editors found inspiration in Bell Hook's work (2003), i.e. in her notion "pedagogy of hope". Under the notion "academy of hope", the editors imply the "new school of thought" by which they plan to introduce a new methodology and practice in tourism studies. The stated purpose of this book is to present the recent "thinking around hopeful tourism". The concept "hopeful tourism" is presented as a new a values-led, humanist perspective in tourism studies, driven by the desire to replace now obsolete theses and perspectives in tourism studies. The volume gathers scholars who advocate reinterpretation and critical approaches to the study of tourism at a time when we are faced with new perspectives that are emerging across many disciplines and research fields. In this context, the book's editors bring together a wide range of studies from different European countries, from Scandinavia to the Mediterranean, and other countries (Israel, New Zealand, USA, Canada). Similar to the first volume in the series, the authors and the topics presented in the book offer a variety of analytical positions, whereas the book as a whole offers a breadth of disciplinary and international perspectives. Since the publication of *The Tourist Gaze* (Urry 1990), which marked a significant turning point in tourism studies, many analysts have begun to shift their attention towards the social and cultural relations of power in tourism. We could say the authors of the papers in this edition again bring a breath of fresh air to tourism studies, moving away from the orthodox and dominant ways of thinking, and creating and disseminating new knowledge of the tourism phenomenon. This is achieved by pushing the field's boundaries, thus helping us see the subject matter anew. It is no exaggeration to say that the authors propose and start a paradigm shift. Those who pick up the book will find that the authors have been successful in doing so, given the fact that from the very beginning of the project until today a wide network has been established of experts and like-minded individuals advocating a complete turn in tourism studies. Among other things, with this volume the editors and authors appeal to intellectuals to cope with all the challenges that lie ahead in the effort of creating "a just and sustainable planet". The idea of tourism solely as an economic practice is no longer sustainable. We need to re-evaluate and rethink this traditional concept, assert the authors, because that is our only hope if we are to survive, and also ensure the survival of our planet for future generations. The editors hope that their concept of hopeful tourism will serve as a starting point for creating a "new hope" that shall encourage and challenge researchers and educators to abandon obsolete ideas and start thinking of tourism as an ethical, political and ultimately a civilisational project.

The book is intended primarily for students of graduate level studies, as well as young researchers at the beginning of their careers who are facing the issue of how to make plans for their future, but also to readers interested in the future of our planet and the environment.

The volume includes fourteen papers written by 23 authors and co-authors, an extensive foreword, an introduction and an epilogue: a total of 234 pages. With this in mind the editors have organised the volume in three parts: "Critical tourism research" (containing four papers), "Critical tourism education" (containing five papers), and "Critical action in the 'tourism world'" (also five papers). Each part has a short introduction written by one of the editors. Within the first section, we find studies that have focused on the conceptual developments and innovative methodologies in tourism research. They include new ways of doing field research in tourism, which neccessarily means a rethinking of our emotions when in the field; thus, concepts like emotionality and reflexivity are being revisited. This reviewer would like to point out two papers by N. Ali and C. Noy, who reflect on their own experience and emotions while conducting research in environments they consider their own (Pakistan and Israel respectively).

In the second part, the authors, to a greater or lesser extent, show the different roles that teachers have in transmitting ethical ideas, consciousness and responsibility to students, while exploring their experiences in tourism, all the while pointing out that past views on tourism are no more sustainable. The authors emphasise the necessity of teachers' involvement in changing ideas about tourism.

In the third part, the papers mostly deal with alternative economies in tourism via engaging case-studies, accompanied by examples, from different European (Bosnia and Herzegovina, Denmark, Turkey, and the Netherlands) and non-European countries (Argentina, Israel).

In their concluding thoughts, the authors offer stimulating new views on tourism, new methodologies, as well as engaging empirical examples of new practices. The editors also envision different scenarios of future developments in tourism studies as we are faced with a new transmodern era in which we need to reconsider our environmental, social, cultural, and economic politics. The timing of the book as well as the subject and the problem it raises, as the editors emphasise, could not be better. Those who take on this book do need to have a certain degree of previous knowledge to be able to follow and understand the ideas and discussions offered.

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Auyero, Javier. 2012. *Patients of the State: The Politics of Waiting in Argentina.* Durham and London: Duke University Press. xii + 196 pp. Pb.: $22.95. ISBN: 9780822352334

Waiting, as a process, a subjective experience and a site of the production of dependence and inequality, holds a central place in Javier Auyero's descriptions of the daily life of the urban poor in Argentina's capital of Buenos Aires. He understands acts of waiting 'as temporal processes in and through which political subordination is reproduced' (p. 2). This book is about the subjective experience of waiting and about dealing of the urban poor with state bureaucracies in which they 'have to *patiently comply with* the seemingly arbitrary, ambiguous, and always changing state requirements' (p. 9, emphasis in original), as well as about the political consequences of this patient complying.

Through the combination of ethnographic vignettes and statistical and demographic data from the metropolitan Buenos Aires, Auyero's book fulfils two principle goals: the first is to depict daily life of those who live at the bottom of social structure in the Argentinian society which still suffers from neoliberal transformation; the second is to chronicle the ways in which the urban poor interact with a state that presumably cares for their plight. Moreover, the book reconstructs daily routines that constitute the daily labour of normalizing waiting and dissects the ways in which waiting (re)creates subordination by producing uncertainty and arbitrariness.

The book is divided into five chapters, preceded by the *Introduction* and followed by *Conclusion*, *Epilogue* and *Methodological Appendix*. In the first chapter, the author draws upon classic works in fiction (such as Márquez, Beckett and Kafka) and social sciences literature in an attempt to explain the apparent eternal character of poor people's waiting. After providing statistical description of Argentina's trends in poverty and inequality, the second chapter scrutinizes three interrelated forms of regulating mass misery, labelled by the author visible fists, clandestine kicks, and invisible tentacles. Visible fists are measures through which the state exercises power against poor people in the form of violence, imprisonment, evictions, and territorial control; clandestine kicks are the violent actions of illegal groups connected with established power holders; and invisible tentacles are less obvious forms of subordination that make the poor silently wait.

The third chapter illustrates how described forms of regulation operate in the daily life or the urban poor. It starts with the episode of arson in shantytown Villa Cartón to show the precarious character of shantytown dwellers in Buenos Aires and centrality of waiting in their lives. It continues with an ethnography of obtaining national identity cards at the offices of RENAPER, highlighting arbitrariness and uncertainty imposed via long delays on the most vulnerable parts of the Argentine society.

The fourth chapter moves to another site of waiting – the welfare office in Buenos Aires – showing how the patients of the state 'are being manufactured in the ordinary encounters between welfare agents and the poor' (p. 18). In the author's words, 'the welfare office should be thought not simply as a "people processing institution", but as a "people changing operation" [...], that is, a patterned set of interactions with concrete subjective affects' (p. 119).

In the fifth chapter, the author returns to shantytown Flammable, where he conducted research on environmental suffering between 2004 and 2006. He found its residents still severely exposed to toxic hazards and still waiting for relocation or eviction or indemnification. This chapter focuses on the role state agents play in production of "meaningful waiting" and illuminates the investments that deprivileged citizens make on the outcome of long-expected decisions.

In the *Conclusion*, Auyero stresses that 'the work in this book made abundantly clear that there is much more to waiting for state's attention than the kind of boredom and frustration that is the first-order experience of those who encounter that circumstance' (p. 154) and outlines possible avenues of the future research.

This is a timely and ethnographically rich book, which raises essential questions about the relationship between the state and its citizens, particularly most vulnerable ones. It exposes the vital link between their everyday lives, subjectivities and anxieties, and the sphere of politics, arguing for the centrality of the attention 'to poor people's experience of time as a *political artifact*' (p. 155, emphasis in original). It touches upon the essential question of poor people's agency and perceptions of politics, arguing that 'in their interactions with the state, their sense of agency is minimal to nonexistent' (p. 154). They do not see themselves as agents capable of changing the conditions of their existence, and both waiting and politics, seen as something they cannot change or influence, are seen as 'profoundly disempowering processes' (p. 134). For these reasons, Auyero observes the poor of Buenos Aires and their interactions with the state through the "patent model", which could be seen as a 'particular historically situated illustration of the productive nature of power' (p. 157). Seeing the poor as patients of the state exposes the ways in which subordination works, its subjective and everyday effects, as well as mechanisms through which unreliability, unpredictability, arbitrariness and ambiguity that characterize this subordination have the paradoxical effect of binding the poor to the state.

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Hazel, Andrews and Roberts, Les (eds.). 2012. *Liminal Landscapes. Travel, Experience and Spaces In-between (Contemporary Geographies of Leisure, Tourism and Mobility Series).* **London, New York: Routledge. 248 pp. Hb: £95.00. ISBN: 9780415668842.**

The book is framed as a walk through liminal landscapes that are inhabited, explored and mediated by artists, anthropologists, tourists, migrants, customsmen, memories and waves. Although the routes lead us also across forests, mountain passes and urban settings the majority of the walks take place at the foreshore. The sea, the edgelands, wetlands and estuaries play an pivotal role in this volume. The book consists of four parts: *Navigating Liminality*, *Gleaning and Liminality*, *Urban Liminalities* and *Liminality and Nation*. The introductory chapter by Bjørn Thomassen revisits the concept of liminality and its uses, and opens up a question that runs throughout the whole book: What is happening to liminal spaces in contemporary 'Western' and 'modern' societies?

The first part of the book is navigating through the theories, methods and strategies attached to liminality and stresses the fact that a concept of liminality is today by no means experiencing a revival - 100 years after the concept was introduced by the French anthropologist Arnold van Gennep in his book *Les Rites de Passage,* published in 1909. Later, the importance of liminality was re-discovered in 1967 in Victor Turner's essay on the liminal periods in rites of passage. The authors stress that in anthropology the liminal has in recent decades been connected to the widespread notions of fluid or hybrid culture and has been productively adopted by a growing number of scholars. They also emphasise that the general tendency in much of these contemporary writings has been to positively assert liminality as a vantage point from which to think and represent otherness and articulate diversity. At the same time, the book asserts that we should hesitate to simply follow Turner's and van Gennep's theory and should re-address this question: How can we employ the concept of liminality towards understanding of social, cultural and political processes in modernity? Following this direction, Thomassen, with Arpad Szakolczai, diagnoses modernity as a permanent liminality and state that liminality cannot and should not be considered as a positively asserted endpoint or a desirable state of being. In this way, he returns to Turner's later work and emphasises that liminality serves not only to identify the importance of in-between periods but also to understand the human reaction to liminal experiences. The exploration of liminality in different case studies thus properly follows the general question of human reaction to liminal spaces and understanding of social, cultural and political processes in modernity. Emma Cocker, for example, explores the art project *BorderXing* that is (in Cocker's words) an appropriation rather than actualisation of a rite of passage where the artists' border crossing is performed in the subjunctive mode of "as if". In this art project, the structure of a transitional rite is approached optionally and with a degree of play and it furthermore tests the efficacy of political constraints on human mobility.

In the second part of the book, the reader is introduced to edgelands, wetlands and estuaries. The chapter by Piret Pungas and Ester Võsu analyses both the ecological

and cultural reasons that turn mires into liminal places, they study the natural factors and human practices and beliefs that are conductive of liminality and survey some relevant cultural practices that have transformed the liminality of mires. Les Roberts expand the reader's view towards the 'modern nature' presenting the example of the Dee Estuary, dominated by a nuclear power station and used for military trainings. He explores the social, cultural and historical geography of the Dee Estuary and discusses how structures of liminality have remained deeply embedded in the topography of the region. Kevin Meethan explores liminal spaces by using a method of participant observation through lens, joining the photography and a practice of walking as a method. His walks are performed along the beaches that are framed in Meethan's view as an interface between dry land and the sea and, as such, are both land and water, subject to a daily and seasonal rhythm of tidal movement.

Urban liminalities are presented in the third part of the book through the case studies of liminal urbanscapes in Lhasa; following urban exploration of adventure tourism, and through the link between liminality and Crosby Beach in the north west of England. On the ground of the ethnography at the Crosby Beach Hazel, Andrews discusses the way in which the presence of the art installation intertwines with understandings and practices of the beach and the impact or not on the liminality of space. Ivan Costantino writes about the issue of ritual as recreation leaning on his in-depth ethnographic analysis among young Tibetan rural migrants who moved to the city of Lhasa. He follows their ritual movements and stresses how these movements point to the resilience of traditional approaches to the practice of urban space at a time of immense change. Emma Fraser, in contrast, on the other hand explores "modern ruins" and their role within the adventure tourism in liminal urbanscapes such as Pripyat (Chernobyl) and Gunkanjima in Japan.

The last part of the book explores liminality and nation, tackling issues of marginality, negotiation and contestation in chapters by Simon Ward (exploring British road movies), Anita Howart and Yasmin Ibrahim (writing about newspaper constructions surrounding immigration issues in Britain and France), Pietro Deandrea (exploring the dispersed liminality of contemporary slaveries in UK) and Tom Selwyn, who takes us on another walk along the Rye Bay following a route along the coast from Hastings to Dungeness. He states that exploration of liminal landscapes require us to focus, first, on their natural and built sites, second on the metaphoric and symbolic connotations these generate, and third on the social relations within which both material and symbolic are embedded. In doing so, he redirects the reader's attention back to the matter of landscape that received less attention in this volume and attaches nicely to the David Crouch afterward in which he wrote: 'Landscape is informed through combinations of different times and life durations and rhythms, different registers and intensities of experiences. Landscape is full of liminalities.' (p. 240).

To conclude, the book brings to the fore new directions in the study of liminal spaces and mobility practices in contemporary societies from an interdisciplinary perspective. As such, it achieves employing the concept of liminality towards understanding of social, cultural and political processes in modernity, encompassing both previous theories and the reflection of contemporary case studies on those theories.

Apart from its variety of case-studies and innovative methodological approaches, the volume is also a rich source of references on liminality and mobility and is, as such, a valuable reading for students, researchers and academics in the fields of anthropology, geography and sociology.

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