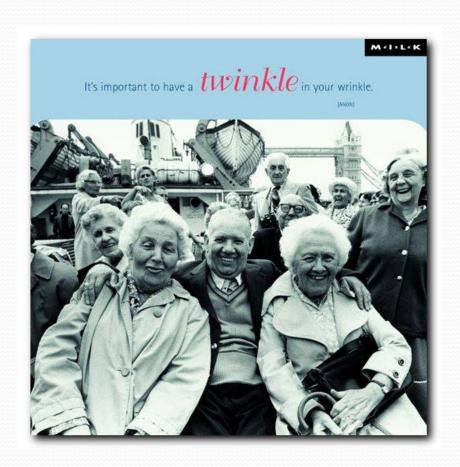
De-institutionalization as a challenge for the development of community-based care for older people

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Some facts about care for older people in Slovenia

Care is expressly institutionalized

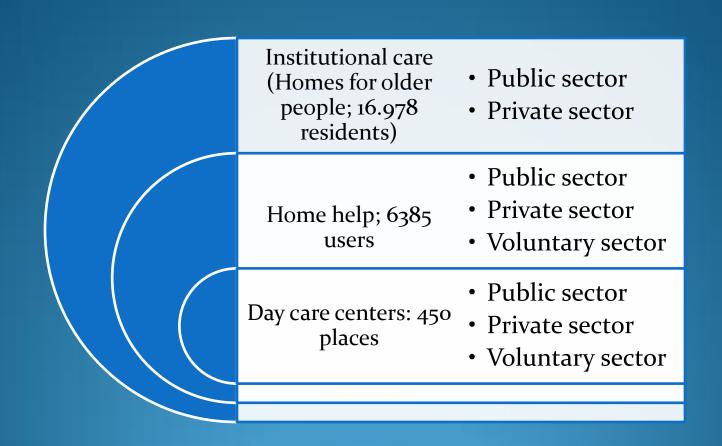
 The rigid system of institutions which do not meet the needs of the explicitly heterogeneous group of older people



Some facts about care for older people in Slovenia

- Access to help is a special problem; help is often inaccessible in both urban and rural areas.
- Data needed for quantitative and qualitative analyses of care for older people is not available in Slovenia



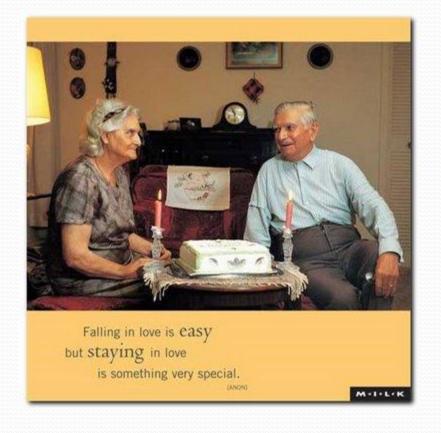


Providers of home help by sectors in 2009

Public sector	Number of providers	Number of users
Homes for older people	16	1730
Centers for social work	45	2997
Independent institution	3	1116
Private sector		
Homes for older people	6	182
Social service	4	282
Voluntary sector		
Pensioners' association	1	9
Others	1	69
Total	77	6385

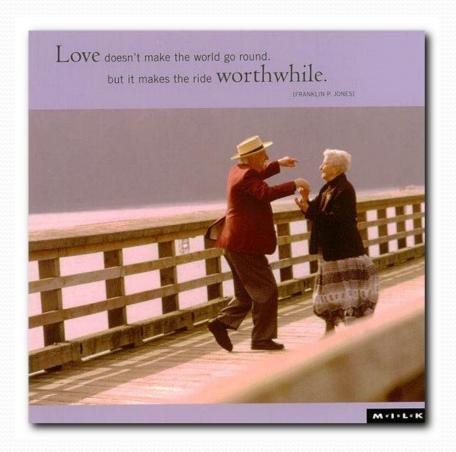
The importance of deinstitutionalization processes

 Of the total number of 400,000 people over 60 in Slovenia, around 100,000 need some help, while around 40,000 of them regularly need relatively extensive care



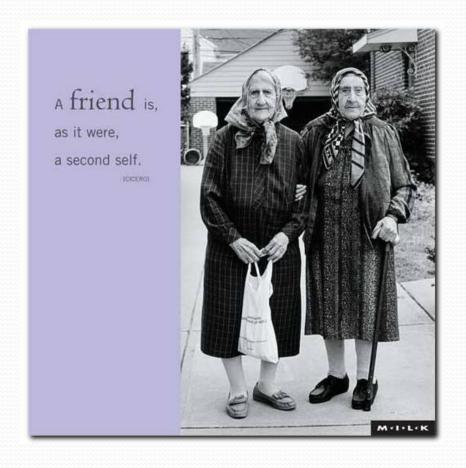
Old people's homes as total institutions

 the main goal of the institution - care for a multitude of people living in one place – is in the forefront, so life is governed by rules and bureaucratization.



Old people's needs and response to them

 instead of an institution; dwelling; employment – work and money; everyday life; discontent in interaction; social contacts; institutional career; disembededness and affiliation.



The implementation of deinstitutionalization processes

Changes on three levels:

Micro level: the right to live in a community
Macro level: the development of individualized care for older people
Mezzo level: relevant legislation



The implementation of deinstitutionalization processes

 De-institutionalization presents a challenge leading to the collaboration and establishing of connections among educational institutions (faculty for social work, higher medical schools and faculty of medical sciences), individual sectors (the Ministry of Labor, Family and Social Affairs and the Ministry of Health), and professionals on the practical level.

