Understanding the Needs of Older People: Shifting Toward More Community Based Responses

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The article presents the experience of researching the needs of older people in a way that includes their perspective during the research process as well as in the planning of responses to their everyday needs. The findings presented in the paper are part of a larger research study that aimed to discover the needs of older people in the Municipality of Ljubljana as the basis for planning a strategy and responses to the needs of older people in the city. The research findings point out the significance of researching needs in a way that enables needs to be embedded into an everyday context. To understand the context of older people's needs, the following five areas were explored in in-depth interviews: position of older people in society, their social and health context, types of risks they face as people in old age, and the assessment of existing services for older people. In researching the needs, the premise that needs are a socially constructed concept was followed, thus expressing them and discussing them would be the first step to older people getting heard, to having a voice in planning services and for the planners to gain the knowledge from older people's experiences, to come closer to users' worlds and their immediate experiences. The results demonstrate that older people expressed most varieties of needs when talking about daily routines and the necessary chores of the day, while the greatest worries were conveyed about changes in the future, mostly related to conditions that maintain an independent life. The wish of older people is to be able to keep their independent life in the community and maintain the possibility to combine a mix of help.

Key words: needs, research, social work, strength perspective, everyday life.

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INTRODUCTION

Needs are quite a popular and widely used term in social work and social policy. They are employed to either justify or criticise certain ideas, actions or policies. As a profession, social work has long been concerned with understanding and meeting human needs. The international definition of social work adopted by the International Federation of Social Workers and the International Association of Schools of Social Work (2004) states: »Since its beginnings over a century ago social work practice has focused on meeting human needs and developing human potential. Human rights and social justice serve as the motivation and justification for social work action«. Different national codes of ethics also point to social work's important role of enhancing human well-being by addressing basic human needs with particular attention to the needs of people who are vulnerable, oppressed and living in poverty (e.g. National Association of Social Workers, 1999; British Association of Social Workers, 2002). Paragraph 18 of the Slovenian Code of Ethics (Kodeks etičnih načel v socialnem varstvu, 2002) also stresses the duty of social workers to systematically research the needs of service users and evaluate social work procedures and methods to develop their knowledge and methods of work.

Meeting people's needs has always been an important task for social care professionals. »Almost all social welfare programmes define themselves as meeting needs and 'need' has been a captivating concept in the professionalising discourses of health and welfare experts« (D'Cruz & Jones, 2004: 89). But recently the role and the meaning of the welfare state have been changing. Numerous factors such as globalisation, post-industrialisation, political connections, the fiscal crisis, the spread of new ideologies, the ageing population, short-lived family structures, more powerful transnational legislative bodies etc. along with the economisation of all areas of life together with global recession and the economic crisis have strongly encroached on welfare politics. The current situation in welfare states is shifting toward a radical cutting of social security spending and establishing less expensive welfare states. Changes of the demographic picture in all European countries are raising new questions of visions and responses to people's needs in the current climate. Populations ageing, resulting in the increasing proportion of older people has created challenges for individuals, professionals and policymakers. It gives an impression that an aging population inevitably means increasing demands on health and social care resources, social support and informal networks. Yet at the same time, this situation should be seen as an opportunity to invite important changes in the understanding of ageing in our society and rethink ageing and the visions of aging politics.

Understanding needs: a challenge for social care professionals in the field of older people

The potential of good social policy is to create an opportunity for vulnerable social groups, (older people being one of them) and to improve their position in society (Zaviršek & Škerjanc, 2000). Western countries' trends show a reduced number of older people living in institutions and the vision of social care being in the home environment with proper assistance (Zaviršek & Škerjanc, 2000). Research demonstrates that older people prefer to stay in their home environment even when they have difficulties with household chores, in most cases because the familiar home environ-

ment provides them with a strong sense of meaning and belonging (De Witte et al., 2013). As written in the Slovenian strategy of care for older people by the year 2010 »Solidarity, good intergenerational relations and quality ageing of the population« (2006), countries and experts are facing the challenge to rapidly develop, implement and expand new models of help to families with older people, and new programs should be more adjusted to the needs of older people.

Slovenia has a strong system of institutional care for older people. As Mali (2012: 57) writes: »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, is excessive institutionalisation and a lack of community-based care.« Older people in Slovenia have traditionally been taken care of by their family members (Nagode & Dolničar, 2010), and in general they wish to stay in their own home environment until they die or at least for as long as possible (Nagode & Hlebec, 2013). The development of community services was rare and unsystematic. It is estimated that 10% of the population of older people need more help and care, which is mostly provided by their family members and partly by an informal social network of neighbours and volunteers (Ramovš et al., 2009). Over the past few decades the most important role has been played by the institutional format of care for older people, but these rigid structures cannot really meet the needs of older people who make up an expressly heterogeneous population group. The development of new models of care for older people is allowing for future opportunities to reduce institutionalised forms of responses to older people's needs and thinking in terms of how to develop a quality community based care.

This is also bringing the challenge to social work of how to understand the »needs« and »wants« of older people. However, we should not be misled by the apparent simplicity of the concept of needs as a guiding tool for shaping social care politics. Needs, as an everyday term, give the impression it is possible to interpret everyday life in a comparable way, using common categories. However, it can easily be found that definitions of necessity and needs vary among different individuals and groups, between cultures and over time (Doyal & Gough, 1992). Therefore, it is not unproblematic to use needs as a term and as a concept and it is important to be aware that assessing needs as a research problem and as a conceptual and political issue on the level of »what people need« cannot commence without an understanding of its benefits and its limitations. Historically speaking, needs are connected with the process of social development and, as a concept of social policies, they are tied to the existence of the welfare state (Macarov, 1995; Illich, 1997; Doyal & Gough, 1992). Shaping welfare policies is usually based on the definition of basic needs which have acquired the status of fundamental rights. The slogan »putting needs first« when applied within the framework of social care policies advocates social justice and equality. In discourses on the welfare state, needs occupy the space of the criterion the state sets as a measure of the minimum level of welfare acting as a condition for the inclusion of citizens in economic competition. The theory of human need focuses on what one requires to participate in society successfully (Doyal & Gough, 1992). Certain rights to welfare are tied to citizenship status which provides the foundations to decide who is entitled to social care provisions. The concept of citizenship touches on the issue of responsibilities and rights.

When people assume these responsibilities, society is obliged to provide certain services in exchange (Dwyer, 2004). Put another way, the connection between responsibilities and rights define who deserves access to welfare and who does not. Furthermore, definitions of need, whether they are explicit in policies and eligibility rules, or implicit in the decisions made by welfare providers, are rationing devices: they determine who gets what (Liddiard, 2007).

The discussion on the theory of needs moves between two conceptual orientations; the universal one – with the concept of basic and common needs on one hand, and the relative one - with the concept of needs as socially and culturally specific phenomena on the other (Doyal & Gough, 1992; Dover & Joseph, 2008). It is characteristic of the universalist perspective to search and define the lowest common denominator to determine characteristics of quality of life and to define basic human needs on a global scale. It is a feature of this perspective to try to corroborate the universality and objectivity of needs, but this very aim becomes the principal target of criticism. The relativist orientation with its criticism directed at reductionism, inconsistency, vagueness and partiality of the universalist view, points to the processes of the social construction of needs. Stressing the issue of individual and cultural relativity, there are arguments in favour of critical and dynamical notion of needs (Doyal & Gough, 1992). For example, the relativist view does not exclusively or primarily measure an individual's poverty or wealth, but at least to an equal degree also takes other indicators besides material welfare into consideration, such as indicators of subjective perception, feelings of social exclusion, possibilities of choice, opportunities and characteristics of the environment (Easterlin, 1995; Doyal & Gough, 1992;

Diener & Biswas-Diener, 2002; Bauman, 2007). Conceptions of needs are therefore influenced by social values and norms and the understanding of what needs are is often ambiguous and varies on the basis of who is using the term and for what purpose (Novak, 1994; Gough, 2000; Reichert, 2006; Flaker et al., 2008; Flaker, 2012). According to this view, needs as an abstract category are socially constructed and therefore a result of complex negotiations, performing individual meanings which make up the reality of everyday life (Doyal & Gough, 1992). The goal of the study of human needs is therefore to describe as accurately as possible the subjective notions of needs and find an explanation of how they are employed in specific social contexts (Smith, 1980).

Individualisation of needs

A characteristic of modern times is the extreme rapidity of change regarding the possibilities of satisfying needs and expected standards – luxury becomes comfort, comfort becomes a need. The capability of states to formulate proper answers to the needs of the people is influenced by the increasingly diverging lifestyles in modern society and the ensuing divergent needs (Rode, 2009; Flaker et al., 2008; Flaker et al., 2011). Today an individual is left to develop their own life pattern and to create a unique individual identity (Ule, 2001). The concept of needs is therefore attractive to an individual who behaves primarily as a consumer. It gives the impression of sovereignty of an individual to determine choice and satisfaction. As such, needs have an ontological and moral status – they are consumer demands, which either can or cannot be acted upon through the expenditure of income (Doyal & Gough, 1992). On this point we are confronted with the prob-

lem of how to balance the basic rights of people with human individual interests, in satisfying needs. Langan & Clarke (1998) point out that the construction of needs and modes of their definition have a key influence on the type and range of social rights enjoyed by a group of citizens or various individuals. While shaping social security policies and strategies, the state today wishes to shift more responsibility for the citizens' welfare to other spheres and actors in the welfare system. This means that the concern for meeting the citizens' needs is no longer an exclusive responsibility of the state (Serrano-Pascual, 2007; Blome et al., 2009). Dwyer (2004: 65) recognises this process in demands to transform the individual as a passive receiver of contributions (rights) into an active citizen. An individual as an active citizen must first and foremost recognise and accept responsibility for his/her own welfare and that of his/her family. Such a way of thinking introduces a range of fresh slogans (active ageing, everyone is obliged to ensure their own decent lives in their old age) into social policy for older people and may be problematic. If such goals of social policies for older people become a way of excluding those who, due to various personal (e.g. health) or social circumstances (e.g. unemployment), are unable to take care of themselves and their families, they become »scapegoats« used to spread moral panic about older people who are a burden on society which they exploit.

Social work as an actual practice cannot ignore the conditions for its work determined by the state and politics. Planners and providers of social care are permanently split between opposing arguments. On one hand, there is the economic argument requiring a financially considered input in proportion to the benefit and, on the other, the ethical argument which dictates a just and sufficient input. With the rhetoric of economy, the state insists upon establishing market rules which dictate social policy and, above all, define the position of an individual, a citizen who must insure their own social security for himself/herself and his/her family. This policy is based on and legitimised by the claim to »privatise social risks« and social investment strategies (Kolarič, 2011) as two catch-phrases marking the direction of reforms the welfare state is now taking.

In the course of social work we are incessantly faced with injustices which are conditioned not only by the unjust distribution of goods, but also by various ideological presuppositions. For most social workers, the role of social work in society is to help others, and/or to challange social injustice: »They want to work creatively with people, helping them to change their lives and perhaps make some changes in society as a whole« (Ferguson, 2008: 131). Consequently, social work should make choices between what is doable and what is right. The principle of justice and equality related to social care requires service providers (and of course, the state) to set clear criteria as to entitlement to rights. The variety of life situations causes difficulties for social care providers and policy makers to shape welfare strategies according to people's needs. In other words, while on one hand »we struggle to have a standardised and catalogued assistance scheme and procedures« (Flaker, 2003: 9), on the other hand we keep emphasising »the flexibility and creativity in the unique situations of everyday life« (Zaviršek et al., 2002: 7).

Older people's needs

Mali (2011: 658) writes: »The ageing population and the related, increasing and continually changing needs of the older

generation are problems which have occupied professionals from various fields (including social workers) in recent years«. Every day the situation forces us to look for more appropriate politics and practices of work with older people, especially when following social work principles of seeking power, respecting cultural differences, promoting maximum functioning and a holistic perspective, setting appropriate goals, developing a non-restrictive environment and following ethical principles. The efforts of social workers have to be oriented toward »finding and mobilising older people's power and resources instead of simply drawing attention to their powerlessness« (Mali, 2011: 658). In this context of researching and understanding the needs of older people, social workers have to support those responses that are adequate, appropriate and involve maximum respect for an individual's desires, needs and interests. But how to assess needs? Which characteristics of life have to be researched to reveal older people's needs? There are many techniques and approaches regarding needs assessment (D'Cruz & Jones, 2004). The problem is therefore not to such an extent a methodological one. The problem lies in the diversity of life itself. Older people are not a homogenous group, and the diversity of older people's lives influence the diversity of their needs.

Ramovš (2003) suggests it is in a large number of a variety of human needs that the easiest way to orientate is, if all the human dimensions of life are thought about: interpersonal, social, historical, cultural, and existential. But in order to understand older people's needs, it is important to look at these categories more precisely. Podpečan (2012: 10) writes: »The needs of older people are partly identical to the needs of the middle and younger generation (universal human needs), and partly

completely specific.« Flaker with co-authors (2008) in a book about long-term care developed categories such as »emancipation and affiliation«, »embarrassment and discontent« (stigma) and »institutional careers« as typical categories of everyday situations of people who, due to their illness, disability or just frailty need to be cared for. Other pairs of categories, »housing and dwelling«, »work and income«, »contacts and sociability«, »life events, stress and risk«, and a category »organisation of everyday life« (including leisure) are general categories applicable to the needs of all people. The specific needs of older people with some similar categories was shown by Ramovš (2003), who created a list of needs with more social character: the need to be materially supplied, the need to maintain physical, mental and labour freshness, the need for interpersonal relationship, the need for passing on life experiences and insights to the young and middle generation, the need to experience the sense of age, the need for care in infirmity, and the need for immortality.

As we can see, although the listed categories could be compared and include similar characteristics, each perspective is also slightly different and emphasises or even implies different principles and values. Therefore, in the process of researching needs, it is important who shows an interest in researching needs and who actually defines what needs are and makes judgments regarding whether something can be called a need or not. As Doyal and Gough (1992: 297) say, »effective and appropriate understanding of needs can only be obtained through informed communication between all those with relevant experience. Experts constitute just one group of participants in such a debate«. This means that social policy makers who wish to find relevant indicators of needs and produce

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uniform criteria for planning standardised answers are faced with a demanding and responsible task. It consists of finding out how to heed the diversity and complexity of everyday life despite the elusiveness of needs as social and historical constructions. Therefore, investigating needs is very demanding as it occurs in a constantly changing environment and during a permanent negotiation among different social actors regarding varying meanings of needs. The needs assessment has to be carried out in such a way that older people are not the object of the research but an active part of it.

Until recently, the views of older people regarding their needs have rarely been sought after by researchers or policy-makers. There has been an increasing interest in involving service users in health and social care research during the last decade (Hanley, 2005). Several research projects (Flaker et al., 1999; Flaker et al., 2000; Flaker et al., 2004a; Flaker et al., 2004b; Flaker et al., 2008) have shown that it is necessary to look into the everyday life of older people and to include them as important informants regarding their lives. Obtaining the knowledge of people as experts from experience is increasingly becoming a standard procedure in social work research. Their knowledge and means of knowing are crucial for the creation of adequate responses to their needs. Therefore, the researching of needs of older people has to provide a place for people to state their points of view. Only thus can the research process of needs be an act of empowerment for older people or, as Ramon and co-authors (2010: 179) say: »Taking control by the service user over their reality.«

METHODOLOGY

Background

Findings presented in this paper are part of a larger research study entitled »Development of tools for investigating needs and a set of indicators of needs« (Flaker et al., 2005) that aimed to discover indicators of needs of older people and produce an index of needs of older people in the Municipality of Ljubljana as a basis for planning a strategy and responses to the needs of older people in the city.

The research is based on the Faculty of Social Work's long tradition of action and qualitative research (Mesec, 1998, 2004). The research experiences are based on the tradition of grounded theory that was introduced by Glaser & Strauss (1967) and on the local tradition of qualitative researching that has been developed at the Faculty by Mesec and others (Mesec, 1998). For almost 15 years the rapid assessment and response (RAR) strategy has also been practised, to research the needs of different groups in the community (Flaker et al., 2005; Flaker et al., 2008; Grebenc et al., 2009; Grebenc et al., 2010).

Purpose and aims

The invitation for the study came from the Municipality of Ljubljana, the Department of Health and Social Affairs, as it was planning a social care development strategy for the area of work with older people for the period from 2007 to 2011 and put the development of the strategy on the agenda in the year 2004 (Klančar et al., 2008). The broader study[1] consisted of the review of existing services for older people

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[1] The broader study included other available information (such as statistics and reports of health care services, police and social services fo older people), the available statistical data (Statistical Yearbook, the central register of residents) and data from archives and institutions (internal documentations from the Home Care Institute), students' reports from their practical placements and their journal notes.

in Ljubljana, and available statistics and information on everyday life of older people collected through interviews. The study took place in the area of the Municipality of Ljubljana and involved a mixed-method approach combining qualitative and quantitative data collection.

The purpose of the research was to give older people a voice in this procedure and the research was used to trigger dialogue within the community about potential answers to perceived needs. In order to identify older people's needs and how they relate to their own life circumstances (ethnographic map of needs), the intention was to gather old people's accounts of how they live, how they cope with problems of ill health, the adversities and risks of being old and what services they use or miss to cope with life. The objectives of the study were to create an index of older people's needs, to prepare a catalogue of responses, interventions, and services as a basis for the development of a new social security strategy on the level of the Municipality of Ljubljana, to explore the perception and the possibilities for improving the network of services for older people in general, and to set indicators for needs on the basis of a good insight into the everyday lives of older people.

In this article the focus is on presenting findings from the 59 interviews among older people in Ljubljana. This qualitative data was used to create a descriptive ethnographic map of everyday lives of older people in Ljubljana and help to build a holistic understanding of older people's needs, and responses to these needs on the basis of living situations. The ethnographic map of the everyday lives of older people in Ljubljana was imagined as a descriptive sketch. This would serve as a contextual basis for the production of the catalogue of needs, and for planning suitable responses to those

needs. In researching the needs, we followed the premise that needs are a socially constructed concept, thus expressing them and discussing them would be the first step to older people getting heard, to have a voice in planning services and for the planners to get the knowledge from older people's experiences, to come nearer to users' worlds and their immediate experiences or at least, an account of these events. By doing this, it was expected that the aprioristic professional knowledge could at least partially be supplanted by first-hand accounts.

Methodology and Procedures

The study was carried out from 2004 until the end of 2005 by the Faculty for Social Work, Slovenia. The qualitative part of the study was based on interviews with older people. The data was collected by in-depth interviews; which provided thorough descriptions about the lives of older people in Ljubljana. The interviews were all confidential, and it was explained to respondents that quotes from interviews would be used, but would not contain any identifying information.

Research questions

Although it is impossible to talk about variables in qualitative research in the same way that it is done in quantitative research, the investigative framework needed to be constructed in a way that would be sensitive to the participants of the research (researchers and respondents), be relevant to topics for discussion and provide responses older people need. It was chosen to formulate research questions in clusters of sensitising concepts that had a certain syntax describing the relations between the different clusters of categories to be examined. The heuristic assumption (hypothetical) was that we cannot understand and respond

to people's needs – imposed by their health profile or risk contingencies - without taking into account their social context and that service provision depends on the respondent's assessment of services, which in turn provides necessary information in conjunction with other variables, of what services are needed.

The research variables are included in the matrix. The key research areas included in the matrix are: general characteristics of the area or target groups, social context, health, risks, and service assessment. Within each area conceptual categories are defined (as shown in the table). Needs and wishes as variables are included in each of the areas separately and can refer to each category. The matrix provides the context in which needs, necessities and wishes are expressed. This is the main thread through all of the categories, which gives the discussion an empowering meaning and breaches the gap between the descriptive and prescriptive dimensions in the research. The anticipated result is an empowering one: we do not only ask people about how they live, but also what they want, and this provides the basis for cataloguing the potential and desired responses.

Table 1
Matrix of categories

Main categories	Subcategories
Social context	- Attitude toward older people - Life styles, everyday routines - Work, everyday activities, career - Income - Housing - Social networks - Surviving practices (sources, self-help) - Wishes, needs (necessities)
Health profile	- Assessment of health well-being (illnesses, health problems, injuries) - Food, nutrition - Sexuality - Rules and practices of self-help - Access to health services - Wishes, needs (necessities)
Risk	- Risk perceptions (types of risk) - Situations of risk - Security - Risk prevention - Risk reduction - Wishes, needs (necessities)
Assessment of services for older people	- Map of the services for older people - Policy and human rights - Access - Assessment of effectiveness - Emergency interventions - Wishes, needs (necessities)

The questionnaire was designed on the base of the matrix. Each category from the matrix was included in the open questionnaire.

For example, the inquiry about social context includes the following questions:

- Life styles, everyday routines, *activities*: What an ordinary day looks like, what are important activities and interests (employment, work, and other activities)?
- *Income:* What are the main sources for living? How are they satisfied with their *material situation?*
- *Housing:* Where they live and how are they satisfied with their living conditions?
- *Social network:* Who are important people for them? How do they estimate existing contacts and relationships? Who would help them if they were in need? How would these people help them? How do they maintain contacts? Which are the important places they visit and how do they travel?
- *Surviving practices* (Sources, Self-help)
- *Needs, necessities and wishes:* What do they feel are problems and how do they solve their own problems? What are their own surviving strategies regarding income, physical health and mental health, relationships, housing, etc.? What are they missing in their lives and what would they like to change? Do they need anything at this moment?

In a similar way, other categories from the matrix were translated into questions like this. The matrix was further analysed and used as a tool to select and organise the data collected. The data was collected by 4th year students during their compulsory practical and project work and by the work of the graduate students of the Faculty of Social Work who were writing their graduate theses on the subject. Empirical material (extensive in-depth interviews with older people who live in Ljubljana) was pooled at the data level and analysed using qualitative analytical procedures. The final processing included over 400 dense notes from the interviews. The data collected was analysed according to the qualitative analysis method developed by Mesec (1998, 2004). All interviews were transcribed in electronic form. The material was analysed textually. The statements (phrases, sentences, or paragraphs) were put into tables and organised according to the variables (matrix of categories). All statements/quotes under curtain categories were analysed to see what themes would emerge. The categorisation and classification of material units helped us to create the final picture of everyday life of older people in Ljubljana (ethnographic map) and to create an index of needs and a catalogue of responses.

Information on needs were searched out from the collected material and arranged according to categories in the index of needs. The index of needs is backed by the plan of responses and answers to the needs of older people in the community. It is a product of the ideas, proposals and findings based on the material collected. The main categories of the catalogue (gender, age, housing, income, work and activities, health, social networks, influence and independence) also have the characteristics of indicators of needs.

Details of the Sampling

We combined two types of sampling. In the first stage of the research, a convenient sampling technique was chosen because it was fast, inexpensive, easy, and the respon-

dents were readily available. The inquiry started with the users of the community service for older people (service users from the Home Care Institute). It was assumed that this group of older people had a higher intensity and diversity of needs. Contact with the respondents from this group was facilitated by professionals from this organisation. For the selection of respondents we considered a few categories of service from the Home Care Institute: the criteria of age and gender (an interview should involve a man below 80 or a man over 80 years, or a woman below 80 years or a woman over 80 years of age). Unintentionally, in the Home Care Institute sample there was one person who statistically did not belong to the group of older people (a woman aged 61, a receiver of disability pension), but we decided to leave her in the sample because her life style was very similar to other older people.

In the second phase of the field work (interviewing) we broadened the attention to the group of people who are not service users, to see if there would be important differences and/or if there are people who have the same intensity of needs but do not seek formal help. For this group of older people we used another type of sampling - purposive sampling (used to select certain cases so as to quickly maximise understanding of everyday lives of older people and their needs). At this point of the research we primarily looked for diverse types of older people who would complement the map of needs of older people living in Ljubljana and have no experience of being service users. We accessed respondents with the support of students of social work. Students were instructed to contact an older person, age 65 and above in Ljubljana, the only limitation at this stage was to disperse into different parts of the city (an intense urban environment, suburban

and distant/rural). Respondents' participation was based on availability and willingness and after conducting almost half of the interviews we recognised that students succeeded in getting most responses from the group of female respondents age 65-80 and less from male respondents and the respondents from the age group 80 and above. The sample was complemented and improved for the next stage, with the representatives from these underrepresented categories included.

Sample

The research population was older people, aged 65 and above, living in the area of the municipality of Ljubljana. Age 65 is used as a boundary, as it is used in Slovenian legislation as the limit that determines who is old by »administrative« measurement and who by this title is entitled to certain rights. In the final analysis, the total number of 59 interviews were included: the in-depth interviews with older people who are non-service users (44 interviews: 11 men and 33 women) and in-depth interviews with the users of the home care (15 interviews: 7 men, 8 women). In the sample people who live in nursing homes were not included. The age groups and gender of older people within the population have been well represented by the sample. The level of education represented in the sample consists of one third with primary school or unfinished primary school, one third with vocational and secondary school, and one third with higher education, thus the latter are overrepresented. The majority of participants live in an urban area, one fifth of them are from a rural part of the municipality. One third of the participants live alone, others live with a partner and/or other relative(s). Regarding income, most of the sample is from the middle class, but

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success was made in reaching a few people who are very poor (one is homeless) and who are wealthy. The majority of wealthy people in the sample are service users, indicating that this group can afford to hire assistance in the market.

Our findings, which are described below, are therefore valid for the categories of participants which were covered with the sample, i.e. older people of all ages, but living in an urban area and at home. This overall picture gained from such a sample does not provide information about the needs of the group of older people whose material, social, health and personal resources are very scarce, who cannot afford to live at home and are consequently placed in institutionalised care. In our study, which is of qualitative nature, the data and the conclusions are of indexical nature and cannot be generalised, but only point to varieties of situations that are valid to unknown quantities. Our descriptions below should be understood in this way and the overall picture of needs of older people emerging from our data can be biased, and where sample is insufficient only partial. Therefore it must be considered that findings cannot be generalized for the entire population of older people.

RESULTS

Through the interviews with older people, we were able to explore five areas: position of older people in society, their social and health context, types of risks they face as people in old age, and the assessment of existing services for older people. The results present the main issues the respondents have pointed out as situations of needs in these five areas. Some typical statements by older people are included as an illustration of opinions, beliefs and explanations of perceived needs and ideas for possible solutions in the community. Certain categories are elaborated upon in the tables to highlight the impression of how the index of needs is related to specific responses, interventions or measures.

Ageing and position of older people in society

The general opinion of the respondents was that ageing brought some mixed feelings to their lives. On one hand it is proof of accomplishing an important life stage, and on the other hand one has to face a stereotyped perception of ageing. The attitude of society towards them has changed. This change goes in both directions, positive and negative, and is felt in the attitude of other, mainly younger generations towards them, in the change of material and social living conditions mainly for the worse, as it is more difficult to remain physically fit and healthy, and the ability to control social life decreases. Older people fill they are being ignored, neglected and not considered enough.

> *They look at us as as if we are no longer able to keep up the pace and are therefore powerless and useless…* (F, 83 years old).

> *Yes, they look at you differently when you are old. They reproach you for not paying attention, for forgetting things, and then they also mock you…* (F, 72 years old).

> *Not because I'm old, but because I'm ill and no longer able, society sees me differently. I feel I'm no longer useful to society.* (F, 80 years old).

The acceptance of changes that they experience, modesty and partly also compliance with the fate, are the main characteristics of how older people perceive their social status.

> *Ageing brings maturity, it means melting life experience, slowing down, assimilat-*

ing good and bad in life. (M, 78 years old).

Rarely do they report positive attitudes of society and when they do, examples are mostly from their close social network. The positive perception of society they recognised as a question of respect and appreciation expressed by other people to them:

It is nice when young people greet me when we meet in the street. When grandchildren show some attention to me and do the real work for me, heavy work, like mowing the lawn, etc. (F, 82 years old)

The attitude of society is therefore mainly understood through satisfaction in everyday relationships with family members and other people in the community. Our respondents mainly emphasize the need to be accepted as worthy of respect from others and not as a burden to society.

Relationship of society toward older people was also expressed in their feeling of deprivation. A quarter of our respondents expressed feelings of being deprived and of not being happy with the way others relate to them, (the number being considerably higher among the users of services provided). Those who feel they are not deprived, account this to having the same rights as all the citizens, to having learnt to live with the old age.

The holdings: income and housing

The pension is the main source of material survival. For most respondents, this is also the only source of income. Some have additional financial resources, such as: funds deposited in a bank, reserves left by their relatives, proceeds of letting out a house, financial help from children, additional income (various jobs), social security benefits, annuities and allowances. Many people can live without financial assistance only because there is at least one more income in the household.

I've been receiving the disability pension since I was 55 years old. I get 341 euros. My partner also receives a low pension, around 250 euros. He provides for us and brings everything we need (F, 61 years old).

We found that older people are poorer than it appears at first sight.

If I didn't have a son who pays for my lunch, I don't know how I would live on my pension. I am grateful that he hasn't turned his back on me. As far as social security is concerned, it is poorly provided not only for older people, but for anyone with financial problems (F, 70 years old).

This could be said to be »covert poverty« because, on one hand, they reduce their »needs«, they only spend money on the most necessary or cheapest things while, on the other hand, relying on material sources of an informal network (partner's income, children's income), which gives the impression that they do not need financial assistance.

Maybe we are lucky, because we are not financially deprived, although we couldn't make ends meet with a single pension. There are many costs involved. But what about those who don't have money? If it is possible, it is better to stay at home, where you feel better, but there comes a time when things turn upside down, when the condition of your health becomes critical (M, 77 years old).

Some have to live very modestly, and their income only suffices for everyday costs.

Question: *Can you live on the pension that you receive?*

Answer 1: *Yes. I get some bonuses because I am a veteran. I also have some savings, so I get by. I like to bring some-*

thing to someone or do something, if they don't have it. Bread and butter, that's what I bring. (F, 91 years old).

Answer 2: I can use my pension only to buy necessary things. I would like to buy clothes, but I can't. I have these shoes, but I've had them for 10 years now (F, 74 years old).

They have to adapt to lower income and change their life styles:

I used to have a well-paid job, so I receive a high pension and I think I'm well provided for, but people with low pensions are not well provided for. I have a pension which enables me to live well. I no longer go on holidays. Before, I used to go, but not now, I'm happy if I can pay a visit to my daughter – that's a holiday for me (F, 84 years old).

The findings show that besides income, the housing situation of older people is another important resource of their personal economy. At first glance the results reveal that older people do not have problems with a place to live. With the exception of one, all of our respondents had their own apartment or co-owned their apartment. But there were other circumstances in which older people turned out to be more vulnerable regarding their housing. We recognised that residential patterns – living with a family or alone – is an important indicator of poverty, not due to the residen-tial pattern as such but due to the narrowest support network (family) which is shown in the fact that more incomes come into the family/household.

Another specific factor of older people's living conditions is the architectural features of their apartments. In many cases the apartment has not been adapted to their needs in old age.

In our building, older people live in their own flats. Sometimes we pay a visit to each other, but this happens rarely because we need to climb up many stairs to get to the neighbour, there is no lift. (M, 78 years old).

Problems with the apartment were also related to necessary maintenance (which those with an average income cannot cover), spaces that are too large for people to still be able to maintain properly, architectural obstacles restricting them in their everyday life (stairs, long distances between rooms, objects at a height…). The majority of the respondents reported they could not afford large costs of renovation. Individuals also wanted improvements by way of equipment and household appliances which would make their lives easier (e.g. new bed, television, cooker, and other things). One third of the respondents had no problems buying new equipment for the apartment, but for the rest this would mean carefully planning expenditure or even giving up on the purchase.

Table 2
Material security and housing

Category of personal economy	Needs/ wants	Responses, interventions, measures
Income	Material security	• Additional financial sources: financial assistance • Temporary and permanent financial assistance • Donations
	Values: decent living, independence	• Regular basic income

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Category of personal economy	Needs/ wants	Responses, interventions, measures
Housing	Living conditions: heating, renovation, maintenance; rearrangement of living environment (elimination of architectural obstacles, lift) house equipment (e.g. television, household appliances)	• Inexpensive technical assistance • Control over the quality of technical provision • Safety in a contractual relationship • Subsidies
	Values: intimacy, privacy	• New residential forms (sheltered housing, serviced apartments)

Our respondents want to stay in their homes for as long as it is possible. Home means intimacy, privacy, and independence. Older people wish material safety and decent living which means »*to be able to cover daily costs and to hold some money for unexpected needs*«. Their suggestion is a type of additional financial support or grants in cases they have sudden needs (e.g. in case of serious health problems, house repairs, needs for some technical devices and similar) which would not burden their partner or their children. They stress the importance of effectively protecting their consumer rights and the prevention of harming contractual relationships. One of the ideas was to open inexpensive technical assistance service centres for older people with ensured control over the quality of service implementation.

Typical Daily Routine

Most of the respondents spend their days very actively. The respondents often stress their satisfaction with being able to still take care of themselves. A typical story about an everyday routine is as the follows:

I get up at 6 am, have a cup of tea with my husband, and then I prepare breakfast, wake my grandchildren up and help them dress. After breakfast I take them to the kindergarten. We usually walk. When I'm back, I clean the house. After that,

I buy groceries at a local store and do some work in my garden. At 10 am I prepare a snack for my husband and serve coffee. Then I start cooking a meal. We have lunch at 12.30. At 1.00 pm we watch the news on TV. After that we rest for a while. I wash the dishes, do the laundry, iron. Around 3.00 pm I have a coffee break, and then I cook lunch for my son's family. Sometimes it's me who brings the grandchildren back from the kindergarten. I spend afternoons in my garden and look after another grandchild. At 7 pm my husband and I have a TV dinner and watch the evening news. Then we watch a movie. At 10 pm we go to sleep. (F, 67 years old)

The respondents stated they are used to living an active life, and work is an important value for them, which is why they want to be active and included in activities at home and in the public environment. In this regard, they need responsiveness from the environment to adapt to their specific needs, chiefly related to the processes of ageing and decreasing physical abilities.

I like to look after animals (dog). I like to arrange things around the house and do fruit gardening. (M, 77 years old).

I like to ride a bike, arrange things around the house and do gardening, though my garden is getting smaller year by year. Now, I like to help my relative, who is ol-

der than me and ill. I help her with the household chores and this gives me pleasure. (F, 75 years old).

I read a lot, I do gardening which relaxes me. Besides, I assist a company with my accountancy skills which gives me a feeling of being useful and it enables me to earn some money. (F, 71 years old).

While the more independent and healthier older people report on a very active day, the Institute for home care users whose health condition is mainly very poor are engaged in just a few activities during the day.

Of course, I used to go out a lot, I walked up hills, but now I keep to myself in my flat most of the time and I don't go out. I used to read a lot, too, but not anymore, because I have poor eye-sight. (M, 95 years old).

What changed is the fact that I spend most of the time in my flat. I didn't cook in the past, but now I prepare my own food. My other habits haven't changed much (M, 86 years old).

Health holds the greatest value. They try not to complain and they express sat-isfaction even when it is clear they are not in an ideal position. Sometimes they live a monotonous life. They told us they are modest, their wishes are small and easy to fulfil. How they feel largely depends on their health. Those who are very limited in walking or moving due to their physical condition in most cases express less satis-faction, and more resignation and lack of expectations. All those who live at home do their daily chores on their own, albeit not those who are unable to take care of themselves due to a physical impairment or disability.

Older people, especially those who due to physical impairment stay at home most of the time, report about loneliness and missing participation in daily activities and chores. Their world stays captured behind four walls and they would like to be included in activities. Those who are still able to walk but need some support to visit public places think of active life and participa-tion outside the home by way of organising special events for older people (e.g. shorter excursions, more comfortable seats in the theatre). More detailed needs and ideas are illustrated in Table 3.

Table 3
Active life: inclusion in spheres of home and in the public sphere

Category of life	Needs, wants	Ideas and suggestions
Inclusion in spheres of home: active life, commit-ments	Daily activities and chores Participation and activities at home: household work, work in the garden, with grandchil-dren…, care for pets	• Technical services, mobile shop, library on the wheels, • Mobile pharmacy etc.
	Unburdening - need for household help, help in the garden	• Help with household work (chores), or-ganisation of laundry and ironing • Organised meal at home, laundry servi-ces and cleaning services
Inclusion in society: public sphere, socialising	Participation outside the home	• Interests and learning (e.g. languages, driving licence, dance…), cultural and other events, courses… • Travelling

Category of life	Needs, wants	Ideas and suggestions
	Organised forms of interest	• Activities for older people • Events in the local environment (performances, trips, visits, social and dance evenings…)
	Need for escort	• Accompaniment for everyday errands outside the home (groceries, going to the post office, paying bills, banking…) • Occasional escorting (to the doctor, to different offices)

Old-age risks

Losing physical strength and having health problems is one of the major circumstances that determine old people's satisfaction, and the feeling of still being able to control their lives. They said that some types of risks increased with old age, which they mainly connected with weaker health, a loss of physical skills, various accidents, thefts, disease or violence.

> *I also risk being attacked and robbed.* (M, 86 years old).

> *Walking alone down the street and not being able to defend yourself is risky. Not being able to move well may also involve risks. You need to think of everything and look after yourself.* (M, 76 years old).

> *The other day I fell and hurt my arm, because somebody attacked me.* (F, 96 years old).

The accidents, falls, injuries and fractures represent a bigger risk for older people than for other groups of people. They estimate that now that they are old they get injured more often than before: they fall down in their homes or down the stairs (difficulties with balance). Everyone in the top age group said they have certain health problems but they accept this fact. Taking care of their health becomes a daily »activity« of older people, and this category includes care for diet, physical activity, tak-

ing medicines and regular visits to the doctor. Apart from health-related risks, older people also feel more insecure on the street (e.g. traffic, thefts), and in their homes as well with regard to conflict and violence (psychological and physical abuse by relatives, partners, financial fraud, intrusive »door-to-door sales agents«…). To avoid risks they change their previous practices or habits:

> *I protect myself and watch out to avoid anything happening to me. When I go out, I put my wallet in the pocket of my coat instead of in my handbag. I walk carefully and watch out, so I don't fall.* (F, 96 years old).

> *There is an older couple in this area that regularly go for a walk down the streets in the summer, but during the winter they keep inside, because they are afraid of catching cold or falling* (M, 78 years old).

Interviews reveal that older people feel more vulnerable to domestic violence and financial exploitation, and therefore they express the need to be more protected against these situations.

> *My nephew used to help me with the housework, but after a while I had noticed that valuables started disappearing and money as well. We had a quarrel and he was rude to me. I am afraid of him.* (F, 83 years old).

Social networks, socialising, and help

The social contacts and social networks of our respondents are diverse. For many, the most important are their children and their families or partner. Other relatives, friends and neighbours are also important. Those able to leave their apartments associate in different places, such as a shop, post office, park, cafes etc. They meet to go for a walk and visit each other.

They are important…, also friends I sometimes pay a visit and colleagues I meet at the reunions in associations (M, 76 years old).

An important characteristic of contacts in old age is that they are relatively constant, there are few new contacts. When a contact breaks off (death, moving house, a conflict), it is only rarely replaced by a new contact.

Sometimes a friend or a neighbour pays me a visit. My friends and me, we used to see each other every day and we had a coffee and a chat. But now most of them are dead or they got ill, so we only talk to each other on the phone… (F, 84 years old).

Those who stay in their home either due to a physical impairment and disease or due to personal reservations are isolated from outside events. The daily life of these older people is often linked with loneliness.

I have friends, but I can't go and see them, because my leg hurts. They also rarely come to see us. We talk to each other on the phone… (F, 77 years old).

They have fewer contacts. It can be said that it is primarily mobility impairments that influence differences in the quantity of contacts. When such people need help in care or other daily chores they receive help from their partner or relatives. In cases where they need assistance with nursing care or other everyday chores, they are assisted by partners and relatives. Those who are users of the services provided by the Institute for Home Care for Older People use a combination of informal and formal services of care:

I can do necessary things by myself, for example, I can change nappies, eat and drink, dress myself and wash. I receive help from relatives and caregivers from Home care. (F, 78 years old).

The social home care worker comes over to hoover my apartment, clean the floor and remove the dust (F, 77 years old).

People from a closer social network are importantly included in the help of older people. Care for another changes and dictates the »helper's« routine in an important way. A retired man (76 years old) who takes care of his wife describes how he manages his daily tasks in detail:

I wake up at 5.45 and do all the necessary morning things in the bathroom. I make breakfast for my wife and serve it to her at 6.30. Then I check and empty her colostomy bag. I wait for M. (a social worker/carer) who comes at 8. I help her with nursing. Then I make breakfast for myself. I then put the dishes away, make the bed and do all other necessary things. I also do the laundry and iron by myself. I go to the grocer's, the market, the pharmacy, the bank, and run all necessary errands. At 11 every day the lady who cooks for my wife comes. Before, we received food from the older people's home for both of us, but it was useless and a lot of it was thrown away. Now the lady prepares mashed food. I give my wife the food. At 12 they bring lunch for me. Then I have some spare time until four o'clock in the afternoon (I listen to the news, I take a nap). I then prepare dinner in order to be free again at five o'clock. Then the nurse comes who is on duty. I tidy

up what is necessary. In between, I give my wife tea or I mash some fruit up. At 7 comes my hour, I do not watch the news on TV as much as I listen to it. I wait for my wife to fall asleep, then I also go to bed.

The presented answer and answers in other interviews show that people combine different types of help, and involve different »helpers«. The following combinations appear in interviews: relatives, neighbours, friends, personal carers, »moonlighting« carers, subtenants, social carers, and community nurses. The help these people offer is varied: nursing, company, household help (cooking, laundry, ironing, cleaning, lifting heavy objects, other more difficult work), and shopping.

Their main and most frequently expressed wish is to have other people close by, to keep them company and support them in the environment where they live. Their main expectations involve their relatives and close ones. With regard to emotional needs, they wish for kindness, warm relationships, love, understanding and respect. Their wish to have company and be accepted is immediately followed by their second most frequent wish, to be healthy. For older people health means to be able to take care of oneself independently, to have more power and inclusion in active life, while it also means they can have company more often and still be useful to people.

Table 4
Social contacts and relationships

Category of life	Needs, wants	Ideas and suggestions
Social contacts	Social, emotional needs: confidential closeness (people who are close to them, rather than just anybody)	• Personal contacts • Visits, everyday attentiveness as strengthening of and support to existing social networks • Conversation
	Overcome a loneliness due to physical impairment	• Visits, new forms of e-communication, e-mail, the Internet…; volunteering
	The need for the company of fellow people, family keeping company	• Neighbourhood/communal events, actions and projects for making intergenerational connections, continuity of contacts
Risks in relationships	Safety with respect to domestic violence	• Trustworthy people, shelters for the older people
	Deceptions	• Raising people's awareness, stricter control over suppliers of services and goods

In general, older people value personal contacts and confidential closeness with others. The results show that the provider of help cannot be »just anybody«. People would like to feel safe in relationships and would like to rely on trustworthy people., especially when they need intensive support with every day chores and a lot of care, and need someone to help with organising care and communicating with »outside« assistants. This is where an important need for a »care coordinator«, as an engaged informer, counsellor and advocate is highlighted, someone who is able to help older people look for relevant information, explain procedures, introduce services and also represent older people's interests.

Table 5
Independence and influence

Category	Type of Need	Responses, interventions, services
Independence and influence	Being informed	• Access to information about forms of help
	Need for a trustworthy counsellor	• Advocacy • Being informed by way of personal contact
	Wish to be independent, *Influence* the course of the future (e.g. choices, live at home)	• Personal planning and help (community worker), outsourcing various services, technical assistance, and care
		• *Measures for help and support in the home*: help to support an independent life, help in everyday chores and care, work, self-care; transport, escorting • *Material and technical measures*: use of new technologies (the Internet, technical accessories, telephones…) • *Affirmative measures:* advocacy, co-ordination, companion-attender

Some of the needs reported in the interviews regarding social inclusion are related to completely technical circumstances which, however, indirectly also influence other levels of the quality of life. For example, people with difficulties with mobility or other health problems miss an architectonically adapted environment (ramps, lifts,...) as well as other infrastructure in the environment which would meet older people's needs (e.g. the way they ride buses and the high steps to enter them, too few public toilet facilities or poorly lit areas etc.). Staying independent is not just a question of not being helped and being self-reliant. The traditional perception of older people as »dependent on the help of others« is creating socially devalued roles, suggesting older people are patients and disabled. The affirmation of »dependent« older people as valued is connected with the possibility that older people can use help in a way that facilitates personal autonomy. Important social contacts, the possibility of socialising and having someone close are crucial, even when it appears as if

the circumstances of needs are not related to people. For example, personal relationships and contacts with trustworthy people guarantee that older people can overcome technical and material obstacles. Even technical obstruction, such as architectural barriers, could be less crucial when there is someone who can help an older person to walk or move.

Services in the community: mix of help

When it comes to services intended for older people, older people mainly know the work of health care services and have less contact with social services, while those who do not use home care services, as a consequence, have poor knowledge of them. Older people express a lot of distrust in different forms of care for older people. They mainly regard older people's homes as a »necessary evil«, while their greatest wish is to live through their old age in their own home surroundings. That is why their wishes and needs relate to care in their

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home environment. With regard to forms of services, older people wish to have fast, easily accessible services (particularly in health care), a favourable and adequate attitude from experts, and detailed information about the possibilities of help. The ex-

ample of more flexible community service is illustrated in the area of health service. The main characteristics of quality service in the community are access, closeness and stability of rights. Similar principles could be adapted to other care and social services.

Table 6
Health services

Type of need	Responses
Access to quality and quick services *Closeness* of services (health centre, hospital) *Stability* of rights arising from health insurance (e.g. access to medical drugs and health accessories)	• More flexible systems of health services • Home health care • Mobile health service, travelling pharmacy • Respectful treatment • Simple procedures for subventions in access to medical drugs and health accessories • Access to information and instruction of procedures

One of the main problems seems to be that older people are not really listened to by experts and that they have no influence on their own choice of services. In this regard, they do not mean so much the basic conversations between experts and users (because experts are in general friendly to them), but the serious consideration of their ideas for their futures and the greater flexibility of services in relation to their personal wishes and interests. Above all, they think they do not have enough concrete and detailed information available, which would enable them to become aware of how they can organise help if they need it.

The wish of older people is to be able to keep their independent life in the community and maintain the possibility to combine a mix of help. The individual arrangements of help are diverse on the level of organisation and intensity of help, and for the time being this arrangement depends on older person's human and material resources. Relatives are most involved in providing care and support, and in some cases need to be discharged by the support of others (a combination of formal and informal care). Older people need community services

for older people which would be able to provide the mixture of help. This type of help could be responsive to a variety and different intensity and frequency of older people's needs. On the level of everyday practice this would mean single actions, periodic and continuing assistance and the creation of personal plans, risk analyses and coordination of implementation.

DISCUSSION AND CONCLUSION

The research shows that it is impossible to understand needs without researching everyday life. It demonstrates the significance of researching needs in a way which enables needs to be embedded in an everyday context. The research was conducted as a collaborative activity and the community was seen as a partner rather than the object of inquiry. That means that a holistic stance was assumed and the older people were allowed to talk not only about their ailments, but also about their social context, everyday lives and the perception of risks, needs and services they receive and would need. It has been used to help make decisions about the kinds of responses and interventions that

are meaningful for older people. In doing so the researcher's role was to listen and talk with people to understand their living situation and to gain practical information necessary for developing responses. Evertt and co-authors (1992: 17) emphasize: »To be in a position which allows naming needs and problems, felt and experienced by others is a position of power«.

The information collected gave an idea of how people see their own situation, and, the possibility of changing it on a personal and social level. As Flaker (2011: 63) writes: »In the setting of new service delivery, users' knowledge of service users becomes more and more important, not only in the personal care planning, but also in the training of professionals and the construction of theories about users' life contingencies and the functioning of the services«. But knowledge and experience transform over time. The picture of the community that has been drawn up – a map of needs and responses - cannot be final. The map as a model of the community can only be seen as a temporary illustration of everyday life in the changing landscapes of the community. It helps to plan and organise work in a more informed way, but an opening to adapt to changes that happen in real life must be left. The map of the community and the index of needs and responses have to be modified »as researchers gain new experience in the setting or discover negative evidence that might suggest the model is incorrect« (Schutt, 2004: 437). Thus, researching needs is an ongoing process which includes the recognition of individuals' views of needs and awareness of the wider social context.

The needs of older people revolve around two axes: the axis of daily activities (help in everyday life) and the axis of social power, involving the attitude of society to older people and older people's influence on planning their own future. People expressed most varieties of needs when they were talking about daily routines and the necessary chores of the day and the greatest worries were conveyed about changes in the future, mostly related to conditions that maintain an independent life. This research reveals the link between the routines and the understanding of needs – many needs refer to daily rhythms and at the same time to the predictability of the future. People do not want to doubt the self-evident, »natural given« of everyday life (Giddens, 1991). A sudden interruption of a usual scenario puts the individual in the position where they have to look for ways to re-establish the past routine (needs become expressed as repair strategies), or it requires that a person adapts to the new situation (needs as an adaptation strategy). Therefore, needs can be recognised as an integral part of daily routines (such as taking care of hygiene, maintaining contacts with the family…) and in relation to life rhythms, which are connected with turning points in life (such as death, moving house, serious illness).

An important finding of our research is that questions of needs should not be posed exclusively as questions of deficiency, even if in everyday use, and in the ways the concept of needs is used in welfare discourses, needs often occupy the place of a signifier of a lack. Well-being is more than just the absence of deficiency, it emphasises the positive aspects of life, which is specified by diversity and multiplicity determinants such as: » […] health, […] social and ecological conditions, income, employment, housing, leisure, daily routines, transport, social and physical environment... « (Greacen et al., 2012: 6). The narratives of older people also show that needs are not always in the forefront of their minds. Rather, needs are seen as one of the circumstances of everyday life, as tasks they have to accomplish.

To name a need is to name a descriptor of a situation, which could change for better or worse. When trying to control a risk situation one has the need to prevent things from getting worse and to stop harm, while hoping for a successful outcome. In this case, *need* is a mediator between the plan and its realisation, between an idea and its result, and is the way of naming the *procedures and tools* with which a person achieves what they wish.

In the direct conversations about needs more about the respondents' personal aspirations came to be known, such as what was important to them and what the important goals in their lives were. These involved their values – hoping for themselves and their close ones for what they value and what, in their opinion, is important in life. With regard to the values expressed in their wishes, our respondents' statements are very similar to each other. They wish to stay healthy enough to take care of themselves, to have enough funds to guarantee a decent lifestyle and not to be invisible or overlooked in society. One of the important values that older people connect to is their accommodation and home; this is a wish to keep intimacy, privacy, and independence. Therefore, talking about needs in relation to values is undoubtedly universal – older people need safety for themselves and their close ones, safety and stability in efforts to balance health, respect, satisfactory material conditions and the possibility of making decisions. However, by comparing daily routines and life circumstances, the needs expressed in the conversation turned out to be expressly relative. A relativistic view of needs reveals all the variety and diversity of everyday life, the unique and special mixture of needs and mixture of help, and also the relativity of feelings about common needs. For example, some older people are happy when children come to visit them once per week, some are happy when they can be active for the whole day. Some of them prefer not to become service users and as a consequence, seek help from informal networks, and some prefer to pay an outsource service rather than to burden their relatives.

The question of choice is related to the question of power. The lack of choice and decision making is revealed at different levels of everyday life; it shows in trivial everyday situations when for example some of them stay at home because the lift is out of order or they cannot choose what to eat because others have prepared food for them. It is also shown in more fatal situations, when one has to live at home due to health or material deprivation or because they cannot afford a decent meal (they can only choose the cheapest foods). Possibility of choice is therefore linked to the extent of deprivation and complexity of needs. These examples show that older people are constrained and hindered in a similar way as other marginalised groups (such as the disabled). They also do not have a choice because obstacles are present in the environment or society as a whole. Importantly, the question of choice influences the notion of risk. Risk concerns future events related to present practices. When it comes to questions of risk, the individual is faced with the problem of how to explain the risk situation in a more transparent way, and in terms of concrete problems (Flaker, 2003). Thus, needs can be understood as instrumental definitions of risk situations, and as such enable us with information of how to manage risk and the possible consequences in the future. In other words, inquiring about needs always triggers thinking about the future.

So, an attempt to establish justice by cataloguing needs of diversification of help is not possible, and can consequently mean

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establishing injustice. That means it is not enough to name needs, but conditions need to be allowed where by people can creatively and flexibly combine means (material and other resources), arrangements (rights, procedures), services (tasks), and programmes (activities) (Flaker, 2012). It can be established that needs as a concept have four forms: they are technical – as a means of measuring welfare (needs are subject to being counted); normative – as a way of defining rules and justice (needs as rights, norms); instrumental – as tools which have an impact on reality (needs as strategies of practices, procedures); construction – as ideas which are constructed in the form of representations with which co-operation in relationships with people through the exchange of meanings takes place (needs as concepts of knowledge in everyday life, concepts of expert knowledge, needs as policies, ideologies). While the concept of needs as such is neither good nor bad, it becomes problematic if it is abused as an instrument of repression or constraint. Social work as the mediator between society and the individual is constantly skating on thin ice between the control and emancipation of people. The responsibility of social work professionals is to empower people to maintain their influence over the courses of their own lives.

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Sažetak

RAZUMIJEVANJE POTREBA STARIJIH OSOBA: POMAK PREMA ODGOVORIMA UTEMELJENIM NA ZAJEDNICI

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Ovaj rad predstavlja iskustvo istraživanja potreba starijih osoba na način koji uključuje njihovu perspektivu tijekom procesa istraživanja, kao i u planiranju odgovora na njihove svakodnevne potrebe. Rezultati predočeni u radu dio su šireg istraživanja s ciljem otkrivanja potreba starijih osoba u gradu Ljubljani kao temelj planiranja strategije i odgovora na potrebe starijih osoba u gradu. Rezultati istraživanja ukazuju na važnost istraživanja potreba na način koji omogućuje da se potrebe usade u svakodnevni kontekst. Kako bi se razumjele potrebe starijih osoba, sljedećih pet područja proučavalo se u dubinskim intervjuima: položaj starijih osoba u društvu, njihov društveni i zdravstveni kontekst, vrste rizika s kojima su suočeni kao osobe starije dobi i procjena postojećih usluga za starije osobe. U istraživanju potreba slijedila se polazna pretpostavka da su potrebe socijalno konstruirani pojam, pa je stoga njihovo izražavanje i rasprava o njima prvi korak prema tome da se starije osobe čuju, da sudjeluju u planiranju usluga i da oni koji ih planiraju steknu uvid u iskustva starijih osoba, da se približe svjetovima svojih korisnika i njihovim neposrednim iskustvima. Rezultati pokazuju da su starije osobe navele najviše vrsta potreba u razgovoru o njihovoj dnevnoj rutini i nužnim dnevnim poslovima, a najviše zabrinutosti pokazali su u pogledu promjena u budućnosti, a najviše ih brinu uvjeti nužni za održavanje neovisnog života. Želja je starijih osoba da budu u stanju održati neovisan život u zajednici i da zadrže mogućnost kombinirati usluge skrbi.

Ključne riječi: istraživanje, perspektiva snage, potrebe, svakodnevni život.