

PREPARATION OF THE NEW NEEDS ASSESSMENT TOOL IN SLOVENIA

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NALOŽBA V VAŠO PRIHODNOST

The working group

- The members:
 - Polona Dremelj, Social Protection Institute of the Republic of Slovenia
 - Vito Flaker, Faculty of Social Work
 - Katarina Galof, Faculty of Health Sciences Ljubljana
 - Andreja Krajnc, nurse
 - Lea Lebar, Social Protection Institute of the Republic of Slovenia
 - Jana Mali, Faculty of Social Work
 - Marija Milavec Kapun, Faculty of Health Sciences Ljubljana
 - Andreja Peternelj, Ministry of Health of the Republic of Slovenia
 - Carmen Rajer, Centre for Social Work Krško
 - Nino Rode, Social Protection Institute of the Republic of Slovenia
 - Simona Smolej Jež, Social Protection Institute of the Republic of Slovenia
 - Monika Zadnikar, CIRIUS-Kamnik



Work done so far

- Identification of the tools that are already used in practice and could serve the purpose of assessing needs in LTC:
 - Care Dependency Scale (presented by: Andreja Peternelj)
 - Personal planning in home help (presented by: Carmen Rajer)
 - Index of needs (presented by: Vito Flaker in Jana Mali)
 - FIM Scale (presented by: Katarina Galof)
 - Needs assessment in nursing (presented by: Andreja Krajnc)
 - ICNP (presented by: Marija Milavec Kapun)
 - Easy Care Standard (presented by: Monika Zadnikar)



Swot analysis criteria

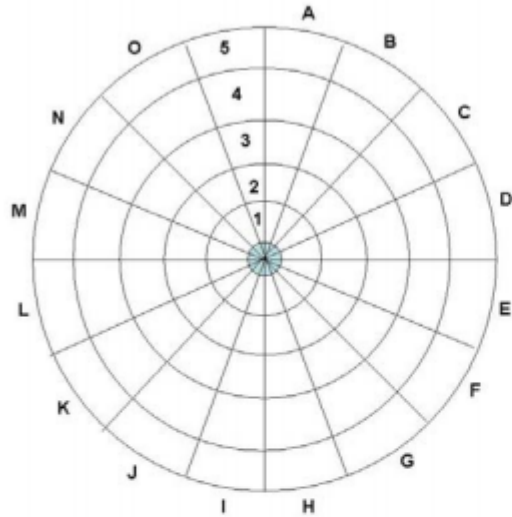
- User-centric tool
- Easy to use and understand
- Possibility of determining eligibility for long-term care
- Needs to incorporate all aspects of care (should not be focused solely on the somatic aspects, but also others, i. e. cognitive impairments, mental, behaviour health problems, communication ability and various challenges in the management of chronic illness)
- Needs to allow personal planning
- Useful for different settings (institutional, especially community setting)
- Not too time consuming



Care Dependency Scale



Figure 2 CDS scoring chart



- A = Eating and drinking ...
- B = Continence ...
- C = Body posture ...
- D = Mobility ...
- E = Day/night pattern ...
- F = Getting dressed and undressed ...
- G = Body temperature ...
- H = Hygiene ...
- I = Avoidance of danger ...
- J = Communications ...
- K = Contact with others ...
- L = Sense of rules and values ...
- M = Daily activities ...
- N = Recreational activities ...
- O = Learning ability ...

CDS sum score: ...

- 1 = Completely care dependent
(Missing all initiative to act, therefore care and assistance is always necessary)
- 2 = To a great extent care dependent
(Many restrictions to act independently, therefore, to a great extent dependent on care and assistance)
- 3 = Partially care dependent
(There are restrictions to act independently, therefore, partially dependent on care and assistance)
- 4 = To a limited extent care dependent
(Few restrictions to act independently, therefore, only to a limited extent dependent on care and assistance)
- 5 = Almost independent
(Almost everything can be done without assistance)

Appendix B

The English-UK versions of the CDS (self-report version)

- A Eating and drinking
The extent to which I am able to satisfy my need for food and drink
 - ① I am completely dependent on care from others
 - ② I am to a great extent dependent on care from others
 - ③ I am partially dependent on care from others
 - ④ I am only to a limited extent dependent on care from others
 - ⑤ I am almost independent on care from others
- B Continence
The extent to which I am able to control the discharge of urine and faeces voluntarily
 - ① I am completely dependent on care from others
 - ② I am to a great extent dependent on care from others
 - ③ I am partially dependent on care from others
 - ④ I am only to a limited extent dependent on care from others
 - ⑤ I am almost independent on care from others
- C Body posture
The extent to which I am able to adopt a position appropriate to a certain activity
 - ① I am completely dependent on care from others
 - ② I am to a great extent dependent on care from others
 - ③ I am partially dependent on care from others
 - ④ I am only to a limited extent dependent on care from others
 - ⑤ I am almost independent on care from others
- D Mobility
The extent to which I am able to move about unaided
 - ① I am completely dependent on care from others
 - ② I am to a great extent dependent on care from others
 - ③ I am partially dependent on care from others
 - ④ I am only to a limited extent dependent on care from others
 - ⑤ I am almost independent on care from others

Scales (CDS, FIM)



Strengths	Weaknesses
<p>Commonly used, therefore easy to understand</p> <p>Prepared based on the personal contact with the user</p> <p>Assessment processes are of short duration</p> <p>Simple data entry</p> <p>Due to pre-prepared assessment methods determining eligibility can be relatively easy</p> <p>CDS is already tested in Slovenia for LTC</p>	<p>Too narrow focus to the user</p> <p>Lack especially IADL</p> <p>Do not allow out-of-the box thinking</p> <p>User is defined in a sense of what he/she cannot do, instead of what can do</p> <p>Lack of trainings in the field of LTC</p>

Method of personal planning



USER'S GOALS → NEEDS

Index of needs

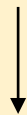
- *Life events (stress and burden, certainty, purpose, living in the community),*
- *Housing (threat of homelessness, have a place of one's own, tenure)*
- *Work and money (the need and the means to meet the needs, working place (job), creating, preserving and restoring working capacity, disability and retirement, income, unpaid work),*
- *Everyday life (life, day flows, routines, housework, leisure, errands),*
- *Discontent in the interaction (alternatives to stigmatisation, "dramatization", confidants and translators),*
- *Contacts and social life (networks, loneliness, social, family and near ones),*
- *Institutional career (staying in the institution, contacts with experts, needs of staff, the contingencies of the career),*
- *Displacement and affiliation - empowerment (independence from family, partners, institutions and experts; independent living, affiliation, campaign, subjectivity, caring for yourself, gender and ethnicity).*

Qualitative methods



Strengths	Weaknesses
<p>Personal, user-centric, empowering Takes into account user's priorities Allow out-of-box thinking Eligibility can be defined with the hours of needed care</p>	<p>Complex, takes a lot of time Should be upgraded (quantified) Less structured Can overlook certain risk, related to the health issues and security, if those are not user's priorities</p>

NEEDS ASSESSMENT + PERSONAL PLAN!



NBA Scale

Thank you!

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