



The Organisation of Care for Older People in Rural Communities: Two Case Studies from Slovenia¹

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ABSTRACT This article discusses the organisation of community care for older people in two rural municipalities in Slovenia, which are contrasting in terms of “wellbeing” attained. The two case studies are part of a wider research project on community care in the country, aiming to establish the typology of institutional care for older people at the level of municipality. As a follow-up to the initial research, both cases assessed the typology “on the ground”. The various actors were selected by snowball sampling and interviewed about past and present forms of caring for older people. Contrary to the typology, the results of both cases show that institutional forms of care exist in both municipalities but differ in the field of cooperation among various formal and informal local care-practitioners. Care within families, still the prevalent informal care provider in both communities, hides the financial inability of locals to use some formal care services in their community. Uniform national standards for organisation of formal care notwithstanding, the results show the communities’ peculiar adjustments to population ageing and their partial integration into society.

KEY WORDS community care; older people; rural setting; Slovenia

Introduction

An ageing society and the associated organisation of care for older people are among the main challenges and concerns of today’s greying Europe. The social policy of the European Union has put care for older people in the community among the most desired and appropriate ways of ensuring their quality of life (e.g. European Commission 2013; GRS 2013). It is expected that community care services enable family carers to better balance work, family, and care obligations. It is also supposed that a majority of older people prefer to age in their own places of living in order to stay autonomous, active, and independent individuals as long as possible (Iecovich 2014).

The literature, as a rule, defines community care for older people as assistance provided by organisations which are located in a community (Loughran 2003), encompassing a variety of services that combine care in clients’ own homes, institutional care, and several informal services (Timonen 2008). How these services are organised in rural communities located

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in specific contexts has not been broadly examined, despite the recently observed increasing interest in rural ageing in various rural environments (Scharf et al. 2016).

This article discusses the organisation of community care for older people in two rural municipalities in Slovenia, a “typical” ageing society with low fertility levels and long life expectancy. Case studies (Case 1) and (Case 2) were conducted within the framework of a national research project called “Care for Older People in the Community”. The project aimed to form a typology of care at the community level, grounded in accessible official data (Hlebec et al. 2014), and to discover a particular organisation and quality of care for older people in individual communities, as well as possible “blind spots” not recognised in the official data. For this endeavour, the integration of both quantitative and qualitative approaches was envisioned to achieve a better explanation of the organisation of community care at the state and community level.

The two cases in rural settings, contrasted as to the level of wellbeing attained, were selected to assess the typology in order to verify whether the key actors identified in the typology were indeed located “on the ground”, and whether some of them were not recognised by the typology. The main research question was whether the typology captures the “real” picture of care for older people in the selected rural municipalities, or if it conceals some hidden particularities that may significantly affect the quality of care in these municipalities. In addition, the questions of how care in rural municipalities has evolved and what obstacles to securing quality care for older people in these communities have emerged are tackled.

First, the article presents a short overview of recent developments on rural ageing research, highlighting the major issues and assumptions that guide researchers in this field. The second part summarises the main findings of preliminary efforts to create a typology of community care in Slovenia with regard to organisation and availability of formal care for older people at the level of municipalities. The third part presents the results of the fieldwork on the two cases that were selected on the basis of the preliminary exploration. The article concludes with a discussion of the main findings of the two case studies and raises the issues for further investigation.

Rural ageing: recent emphases from the literature

Ageing in rural places is not a new topic in studying social aspects of ageing (Phillipson and Scharf 2005). However, since the *Rural Ageing Project* (1997–2001) and the *First Global Rural Ageing Conference* (2000), interest in the issue has burgeoned among scholars. Scharf et al. (2016) believe that several interrelated reasons account for such a proliferation in rural ageing research. In turn: the widespread discourse on the benefits of ageing in the place of living; professional and public debates on the preservation of as much independence as possible in the everyday lives of older people; the awareness of increased heterogeneity of late life experiences in today’s society, in terms of exposure to social inclusion/exclusion; increasing longevity combined with migration in rural areas; and budgetary pressures faced by several nations since the 1970s that have led to the restructuring of social policy from the state towards individuals and their families for provision of health and social care to the elderly (Scharf et al. 2016).

The increasing interest in studying rural ageing is also theoretically grounded. As stressed by several authors (Skinner and Winterton 2017; Milbourne 2012; Keating and Phillips 2008; Wenger 2001), lack of relevant research and empirical evidence contributed to the perpetuation of myths and stereotypes about rural ageing. They assert that theoretical reflections should address at least two key challenges. The first pertains to the overly generalised interpretation of rurality. Many studies on aging in rural areas have paid little attention to the definition of rurality. As a rule, such studies have overlooked heterogeneous rural contexts, reproducing “romanticised” and “universal” myths on ageing in rural settings (Schulz-Nieswandt 2000; Scharf et al. 2005; Wenger 2001). The second challenge refers to the allegedly contrasting experiences of ageing in rural and urban environments. Early discussants in this debate drew on modernisation theory. Tews (1987), for example, anticipated two types of explanations for the differences in experiences of older people in urban and rural environments. According to the first, rural areas were engaged in an evolutionary process of “catching up” with urban ones; delayed in their socioeconomic development, rural areas needed to acquire the characteristics of urban spaces over time. To illustrate: over time, the rural multigenerational family was to be replaced by the more urban nuclear form of family, and intergenerational relations in rural and urban places were to come to resemble each other. According to the author, this “delay hypothesis” was in contrast to another interpretation, which held that differences in the experience of ageing between urban and rural areas were to persist, despite the ongoing process of modernisation. Therefore, this so-called “level hypothesis” maintained that certain characteristics in rural and urban areas could not be equalised; particularly those related to infrastructure, which was considered to be important to older people, including housing arrangements, health and social care provision, and transport services (Tews 1987). These dual explanations were criticised, especially the notion that urban areas were to be the destination point of socio-demographic change and a model to which rural areas should aspire (Garms-Homolová and Korte 1993; Schulz-Nieswandt 2000; Scheppe 2000).

Recent studies on rural ageing and social exclusion and/or inclusion have sought to avoid the above-mentioned weaknesses, insisting on diverse types of rural communities, e.g. remote, dispersed, near-urban, or island (Keating et al. 2013; Walsh et al. 2012). In so doing, they revealed that the intersection between age and rurality is more complex than dualistic hypotheses might suggest. This “innovative” approach questions the portraying of rural older people in binary terms, as being either “included” or “excluded”, and questions the potentially conflicting hypotheses – that rural living facilitates a deep attachment of people for places, enhancing social connectivity and quality of life, and that rural areas are poor places for ageing because of a lack of services and opportunities (Walsh et al. 2012). Moreover, to avoid such dualistic views on rural ageing and to provide deeper insights into the complexity of this phenomenon, the use of both quantitative and qualitative approaches is necessary (Davies 2011).

Reviewing the literature published in English on rural ageing research in the last decade, Burholt and Dobbs (2012) concluded that over one-half of published items discussed the health condition of the rural elderly or their access to health and other services, while the scope of other topics (e.g. intergenerational or other social relationships, a life course

perspective on rural ageing, rural policies and programmes, the impact of technology on older people living in rural areas, and demographic features of rural ageing) was significantly lower. The review supports those authors who warned against the predominant biomedical discourse of dependency and frailty in later life (Powell and Owen 2005; Powell and Biggs 2000). As suggested by Burholt and Dobbs (2012), the focus on other, non-medical aspects of ageing, including the organisation of care for older people in rural communities, is necessary in order to understand more comprehensively the conditions in which they live. In this line of analysis, our two case studies aimed at exploring the availability and organisation of community care for older people in two contrasting rural communities in Slovenia, contrasting in terms of the level of “wellbeing” attained, contribute to study of the issue.

Preliminary explorations of community care in Slovenia

The initial assumption of the project is that municipalities in Slovenia differ in their organising, financing, and performing of these two forms of institutional care irrespective of obligations imposed by national uniform acts and standards on the issue (Hlebec 2010). This assumption was verified by a multiple hierarchical cluster analysis which took into account a broad set of quantitative indicators calculated from available statistics on both forms of institutional care and other related characteristics of all 210 municipalities in the country. As a result, the typology of five groups of communities that differ in forms of care arrangements was established (Table 1). The Table shows² that the communities of types 1 and 2 belong to a group of small rural municipalities with few recipients of homes for older people and home assistance within the residential community, indicating that older people are usually placed in homes for older people outside their residential municipality. These two types of municipalities are further differentiated by the subsidies received for both forms of care; the first type receives higher subsidies for implementing both forms of care, but has a smaller number of recipients of homes for older people compared to the second type. According to the employed set of socio-economic indicators (e.g. number of persons receiving at least one form of financial social assistance), the first type of communities has a “moderate level of wellbeing” while the second type shows a “poor level of wellbeing” attained.

This typology was further developed by analysing the survey data on the relationship between generation and gender on farms in Slovenia from the year 2007 (Černič Istenič 2013), focusing on attitudes about the question of who should care for older people – family or society. The analysis revealed that the poorer the organisation of care for older people in a community, the greater the expectation of individuals that relatives should care for old family members. Such expectations were prevalent in communities of type 1 and 2 in the above typology.

² The exact description of results is presented in Hlebec at al. (2014). Some of the indicators employed in the analysis are listed in Table 1.

Table 1: A typology “A combination of the home for the older people and home assistance”

| Groups/ Variables | Availability of institutional care (Homes for older people) | Availability of home assistance | No. of mun. | N | X | Y1 | Y2 | ZB | NB |
|---|---|---|-------------------|--------|-----|------|------|-----|----|
| C1: Small rural municipalities with poor quality of care for older people | No institutional care within municipality – older people have to move to another municipality | Poor availability of home assistance | 53 | 3761 | 7 | 21 | 42 % | 0 | 53 |
| C2: Small rural municipalities with moderate quality of care for older people | No institutional care within municipality – older people have to move to another municipality | Moderate availability of home assistance | 91 | 4676 | 15 | 29 | 27 % | 3 | 28 |
| C3: Larger rural municipalities with balanced quality of care for older people | Well-developed institutional care – older people mostly residing in homes for older people in their own municipalities | Moderate availability of home assistance | 58 | 13405 | 35 | 102 | 31 % | 11 | 7 |
| C4: Large urban municipalities with high quality of care for older people | Well-developed institutional care – older people mostly residing in homes for older people in their own municipalities | Good availability of home assistance | 6 | 41510 | 174 | 317 | 24 % | 83 | 0 |
| C5: Ljubljana and Maribor | Well off municipalities in terms of institutional care, as most residents stay in institutional care within the community | Well off municipalities in terms of home assistance | 2 | 195478 | 465 | 1963 | 24 % | 100 | 0 |

Notes: number of residents in municipality, X: number of users of home assistance 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, ZB: percentage of municipalities with moderate well-being (Rovan et al. 2009), NB: percentage of municipalities of poor well-being (Rovan et al. 2009). Source: Hlebec et al (2014)

Methods

The selection of two additional cases for further fieldwork to assess the validity of the typology “on the ground” stemmed from both previous analyses; the two new cases were both rural and “family-oriented” communities. The Case 1 municipality belonged to the group of municipalities with a “poor level of wellbeing”,³ while the Case 2 municipality fit into

³ Municipalities with poor levels of wellbeing refer to statistically small municipalities (Rovan et al. 2009: 84). On average, they are economically underdeveloped and usually predominantly rural, with limited access to communal infrastructure.

the first type of communities with a “moderate level of wellbeing”.⁴ The Case 1 community was located in Pomurje, one of Slovenia’s “least developed” and clearly ageing regions; having the best conditions for agriculture in the country, however, the local industry was producing a low added value per employed person. The Case 2 municipality, on the other hand, was situated in Gorenjska with relatively good economic prospects and favourable population indicators (SORS 2017).⁵

The fieldwork in both municipalities was conducted in winter 2012 by the authors, employing semi-structured interviews which focused on the development of care in these communities, the presence of key actors engaged in providing care for older people, and the relationships among caregivers in terms of their mutual cooperation. The initial topics for the discussions with the interviewees addressed broad questions about the history of community care; past, emerging, and already established various forms of care in each community; identification of formal and informal care-providers and practitioners and their cooperation practices; dispersal of care for the elderly inside and outside each community and feedback about their satisfaction with the care; and visions of improvements in care practices in each community.

In each case municipality, eleven interviewees, who were selected by snowball sampling, participated. Those chosen for Case 1 were two coordinators from the centre for social work, a coordinator from private home assistance, the president of the Pensioners’ Association, a food deliverer from the Church’s humanitarian organisation, a municipal mayor, a director of home care, three care-providers in home care, and a nurse in home care. Those selected for Case 2 were a municipal employee responsible for social issues, a municipal mayor, a director of a home for older people, a social worker at a home for older people, a social worker from the centre for social work, two home assistance practitioners, a representative of the Red Cross, a representative of the Pensioners’ Association, a volunteer from the Self-help group, and three care-recipients from a home for older people. All interviews (22 in total and one hour long on average) were recorded and later transcribed verbatim. The extensive material obtained was processed according to the principles of thematic analysis (Krippendorf 2004). The topics that emerged from the analysis are presented in detail below for each case study respectively, and compared in the conclusions.

Results

The Case 1 municipality

The Case 1 municipality is found in Pomurje, a region situated in the northeast of the country and bordering Austria, Hungary, and Croatia. Pomurje is the most representative agricultural region in Slovenia; however, it is also the least developed and most distinctively ageing

⁴ The municipalities with moderate levels of wellbeing in Slovenia are characterised by moderate economic conditions and standards of living (Rovan et al. 2009: 82). The values of most variables (e.g. added value per employee, number of enterprises per thousand inhabitants, investments per employee, exports per employee, and the share of the farm population) are around the national average.

⁵ The Pomurje and Gorenjska regions refer to statistical regions (NUTS 3 level).

region. In 2009, the largest Slovenian apparel producer in Pomurje and a meat processing company declared bankruptcy and some thousands of employees lost their jobs. These circumstances were expected to be reflected in the community care for older people in the Case 1 municipality that was recognised as a typical rural municipality of relatively “low wellbeing” even before the year 2009 (Rovan et al 2009: 84). Moreover, together with twelve municipalities in the country, the Case 1 community was categorised as part of a group of municipalities without any institutional home care, neither a home for older people nor home assistance (Hlebec 2010: 776).

The still prevalent desire for “ageing at home” among the rural locals in Prekmurje⁶ (Knežević Hočevar 2013), and their more open attitude towards institutional care, raised the question of how to identify the various actors involved in community care. Keeping in mind that the unemployed people in the region might be a potential labour force for providing care and that a financial crisis might result in a decreased number of care recipients who can afford any form of institutional assistance, the fieldwork research tried to uncover how community care for old people was organised in the Case 1 municipality, who the main actors providing the care were, and how the providers understood their roles in the community.

Five actors were recognised as significant in the field of community care; among them were the centre of social work, the private home assistance service, the pensioners’ association, the private home for older people, and the local Church’s humanitarian organisation. In semi-structured interviews the research participants discussed topics about the organisers and performers of community care, their mutual cooperation, and the “tradition” of caring.

The main actors providing care for older people

In some Slovenian municipalities, the initial forms of home assistance were active even before the introduction of the *Social Security Act* in 1992, which defined this service within a network of public institutions. In the beginning, home assistance was organised predominantly by the centres of social work and, to a lesser degree, by the homes for older people or private practitioners (Nagode 2012: 231). The centre of social work started to organise home assistance in 1991 in twelve municipalities in Pomurje, including the Case 1 municipality, until 2006. Therefore, a coordinator of home assistance from the centre of social work could not hide her surprise on being told that the Case 1 was among the municipalities without this form of service:

I am very surprised! Here, home assistance was already introduced in 1991. It is true, however, that the service changed hands from the centre of social work to today’s local private practitioner. It might be that this new practitioner did not pass data on assistance to the competent institution. (Coordinator from the Centre of social work)

In the first decade (until 2000), home assistance was very well received in the region mostly because of the employment of care-providers by means of active policies of employment.

⁶ Prekmurje is a part of the Pomurje region.

The coordinator stressed that at that time, the region had the highest number of home assistance recipients who did not pay for the service because of the state subsidies of care-providers. After 2000, however, “professionalisation of the field”⁷ led to a curtailed provision of home assistance. The introduction of new standards entailed the loss of employment of the majority of care-providers who lacked “adequate qualification”. Additionally, on the basis of a new methodology for calculating prices for services, care recipients had to pay a part of the price for previously free services. A similar difficulty arose in 2009 after the bankruptcy of one of the biggest enterprises in the region. The national employment service enabled unemployed workers to retrain as care providers. Yet after the lapse of one year of employment via public funding, they were not retained. Finally, the bankruptcy of two more major firms in the region caused a decrease in the number of applications for home assistance and an increase in the number of clients requesting a payment exemption for the service.

In 2006, the municipality licensed a private firm to provide home assistance. The director of the firm believed that his small team of care providers was cheaper and “much more flexible” than that the centre of social work might provide on its own. In the same year (2006), a smaller private home for old people was opened in the community, as well. The home was owned and managed by a married couple who, at the beginning, planned to establish a classical licensed home for older people. However, they decided for a more family-like home, the first of its kind in Pomurje; but among the 19 clients in the home, only four were locals from the municipality. The majority of older locals were residents of other publicly funded homes scattered around Pomurje, either for financial reasons or because they were more suitable institutions.

Since 1987, the Pensioners’ Association has been very active in the municipality. In the last seven years, it was part of a project called “Older People for Older People for Better Quality of Staying at Home”. The members of the Association regularly visit older locals in their homes and also in the institutions outside the municipality to assess the conditions in which they live and to organise help:

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 does not exist in cities. (President of the Pensioners’ Association)

The president was also proud of the association’s young volunteers from the elementary school. He believed that their participation could be attributed to a social worker from the school who strived to develop intergenerational solidarity in the community. But his own special accomplishment was that, as a coordinator of the project “Older People for Older People”, he persuaded a mayor to establish a Commission for Older People to influence policy in the municipality:

⁷ 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).

I have to tell you that our municipality has an ear for social difficulties of older people. From private home assistance to the centre of social work, the public health centre, the Church, and numerous others. We cooperate with all of them and we inform them about difficulties on the ground, yet we have not succeeded in organising them among themselves. (President of the Pensioners' Association)

In the municipality, the Church's humanitarian organisation is very active as well, with tangible aid programmes for the most vulnerable individuals among the older people. This organisation provides help to needy clients in their homes. Older people and the handicapped are also given free transportation to and from the physician's office. The organisation provides patients recovering from major surgery and those who are dying with orthopaedic instruments and deliveries, and it also works within the parishes' network of volunteers who assess the on-the-ground living conditions of their clients. The interviewee, a food deliverer, emphasised that the organisation was the first one in Pomurje that started to deliver free meals to the clients, who were 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). He drives all over Pomurje on a daily basis and delivers food to several users. The driver also cooperates with carers from private home assistance.

This review of the "recognised" actors in the municipality shows that care for older people is well-organised in the community. The majority of interviewees stressed that they cooperate among themselves, informed each other about the situation in the field, and tried to resolve every single case. In general, their activity seemed rather complementary than competitive, despite some occasional disagreements among them.

The "tradition" of caring: a "culture of shame"

The relatively small number of care-recipients in the municipality was ascribed by the interviewees 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 shameful. In a study on intergenerational solidarity in farm families, the local priest emphasised that many locals still had difficulty accepting any kind of help because they understood it as shameful; it is a personal defeat to be incapable of taking care of oneself (Knežević Hočevar 2013: 140).

Similar notions are still present in the municipality. The coordinator of private home assistance believes that the 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 in their homes, let alone settling the older family member in an institution: "As long as an older person functions alone or with our help, he/she will not go to a care home. 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. Only then will they accept our social home care" (Coordinator of private home assistance). A food deliverer explained the rejection of assistance as a consequence of the once-strong solidarity among neighbours and even the "mentality of a man from Prekmurje":

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 parsimonious and he prefers to be hungry than to ask for help. In our organisation, we got this impression when the apparel firm 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 Church's humanitarian organisation)

The coordinator of the centre for social work agreed that such a "mentality" was changing very slowly in Pomurje. As she noted from her own experience, people at first struggled against receiving any kind of assistance although they needed it. Slowly, however, they recognised the advantages of institutional care and got rid of stereotypes about fearful impersonal institutions. This was the main reason why the centre for social work devoted a lot of effort to the promotion of its services:

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 of the centre for social work)

A majority of interviewees agreed that the apparently prevalent practice of caring for older people in a family environment mirrored the economic position of each and every local person. Daily, the interviewees met many people in need who could not afford institutional care. To pay for an elderly family member to live in a home for older people is a great expense for the entire family, especially if somebody of working age loses their job. But if an older family member stays at home, their pension income remains in the family. Those we spoke to saw a future of social security in the community mainly in terms of mutual cooperation, which has so far been limited more to regular exchange of information than harmonised action. The latter, they believed, would be enabled only by the Act on Long-Term Care and Long-Term Care Insurance through its transparently defined financial scheme.

The Case 2 municipality

The Case 2 municipality is located in Gorenjska, a region in the extreme northwest of Slovenia bordering Italy and Austria. Most of Gorenjska is alpine landscape, protected as a National Park. More than half of the agricultural land is found in alpine and hilly areas, and the farm holdings are among the largest in the country. However, agriculture is not among the most important activities; a growing number of small- and medium-sized enterprises of various types of manufacturing and services are diversifying the economy of the region. The positive prospective economic picture of Gorenjska is corroborated with favourable population indicators, with an ageing index (110) below the national average (117). Therefore, Gorenjska is entering the ageing society a bit slower than Pomurje and the country as a whole.

The fieldwork in the Case 2 municipality tackled the question of whether there were any actors who provided care for older people in the community. The first enquiry showed that a home for older people existed. Yet closer inspection revealed that the operation of this home fell under the umbrella of a home for older people located in another municipality. The first visit, in 2012, was carried out at the home for older people, where a social worker identified the most important actors of community care: employees and the first mayor of the municipality; a director and social worker at the home for older people; a social worker from the centre for social work; home assistance practitioners; representatives of the Red Cross and the Pensioners' Association; a volunteer from the self-help group; and care recipients from the home for older people. As in Case 1, these interviewees discussed topics about the organisers and performers of community care, and the "tradition" of caring in the municipality.

Everything began with the idea of the home for older people

Before the municipality was established in 1994, all institutional forms of care for older people were located outside its boundaries. During the first years after the Second World War, the care for older people was predominantly a "family responsibility". The first homes for older people in Gorenjska were opened in the 1950s, but they expanded especially in the 1970s. At that time, the clients were mainly deprived people, those in poor health and without relatives. Such homes were perceived by the locals as orphanages or hospices, and fear of them prevailed. The first mayor explained these perceptions:

In the fifties, when I was a child, in the time of collectivisation of agriculture, I heard my parents speaking with others, saying that all their land would be taken away from them, and that when they became older they would be sent to an old mansion, an old home for older people in a nearby municipality. Before collectivisation you were the master of your own farm, but afterwards, you were sent there and you could not complain. People were very afraid. I think they really had a reason for that. (The first mayor of the municipality)

The first mayor added that with longevity, the number of older people with chronic diseases had increased in the region, while at the same time, the employment of the middle generation, especially of women in the non-agricultural sector, had increased, as well. He also mentioned that older people had become more and more isolated without the help of their relatives, and the decision to go to an institution had become increasingly accepted. Therefore, older people went to homes in nearby towns, and some of them moved even further away. Yet the distant institutions and poor quality of their services reproduced and strengthened the fear of and aversion to institutional care.

In the last twenty years, however, the quality of community care significantly increased in Slovenia, and attitudes towards institutionalised forms of care gradually changed to be positive (Hlebec 2010). During his term in the 1990s, the first mayor enthusiastically pursued the idea of setting up a small home for old people to establish close relationships between the home and the community. He favoured the idea of clients staying in a domestic environment to enhance the wellbeing of older people and to reduce their feelings of fear

and loneliness. He realised his desire in 2007, when the construction of the local home for older people was completed. However, the first care recipients did not enter the building until 2009, when management of the home was assumed by the home for older people in another neighbouring municipality. This high standard building was, according to one interviewee who was responsible for social services in the municipality, too expensive and badly planned. The total cost of the purchase of the land, construction, and equipment was covered by the municipality alone without any state support. When construction was completed, the total cost was much higher than had been expected at the beginning. To cover the unforeseen expenses, the municipality sold some of its rooms. Therefore, the home had multiple owners, which was a unique case in Slovenia. Moreover, the high standard of the building was mirrored in high prices for accommodation; 20–30 % above the average price in the country:

Then we made a calculation of the price for care recipients according to the national standards. And what had we done? For our locals we built a very expensive home. I cannot tell you what a Calvary this was for us. We were all very unhappy, including the mayor, when we built something of high quality because we did not take into account the standards requirements. We were not aware that comfortable rooms with their own bathrooms and own balconies cost much more. (Municipal employee)

Therefore, the municipal council decided to offer the home for rent to another manager in a neighbouring community; however, the cost of service was still expensive. To honour its commitment to provide care for old locals in the home, the municipal council subsidised the price for locals only; however, most locals preferred to pay for accommodation in homes outside the municipality, where costs were more affordable. The initial idea of the first mayor to provide accessible and quality care for the locals was not successful.

The home's bond with the local community

Since the home opened its doors, many individuals, groups, associations, and institutions from the community (such as the primary school, kindergarten, and high school), have come and organised volunteer activities, e.g. workshops, lectures, exhibitions, and performances. However, a majority of volunteers participate in indirect and occasional activities with older people while only a minority establish more direct and regular contacts with them. A volunteer from the self-help group is such an example. She visits the care recipients every week to help prevent their loneliness; however, she works alone and cannot find locals who are interested to spend time with older people and who are not their relatives:

I do not understand why people feel so uncomfortable. They always say: “What should I tell them? How will they accept me?” Well, I think you just have to go and start. Or they say, “I cannot, I need to care for my grandchildren” or “I need to take care of my old parents”. Just excuses. Some people indeed need more time for themselves but not all of them. I take care of my husband who suffers from dementia and also for my grandchildren with whom we live. I don't know why, but I always have enough time for other older people, too. (Volunteer)

According to the head of medical care, the home did not have enough personnel for social activities. At the time of the interview, one part of the daily activities for clients was carried out by a “companion for older people”, a public employee. The interviewee explained that this person was very precious for the clients because her engagement enriched their everyday life. However, it was always a risk that the yearly contract with the companion could be cancelled, a situation that could be resolved only by the introduction of the Act on Long-Term Care, which would regulate the funding of such activities.

Other actors that provide care for older people in the community

Since 2000, home assistance for older people has been organised under the umbrella of the home for older people in a nearby town, five kilometres away. Home assistance was carried out by two practitioners every day in line with a personal plan for each client. On average, there are about eight to twelve care recipients. Their number frequently fluctuates because of their stays in hospital or in the home for older people, or their death. A coordinator of care for older people stressed that care-recipients and practitioners usually established good relationships together. The only difficulty remained the high transport costs to reach dispersed clients throughout the community. For this reason, the service was planned to be reallocated to the home.

The centre for social work is another provider of care services for older people in the community. According to Slovenian legislation, the centres oversaw the procedure for lodging an older person in institutional care or assuring their home assistance in collaboration with family members, neighbours, NGOs, police, and hospitals. The centre also established a price list for services for the care of older persons. When a client and their family members were not able to cover all or part of the costs, the centre informed the municipality, which then paid all or part of the costs of the care. If a care recipient owns any real estate, the municipality has the right, according to the law, to assume ownership of this real estate upon their death. An interviewee from the centre explained that until now, such interventions had not occurred in the municipality because of the strong family networks and relatively high living standard in the community. However, such cases may appear in the future and the need for volunteer work may increase substantially.

Among the volunteer organisations, the Red Cross and the Pensioner’s Association are engaged in care for older people. The Red Cross mostly organises blood drives, but some of its activities address older people, as well. A prominent event is the annual New Year’s fundraiser and visit to all community dwellers older than eighty, including the home’s care-recipients. The president of the Red Cross complained that in past years they had not been able to recruit any young volunteers, which was also the experience of the Pensioner’s Association. The main activity of the Association is related to organising leisure activities for healthy pensioners. Discussing the idea of joining the “Older People for Older People” project to identify and assist those who did not seek help, the interviewee complained: “Nobody wants to take over such responsibilities. People say they are too busy or they think they are not skilled enough to get involved in such activities” (Member of the Association).

The interviews reveal that in this rural community (Case 2), more care activities are organised than fit into the original anticipated typology. In the words of a social worker from the centre, the community had a “good attitude towards older people” and cared for them by organising and financing services above and beyond the standard requirements. However, the ideas and efforts of community actors are not entirely fulfilled because of the lack of permanent funding that the Act on Long-Term Care might assure. Older people are willing to accept the institutional care but cannot afford it. Perhaps this would give impetus for greater development of the lacklustre levels of volunteering and help recover the once-common mutual assistance among neighbours.

Finally, all interviewees agreed that the family was still the most important source of care for older people and they believed that the family would remain the primary caregiver in the future. To conclude with the observation of a social worker:

The majority of older people in the community live in relative prosperity. But some of them are not willing to leave their homes to maintain a high living standard for their offspring, putting aside their own needs. This is the post-war generation, which is used to being patient. They are willing to refuse care in a home for older people just for the benefit of their children.
(Social worker)

Concluding remarks

Our two case studies aimed to explore the organisation and quality of community care for older people in small rural communities in Slovenia, contributing to the still under-researched field of rural ageing (Burholt and Dobbs 2012). Combining methodologies and reflecting upon the research questions, the results of both case studies make possible several conclusions that question the “dualistic” perspective on rural ageing already challenged by some recent studies (Keating et al. 2013; Walsh et al. 2012), and suggest what should be done in further research.

In turn, employing and combining two complementary approaches – based on our typology and fieldwork – the results reveal that even in a small ageing country (in terms of population), municipalities respond differently to the legally introduced uniform standards when organising formal social care on the ground. The typology, based on and limited by officially obtained and accessible data, displayed a general picture of differences among small rural communities, and bigger rural and urban centres, as to the organisation of care for older people. According to the typology, the small rural municipalities were characterised by a relatively small number of recipients of both forms of formal care (the home for older people and home assistance), and the majority of care recipients lived in homes for older people outside their community. Yet in conducting the fieldwork in the two selected small rural communities identified by the typology, both forms of formal care were additionally contextualised and some other evidence was observed and obtained, which the typology itself could not capture.

In turn, the fieldwork provided observations of vital activities for older people in the two rural communities, practiced by officially unacknowledged local providers (e.g. local volunteers, pensioners’ associations, and charity organisations). The fieldwork also clarified

the willingness for mutual collaboration among formal and informal providers of care for older people, thus explaining their positioning in the selected rural communities and the increasingly changing acceptance of the locals themselves of various available formal and informal practices of care. Finally, the fieldwork showed that despite the increasing pluralisation of care for older people in both communities, the family still remained an important care provider for older people. However, the fieldwork also provided observations which addressed the problematic contexts of the family as a care-provider affected by the developments and poor prospects in wider regions.

These complex realities of caring echo the assumption discussed in the literature about the heterogeneous exposure of older people in rural communities to social inclusion or exclusion. The actors identified through the fieldwork put significant effort into organising care for older people either in a more centralised or more distributed manner. However, many of the clients still remain socially excluded because of the lack of financial resources or their aversion to institutional care. In view of these results, the “dualistic” perspective, mostly discussed in studies on rural ageing worldwide, is hardly sustained. Specifically, studying the organisation of care for older people through our use of mixed research methods showed the heterogeneous adjustments of communities to the processes of population ageing.

The identified gaps in public policy programmes and their established forms of care for older people – mainly created to suit the needs of an urban population – also suggest that many rural communities, especially the smallest ones, are only partially integrated into society. Moreover, the two cases show that the organisation of care for older people in relatively small rural communities does not “lag behind” the bigger rural and urban centres because of their “innate backwardness”, but rather because of a lack of social power that would provide them the same access to quality care services, assuring older people the right to age in place.

Older people in small rural communities need spatially accessible and financially affordable services, as do older people in other communities. As our two case studies show, small rural communities are creative and invest heavily in meeting the needs of their older people, but their efforts and initiatives are frequently overlooked and even ignored by governmental institutions responsible for tackling social issues in the country. Therefore, to ensure the effectiveness of public policy responses to ageing and the finding of appropriate solutions for both urban and rural communities of different sizes, it is not only necessary to examine the needs of ageing people of different communities, as is regularly emphasised in the literature, but also to explore the reasons that policy makers do not take full advantage of socialities, assets, and potentials of these communities. The intertwined issues of funding the care of older people and insufficient social power, which together limit the implementation of creative ideas of local people in smaller rural communities, remain a challenge worthy of further investigation in Slovenia and worldwide.

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