THE METHOD OF PERSONAL PLANNING AND THE IMPLEMENTATION OF SERVICES IN SOCIAL WORK WITH OLDER PEOPLE

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ABSTRACT

Due to demographic changes, social work with older people has been confronted with great challenges. It is essential to respond to them professionally, in a way adapted to the concepts and guidelines of social work. The method of personal planning and implementation of services is very important in this context. This method is present in the international context of social work; therefore its development and practice are discussed in this contribution from the perspective of providing personalisation and user perspective. Personalisation, user perspective and participation are the concepts followed by contemporary social policies, but in long-term care they represent the foundations of the paradigm shift in care. In social work, the concepts mentioned are key starting points to substantiate the provision of professional help that is ensured with the very method of personal planning and implementation of services. The specific features of this method in social work shall be presented in the case of older people, and we shall draw attention to issues that represent our weaker points in providing personalisation and empowerment of older people. Following the example of the use of this method in institutional

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care for older people in Slovenia, we shall show the nature of changes emerging from this method in the life of the residents and the operation of institutions. For the future, the method of personal planning and implementation of services is seen as the central principle of social work that separates professional social work from other disciplines, giving it a central role in the empowerment of older people and providing autonomous decision-making in the helping process

INTRODUCTION

The increase in the number of older people as a percentage of the world population in recent years has reflected on the attention paid to the phenomenon associated with age, ageing and older people within social work. At the turn of the twentieth century, the main 'social issue' in industrial countries had been the situation of the working class. At the turn of the twenty-first century, the working class issue ceased to be the main political and social topic. The focus shifted to demographic changes (Payne, 2005; Lymbery, 2005; McDonald, 2010), particularly, the increase in numbers in the older population, and our response to these changes, including new social solidarity, often called intergenerational solidarity and coexistence. In new social circumstances, social work has been increasingly concentrating on older people.

In the 21st century, older people represent a key challenge for the development of concepts, methods and skills in social work. Yet, social work with older people in the circumstances in which the percentage of older people in society is on the increase remains quite an invisible area of social work (Mali, 2013a; Mali, 2016). Generally, in discussions on the future role of social work, there is consent on the support that should be given to develop specialisation in the area of social work with older people, but on a concrete level, there is very little literature, research and education available to develop specialist knowledge in the field. Nevertheless, there is hope, since, as Nathanson and Tirrito (1998) state, social work is a dynamic science that responds to the circumstances in society. Phillips (1996:149) attributes a special role to social work with older people, since the existence of social work wholly depends on this area. The older population is therefore a big challenge in social work.

In order to function properly, social work with older people needs to make use of generic knowledge from the area of social work as well as from other disciplines that develop knowledge and help us understand the later period of one's life. It is the very intensified inclusion of the older population in social work and our response to the needs of older people that may trigger the emergence of new methods and skills to act in social work. The boundaries between theory

and method in social work are fluid. Social work involves theories on how to act in a particular situation, and not substantial theories on the nature of a particular subject (in the case of social work – a human and a society) to be »acted« upon and treated (Flaker, 2003.).

In the last decade, the notion of long-term care is gradually getting more and more relevant in social work with older people. Long-term care is a new form of state policy, an integrated system of health care, social protection and a new paradigm of care on the level of professional management (Flaker et al., 2008; Rodrigues, Huber and Lamura, 2012; Leichsenring, Billings and Nies, 2013; Mali, 2013b). Social work brings knowledge and methods to long-term care in order to achieve changes in the paradigm care that puts people and their needs into focus, but help is only effective when it responds to people's needs according to their expectations and necessities. The key change involved in this is the need for professional experts to adapt to users and involve them in help in terms of active co-creators of solutions. Instead of the experts changing users, they need to learn to live with them and provide more support and not just take over their work (e.g. household chores) (Flaker et al. 2008). The classical methods of social work in this case is thus no longer useful as it is directed towards problematising people as individuals and pushes them into a position where they are dependent on professionals who are perceived as experts who can fix all their problems.

In this paper we shall show to what extent the method of individual planning and implementation of services may be useful in order to attain the paradigm shift in the care of older people. This method is known as the central method in the system of long-term care and in deinstitutionalisation processes and will be presented through the concepts of personalisation that tailor care toward people's needs and through user participation. In the international context of social policy and in social work, long-term care and deinstitutionalisation processes, are both important. With concrete examples taken from the method of personal planning and implementation of services in the practice of social work with older people in older people's homes in Slovenia, we shall present the changes that the method introduces in institutional care. Implementation of the method is presented in institutional care because in Slovenia it is the most evident practice of the method, recorded also in the *Rules on procedures concerning the exercising of the right to institutional care* (2004) as a central method of care in older people's homes. We shall also set starting points for a critical review on the introduction of this method in the area of older people's care and give suggestions as to its further development. We must be aware that this method shall not bring forward success unless it is built on the concrete contexts of use.

THE HISTORY OF THE METHOD OF PERSONAL PLANNING AND ITS PLACE IN LONG-TERM CARE

Globally, the method began to develop in the middle of the 1980s: in Canada, it was known as *case management*, in Great Britain, *care management* was also used alongside the term mentioned (Zaviršek, Zorn and Videmšek, 2002). Both cases involve a design of care based on the assessment of needs and effective use of budgetary resources to meet the needs identified. Flaker et al. (2013) add that the method emerged due to deinstitutionalisation as a response to a need for coordinated activity of various services and management of community services in terms of case management, care planning and management, but above all, it stems from independent service brokerage.

A review of the literature (Videmšek and Mali, 2018) shows that the method was updated and changed according to the development of social work and its postmodern concepts. The changes are seen in the attitude of professionals towards people with personal experience as their role changes from a patronising one to that of a co-creator of solutions. In Slovenia, the foundations of this method were established by Brandon (Brandon and Brandon, 1992;1994). Its particularity resides in the fact that it has biographical features, as it is based on the users' narration of their life stories in which they define their goals, wishes and needs, all on their own. This enables professionals to design adequate services and forms of help for them. The empowerment of an individual is therefore put forward, and not the listing of services, chores or professional experts needed.

In Great Britain, the method was highly criticised in the system of care management, because it fell under management demands that put forward saving money instead of people's needs. Gardner (2014.: 44) names several authors who claim »*that the community (care management) system also failed citizens in a second, more profound way: it neglected their deep concerns and interests, their strengths (or gifts), and by doing so alienated them, and sometimes, in fact, confined them to a vision of institutional care that did nothing to encourage or nurture them, or indeed give them due respect or dignity, or to make the most of the contribution of those who loved and cared for them*«. This criticism highly affected the change in the culture of care and the role of social work in the helping process. The central role was given to personalisation of care and the influence of users on the operation of services, while the method itself changed name and became person-centred planning (Dowling, Manthorpe and Cowley, 2006).

The demands to establish long-term care, putting deinstitutionalisation into practice and introducing new profiles in social protection (especially the profile of care-coordinator in compliance with the Mental Health Act) also dictated changes

of the method in Slovenia in the last decade. Flaker et al. (2013) called the method »personal planning and implementation of services«. The previously used term »individual planning« was replaced by »personal planning«, since the word »*individuum*« in Latin means »indivisible«, while the plan actually consists of several components. Besides this, a tendency to highlight the difference between individualisation and personalisation was also stressed, since the first still provides for some sort of standardisation, while the second, with the term »personal«, admits human uniqueness as such.

Regardless of changing the name of the method, its central component is still a human story, the story of its owners who define who they are and what they want. The help provided by a social worker is associated with the pursuit of the person's goals. The plan itself consists of three components: stories with goals, the goal implementation plan and a detailed statement of costs and evaluation. Without these components, the plan is just another bureaucratic record of professional work without any aim to change or improve on people's lives.

The central principle of the method is tailored personal care. This concept may be seen as a point of departure for changes that Needham (2013) shows as a way of understanding care in a completely different way – instead of placing organisations, institutions, services and professionals in the centre of care, the central position is taken by users. The providers of help are supposed to adapt to users' needs instead of users adapting to the needs and requirements of institutions. It is generally explained as being about viewing need and provision from the perspective of the user and increasing choice and control (Gray and Birrell, 2013).

Similar points of departure are traced in discussions on paradigm shifts that are supposedly provided by long-term care. The key change involves the user of long-term care to be seen as »an active service user«, contrary to the previously established concept of »a passive recipient of services«. Naiditch et al. (2013) point out that with health care services, patients maintain their passive role and let the professionals remain dominant. But long-term care is a long-lasting and perpetual care in which the main role is assumed by the social values and social context in which long-term care is implemented. We aim to provide coordinated care, permanent (continuous) care and care that is adapted to users' needs. This type of care involves not only individual segments taken from users' lives (problems, tasks, relations etc.), but also the providing of support in life in general and access to many services provided by service-providers (Flaker et al., 2011). The roles assumed by professionals have changed, therefore professionals now aim to find sources of empowerment for users, they help and support them in identifying their personal potentials and reinforce their ability to gain more autonomy in their lives. »*This necessitates continuous and sustained efforts on the part of community health and*

social services to 'customise' care plans by taking the social environment into account«
(Naiditch et al., 2013:49). All the procedures in long-term care are based on the
creating of a personal plan, a written document in which all actors involved in care
are recorded alongside the technological support.

Allen, Glasby and Rodrigues (2013) emphasise that personalised care affects
older people's lives in a less extensive way than it affects other age groups in long-
term care. Older people have less psychosocial welfare and their empowerment is
not as powerful as that of younger users (e.g. learning disabilities, physical disability
or mental health). They need more support and professional help in the process of
selecting help and in ensuring that they will have an impact on service operations.
Similar findings are also quoted by Naiditch et al. (2013), since the opinions of older
people are often overlooked, and the same is true of their fundamental human
rights while their relatives and other representatives of their social networks are
involved only at the end of the helping process when the decisions on care have
already been made and care implemented.

In spite of bad practices of this sort, in countries with a well-established sys-
tem of long-term care, we may trace the concept of personalised user treatment
in recent decades. This concept is a key guideline of many national guidelines in
older people's care. The most typical country in this case is England. The tradition
in the development of personalised care stretches back to the 1990s, but from
2011 to 2012, personalisation is the key principle of political documents (Gray and
Birrell, 2013). While in the »Strategy of social care of older people in the Republic
of Croatia for the period 2017 – 2020« (Strategija socijalne skrbi za starije osobe u
Republici Hrvatskoj za razdoblje od 2017 do 2020, 2017) there is no guideline on
personalisation as a care guideline, in the Slovenian document titled »Resolution
on the National Programme of Social Protection 2013 – 2020« (2013) individualised
treatment as a proxy to personalisation in care is mentioned as the central principle
of the implementation of the system of social protection. From 2004 onwards, the
method of individual planning is recorded in the »Rules on procedures concerning
the exercising of the right to institutional care« (2004) as a central method of care in
older people's homes. In the Croatia document »Rules on evidence and documen-
tation in homes for older people« (Pravilniku o vođenju evidencije i dokumentacije
domova te o načinu i rokovima, vrst ama usluga i drugim pitanjima, 2002) concrete
elements of personalisation are not prescribed, but individual plan is defined as
part of mandatory documentation of the users of the home (Rusac, 2015).

Regardless of various practices of personalised care and the relevance of per-
sonalised care in political principles of various European countries, the fact is that
the field of older people's care is changing. A personal approach to each and every
user and the way of adapting care to individual life goals is getting increasingly

more relevant. Such an approach encourages professional workers to monitor users' needs and provide services that effectively respond to them.[2] In a broader sense, the method of personal (individual) planning provokes changes in institutional care and introduces changes in view of deinstitutionalisation (Mali, 2008). In drawing up the starting points for deinstitutionalisation (Flaker et al., 2015), the method of personal planning is one of the key methods when it comes down to moving users into a community, establishing community services and preventing institutionalisation. "It is more and more being recognised as a method based on personal planning and creating personally-tailored care, but at the same time it reinforces the community dimension of socialising and harmony among people. Now, its starting points are based on the dialectics between a person's individual goals and collectivity, which is what every one of us needs for quality of life (Videmšek and Mali, 2018). Therefore, this method may be understood in a broader sense as a way of establishing relations of greater quality among people in society.

AN OVERVIEW OF THE METHOD IN THE CONTEXT OF SOCIAL WORK WITH OLDER PEOPLE

The review of relevant international literature on the use of this method in the area of social work with older people shows that a personal plan is divided into several separated procedures and that for every one of them, there is a separate record taken. Flaker et al. (2013) represent this method in Slovenia as uniform, with a uniform record that contains several phases, similar to those in separate procedures. Such practice follows the same aim – to ensure the active role of older people, independent decision-making when it comes to their life and the impact of older people on their life, which is achieved with a personal approach and taking account of wishes, needs and necessities of older people. The differences in the implementation of this method are the result of various developments in the professionalisation of social work, the impact of social policy on the role of social work in helping processes addressed to older people and often also topical circumstances in society, such as the recent economy crisis. We do not intend to draw up international comparability of characteristics and use of the method[3], but will rather show how the consequences of various methods of practice in the implementation of this method affect the role of social work with older people.

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[2] The method of personal planning was developed with care management, but as a method of social work it has broader meaning and goes beyond strict organisation of care.

[3] Such work could only be done with a separate study that would involve clear theoretical premises and adequate research methodology.

In Slovenia, with the method of personal planning and implementation of services, on the basis of the research on life-world, we design the objectives and plan the use of means that are available to a human being alongside those that still need to be obtained to enable them to reach their goals. The active involvement of older people in the helping process is highlighted, therefore the method is realised in a constant dialogue and working relationship with users. By using this method, a social worker directs the helping process in a way as to consistently follow the will of older users and somehow empower them, but also in a way as to expand their possibilities while taking into account all the acceptable risks (Flaker et al., 2013).

One of the basic characteristics of traditional social work is that it is a *reaction* to the distress or problems of an individual, a group, a community, or society as a whole. Contrary to this characteristic, a personal plan and implementation of care are seen as *proaction*. In fact, planning is a response to past events and the current situation. Older people in the helping process first recount their life story. On the basis of its analysis, they set life goals, so in this part the method is directed towards the active creation of future plans. Planning is not an objectivist assessment of needs, nor is it merely the definition of an individual's living needs, but the expression of one's wishes and goals, meaning the method also contains proactive characteristics (Flaker et al., 2013). Having a view into the future is of special relevance for older people as it creates the requirements needed to search for meaning in life, which is often an indefinable and open-ended area due to social provision on age and old age.

The method consists of two processes: *planning* and *implementation*. Furthermore, both consist of process and outcome. The outcome of planning is a plan. In order to make a plan, a special methodical procedure is needed – one that follows particular principles and consists of operations regarding the establishment of a working relationship and includes research on the living world of the user, as well as a special way of recording the plan formed by principles of planning and concrete circumstances. The outcome of the implementation of a plan consists of services and measures that are the means of achieving and realising goals – they have been foreseen on the basis of goals. The goals realised are then the true outcomes. The totality of realised and realisable goals with the means to achieve them are referred to as the *personal package of services.*

Regardless of whether the personal plan is drawn with an older person living in a community or in an older people's home, the plan has to be confirmed. The act of confirming the plan is a pre-condition for its implementation. In a community, confirmation is done during the team meeting, attended by all those who are involved in the process of planning and implementation of the plan. In older people's homes, this also usually takes place during team meetings, often in the

absence of the resident and only as a confirmation of the plan of implementation of the existing services provided by the older people's home. In this phase of the process there is a key difference between social work with older people residing in a community and those residing in older people's homes. In fact, personal plans in a community enable the realisation of life goals of older people that are strongly bound with institutional goals when older people live in institutions (Videmšek and Mali, 2018). For this reason, it is important not to overlook the revision of a plan – the evaluation of a plan's implementation that may result in drawing up a new plan. If it is found that the plan is not implemented in accordance with an older person's needs and goals, the plan can be corrected and the implementation redirected to meet the set goals.

The English practice of personal planning is based on providing user empowerment in all phases of the helping process – in the phase of the assessment of needs, help planning and support in auditing of the plan (Gardner, 2014). The method is used to plan community care. The assessment of older people's needs takes place in a single assessment process, which is based on a person-centred and inclusive approach. McDonald (2010) states that there are many different models of assessment of needs that do not always involve older people as partners in the process of making an assessment, but professionals often assume the role of experts and verify the presence of needs according to the previously set scales. Such practice may take place because the assessment of older people's needs is not done only by social workers, but also by other professionals, predominantly from the area of health care. Lymbery (2005) states similar findings and feels that social workers should assume the managerial role of care-coordinators in relation to unqualified professionals, such as community care officers and social work assistants. This way they would preserve a clearly defined role of social work in the process of the assessment of needs and give users the power over the helping process.

Namely, for social work, it is characteristic that in the assessment of older people's needs the following elements are taken into account: (1) a strengths perspective (focusing on the older person's continuing ability to perceive and analyse problems and to identify solutions), (2) citizenship (participation in decision-making), (3) autonomy (older people are autonomous individuals whose capacity for decision-making is assumed by reference to their adult status), (4) information (older people should get clear information of the purpose of the assessment), (5) personal development (assessment brings with it an opportunity for personal development and growth) (McDonald, 2010).

It is essential for social workers to understand that the assessment of needs is a joint process involving older people that makes them assume a central position and become actively involved in the assessment process with all their knowledge

and skills. The skill of the social work practitioner is to help draw out that expertise so that service users can confidently express their own needs (Gardner, 2014). A social worker has to encourage older people to recognise their own skills, abilities and sources of power, as this is the only way for them to plan independent life within a community.

The process of care planning identifies the most appropriate ways of achieving the objectives set out in the assessment of needs (McDonald, 2010). It involves identification of service providers along with defining and activating sources of help. In this phase, it is of utmost importance to strive to design a plan according to people's needs. In case such forms of help that would effectively respond to older people's needs do not exist in a community, they have to be developed. In England, on the basis of a personal plan, the market of care, now extremely complex has been formed, which enables older people to select various forms of help in a community that are most often present in profitable and non-governmental sectors. A greater autonomy and selection of help has also been stimulated by ways of financing care that appear under the following expressions: direct payments (cash payment given to service users in lieu of services) and individual/personal budgets (allocation of funding given to service users after an assessment) (Lynch, 2014; Gardner, 2014).

During the course of processing a personal plan, the last phase is also relevant, and that is the review of the personal plan. The review considers whether the things that are important to the person have actually been realised and whether this has led to any changes (Gardner, 2014). In this phase, a social worker has to verify how the public money was spent and what results it brought in relation to the welfare and health of an older person. A social worker also tries to make the review personal, so that users maintain their power and influence over the evaluation of the helping process, spending money and visibility of the impact of help.

The comparative study of the implementation of a personal plan in two sets of environments (in institution and community) has shown that the central objective is always taken by personalised care. However, the method itself does not automatically ensure the empowerment of older people and their autonomous decision-making regarding their life. This finding conforms to those sets of practice in the area of long-term care that have shown that a personalised approach does not always provide positive changes in older people's lives, as was already mentioned in the previous chapter.

THE CHARACTERISTICS OF THE IMPLEMENTATION OF THE METHOD OF A PERSONAL PLAN AND IMPLEMENTATION OF SERVICES IN THE INSTITUTIONAL CARE OF OLDER PEOPLE IN SLOVENIA

The method as a pre-condition of innovative practice in the institutional care of older people

After more than twenty years since the first written records in social work appeared in Slovenia, the method is still seen as innovative. In institutional care of older people, social work is mentioned as a requirement for innovation, since according to Mali et al. (2018) it is not possible to achieve sustainable changes in institutional care without individual planning and monitoring of residents' needs. With the method of a personal plan, defined in the »Rules on procedures concerning the exercising of the right to institutional care« (2004), the innovations in older people's homes that are encouraged are those bearing the characteristics of personalised care. This means that residents select a way of life in older people's home that suits them best. It is also relevant for the staff to strive to make institutional life similar to the residents' previous life in their home environment. This is achieved by arrangement of spaces, furnishings, maintaining the same habits, flexibility of rules, and above all the methods of work, such as personal planning, which enables the staff to get to know the residents, their life goals and wishes. However, social workers do not follow the users' perspective that gives the residents central power closely enough, meaning the users lose out on being the creators of their own life through the preparation of personal plans and realising set objectives. The existing practice of creating personal plans does not enable the empowerment of the residents to the full extent. Similarly, Videmšek and Mali (2018), who compared twelve personal care plans of residents in older people's homes, found that the personal plans only managed life in the institution. But with the use of this method, the staff discovers more of the residents' skills and competences that enable them to adapt more quickly to a new living environment after their arrival at an institution.

The question is, therefore, to what extent a personal care plan in older people's homes manages to put into action the residents' impact on their life in an institution. The question raised here concerns the question of the presence of the user perspective, which, within the method of personal planning, represents the perfect inclusion of older people in planning: at the time of recording, during the implementation and monitoring processes, from the beginning of creating a plan to its final confirmation. However, during implementation, the resident has to have an impact on all the as-

pects of planning and implementation of the plan (Flaker et al., 2013). Videmšek and Mali (2018) claim that from the analysed written plans in older people's homes, it is evident that people with personal experience (residents of older people's homes) were involved in the process of planning. This is proven by meticulous records of the residents' life stories in which precise historical data (e.g. how they survived the war) or intimate, even confidential data (e.g. abuse that happened in their life that they never shared with their children) is recorded. In these writings, the analyses of the residents' life stories are also present and they show the relevance of defining and analysing the needs as starting points to proceed towards the active involvement of the residents in planning and empowerment during this method of work.

The primary concern for the person drawing up a personal care plan is to ensure, throughout the process of planning, that the residents have an impact on the design of help and support for them. This means that users maintain control over the whole process of drawing up the written record and planning of services for them (Brandon and Brandon, 1994). A social worker has to provide enough time to draw up a plan and at the same time use various techniques and methods that help them to make a connection with each resident and enable them to have an impact over the written record. If the residents have difficulties in communicating due to health issues (e.g. dementia), the planning needs to be adequately adapted (Rusac, 2016). In this case, however, setting goals takes longer and demands that the person drawing up a personal care plan be well acquainted with the living world of the resident with dementia, to combine verbal and non-verbal communication, to observe things, but this is often not possible. The goals being set need to be verified over and over again with the residents with dementia, so that their impact and adequate goals are preserved. It is desirable to be aware of the fact that people with dementia experience everyday situations as unusual and new and in the same way they also experience the drawing up of a personal care plan. For this reason, it is even more important that our way of establishing contact and a working relationship is not too disturbing for them.

Providing the users' impact in the process of planning in an institution is also relevant because it enables the development of new services that stem from residents' needs. Mali et al. (2018) note that in older people's homes where personal care plans are implemented in this way, new services or innovations in care are developed. However, this practice is not characteristic of all older people's homes, since Videmšek and Mali (2018) found that the responses to the residents' needs often remained centred around services that were already available at the institution (or they were associated with the objectives coming from within the institution and not from the outside). Such orientation is currently directed by the role of individual professionals: social worker, occupational therapist and physiotherapist, health care

service. The objectives in the personal caere plans are often defined as the objectives of professional services and not as the life goals of an individual.

Residents' empowerment and their active role in the helping process

A relevant orientation in creating a personal care plan is ensuring empowerment. It enables older people in the process of planning to assume responsibility for their own lives, helps them gain self-respect and get to know the value of their own experiences (Štambuk and Obrvan, 2017). It reinforces their position and enables them to assume various and appreciated roles and use various sources of social power for their benefit. The impacts on the life of older people may be numerous; therefore it is essential that planning be, in fact, implemented according to the orientation of empowerment.

In planning (and implementation of the plan), the power is a means to realise the plan, therefore it is necessary for it to contain the ways of empowerment or sources of power, in order for us to put it into action (Flaker et al., 2013). When people tell their own story, they present themselves in a positive and a negative light, and the requirements to realise the concept of empowerment are met. Further on in the process, those who are drawing up a plan need to establish such a level of cooperation with users that they feel that the plan is definitely intended for a particular person and will have an impact on the change in the existing life situation as well as make the objectives come true. The planner and the user need to establish such conditions of cooperation that after the plan has been drawn up, the changes will definitely take place.

Videmšek and Mali (2018) analyse the empowerment on the level of life in an institution. In the course of planning, the staff discovers residents' skills and competences, which enables the residents to easily and quickly adapt to a new living environment. For example, a resident who has good knitting skills makes a jumper for the baby of one of the staff employed in the older people's home. This, of course, is not the resident's life goal, but it is a way of finding a place in a new living environment that is based on her skills and competences. In her older people's home, an exhibition of her knitting is planned. This is hardly the resident's living goal, but on the other hand it is a good compromise between what is offered to the resident by a new environment and the skills the resident possesses. With the exhibition, the resident will gain good reputation, respect and probably broaden her social network. The effects will surely be seen in the resident's empowerment.

According to Mali et al. (2018), personalised care, which is the leading principle of the personal plan, changes the culture of relations within an institution and en-

ables the shift from medical to social orientation. With new concepts of work (e.g. household communities) and with *additional activities* and *programmes* (for older people in a community), the rigid frameworks of the institution become lenient and the content becomes richer, which enlarges the offer and the possibilities of selection for the users. The basis of the new concepts are *quality relations*, directed towards *users*, that are satisfying for the users primarily and for relatives and staff secondarily. An important shift is also introduced by a new way of looking at the work of the staff in an older people's home – that they are there for the users and not vice versa, which also involves a logical change in the way of work: *offer services to users where they are* (at home, in a room or in common areas, in the offices of associations in the local environment) and not force common activities in one place (as is the case with occupational therapy and partly also physiotherapy), but rather disperse them all around the residential units.

The obstacles in implementing the method in older people's homes

Videmšek and Mali (2018) state that the most evident obstacles in the implementation of personal plans for residents are the questionnaires, their pre-determined sections and questions that may only be completed by planners on the basis of social, healthcare and other documentation. Such written records are useful for other purposes, but not for personal planning, since they do not presume the users' presence and their opinion. Most often, we find the following sections: general data (sex, date of birth, marital status, education, profession), data on the family (number of children, contacts with family members and other people), financial situation, data on life in an older people's home (type of room, care, activities). Such written records may be completed by a professional, in some cases with the help of relatives, while the residents are not necessarily present. The written data does not tell us much about the person involved. It does not enable us to get to know the resident, their life story, their strong and weak aspects. In fact, we do not get any information that we would need to draw the analysis that is a pre-requisite to set life goals.

The plans created in older people's homes are gaining the image of *bureaucratic forms*, determined by rules and are seen as a response to a formal demand for the use of the method of a personal plan. The rules also determine that older people's homes need to draw up an »individual plan of user-based treatment«, which is seen in an institutional understanding as a different object of a personal plan. Namely, the demand for user treatment is put forward and the power is in

the hands of professional experts, while the residents are only the subject of professional treatment. The language used in written records is therefore also subject to it and as such, it is often very professional and not understood by users. The person who signs the plan is not always the resident. Instead, we may trace residents' statements in which they are bound to actively cooperate in achieving the set goals. Problems with providing individual care and at the same time fulfilling the bureaucratic requirements are recorded similarly in Croatian homes for older people by Štambuk, Sučić and Vrh (2013).

In institutions for older people, the problems of putting goals into practice arise when the plan consists of the actual life goals of residents that surpass the institutional service framework. In their survey on older people's homes, Mali et al. (2018) noted the commentaries by social workers who stated that due to the rules of the institution, they could not put the method of personal care plan into action according to the doctrine of social work. They saw the problems in the prevailing medical doctrine of providing care, for which the residents' needs and wishes were not relevant. In places where these obstacles were already removed, they did not provide personalised care. On the basis of the defined needs and life goals of particular residents, they determined which activities and helping programmes that were implemented there would be the most adequate. Therefore, they did not adapt care to a particular resident, but vice versa. The individual programme of care is based on the offer of help that is available in a particular older people's home.

The social workers also report problems in drawing up individual programmes for those residents who have difficulties in communication, for example, when they need to prepare an individual plan for a resident with dementia or for a resident in need of intensive health care that is not able to communicate. They involve relatives in the helping process, but they usually do not give a relevant picture of the life goals of the resident. They also warn that the number of such residents is increasing and they fear that the individual planning of care will no longer be possible in the future.

The obstacles also concern the planners who have a mandate for their work defined by formal regulation (law or rules). In their wish to effectively help users, professionals with a planning mandate often set objectives on their own and these objectives are not part of the world the user lives in, but rather a part of professional performance. These objectives then lead to glorifying professional competence. In the plans analysed, we observed objectives involving the following chores: adult diaper changing, applying therapy assisted by staff, control and leadership. These objectives are typically set by a planner or a professional. If the objectives are set by a professional, they result in inefficient help and often stigmatise users, but at the same time, such actions are ethically controversial, because professionals only take into account their interests and do not act in favour of the users.

The planners should not in any way offer their own objectives to users and should absolutely not force them on users, even when they seem to be good or adequate. It is quite possible that the objectives set by professionals are the result of inadequate verbal communication between users and planners. If users are limited in their ability to verbally communicate, more time needs to be taken for planning. Planners need knowledge, skills and competences to adapt their communication to users and to communicate with them in a way that makes them understood so that they do not inadvertently write down users' personal plans and objectives and take credit away from users' personal plans.

Another problem also arises in older people's homes. It all depends on a particular home, how they conceive of a personal plan, what its central aim is, what it supposedly involves and how planning should proceed (Mali et al., 2018). It is essential to place personal planning in older people's homes in the context of care and provide residents with a way to make independent and autonomous decisions on their lives in an institution. A personal plan is not only a resident's biography or plan of care – it is a plan that gives meaning to life in an older people's home and life in general.

CONCLUSION

Taking into account user knowledge and empowerment and enabling them to have an impact on the services provided for them are the bases of the new paradigm of care that stems from personalised care. Social work followed these premises and developed adequate methods to put them into practice before the current demands were set by social policy, the guidelines of long-term care and deinstitutionalisation. It may be concluded that the method of personal planning and implementation of services is the key central method in social work that enables putting the social and political guidelines of countries into practice according to the concept of personalisation of care and still preserve the basic scientific postulates and the profession of social work as a whole. Although various working profiles appear in the area of older people's care that assess their needs, social workers have managed to preserve their clear role with this method and the position of their profession.

Personal planning and implementation of services is a relevant method in social work, since it divides the profession from all other helping professions. This method follows the goals of social work as a profession, puts its concepts into practice and ensures that the users' voices are heard. Namely, social work sees users as people with personal experiences of distress due to which they should have a central role in helping processes. Now we know that the knowledge of people with personal

experience is of key relevance for successful help, because they are experts on their own lives with their own experiences and have particular knowledge that professionals do not have.

In some environments, this method is still perceived as innovative or is labelled as such, because it produces innovative practice. For example, in older people's homes in Slovenia, this method is the central principle of innovations that changes the features of traditional institutional care and in some cases also encourages the development of new services. In this context, this method has a great potential for changes in older people's care, because it may encourage the formation of new forms of community care in environments that have already developed community care for older people. For this reason, this method is perceived as a central method in the processes of long-term care and deinstitutionalisation.

However, it is essential that the development of this method be regularly monitored and evaluated. In environments where there is not a lot of experience available in the use of the method in helping older people, the latter is even more relevant, because the evaluation of the use of the method helps us to develop effective help. Social work with older people is confronted with many challenges. One of them is surely social work with people with dementia. Personal planning with people with dementia is under-developed and is implemented in a different way than with other people due to the nature of dementia. It may happen that user participation is overlooked in planning as well as their empowerment and consequently their active involvement in the helping process. If these elements are not paid due attention in social work, in the implementation of this method, the user perspective in the development of concrete help intended for people with dementia will be neglected. This should not happen, as it will negate the competence of social work as a profession and overlook its specific role.

Social work is a science and profession that must never overlook people with reduced social power. It needs to strive to gain them a central role in the process of personal planning and implementation of services, as this is the only way to establish requirements for change for the better in their life.

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METODA PERSONALIZIRANOG PLANIRANJA I PRUŽANJA USLUGA U SOCIJALNOM RADU SA STARIJIM OSOBAMA

SAŽETAK

Uslijed demografskih promjena, socijalni rad sa starijim osobama pred velikim je izazovima. Važno je na te izazove odgovoriti profesionalno u skladu s načelima i smjernicama za socijalni rad. U tom je kontekstu vrlo važna metoda personaliziranog planiranja i pružanja usluga. Ta metoda postoji u međunarodnom kontekstu socijalnog rada. Stoga se u ovom radu govori o njezinom unapređenju i praktičnoj primjeni iz perspektive pružanja personaliziranih usluga i perspektive korisnika. Personalizacija, perspektiva korisnika i uključenost načela su koja su dio suvremenih socijalnih politika, no u kontekstu dugoročne skrbi ta su načela temelj za promjenu paradigme u skrbi. U socijalnom radu, spomenuta su načela ključne polazne točke za pružanje profesionalne pomoći koja se osigurava upravo metodom personaliziranog planiranja i pružanja usluga. Specifične karakteristike te metode u socijalnom radu predstavljamo na primjeru starijih osoba te ukazujemo na slabe točke u pružanju personalizirane skrbi i osnaživanju starijih osoba. Nakon primjera za primjenu te metode u institucionalnoj skrbi za starije osobe u Sloveniji ukazujemo na vrstu promjena do kojih dolazi u životu korisnika i radu institucije uslijed primjene te metode. Smatramo da će u budućnosti metoda personaliziranog planiranja i pružanja usluga biti glavno načelo socijalnog rada po kojem se profesionalni socijalni rad razlikuje od drugih disciplina, čime ima središnju ulogu u osnaživanju starijih osoba i omogućavanju autonomnog odlučivanja u procesu primanja pomoći.

Ključne riječi: demografske promjene, personalizacija, individualizacija, starije osobe, metode pomoći.

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