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OĽGA BOČÁKOVÁ – MÁRIA DÁVIDEKOVÁ

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INTRODUCTION

Social services as the focus of social assistance are perceived as a social protection system in the country. National priorities for the development of social services are a response to the main challenge facing the whole of Europe, namely the modernization of social services. Among the objectives of the national priorities of the development of social services are primarily the provision of the right of citizens to social services, the improvement of the quality and accessibility of social services, with emphasis on the development of weak social services or the development of social services. It lacks individual self-governing regions and municipalities.

The aim of the scientific monograph is to closely outline the relational layers between social services and social policy, point out the approach and help to families in resolving serious, collisional situations when taking care of a health disadvantaged child. Subsequently it is focused on perception of the social services transformation in order the raise their quality.

Social service is provided out-of-court, out-of-court, subsistence or otherwise, depending on the adverse social situation and environment in which the person resides. It is also possible to choose the scope of provision of social services for a certain or indefinite time.

The Social Services Act is a complex, relatively extensive and demanding legal norm that regulates not only the legal relations in the provision of social services, but also their financing, the supervision of the provision of social services, quality, compared to the Act on Social Assistance. With effect from 1 January 2009, the gradual implementation and application of individual provisions has been amended and implemented in practice. According to the transitional provisions, the fluctuation of individual changes was ensured for all those involved in the provision of social services.

Oľga Bočáková

1 SOCIAL SPHERE AND SPACE FOR SOCIAL POLICY COMPETENCE

The advanced society of the present day is characterised by significant structural changes, the competence of which is manifested in impacts on specific members of the society - the people, who are creating and modifying it all the time. Within the society as a heterogeneous set, a continual differentiation among its members is taking place, i.e. appearance and reshaping of differences on the basis of various determinants or viewpoints. E. g. character and standard of social status taken by an individual, the level of achieved education, quality of health condition and other aspects have been included among such aspects. (Sopóci, 1998). Social status, character and its individual manifestations influence to a significant extent the individual living in a society and at the same time they influence also social roles, which the individual has in the society. (Keller, 2008).

According to Schavel a kol. (2008, p. 16) the individual manifestations touch upon theoretical defining of social sphere, which is in words defined as "*circuit, area of specialised social activity, its expression in motion, in its dynamism*." In this way social sphere includes the possibilities of process of complex securing of the needs in its content, not only in favour of an individual, but also of the society. By means of social sphere we are subsequently getting to the components of social sphere, consisting of social policy, social work or social services. In this connection it is necessary that first of all we approach delimitation or try to delimit the concept of "social". Botek (2009) assumes that this term is used and applied relatively frequently in our society, however in different connotations. Because of the fact that there is not a unified definition of this term, the given term can be connected in practice with the following fields

- ✓ concerning the society;
- ✓ concerning people, who are in hardship, persons with special needs;
- ✓ concerning relations among the people;
- ✓ extraversion, which is connected with the need of continual interaction, etc.;
- ✓ orientation or behaviour, taking into regard the character of needs or intentions of other persons (opposite of anti-social).

When trying to delimit the term social, we can furthermore focus on the competence of social policy, which is also characterised by the fact that it cannot be defined by means of a unified and compact definition. Kamanová (2016) is saying that under the term social policy a political process can be understood relating to the area of law, as well as a process of adopting of social programmes within social sphere on the level of the state. In this connection social policy represents a significant part of each government policy, through which the interests in the form of achieving of long term interests of a society as a whole together with the increase of standard of living of individuals are getting to the forefront.

Radičová (1998) delimits social policy on the basis of two basic ways:

1. in the most frequent form the social policy is perceived as a process, falling into the competencies of an institution responsible for implementation of social policy, which in the conditions of the Slovak Republic is represented by the Ministry of Labour, Social Matters and Family. From this point of view social policy represents a welfare system as well as a labour market system;
2. within the second theoretical and specialised concept, the social policy represents a kind of policy focussed on satisfying certain necessities of life, as well as creating of necessary conditions for life, focussed on satisfying the needs of certain population. In addition to the welfare and labour market system within this perception also the housing and heath policy may be included into the sphere of social policy. Because of the mentioned circumstances the aim of social policy can be characterised as an endeavour for guarantee of socially agreed social and economic rights, on assumption of existence and functioning of civilian and political rights in the society.

In this context it is possible at the same time to start delimiting basic kinds of social policy focussing our attention on:

- *residual social policy* – this kind of social policy manifests itself in the sense that the state as a player of social policy is actively involved in the social area as late as in that moment, when the family or market institutions have failed. This involvement and taking of initiative on the part of the state can above all be seen in providing the assistance in need, in relation to the citizens, who are in an unfavourable social or crisis situation, however on the other side the residual model declares interest in the process of limiting of expenses directed to support socially disadvantaged groups.
- *institutional social policy:* – the given kind of social policy places universal approach to the forefront, focussing its dynamic activity on the social area. In the interest of change of the society as a main target, the state approaches public spending intended

for achieving social targets, concentrating its attention on the whole population. (Beblavý, 2012).

In this way important targets of social policy cannot be considered to be exclusively an interest in improving basic conditions of life for the people and creating conditions securing development of individuals and social groups, but also capability to face various social and economic threats, which people come across in the course of their lives (Petrášek, 2014).

1.1 Principles and functions of social policy and their thought concepts

Akimjak (2013) draws attention to the fact that thought principles of social policy have their basis in the social philosophy, in this way one can come across three basic lines of thought influencing the whole process of implementation of social policy:

a) liberalism – the focus of attention is on individual responsibility and personal freedom, whereas welfare of each individual is subjected to implementation of activities, application and bearing of potential risks of each individual (the state refuses redistribution of sources, because it is considered by the state to be a process of economic recession). It is narrowly connected with market controlled economy, which is from this point of view a key tool for arrangement of society;
b) Christian social theory – basis of this line of thought is represented by Christian philosophy, the given line recognises inequality, however in spite of that not every arisen situation is considered to be fair. In this connection a view is being presented stating that in spite of the fact that an individual carries certain responsibility for the arisen situations, it is also a set, social system that is becoming to be responsible for the arisen situations. The main idea of the concept rests in removing poverty, emphasising the importance of social transfers, as well as charitable and philanthropic activities based on Christian compassion;
c) democratic socialism – on the basis of the mentioned concept the position of the state is being strengthened with taking over the degree of responsibility for an individual, as well as putting emphasis on the area of public sector, in cooperation with vast processes of solidarity and vast distribution of sources. The basic idea is represented by the principle of equality touching in the same way upon the social rights.

Tokárová (2009) is stating that when delimiting the social policy it is important to emphasise the argument, that social security (social certainties) and social sovereignty are in

direct dependence, because contrast of sovereignty is represented by social dependence and the contrast of social security is represented by social threat. In this way the role of social policy is focused on securing of social sovereignty together with restricting and limiting the processes of social dependence and social threat. Šramel (2016) states that the state has a variety of legal remedies. They apply to all areas of law, including the social security law governing the conditions for the award of various types of social security benefits. The basic principles of social policy are represented by: social justice, social solidarity, subsidiarity and participation.

1) Social justice - is representing a key aspect within the framework of social policy. Its perception is connected with the result of various, partial and subjective assessments, as well as understanding of social differences and existing inequalities. It can be characterised by means of certain rules, within which distribution and allocation of life opportunities, preconditions as well as income and riches is taking place in the society;
2) Social solidarity – presented in the mutual support of cohesion, community and union, expressing the level of immediate relation between an individual and other members of the society. The efforts for unification of interests are getting into the focus of attention, if it is above all a question of material conditions of life, but also creating and distributing of conditions of life and means within individuals or whole social groups, with the aim to fulfil the idea of achieving social justice;
3) Subsidiarity - opinion polemizing about the fact that the human being should above all look for the possibilities how to help himself/herself (or as the case may be the family or with the help of the family) how to overcome unfavourable situation. Only in case that all possibilities have failed space is being opened for competence of the state;
4) Participation – people, who are influenced by various measures and decisions, must have a right at their disposal to participate in the process leading to adopting and implementation of the given measures and regulations.

Kolibová (2007) is stating that the overall economic situation, culture, social traditions and moral principles or normative processes and rule of law influence social policy and have impact on it. At the same time social policy represents an integral part of every advanced society, and by its definition it is at the same time delimited as:

- ✓ a set consisting of activities, targets, means and implementation of social programme of the given society;

- ✓ set of measures directed at securing social consent between individual social classes and social partners in the interest of securing a permanently sustainable development of the society;
- ✓ set of activities thoughtfully directed at improvement of basic conditions of life of the population, as well as securing (interest in maintenance) social sovereignty and social security within social, political and economic possibilities of the country;
- ✓ set of measures focussed on creating of conditions securing universal development of capabilities and skills of each individual;
- ✓ as a result of the fact that social policy is trying to influence social reality (social systems), it must accept existing, basic thought principles in this context including procedures within the selected models of social policy.

Because of the interest to define social policy according to Tomeš (2010) it is necessary to address also terminological delimitation of objects and subjects of social policy:

a) *objects of social policy* – under these objects one imagines individuals, groups of people, as well as all inhabitants of the state towards whom the social measures are addressed. From the point of view of delimiting the objects of social policy one can address delimiting them according to the necessity and character of individual measures, e.g. on the basis of age, sex, economic activity or education. In this way some measures of social policy may be addressed to all inhabitants (right to health care) or as the case may be they can be provided only to certain groups of population (families with children)

b) *subjects of social policy* – consisting of various subjects implementing the process of social policy within their competence. The state represents the main player in the social policy, defining the content, the targets and the position of social policy itself. on the basis of these circumstances one can In this way assign the following items to the subjects of social policy:

- ✓ state and state authorities
- ✓ employers
- ✓ employer, employee and trade union bodies
- ✓ local communities and municipalities
- ✓ Churches
- ✓ civilian initiatives
- ✓ citizens, families and households (Matoušek a kol., 2007).

The mentioned subjects approach implementation of social policy within various scope of activities. Through changing conditions the state as a guarantor of social peace acquired the right for creating conditions, requirements or specification of rules for social behaviour of other subjects (Matoušek a kol., 2007).

Krebs (2010) is also drawing attention to the fact that in the modern society social policy represents a very frequented phenomenon interpreted in different ways getting connected to the demands in the area of public resources. In this connection we cannot speak about social policy as about an isolated phenomenon, but as about one part of a specific social unit, fulfilling at the same time a number of various mutually connected functions globally influencing the individual as well as the society. The same can be said about the following functions of social policy:

1. *protecting function* – from the historical point of view it can be considered to be the oldest function creating a stable and traditional element of social policy. Character, content and mission of this function results primarily from the point of view of humanitarian orientation of the society as well as from secondary need of protection of labour force.
2. *distributive and redistributive function* – function, focussed on distribution of pensions as well as of chances in life through redistribution, i.e. it is trying to mitigate unequal distribution of pensions in the form of taxes and transferred payments within such extent, which is considered to be necessary and desirable by the society.
3. *homogenisation function* - focusses on mitigating differences within conditions of life of individuals as well as social groups on the basis of providing the same life chances for all, in cooperation with endeavours for mitigation or removal of differences between the people.
4. *stimulating function* – emphasis is laid on the required social behaviour of individuals and social groups not only within the economic area, but also outside this area
5. *preventive (prophylactic) function* – activities focussed on exclusion of factors hindering the process of social integration into the society, as well within the interest of limitation of the development of undesirable social situation (Masárová, Sika, Španková, 2015) Matoušek a kol. (2007) continue arguing that implementation of social policy is taking place through:

- ✓ decision-taking or abstaining from decision-taking of the social subject, or as the case may be by regulation, which represents making decisions binding other social subjects or objects;

- ✓ activity or inactivity of the social subject;
- ✓ by suffering of activity of other social subjects or objects.

Primary role of social policy consisting of a great number of elements (Juza, Lysý, 2012). It is connected to flexible reaction to appearance of social events or expressed in other words social risks, as well as elimination of negative consequences of these social events. Social policy is in its competence primarily oriented on a human being, it is focussed on the development and cultivation of a personality, quality of life and the conditions or disposals connected with it. Because of the fact that social policy represents a certain whole with a great number of complicated bonds as well as with bonds to other elements of the social system, one cannot speak about a unified and compact terminological definition of social policy. The elements of social policy can be considered to be as follows: social assistance, social support, housing, family and health policy, retirement and health insurance, employment policy, system of education (Blaha, 2010). Just so as Slovák (2016) is writing, the present-day society is laying emphasis on the quality of education. Igazová emphasises (2015) that acquiring information in the knowledge society is a lifelong necessity. Adamkovičová (2017) is stating that human potential is connected with determinants of economic and social development in the area of business and housing structure.

An important factor of competence of social policy is connected with an approach of the state to applying and implementation of social policy in practice. On the basis of these circumstances we distinguish three basic models of social policy representing:

a. Redistributive model – within the mentioned model the state is having a dominant position in the social policy in connection with perception of social necessities as social rights. The dominant position of the state is at the same time manifested in the form of vast redistribution, orientation on universal provision of benefits, high demands on economic resources or limitation of activities of private entities;
b. Performance corporative model – because of satisfaction of necessities it puts significance of work merits to the forefront, whereas satisfaction of social necessities of the people should take place on the basis of productivity and performance. The existing model of social policy creates space for competence of non-state players, broader cooperation of citizens, as well as above all for application of obligatory social insurance;
c. Residual model – because of suppressing the role of state within social policy the lowest degree of redistribution is taking place within all three models. The process of satisfying social needs underlies an individual responsibility of each individual. The

residual model puts the family together with the market institutions to the forefront. The competence of state in the social policy takes place only in case of failing of these institutions, however the responsibility of the state for the citizens is in spite of that minimal (Nosková, 2012).

Heteš (2013) is stating further that social policy is above all involved particularly in the area of system of social services and social security. However in spite of this opinion he offers at the same time arguments for understanding of the welfare system and the social state:

- it is through welfare system that selected certainties, that can have material or financial form, are secured;
- most frequently it relates to the area of various services, provided to the people because of different reasons and in the interest of securing protection;
- on the territory of the USA and other states, the applied residual model of social policy can be considered to be a welfare system, which is above all a form of temporary financial assistance to the people, who are in poverty and are dependent on being provided this assistance.

Because of the given area of social policy it is just as important to delimit also the tools of social policy having application character:

- ✓ *social income* – involves income, that is connected with measures within social policy, representing a significant tool of social policy;
- ✓ *social services* – services of short term and long term character, focussing on solving unfavourable social situation by means of providing service;
- ✓ *material benefits* – the possibility to delimit their connection in particular with protection of health, medicines, protective work aids and health aids;
- ✓ *special purpose loans* – consisting of the process of providing various advantages loans, in the interest of influencing various social events in life of people;
- ✓ *discounts and advantages* – addressed to various groups of population (senior citizens, students);
- ✓ *price of consumer goods and services* – representing a limiting tool on the one hand, however still a significant tool of social policy on the other (Krebs, 2010).

1.2 Social security as one part of the system of social policy of the state

According to Tokárová (2009) in the course of its existence the Slovak Republic has been going through an ongoing complex transformation connected with implementation of structural changes in the social area. Our attention is drawn to adopting *Policy of transformation of social sphere* (defining of welfare system), representing a process of complex system changes within the whole law and social security. It is through system changes and transformations that delimiting of a new position of the state and its role within the social system is taking place with specification of its position as a social partner, as a subject and object of privatisation processes (which can be seen in democratisation, privatisation, deethicization of social sphere and in its pluralisation). The result of pluralisation strengthens at the same time an active role of the citizens as subjects of social policy together with decentralisation, civilian participation, as well as with individual and group activities.

In connection with the process of security Jirásková and Tomanová (2011) are drawing our attention to the importance of welfare system, consisting of a set of financial and organisational tools of the state or of the organisation, by means of which implementation of prevention, removal or mitigation of consequences of social events of the citizens is taking place.

It is through the Policy of transformation of social sphere, which was adopted on the government level in 1995 and subsequently passed also by the National Council of the Slovak Republic that the delimitation of welfare system is taking place, which consists of three types of social institutions or said in a better way of subsystems of welfare system (Vatehová, 2015):

1) *Social insurance* – subsystem, expressing the responsibility of a citizen to himself/herself and also to their family, whether it is in the form of forced compulsory insurance or voluntary additional insurance. It is a process, when the citizens put off one part of their consumption for the case of future uncertain event. Gejdošová (2016) assumes that the social insurance system contributes to the financial security of a citizen for the case of appearance of social event against which they are insured. From this point of view the system of social insurance has an irreplaceable significance in the social policy of the state affecting a human being within various life situations from his birth to his death. Each natural also unnatural, foreseeable and also unforeseeable situation calls for certain needs,

and in this case, when the human being is not capable to satisfy them by their own capabilities, we are talking about risks.

In addition to defining the basic principles it is important to delimit also basic characteristics of the subsystem of social insurance (Macková, 2012):

- ✓ obligatory formation of insurance;
- ✓ personal participation;
- ✓ claim without taking regard to the existence of social need;
- ✓ non-profit approach;
- ✓ on-going financing, corresponding to the system of making on-going payments of individual performances;
- ✓ social solidarity;
- ✓ state guarantee of solvency of insurance carrier;
- ✓ general nature of the system, whereas basic and general system of social insurance exists within the social nature for all economically active groups, without taking regard to the form and kind of working activity.

Social insurance is basis of social security. As Krebs (2010) has stated, it is characterised according to the risks, for whom the insurance coverage is intended and according to the groups of insurance population. As far as right to the benefits is concerned, so it is associated with payments of contributions. As Rievajová (2010) is saying social insurance secures an individual and family dependants financially at the time of appearance of life events. They can be foreseen and a human being is insured against them.

As Kečkešová (2005) is saying obligation to be insured under the law is a key element of social insurance. Compulsory forms of insurance are different than the private insurance, because as far as individual risks are concerned so individual contributions are not in direct relation to them. The principle of social solidarity is applied here.

As far as social insurance is concerned, so several reforms took place here and the basic reasons for reform of social insurance in our state were:

- ✓ *demographic risk:* it is the question of adverse demographic development
- ✓ *economic situation:* the point is the decrease in the number of working people in the total number of the inhabitants
- ✓ *increasing burdening of public finances*
- ✓ *decrease in collection of insurance premium*
- ✓ *growth of amount of receivables*
- ✓ *decrease in payments of the state into the Social Insurance Company funds*

- ✓ *increase in number of pensioners in relation to the number of working people and to the overall number of population*
- ✓ *globalisation of the society* (Macková, 2012)

According to Stanek (2011) changes regarding financial procedures of social insurance are taking place, namely:

- ✓ *creating of socially fair system of social insurance.* It is based on personal motivation and participation of the citizen, also on necessary solidarity and guarantee of the state in the compulsory parts of the system.
- ✓ *transition to the system of insurance - how, who and for what is going to be paid.* I. e. the point is creating resources, not handing out of finances. System of insurance has been replaced by a system of benefits.
- ✓ *system of social insurance on the deferred consumption in time - not on solidarity in space.* Creating bonds to other systems of social insurance: to social benefits, social assistance, employment
- ✓ *solving of existence of internal debt.*
- ✓ *harmonizing of tools of social insurance system.*

As far a social insurance is concerned, so its main principles are:

- ✓ *participation*
- ✓ *directness*
- ✓ *solidarity*
- ✓ *personal responsibility*
- ✓ *state guarantee* (Matlák, 2012)

The system of social insurance has the following signs. They have been mentioned by Stanek (2011):

- ✓ *personal participation*
- ✓ *obligation - commitment*
- ✓ *claim without taking regard to the existence of social necessity. Legal claim arises on the basis of payments of financial contributions, whether it is a state, employer or zn insured person*
- ✓ *social solidarity*
- ✓ *solvency - guarantee of solvency of insurance carrier.*

In our country social insurance is, as Macková (2012) is writing, one of the most important parts of social security. It is delimited and regulated by the Social Insurance Act No. 461/2003 Coll.

In the system of social insurance the state fulfils the following functions:

- ✓ *reglementation - the state acts here as a creator of legislation*
- ✓ *participation - the state is a payer of insurance premiums for its employees within old age pension scheme*

The system of social insurance is divided into: sickness insurance, pension insurance – old age and disability, accident insurance, guarantee insurance and unemployment insurance.

The conditions of new system of sickness insurance have been provided as a consequence of transformation of social security. According to Kečkešová (2005) the following benefits are provided from the system of sickness insurance:

- ✓ *sickness benefits*
- ✓ *care benefits*
- ✓ *maternity benefits*
- ✓ *compensatory benefit*

We can say that sickness insurance is according to the system divided into long term inability to work and short term inability to work. The amounts of sickness benefits are specified based on assessment bases for payments of insurance premium for sickness insurance reached by an insured person in the decisive period. The fact, as Stanek (2011) is writing, that the employer will directly finance the short term inability to work may have impact on the motivation of the employer to improve the working conditions of its employees and also on the standard of social security. The long term inability to work, which starts to run from the 10th day, makes one part of social insurance system. This is performed by Social Insurance Company and the insurance takes place through benefits from contributions of all employers, employees, self-employed people and voluntarily insured persons.

Every working citizen is in essence saving for his/her pension through pension insurance. The pension is paid according to the years of work, according to earnings. It is assessed on the basis point assessment. We are talking about the first pillar, which is also called solidary system, financed on continual basis. There are citizens here, who are in active age and their employers, who compulsory pay levies from each earning into the Social insurance company. Collected money is used for old age pensions for the present pensioners, also for disability and probate pensions. In addition to the pension, which is paid out by the Social Insurance Company, also the second and the third pillar has been introduced in our country. The first pillar is compulsory, it is publicly administered. Its main role is redistribution. The second pillar is voluntary, the contributions are paid to separate accounts, they are administered by private pension funds.

The second pillar is being opened and changed by the government all the time. It was introduced on 01 January 2005. In the past 18% used to be paid for the first pillar, then it was 9% for the Social Insurance Company and 9% for the second pillar, which is hereditary (of course it applied to those, who were both in the first as well as in the second pillar). Those, who remained in the first pillar paid 18%. Because of the fact that Social Insurance Company does not have enough money for paying out pensions, this question around the second pillar has been being opened all the time, some measures have been taken: payments into the second pillar have been decreased from 9 to 4 percent from earnings. It is in the case, when there was not a possibility to go both to the first as well as to the second pillar. The second pillar is a capitalisation pillar and according to the specialists it pays off more for younger people. Also the question of the second pillar is open at the present time.

According to Durdisová (2005) the following is going to be provided both from the first ongoing pillar as well as from the second capitalisation pillar:

- ✓ *old age pension*
- ✓ *early retirement old age pension*
- ✓ *disability pension*
- ✓ *widow pension for women*
- ✓ *widow pension for men*
- ✓ *orphan pension*

We have also the third pillar, a voluntary one. It means that a citizen may pay a certain amount from their salary according to their own discretion. Also an employer may contribute to them in a certain amount. We are talking about complementary pension saving. Also life insurance belongs to the third pillar, savings in banks, share funds, etc.

Accident insurance is as a matter of fact established as a compulsory insurance of the employer. It is supposed to protect the employer against the risk for the case of liability for the damages, which was caused by an accident at work or by an occupational disease by his employee. As Stanek (2011) is mentioning the following benefits are provided from accident insurance:

- ✓ *accident rent*
- ✓ *accident supplement*
- ✓ *one off settlement*
- ✓ *probate accident rent*
- ✓ *one off damages*
- ✓ *work rehabilitation and rehabilitation payment*

- ✓ *compensation of costs connected with treatment*
- ✓ *compensation for pain*
- ✓ *compensation for impeding of social possibilities*
- ✓ *compensation of costs connected with funeral*

Guarantee insurance is insurance for the case of insolvency on the part of an employer. The benefit of guarantee insurance shall be provided to an employee, when their employer has become insolvent. The employer cannot pay out claims of monetary nature and these are, as Stanek (2011) is saying, as follows:

- ✓ *claim to severance payment, which belongs to the employee after he has terminated his employment*
- ✓ *claim to earnings and compensation for time in the duration of inability to work*
- ✓ *claim to compensation of earnings for national days and in case of obstacles at work*
- ✓ *claim to compensation of earnings for holidays (holiday pay) if the employer has become insolvent*
- ✓ *claim to compensation of earnings upon immediate termination of employment*
- ✓ *claim to compensation of earnings upon void termination of employment*
- ✓ *claim to compensation of material damage in case of accident at work or occupational disease*
- ✓ *claims to travelling, removal and other expenses, which have arisen in the course of fulfilling duties at work*
- ✓ *legal costs in connection with enforcing of claims from employment at the court based on the reason of cancellation of the employer inclusive costs of legal representation*

Unemployment insurance is insurance for the case of loss of earnings from the activity of an employee as a consequence of unemployment and for securing of income as a consequence of unemployment.

Stanek (2011) argues that the reform of subsystem of social insurance represented principle changes, which have been implemented in the social area, however among the basic reasons of implementation of changes he considers to be unfavourable demographic development on the one hand and change in the procedure of financing of social insurance through diversification of sources on the other hand. Because of the demographic

development and demographic prospects, which are the bases for subsequent development of economic situation in the given environment, it can be said that demographic changes lead to on-going increase of post-productive group of population at the expense of productive group, which will result in increasing volume of public spending in the process of securing pensions for the future.

2) *state social support* – subsystem, connected to situation to which one can get ready in advance, such as maternity, upbringing of the child, etc. According to Zdravecká (2010) assistance of the state can be implemented either on the basis of universal civil principles emphasising compulsory security of all the citizens in case of occurrence of social event recognised by the state or on the basis of the principle of necessity, with the explanation that assistance is being provided only to those, who do not have any other possibilities available, how to deal with the given situation in life. The state represents the main guarantor and also financing of this subsystem is made by means of the state budget, in the form of the tax funds.

From the point of view of the welfare system, implementation of substantial part of the system of social assistance for families with dependent children is taking place and the intention of the state represents the process of securing of families within selected events, which is of universal character. The character of state social support is connected to social situations (events), for which one cannot get ready and a significant difference against the system of social insurance is that state social support is being provided on universal basis, not related to the payments from contributions based on earnings at work, reflecting to providing of social support to individual but above all to families, which are in a specific life situation. Rievajová (2010) is writing that the present system of social support consists of one-off and repeated financial contributions - social benefits.

One-off financial contributions include:

- ✓ *contribution at the birth of a child*
- ✓ *contribution to parents to whom 3 and more children have been born at the same time*
- ✓ *contribution to parents, to whom the twins were repeatedly born in the course of two years*
- ✓ *one-off contribution upon placing the child into custodial care*
- ✓ *one-off contribution upon termination of custodial care*
- ✓ *contribution for a funeral*

Repeated financial contributions include:

- ✓ *benefit for a child*
- ✓ *parental allowance*
- ✓ *repeated contribution to an alternate parent*
- ✓ *contribution to care for the child*
- ✓ *contribution to the parent*
- ✓ *repeated contribution to a child placed into custodial care*
- ✓ *special repeated contribution to the alternate parent* (Stanek, 2011)

The following signs are included among the basic signs of the system of state social assistance:

- ✓ the principle of solidarity of the society as a whole, applied mainly in the form of benefits, and in the conditions of the Slovak Republic the provided contributions are bound to the earnings level of the family. The state represents an organiser and provider of benefits, which are applied by the citizens within offices of labour, social affairs and family
- ✓ complexity, uniformity, continuation, social justice, valorizations, accessibility, easy handling and flexibility (Stanek, 2011)

3) *Social assistance* – subsystem, presenting the elements of charity and social solidarity, which are being provided in case, if it is not in the power of the given person to solve their unfavourable situation Social assistance can be implemented above all in the form of social services (Karpiš a kol., 2006). This subsystem of social security, which can be characterised as a system of financial, organisational and legislative measures, which are focussed on providing of adequate assistance and support to those citizens, who are in unfavourable situation and which they are unable to solve through they own capabilities. The process of providing social assistance itself is focussed first of all on endeavours to prevent occurrence of social exclusion and other pathological phenomena resulting from it. In this connection providing definition of social events having impact on the occurrence of social and material misery is taking place on the part of the state and at the same time the state defines the level of state interference with securing of average standard of life of an individual as well as of families (Krebs, 2010).

Habánik (2016) includes among the primary principles influencing the system of social assistance the following items:

a) *decentralisation* – process of social assistance, directed as close as possible towards the citizen, which depends on shifting the powers to self-government, as well as by

fiscal decentralisation, which secures sufficient funds necessary for its implementation;

b) *demonopolization* – process of gradual transition not only of control, but also by providing social care on the part of the state for several entities, providing various forms of social assistance on the basis of respective measures;
c) *plurality of sources*– in spite of the fact that the state represents henceforth a guarantor within the segment of social assistance, its role as an exclusive provider of sources is weakening, which opens space for competence of municipalities and non-public entities;
d) *appropriateness* – interest, so that the process of providing social assistance does not act demotivating;
e) *professionalism* – capability to achieve and secure required professional standard of those practitioners, who perform their activities within social assistance;
f) *purposefulness* - providing social assistance for specifically defined purpose under the conditions set in advance with the ambition to achieve the required effect.

Schavel a kol. (2008) are saying that the performance of social prevention fulfils an irreplaceable role in the system of social assistance, the intention of preventive measures is becoming the prevention of occurrence of disturbing of internal balance and harmonic development of individuals, groups and bigger units as various dysfunctional processes. The process of social prevention takes place through three levels:

a. primary – is focussed on creating such conditions, which assist in securing of normal development;
b. secondary - is focussed on already existing problem, together with utilisation of specific form of work;
c. tertiary - the primary role is represented by the process of social integration of the citizen, as well as prevention of further widening of the already existing problem.

The system of social assistance can be connected with the category of subsistence level and testing of income, and the character of social assistance itself should above all represent only temporary and motivating character of an individual recipient in the interest of addressing a social event. Matlák a kol. (2012) characterizes the welfare system in the form of sum of legal measures, protecting an individual and their family against the possible consequences of temporary or permanent interruption of earnings from work activity as well as decrease of real income, in the interest of maintaining of socially reasonable standard of

life. Within the framework of the conditions of the Slovak Republic social security represents a decisive part of the social policy representing an interdisciplinary character. Inside the welfare system its break-down is taking place and from the point of view of welfare systems it is possible to mention two basic forms - compulsory, an obligatory (basic) form and a voluntary (supplemental) form. Social security and its key character does not rest on mitigation of poverty only and on taking prevention, but above all as a form of reply of modern society to the issue of security in broader sense. Its role consists in guaranteeing of socially recognized quality values and extent of standard of life, as well as its distribution not only through monetary benefits, but also through set of scale of existing services (Stanek, 2011).

Kamanová (2016) carries on claiming that the welfare system provides an image on the existing and applied social policy in the specific country and at the same time she labels it as a manifestation of political and social consensus. Also within the Constitution of the Slovak Republic the welfare system can be characterised as a basic legal framework delimiting the area of social rights and social assistance to which every citizen is entitled in the interest of securing their basic conditions of life in case of unfavourable social or other crisis situation. Gejdošová (2012) furthermore states, that the welfare system represents at the same time a system of alternative or extraordinary sources securing relative stability as well as reasonable standard of social security and social sovereignty, through social income, social asylums and social services. In connection with the mission of welfare system she is mentioning at the same time its individual factors among which the following items are included:

- *demographic factor:* – the process of demographic changes in the society influences in a significant degree the whole welfare system drawing attention to the structure of population, representing a basic demographic factor, which is followed by demographic processes (marriage rate, divorce rate, death rate, birth rate and fertility rate as well as migration of the population) and it is just gravity of these changes that has significant impact on the overall character of the social policy of the state. As an example one can mention the tendency of ageing of population, within which the scope of income of the state will decrease on the one side, however on the other side the state will have to spend more and more expenses on the process of social security as a consequence of permanent increase of the proportion of post-productive part of the population.
- *political factor* – the development and status of political and social situation, which contributes to forming a specific system of social security (welfare system). Social

issue or as the case may be measures in the social area make at the same time a significant part of election manifestos of the political parties. The key element of political factor is represented also by a type and stability of political system;

- *economic factor* – factors, narrowly connected with the given factor, are represented e.g. by values and development of gross domestic product, inflation and deflation rate, institute of subsistence level, development of minimum wages, unemployment and deficit of national budget, as well as other factors, influencing the system and sustainability of welfare system;
- *international factor* – this factor can be also characterised as an external, exogenous factor of social security concerning the context of international relations and it depends on meeting the conditions influencing creation and implementation of social policy in cooperation with the regulation of social policy on the national level in accordance with international agreements.

In case of welfare system there is an interest in reaching the following targets:

1. tools focussed on the process of standard of living of an individual person, inclusive providing of assistance in poverty, balancing of income and protection of usual and used standard of living;
2. principle of efficiency, in the framework of which an optimum part of the gross domestic product should be allocated into the area of social policy and at the same time its distribution should not have negative impact on supply of jobs and employment;
3. reduction of inequality, focussing on redistribution in favour of the people with lower income as well as reduction of inequality, which depends on age, size of the family and maintenance of dependent children;
4. social integration, within which the emphasised system of benefits, which cannot be understood as decrease of process of individual self-esteem, but as a legal and social solidarity in case of arisen demands, is placed to the forefront;
5. administrative feasibility representing a simple and financially inexpensive system, with which there is the lowest presumption of the possibility of access to its abuse (Kamanová, 2016).

1.3 Social services as one part of the system of social policy

Polonský a Pillarová (2002) draw our attention to the argument that social policy is in practice implemented through social work and social services. Ondrejkovič (2009) is writing that the role of social work and social services is conciliation or permanent removing of social problems of individuals, families and whole communities in cooperation with their support in participation and possibilities, which are provided by social life to its members. At the same time in connection with application of social work it is also possible to delimit the area of social sphere in the following aspects:

- ✓ ambulant workplaces, consultation centres and centres focussed on prevention;
- ✓ bodies of state administration and self-government (e.g. offices of labour, social affairs and family);
- ✓ institutions of social insurance (e.g. Sociálna poisťovňa (Social Insurance Company));
- ✓ third sector (volunteering, non-governmental, charitable organisations);
- ✓ other facilities (e.g. centres of carer service and personal assistance centres) (Schavel a kol., 2008).

From the point of view of their competence social services can be considered to be one of the elements of welfare system, which consists of the spectrum of financial, organisational and legal tools and measures, primary interest of which rests in compensation of interaction of financial, and above all social consequences, resulting from crisis or otherwise unfavourable situation, in which an individual, family or community is situated (Potůček, 1995).

Oláh with Igliarová (2015) reckon, that we realise the competence itself, the meaning, existence and need of social services only in that moment, when we ourselves or one of our close relatives gets into the situation, which they are not able to overcome by their own capabilities and possibilities remaining in this way dependent on the assistance of someone else. In this connection it is also important to draw our attention to the overview on providing of complex of social services in connection with the attitudes of citizens, who have been using the given social services as well as social assistance. Social services together with social work can be characterised as one of the significant and integral tools of the social policy of the state. In its essence social work is implemented above all through the spectrum of existing social services.

Kovářová (2014) states that in order to solve problems, for instance in the field of senior care, it is necessary to support services that allow senior citizens to stay as long as possible in their natural environment (own households) and to support the creation of complexes of services where the senior could find more services at one place.

1.3.1 The process of development and institutionalization of social services

According to Krejčířová and Treznerová (2013) from the historical point of view it is necessary to look for connection of social services (within social work) and the members of the society first of all through activities of various church institutions, within which providing of social services took place in their non-institutionalised shape, addressed to individuals or groups of population, having low social status, suffering from bad health condition, poverty or social exclusion (Schavel a kol., 2008). Shaping of profile of social services took place in cooperation with implementation of social work, which according to Novotná (2014) shaped its profile towards the end of the 19th century, when under the influence of extensive industrialisation various negative phenomena arise and flourish, the consequences of which could be seen in invasion of poverty or social exclusion of one part of the population.

From the point of view of historical context we draw your attention to overview of providing of social services, in relation to the attitudes of the citizens, who were dependent on providing of social services or as the case may be they needed the given services:

- charitable approach – the beginning of providing of social services is characterised by this approach and within this approach and on the basis of love of one's neighbour creation of first almshouses and orphanages took place, when the important role was also played by the Church (the period of 19th century);
- medical approach – the given approach consisted of formation of institutions and at the same time interest in providing social services took place, within which specialisation of services together with isolation of individual groups is taking place. In this connection formation of big regulations for various kinds of handicaps can be mentioned (the period of the 20th century);
- normalization approach – interest in providing a complex of social services in such environment, which would recall or be comparable with normal environment of other inhabitants. When providing social services the capacity of individual facilities of social services are being decreased, the process of development of daily stays is being

supported, as well as the the process of social integration (the period of the seventies of the 20th century) is starting;

- civilian approach – the attention of the mentioned approach was focussed on providing of social services compliant with existence and honouring of the basic human rights, as well as in enforcing the opinion on justification of existence of social place for each individual person. Within the system of social services providing of these services is taking place pursuing at the same time the individual needs of the citizens. The endeavours for differentiated approach are getting to the forefront of the attention, the same applies to quality and efficiency of social services, the concreteness and competence of which should make its contribution, so that it is made possible for each individual to create a natural part of the community (Oláh, Igliarová, 2015).

When focussing on the period of the modern age in the course of 19th century on the territory of the Austria - Hungary we would like to draw your attention to the fact that it is possible to look for connections with the field of providing care for the persons, who are in poverty, through rules of law establishing the possibilities of providing of care for persons in poverty on the local level. An important aspect in this connection was represented by establishing the institute of domiciliary law, which within Austro-Hungarian Monarchy was applied in practice on the basis of the Act No. 105/1883 of the Reich Law Gazette on domiciliary law in synergy with the Act on People in Poverty No. 59/1868 of the Reich Law Gazette. The system of domiciliary law appeared later in legislative form also within the first Czechoslovak Republic (1918 - 1938), through the Act No. 11/1918 of the collection of laws and orders. (Matoušek a kol., 2007).

The system of the domiciliary law itself was first of all based on the activity of the family, which was supposed to look after an individual. Only in case when the family was not able to help an individual (in case that this individual did not have any family), a field of competence and assistance was opened also from other departments within the system of public security. On the basis of these circumstances the following sequence took place: community, district, region. In this connection providing of assistance on the part of funds, guilds and other entities took place, which existed on private law basis (Oláh, Igliarová, Bujdová, 2013) However in case of Czechoslovakia also such person was entitled to assistance, who did not have domiciliary right, but the scope of provided assistance was often timely limited and provision of assistance took place only in case of providing care, which could not be postponed. From the point of view of social services institutional care

represented the most spread form of social service on the area of the "*first republic*[1]."

From the point of view of legislative form we would like to draw your attention to Act No. 100/1988 Coll. on social security, which determined and regulated the scope of social care in its legislative essence. In connection with the law the basic implementing decree was represented by the implementing decree of the Health care and social matters of the Slovak Republic No. 151/1988 through which implementation of the Act of the Slovak National Council on Competence of bodies of the Slovak Republic in social security is taking place. Also the Act of the Slovak National Council No. 543/1990 Coll. on state administration of social security, implementing decree of the Ministry of labour, social matters and family of the Slovak Republic No. 243/1993 Coll. on social dependence based on the Act No. 463/1991 Coll. on subsistence level addressed the issues and interpretation of social care. Significant changes in the social area were made dependent on adopting the Concept of transformation of social sphere, which was adopted on the level of the government in 1995, and its approval by the National Council of the Slovak Republic took place in 1996. In 1988 adopting of the Act on Social Assistance is taking place and the position of providers of social services was regulated by Act of the Slovak Nation Council No. 135/1992 Coll. In this connection regulation of payments for services within the institutes of social care is taking place through singular implementing decrees. The legislative framework valid at the present time has been delimited through Act No. 448/2008 Coll. on social services, within which outlining of social services in the broader and newer form is taking place and which is replacing Act. No. 195/1998 on social assistance. At the present time it is necessary to focus our attention on further development of social services. This is happening on the basis of significant changes in the social environment, through which pressure on their legislative forms as well as support of further development, area of financing and increasing of quality of social services is taking place (Oláh, Igliarová, 2015).

Oláh, Igliarová and Bujdová (2013) are further stating that in the period of communist regime providing first of all collective care for the groups of socially dependent children, together with the groups of old and physically handicapped people was taking place, which could be seen above all in connection with oppression of individual rights of an individual.

After 1989 when significant social, political, cultural and economic changes took place, the process of transformation of the society could be seen also in the area of social systems (Rolková a kol., 2004).

[1] Period of the years 1918-1938

However various social phenomena are starting at the same time through the given changes and their impacts could be seen in the negative light within the modern society. They were above all negative phenomena connected with unemployment, poverty, homelessness and other social phenomena (Matoušek a kol., 2007).

The presence and continuation of these social phenomena contributed to the requirement of existence and mission of social services, because of appearance and permanent continuation of unfavourable social situation of a great number of persons. They were just these factors that contributed in this way to referring to necessity of existence of social services reflecting in this way the overall development of the social situation in the country. (Bočáková a kol., 2015).

An important role within the existence of portfolio of social services was also played by the process of decentralisation of social services on the competence of municipalities and self-governing units, as well as a process of formation of specialised state administration in the area of social matters, family and services of employment as at the date of 01 January 2004. As at this date the process of fiscal decentralisation was also implemented as a possibility of providing social services on the level of regions, reacting to the process of modernisation of social services within the whole Europe, drawing our attention to the creation of conditions for the conditions of social development, from the point of view of regional and local level in dependence of the needs of the inhabitants of the given territory. (Dávideková, 2014). Nižňanský and Hamalová (2013) reckon that strengthening of the players on the lower levels of the state can at the same time be seen in the highest potential for acquiring economic benefits. Implementation of decentralisation process is manifested by its interference into the area of human rights. As a consequence of this the process of decentralisation and its individual phases should be coordinated with other social roles, mainly by functioning of the state as a whole, by respecting the principles of basic human and civil rights, by non-discrimination of individual members of the society or by maintaining the integrity of the state.

Dávideková (2014) has supplemented this opinion by the words that the municipalities and self-governing regions as players within the territorial self-government enter the area of social services in two roles performing their obligatory and facultative competencies within the area of social services. On the one hand these entities represent the guarantors of providing social services in relation to a person, who is dependent on the given social service, on the other hand self-governing bodies represent providers and founders of social services.

From the point of view of competency of Ministry of labour, social matters and family we do furthermore draw your attention to the strategic document under the title National priorities of development of social services. *National priorities of development of social services for the years 2015-2020* represent a strategic framework within the Slovak Republic, through which the state reflects on the present situation in the area of providing and distribution of social services touching first of all upon insufficient capacity scope of the existing portfolio of social services in natural environment (in domestic as well as community environment) of the citizens, the need of providing of sustainability of the system of financing of social services in synergy with the development of their quality. The background for framework document is represented by identified needs from the point of view of national and European context, with accent on availability of social services, together with the process of their long term financial sustainability, efficiency, but also extension of co-financing for providing of social services through various grant programmes, structural funds or financial means from other funds (Cangár, Krupa, 2015).

At the same time the process of deinstitutionalization is taking place in the conditions of modern state, which is being applied within the clients involving all age categories and touching at the same time upon the area of alternate care, legislatively delimited and supported through Act No. 305/2005 Coll. on social and legal protection of children and social custody and on amending and supplementing certain other laws as amended by later regulations (Ministry of labour, social affairs and family of the Slovak Republic, 2009).

The process deinstitutionalization was at the same time also legislatively supported through *Strategy for Deinstitutionalization of the System of Social Services and Alternative Care in the Slovak Republic*, which in 2011 was worked out and presented through the Ministry of labour, social affairs and family of the Slovak Republic. Also in this year the adoption of National action plan for transition from institutional to community care within the system of social services is taking place (Oláh, Igliarová, 2015).

The delimitation of the social services itself can be searched in the system of public policies emphasising the accents of their human and legal dimension, orientation on the needs and preferences of the recipients of social services. Basic pillar of all documents adopted on the level of international community is guarantee and abiding by basic human rights and freedoms. The following documents can be mentioned as documents of individual entities of international community: UN Convention of the Rights of the Child, UN Convention on the Rights of Persons with Disabilities, European Social Charter in its revised wording, The Charter of Fundamental Human Rights of the EU, European Charter for Family Carers,

European Charter of the Rights and Responsibilities of Older People in Need of Long-Term Care and Assistance, but also within the conditions of the Slovak Republic - Program Declaration of the Government of the Slovak Republic for the years 2012 - 2016, National Programme of Active Ageing for the Years 2014 - 2020, National Program of the Development of Living Conditions of the Persons with Disabilities for the years 2014 - 2020 or Strategic Framework for Health Care for the Years 2013 - 2020 (Ministry of Labour, Social Matters and Family of the Slovak Republic, 2014).

As it has been mentioned social events (social risks) influence the overall situation of an individual, families as well as of the whole communities of citizens. The consequences of unmanaged social events are subsequently manifested after appearance and expansion of various social pathological phenomena, the consequences of which are visible not only because of an individual, who is affected by the given social pathological phenomena, but in the same way also within the whole society (Horváth, Sekan, 2014). In this connection an issue arises how it is possible to assume the responsibility for or as the case may be how to define an unfavourable social situation or as the case may be crisis situation. Under social event Krausová (2015) delimits a precisely specified scope of situation in life, in which is is necessary that the citizen is secured. In this connection she is further stating that situations in life differ from each other on the basis:

- ✓ of the content (birth, motherhood, illness, old age, qualifications, death, etc.);
- ✓ length and periodicity of duration (short term, long term, single, repeated, life, of medium length);
- ✓ gravity (as e.g. the process of solving of basic situation in life).

Within unfavourable social situation one can search, according to Habánik (2016), under the given delimitation a situation, when the process of jeopardy of natural person takes place, before the possibility of social exclusion or as the case may be other limitations, which hinders the natural person to solve independently their problem situation, because of the following reasons:

- ✓ as a consequence of insufficiently secured conditions of a natural person, necessarily focussed on satisfaction of bare necessities of life, habits in life of manner of life;
- ✓ as a consequence of the presence of heavy physical handicap or unfavourable health condition; by reaching the retirement age; nursing a natural person suffering from a heavy handicap; jeopardy of development incidental to handicap; or if it is a minor person up to the age of seven years;

- ✓ as a consequence if the natural person remain in the localities, which are characterised by presence and intergenerational reproduction of poverty;
- ✓ as a consequence if the natural person has become the subject matter of trafficking in human beings alternatively in case of jeopardy by conduct of other people.

Krausová (2015) furthermore states that standard of living represents a broad and complicated socioeconomic category characterised by the form of achieved level of development and satisfying of physical, material and mental needs of a human being under the conditions, within which these needs are being satisfied. Within international recommendations the following indicators are included in the standard of living:

- ✓ health condition of the population;
- ✓ education and qualifications;
- ✓ work conditions;
- ✓ employment;
- ✓ consumption and savings;
- ✓ transport;
- ✓ food;
- ✓ housing;
- ✓ clothes;
- ✓ recreation and pastime;
- ✓ human rights.

According to Šrobárová (2016) crisis situation can be on the other hand connected with the process of acute crisis, having an immediate and unforeseeable character. Crisis situation can be so manifested in the form of feelings of powerlessness, anxiety or fear. Through crisis also destabilisation within mental and social area is taking place. The given changes are visibly manifested also in the behaviour of a human being with participation of a degree of influence. Crisis situations are also connected with impulses, which can evoke the given crisis or can evoke it. According to Mátel a kol. (2011) in this context it is possible to say about situations, requiring intervention on the part of the social worker, that they are associated with the following aspects:

- ✓ unfavourable financial situation, which can be connected with the loss of employment and subsequent loss of financial means;
- ✓ disintegration of family and partnership bonds (death of a close person, divorce);
- ✓ presence of violence in the family;
- ✓ loss of home as a consequence of misfortune or another natural disaster;

- ✓ change of health condition or as the case may be unfavourable health conditions;
- ✓ change of status that a human being has (e.g. when retiring).

A significant factor within the issues of social events is represented by an institute of subsistence level, which at the same time represents a socially acceptable and indisputable limit of standard of life for every individual. The institute of subsistence level itself represents at the same time a basic and unavoidable factor, based on the economic indicators and possibilities of individual countries, on the basis of which it is possible to identify an objective limit of social tolerance or as the case may be dependence of persons on assistance (Schavel, Čisecký, Oláh, 2008).

The conception of the term of subsistence level refers to ambiguous delimitation and therefore in this connection we come across the following break-down:

a) *existence minimum as a borderline of poverty* – is providing information about minimum, generally accessible borderline of standard of living of a human being. The mentioned model represents a borderline of poverty, and not being able to secure necessary physiological needs may even lead to the loss of social sovereignty of an individual and jeopardy of their life and health (unacceptable or no housing, health and social problems);
b) *minimum comfort* – the mentioned model characterises the term of subsistence level, and it is unfolded in dependence on the possibilities and indicators of the economy of the given state. The level of achieved satisfaction of needs of an individual person itself is better expressed in theoretical than in real shape and in this it is connected above all with subjective assessment of life an individual and their individual factors;
c) *social minimum as borderline of poverty* – represents existence minimum (minimum provision of necessities of life), which is supplemented by a spectrum of minimum degree of satisfaction of socially recognized necessities of an individual or a household (Habánik, 2015).

1.3.2 Mission and relevance of existence of social services in modern society

The changes in the whole society and transformation of the society in its individualdimensions after 1989 contributed to the outset, expansion, but also continuation of various social problems, such as e.g. the issues of poverty, social inclusion, unemployment or drug addictions (Tvrdoň, Kasanová, 2004). In the nineties there existed tendencies or

endeavours for deinstitutionalisation of social services, i.e. creation of alternative possibilities against traditionally used practice, in most cases of applied institutional care as well as an extensive activity of non-public providers within the social policy of the state (Brichtová, Repková, 2014).

According to Dávideková (2014) at the present time social services represent a broad portfolio of the provided assistance addressed to the clients for overcoming unfavourable life situations. In this connection social services can be characterised as one part of the system of social assistance and at the same time they create one of the pillars of the system of social protection supporting the model of optimum functioning of individuals, families, communities, as well as of the whole society. Through decentralisation of social services its competency is implemented also on the level of local and regional self-governments, in the interest of reasonable response to the unfavourable situation, in which the given person has found itself.

Rác (2013) is addressing the possibilities of providing assistance and support to the endangered groups of population thought the Act No. 448/2008 Coll. on social services, which delimits social service as a specialised activity or as the case may be as a complex of activities focussed on:

- ✓ prevention against appearance of unfavourable social situation of the natural person, family or community connected with searching of solutions of unfavourable social situation or as the case may be its mitigation;
- ✓ searching for solutions of crisis social situation of an individual being and a natural person;
- ✓ process of securing of necessary conditions focussed on satisfaction of bare necessities of life of a natural person;
- ✓ capability of preservation, restoration or development of capabilities of a natural person to lead an independent life as well as support of its social inclusion;
- ✓ prevention against formation of social exclusion of an individual being and a natural person.

Kamanová (2016) is drawing our attention to the fact that social services creating an integral part of the segment of social assistance, which is manifested within its external shape in the form of specialised activities on the process of support for creating conditions intended for solving, mitigating or overcoming of an unfavourable situation.

In this context social services are presented within two basic forms:

1. institutional social services – providing of social services takes place within institutions, which at the same time represent also facilities of social services;
2. field social services – providing of social services does not take place within institutions of social services, but this is happening within natural social structures (households).

The significance of the mission of social services is declared by Matoušek a kol. (2007) in particular in that sense, that their character, purposefulness and mission are mainly focussed on the people, who are socially disadvantaged in the interest of increase of quality of their life taking into regard the interests of a wider community. Social services in this context overlap with broader category of public services provided in the interest of the public. The primary interest can be searched in those aspects that public services are financed through public budgets and at the same time and in comparison with other services they are defined in more details in the laws. On the other hand social services can also have commercial character in connection with provision of social service through business contract between the provider and the user of social service. Provision of social services takes place at the costs of public and non-public providers of social services. In this connection space is being created for competency of non-state players, and in addition to the position of a guarantor of honouring the basic human rights the state grants licence for activities of non-public providers together with providing guarantees before the citizens that the given institutions will implement and operate social services in the scope, to which they undertook.

Repková (2012) further continues in the sense that she considers social services to be a tool of politics and political enforcement of the interests of the society in relation to the people, who as a result of various reasons depend on a certain type of social care. When defining social service she furthermore points out that in the conditions of the Slovak Republic social services represent as follows:

- ✓ an integrated part of subsystem of social assistance creating jointly a system of social protection in the conditions of the Slovak Republic;
- ✓ financing is taking place through collection of taxes (process of financing of social services from state, council or regional budget) in combination on the basis of donations, income of a dependent person and its family or other income;
- ✓ providing of social services takes place almost exclusively in the form of material help (on the basis of providing services, not as direct monetary benefits);

- ✓ they are provided in dependence on income and property of the person and their family, dependent on certain social service.

Bočáková (2015) reminds that as a consequence of activities of various players entering into the system of social services the issues of social services may be looked upon from various points of view. She defines individual approaches in the following aspects:

- ✓ on the basis of economic conditions, based on the present socioeconomic situation in the country;
- ✓ on the basis of laws regarding social services, and social services from this point of view represent an integral part of the existing system of social protection, delimited in the legislative shape (on the basis of these circumstances social services can be accessed as an integral part of global public interest and good);
- ✓ on the basis of direct responsibility: – guarantees, when social services appear in the form of challenge or a tool in the process of searching balance among various areas of competencies;
- ✓ on the basis of general legal requirements, based on organisational, procedural and material conditions;
- ✓ on the basis of direct performance of social services, when a human being in the position of a requester and recipient of social service is getting to the forefront.

Repková (2015) assumes that the process of social services underlied transformation of original activities based on voluntary and charitable activity of individuals and organisation with strong religious aspect for process of providing assistance and care as an integral part of every human, fair and advanced society. Increased emphasis represented an important integral part of these evolution ideas since the second half of the twentieth century, which was being laid on the area of quality of provided services and which played an important role in the process of transformation and humanisation of social services. A qualitative dimension of social relations among the people representing a philosophical axiological basis of the issue of quality of social services is just as important. It is just the quality of provided and distributed social services against the recipient and user of social services that is getting to the forefront in the modern society. (Brichtová, Repková, 2014).

In case that a human being gets into a bad social or material situation delimitation of qualitative dimension of mutual human relations within the following key contents is taking place:

- ✓ respect, representing basis of dignity of a human being, determining at the same time the degree and scope of freedom in making a decision of a human being assisted by personal responsibility for made and performed decisions
- ✓ acceptance connected with the process of respecting a human being by themselves, respecting of the other human being in such for as they are, as well as providing free space for other people
- ✓ subsistence, which is manifested by "remaining", as a result of respect and acceptance of other people, which are reflected within providing of targeted, specific and practical assistance in becoming independent, connected with support another human being in the process of becoming independent, acquiring of independence (Repková, 2015).

Emphasising the process of quality it is necessary that within its purposefulness the social services fulfil the scope of specified criteria:

- ✓ support of independence and autonomy of social services users (support of independence not dependence on social services);
- ✓ support of social inclusion of social services users;
- ✓ respecting of individual needs of recipients of social services;
- ✓ guarantee of partner cooperation of various entities;
- ✓ guarantee of quality in providing social services;
- ✓ guarantee of equality in providing of social services without any prejudices and manifestations of discrimination (Repková, 2015).

Repková (2012) reminds that in 2010 a document was published on the part of the Social Protection Committee EC, under the title Voluntary European Quality Framework for Social Services, within which delimitation and determination of general quality principles of provided social services is taking place:

- ✓ availability of social services from the point of view of necessary information, providing of adequate easy access environment, available possibilities of public transport to the place, where social service is provided. In this connection it is important to emphasise that the existing social service does not have to represent a really available service;
- ✓ comprehensiveness through which response of social service to complex needs of people takes place;

- ✓ continuity making it possible that a social service user can rely on the social service in the context of changing conditions;
- ✓ the possibility to afford social service representing the possibility that social services are provided without the possibility to pay for them or as the case may be at a price that the social service user can afford;
- ✓ orientation to output, within which the benefits of social service user are to be seen from the point of view of using social service;
- ✓ accessibility connected with existence of social service and social services should be reasonably reflected in the needs of the people, who can select a type of social service in the community on the basis of their free decision. (Repková, 2015).

1.4 Social services and their definition according to the valid legislation

As we have already mentioned in the previous section, the scope, definition and specification of the social services sphere in the Slovak Republic is given in Act No 448/2008 Coll. on social services, while under the current legislation it specifies the following forms of social services:

- ✓ *ambulatory form* – this form of social service is provided also via facilities, while at the same time it is aimed at individuals that attend, are transported or escorted to the place where social service is provided.
- ✓ *residential form* – this form of social service is provided as a year-round social service or as a week-long social service, and it concerns the provision of social services that include the provision of accommodation in the facilities where social service is provided. In this respect the law also covers minors that can use the above form of social service, however only with a written consent given by their legal representative or their carer, or an individual designated a carer, on the basis of a court decision, for a person that was incapacitated.
- ✓ *outreach form* – this form of social service is provided via activities directly in the natural environment where individuals (that constitute the social workers' target groups) stay. This form may be also provided by means of outreach programs. The prevention of the rise of social exclusion of individuals, families or the whole community due to an adverse social situation becomes the primary task (Oláh, Igliarová, Bujdová, 2013).

Social service can be provided for a definite or an indefinite period of time. With respect to the specification of the forms in which social services are provided, it is necessary to point out that as far as the provision of social services is concerned, the outreach and ambulatory social services take precedence over the residential social service. The residential form is provided if the severity of the situation demands it or if there is no other option. In this regard the weekly form of the residential service gets preferred to the year-round form. At the same time the valid legislation guarantees individuals the right to select the form of provided social service or the provision of social service also in other forms, mainly by phone or in connection with telecommunication technologies for effectiveness.

The legislation distinguishes the following parties to legal relationships:

- ✓ the recipient of social service[2]
- ✓ the provider of social service
- ✓ the Ministry of Labour, Social Affairs and Family of the SR
- ✓ municipality
- ✓ higher territorial unit
- ✓ other person for which rights and obligations concerning the process of the provision of social service arise under the valid legislation
- ✓ partnership[3]

We have already stated that social services can be provided in the ambulatory, outreach or residential form. In terms of their distribution, it is equally important to specify the entity that distributes them to the individuals that are in an adverse social situation.

[2] The term "the recipient of social service" may refer to a citizen of the Slovak Republic who has permanent or temporary residence in the territory of the Slovak Republic; a foreign national that is a citizen within the European Economic Area, has permanent residence in Slovakia and works or studies at a state-recognised school in the territory of the Slovak Republic; foreign nationals that are citizens within the European Economic Area and have permanent residence in the territory of the SR (this also covers family members of the foreign nationals as specified in the relevant act); foreign nationals that are not citizens within the European Economic Area, but have a permission for temporary or permanent residence in the territory of the Slovak Republic as specified in the relevant act; foreign nationals whose rights that arise under the given act are guaranteed by an international treaty approved and ratified by the Slovak Republic; foreign nationals whose family member has permanent residence in the territory of the SR; foreign nationals who are not citizens within the European Economic Area, but have the right to temporary or permanent residence as specified in the relevant act, while the given rights do not arise under international treaties; foreign nationals that have been granted a temporary refuge/subsidiary protection in the territory of the Slovak Republic in accordance with the legislation governing it, or asylum; Slovaks that live abroad, but continuously stay in the territory of the Slovak Republic for a minimum of 180 days in a calendar year (Act No 448/2008 Coll. on social services).

[3] It constitutes a group of persons formed for the purpose of implementing projects or programs aimed at mitigating individuals' adverse social situation together with preventing the emergence thereof, as well as at searching for possible solutions for projects and programs, or programs of community work. Partnerships can be formed within municipalities, higher territorial units, representatives of communities and other persons or authorities of labour, social affairs and family (Act No 448/2008 Coll. on social services).

In this regard we distinguish public and non-public providers of social services:

1. *public providers of social services* – they constitute municipalities or legal persons established or founded via a municipality or higher territorial unit (higher territorial units become the providers of social services only if they provide basic social counselling). The primary role of public providers of social services is to ensure that social service is available to the individuals that are in an adverse social situation and also depend on the effect of this service, as well as the right of individuals to select a social service at their own discretion.
2. *non-public providers of social services* – they include individuals or legal persons operating in the territory of the Slovak Republic; foreign nationals that are citizens of the European Economic Area and have the entitlement and the right to permanent residence in the territory of the Slovak Republic in accordance with the legislation governing it; foreign nationals that do not have the right to permanent residence within the European Economic Area, but have a permission for permanent or temporary residence in the territory of the Slovak Republic in accordance with the legislation governing it; legal persons that do not have a seat in the territory of the Slovak Republic, but the organizational unit of these legal persons resides in the territory of the Slovak Republic.

In connection with the accomplishment of the set goals during the provision of social services it is important to divide working procedures, working methods as well as individual tasks into sets of activities, including technical and service activities, together with other activities. By means of the valid legislation the provider of social service undertakes to comply with the minimum content specified for activities, as well as to ensure and create conditions for the types of social services that they provide and ensure within their field of competence.

The professional activities are made up of the following aspects:

- institutional nursing care
- support with the exercise of rights and legally protected interests
- support when an individual relies on support from another individual
- support with the exercise of the rights of custody
- support with finding an employment
- support with maintaining a household
- support with managing money

- support with the preparation for school attendance and school education as well as escorting a child to and from school
- support with organizing time
- support with getting involved in the working and social life
- support with the development of personal interests
- support with socially appropriate behaviour as part of support with independent living
- occupational therapy
- avoiding and dealing with crisis situations
- preventive activity
- social rehabilitation
- social therapy
- arranging interpreting and personal assistance
- stimulating a disabled child's complex development
- specialized social counselling
- interpreting
- basic social counselling
- upbringing (Act No 448/2008 Coll. on social services)

The service activities under Act No 448/2008 Coll. on social services include activities connected with washing, accommodation, cleaning, ironing, maintenance of clothing and linen as well as the provision of non-monetary performance, connected with the provision of the ambulatory form of social service in communal spaces.

The other activities are divided according to:

1. the creation of conditions for:
    - the preparation and handing out of meals, also connected with the handing out of foods, provided that the individual is able to participate at least minimally in this activity
    - the provision of essential clothing and shoes that the individual is unable to obtain via own means
    - the safekeeping of valuables, in connection with the creation of such conditions that will serve to secure the keeping of valuables safe from the possibility of theft or damage
    - the performance of essential personal hygiene that the individual is unable to come by via own means

- educational activities and hobbies aimed at supporting the process of development of skills and abilities of the recipient of social service

2. the provision of:
   - personal equipment when an essential supply of items of personal consumption that the individual is unable to obtain via own means is acquired
   - essential clothing and shoes that can be provided to the recipient of social service in situations of reliance. However, the provided clothing and shoes must be in good condition
   - transport
3. the delivery of food
4. the loaning of aids
5. the ensuring of hobbies (Act No 448/2008 Coll. on social services)

In terms of typology we distinguish the following types of social services according to Dávideková (2014):

- social services aimed at families with children
- social services aimed at at-risk children and youth
- social services for the elderly
- social services for ethnic minorities
- social services for refugees
- social services for the ill and the disabled
- social services for the unemployed
- social services in response to poverty and homelessness
- social services for people with addictions
- social services in response to crises and for people suffering from mental illnesses

Matoušek et al. (2013) also bring to the attention the importance of the provision of social counselling aimed at overcoming adverse situations of individuals, while at the same time they define the counselling as a many-sided activity that is performed by all helping professions nowadays. The goal of the provision of counselling is therefore not solely the provision of support to persons that rely on support, but also support with the process of own engagement and activities on the part of the affected persons. In this regard we distinguish basic counselling and specialized social counselling.

Social services and their division according to individual types:

1. **crisis intervention social services**

   They are provided to individuals that are in an adverse social situation, while the support provided in the form of social services can also have a low-threshold character. The low-threshold social service denotes such a social service which is anonymous and easily available, in order to facilitate an individual's access to social services as well as to support and provided assistance, in the interest of their social inclusion. The crisis intervention social services include:

   - *crisis intervention outreach social services* – the social service is provided to individuals that are in an adverse social situation, while it is essentially aimed at contacting and searching for individuals, the performance of expert, service and other activities that primarily focus on the process of the performance of preventive activity, connected with the provision of social counselling and social rehabilitation, support with the exercise of rights and legally protected interests, or the creation of conditions for the handing out of meals or foods.
   - *the provision of social service in facilities*:
     - low-threshold day centre – the social service is provided to individuals that are in an adverse social situation via the provision of social counselling and support with the exercise of rights and legally protected interests, as well as the creation of conditions for the preparation and handing out of meals or foods, together with the performance of essential personal hygiene.
     - integration centre – the social service is provided to individuals that are in an adverse social situation via the provision of social counselling and social rehabilitation[4], as well as the creation of conditions for occupational therapy and hobbies.
     - community centre – the social service is provided to individuals that are in an adverse social situation via the provision of social counselling, support with the exercise of rights and legally protected interests, together with support with the preparation for school attendance and school education, and escorting a child to and from school. Moreover,

[4] A professional activity aimed at supporting independence and self-sufficiency of individuals via the development and training of skills, or the activation of abilities and strengthening of habits during personal care tasks, while taking care of the household as well as during basic social activities, with the maximum use of natural resources in the family and community (Act No 448/2008 Coll. on social services).

the community centre serves as a place for community work and community rehabilitation, preventive activity and hobbies. The professional activities are provided in the ambulatory form of the social service (within community centres) or in the outreach form of the social service (within outreach programs).

- night shelter – the social service is provided to individuals that are in an adverse social situation and have no accommodation or are unable to use the one they currently have, via the provision of social counselling, essential clothing and shoes, as well as accommodation via the provision of a night shelter. Moreover, the night shelter offers conditions for the preparation and handing out of meals or foods, or the performance of essential personal hygiene.
- reception centre – the social service is provided to individuals that are in an adverse social situation and have no accommodation or are unable to use the one they currently have, via the provision of social counselling, essential clothing and shoes, occupational therapy, accommodation for a definite period of time and support with the exercise of rights and legally protected interests. Moreover, the reception centre offers conditions for the preparation and handing out of meals or foods, performance of essential personal hygiene, washing, ironing, maintenance of clothing and linen, and possibly hobbies. The social service in the reception centre is provided by the social service provider separately for individuals, individuals with a child and families with a child.
- halfway house – the social service is provided for a definite period of time to individuals in an adverse social situation that have no accommodation after the provision of social service in another facility ended, as well as after the end of their protective re-education or foster care, provided that it is not provided on the premises of a children's home. The halfway house serves to provide accommodation for a definite period of time, social counselling and support with the exercise of rights and legally protected interests; it ensures occupational therapy and support with finding an employment and creates conditions for the preparation and handing out of meals or foods, performance of

essential personal hygiene, washing, ironing, maintenance of linen and clothing, and possibly hobbies.

- emergency housing – the social service is provided to individuals that are in an adverse social situation via the provision of accommodation for a definite period of time, social counselling and support with the exercise of rights and legally protected interests, while at the same time it offers conditions for the preparation and handing out of meals or foods, performance of essential personal hygiene, washing, ironing, maintenance of linen and clothing, and possibly hobbies. The emergency housing can serve to provide social counselling also to individuals that are responsible for the emergence of an adverse situation, or, if suitable and appropriate, the social service may be also provided separately to a selected target group, or there is a possibility of ensuring the anonymity of individuals using this type of social service.

- *low-threshold social service for children and families* – the social service is provided to individuals that are in an adverse social situation as well as to their families, in the ambulatory form of the social service or in the outreach form of the social service (via outreach programs). Social counselling, social rehabilitation and preventive activity are provided, together with support with the exercise of rights and legally protected interests, support with the preparation for school attendance and school education, together with escorting a child to and from school, and possibly hobbies.

2. social services aimed at supporting families with children

- *support with the personal care of a child and with the family life and working life balance* – in terms of the provision of support with the personal care of a child the social service has the character of the outreach form of social service which is provided either to the parent of a child or other individual to whose personal care a child was placed on the basis of a court decision, but also if they are unable, alone or with the support of the family, to provide proper care to a child, or there are no other reasons that would make it necessary to proceed pursuant to special legislation. The support with the personal care of a child and with the family life and working life balance can be characterized as comprising especially casual care tasks of caring for a child or household,

performance of personal hygiene, provision of food, getting a child dressed and undressed and support with the preparation for school attendance and escorting a child. In case an individual provides support with the personal care of a child continuously, the support may be provided for a maximum of 30 days. For the purpose of supporting the family life and working life balance the ambulatory and outreach forms of social service are used – they can be provided to the parent of a child or another individual to whose personal care the child was placed on the basis of a court decision, during a period of preparation of the parent or another individual to whose personal care a child was placed on the basis of a court decision for the job market and at the time of other activities related to entering or returning to the job market. In this regard there are also reasons for which the parent of a child or other individual of full age to whose personal care a child was placed cannot provide personal care to a child alone or with the support of the relative, namely:

- an instance when the mother of a child or the woman to whose personal care a child was placed on the basis of a court decision gives birth to a child
- an illness, injury, ongoing spa treatment of the parent (or parents), but also the death of one of the parents or the individual to whose personal care a child was placed on the basis of a court decision
- an instance when at least three children are born at the same time, or the birth of two or more children at the same time within two years, until the youngest children are three years of age

- *temporary institutional care of children* – the social service is provided (via upbringing, support with the preparation for school education and escorting) to a dependant child if the parent or another individual to whose personal care a child was placed on the basis of a court decision cannot, due to serious reasons, ensure personal care for the child alone (these reasons include commitment or the beginning of serving a custodial sentence) or with the support of the family, or there are no other reasons that would make it necessary to proceed pursuant to special legislation. The temporary institutional care of children serves to provide social counselling, accommodation for a definite period of time, food, cleaning, washing, ironing and maintenance of linen and clothing as well as hobbies.

- *early intervention service* – the social service is provided to families with a child that is up to seven years old if its life is at risk due to a disability (the individual has to provide a confirmation from the healthcare provider), in the ambulatory or outreach forms of social service. The early intervention service serves to provide social rehabilitation and specialized social counselling, as well as the performance of preventive activity and stimulation of a disabled child's complex development.

3. **social services that deal with an adverse social situation caused by severe disability, poor health or reaching the retirement age**
   - *supported housing* – the social service is provided to individuals from 16 years of age until they reach the retirement age, provided the individuals rely on support from another individual as well as supervision under which they are able to lead an independent life. If the individuals reach the retirement age while staying at the supported housing, the provision of this service continues. For the purposes of the provision of social service in this facility the supervision (the scope is determined using hours or the sum of tasks in which the individual needs supervision) may involve directing and monitoring of individuals during the performance of personal care tasks, basic social activities as well as tasks of taking care of their household within the facility. In addition to the supervision, the supported housing serves to provide accommodation, social counselling and support with the exercise of rights and legally protected interests as well as offer conditions for the preparation of food and performance of social rehabilitation. This type of social service can be provided also in flats and houses. If the social service is provided in flats, it may be provided for maximum six social service recipients in one flat or twelve social service recipients in two flats, for each separate numbered entrance in one housing block or house.
   - *home for the elderly* – the social service is provided to individuals that have reached the retirement age and rely on support from another individual (the level of reliance is at least IV) as well as to individuals that have reached the retirement age and require the provision of social service at the home for other serious reasons. Homes for the elderly (with maximum 40 social service recipients in one building) serve to provide social counselling, social rehabilitation, accommodation, food, cleaning, washing, ironing, maintenance

of linen and clothing and support in the event of reliance on support from another individual, as well as to create conditions for the safekeeping of valuables and hobbies. Homes for the elderly also ensure nursing care in the event that they do not provide nursing care pursuant to Article 22.

- *social care facility* – the social service is provided for a definite period of time to individuals of full age that rely on support from another individual and in the event that they cannot be provided with the home care service. Social care facilities serve to provide social counselling, social rehabilitation, accommodation, food, cleaning, washing, ironing, maintenance of linen and clothing and support in the event of reliance on the support from another individual, as well as to create conditions for the safekeeping of valuables. Social care facilities also ensure nursing care in the event that they do not provide nursing care pursuant to Article 22.
- *rehabilitation centre* – the social service is provided to individuals that rely on support from another individual, to the partially blind, the deaf, or the individuals that suffer from severe bilateral partial deafness. Rehabilitation centres serve to provide social counselling, social rehabilitation, accommodation, food, washing, cleaning, ironing and maintenance of linen and clothing, as well as support in the event of reliance on support from another individual (if the social service is provided in the ambulatory form, the facility is not obliged to provide accommodation, food, washing, ironing and maintenance of linen and clothing; if the social service is provided in the residential form, this service may be provided for a definite period of time, maximum for three months, while this period may be extended only once, maximum for three months). This facility can serve to provide social counselling also to families or another individual that relies on support from another individual within the home environment, for the purpose of cooperation during social rehabilitation.
- *social care home* – the social service is provided in the ambulatory form or as a weekly residential social service to individuals until they reach the retirement age, provided the individuals rely on support from another individual (their level of reliance is at least V), as well as to the blind or effectively blind individuals (the level of reliance is at least III). Social care homes (the social service is provided to a maximum of 40 social service recipients within one

building of this facility, while the social service cannot be provided in the year-round residential form) serve to provide social counselling, social rehabilitation, accommodation, food, personal equipment, cleaning, washing, ironing, maintenance of linen and clothing, support in case of reliance on the support from another individual, as well as to ensure occupational therapy and hobbies, or to create conditions for education and the safekeeping of valuables. Social care homes also serve to ensure nursing care, in the event that they do not provide nursing care pursuant to Article 22, and upbringing, provided that social care homes provide social service to children. In case an individual reaches the retirement age during the provision of the social service, the social service will continue to be provided to them.

- *specialized institution* – the social service is provided to individuals that rely on support from another individual (their level of reliance is at least V) or suffer from a disability, including Parkinson's disease and Alzheimer's disease, pervasive developmental disorder, multiple sclerosis, schizophrenia, dementia of various aetiologies, deaf-blindness, AIDS, or severe organic psychosyndrome. Specialized institutions serve to provide social counselling, social rehabilitation, accommodation, food, personal equipment, cleaning, washing, ironing, maintenance of linen and clothing and support in the event of reliance on support from another individual, as well as to ensure occupational therapy and hobbies, or to create conditions for education and the safekeeping of valuables. Specialized institutions serve to provide social services for a maximum of 40 social service recipients within one building of this facility. Specialized institutions also ensure nursing care in the event that they do not provide nursing care pursuant to Article 22.
- *day care centre* – the social service is provided to individuals that rely on support from another individual and on social service in facility only for a certain amount of time during the day. Day care centres serve to provide social counselling, social rehabilitation, food and support in the event of reliance on support from another individual, as well as to ensure occupational therapy and hobbies. This facility can serve to provide social counselling also to families or other individuals, ensuring support to individuals within the home environment, for the purpose of cooperation during the social rehabilitation.

- *home care service* – the social service is provided to individuals that rely on support from another individual (their level of reliance is at least II) or on support with personal care tasks, taking care of the household and basic social activities. The home care service is used for tasks that are performed in accordance with the scope of tasks determined by the municipality on the basis of social evaluation, either in hours or individual tasks. In this regard the minimum scope of tasks must not be lower than the minimum scope corresponding to an individual's degree of reliance, if the social service provider does not agree otherwise in the agreement on the provision of the social service with the social service recipient. The home care service is not provided to individuals that receive the year-round residential social service; that are already cared for by an individual that receives care allowance; that receive personal assistance allowance; the individuals that are ordered quarantine due to a suspected infection with a contagious disease and in the event of becoming ill with such an infection. This provision on the non-provision of the social service to individuals will not apply if the individual providing care receives institutional healthcare at a healthcare facility; if the individual providing care receives relief service; if the individual that is cared for by another individual and receives care allowance is provided with the home care service in the maximum scope of eight hours a month.
- *transport service* – the social service is provided to individuals with severe disability (the individuals prove their poor health by means of a confirmation from their healthcare provider), reliant on individual transport in a passenger motor vehicle, or individuals with poor health with a limited ability of moving on the flat or on the stairs (or with a limited sense of direction). The reliance on individual transport in a passenger motor vehicle is proved by means of an assessment by the appropriate authority of labour, social affairs and family, for the purpose of compensation of the existing social implications of their severe disability.
- *escort service and reading service* – the social services are provided to individuals that are blind, effectively blind, as well as to individuals with mental disabilities (the individuals prove the disability by means of a confirmation from their healthcare provider). The escort service is used for escorting the individuals to basic social activities, the reading service provides

the individuals with reading. These types of social service cannot be provided to individuals that receive personal assistance allowance and are already provided with escorting and reading as part of the home care service.

- *interpreting service* – the social service is provided to individuals (the individuals prove their poor health by means of a confirmation from their healthcare provider) that are reliant on interpreting in the sign language (if they are deaf or suffer from severe bilateral hearing loss and communicate via the sign language), articulatory interpreting (if they are deaf or have severe bilateral hearing loss and do not know the communication forms of the hearing-impaired) or tactile interpreting (if they are deaf-blind or suffer from congenital or acquired disability affecting two sense organs). The interpreting service serves to provide social service via the sign language, articulatory interpreting and tactile interpreting. This type of social service cannot be provided to individuals that receive personal assistance allowance and are already provided with interpreting as part of the home care service.
- *arranging interpreting service* – the social service is provided to those disabled individuals that receive social service in the form of the interpreting service during the performance of administrative tasks, maintaining a database of disabled individuals reliant on the communication via interpreting, interpreters and persons interested in doing this type of social service, basic social counselling and training of disabled individuals and interpreters. In this regard the support with the performance of administrative tasks involves especially drawing up of drafts of contracts on the provision of interpreting service between disabled individuals and the interpreting service provider; searching for interpreters and arranging a meeting of an interpreter and a disabled individual; support with the processing of the interpreting service reports; solving conflicts that come about between a disabled individual and their interpreter, under the concluded contract on the provision of interpreting service; arranging a replacement interpreter; arranging training for interpreters and disabled individuals (interpreting service may be arranged also via an interpreting service agency established for this purpose by the social service provider).
- *arranging personal assistance* – the social service is provided to individuals with severe disability that receive personal assistance allowance, or to

individuals with severe disability that are reliant on personal assistance during the performance of administrative tasks, maintaining a database of the users of personal assistance, personal assistants and persons interested in the provision of personal assistance, basic social counselling, educating the users of personal assistance and personal assistants, as well as support with solving conflicts that arise between a severely disabled individual and their personal assistant (in connection with the concluded contract on the performance of personal assistance). The support with the performance of administrative tasks denotes especially drawing up of drafts of contracts on the provision of personal assistance between a severely disabled individual and their personal assistant; support with the processing of time sheets of hours worked by the personal assistant and the payment of remuneration to personal assistants (personal assistance may be arranged also via a personal assistance agency established for this purpose by the social service provider).

- *loaning of aids* – the social service is provided to individuals with severe disability as well as to individuals suffering from poor health, reliant on an aid (the individuals prove their poor health by means of a confirmation from the healthcare provider, the individuals with severe disability prove the reliance on the aid by means of an assessment issued by the competent authority of labour, social affairs and family for the purpose of compensation of the social implications of severe disability). In this regard an aid may be loaned for an agreed period of time, maximum until the aid is acquired via public health insurance, in the form of a monetary contribution to acquire the aid as specified in the relevant act, or from other sources, or for as long as the conditions for the provision of an aid last.

4. social services with the use of telecommunication technologies

- *monitoring and signalling of the need for support* – the social service is provided to individuals with poor health (the individuals prove the need for the provision of the social service by means of a confirmation from the healthcare provider) in order to prevent the emergence of a crisis social situation or to ensure the solving thereof. The service of monitoring and signalling of the need for support is used for continuous, distance, voice, written, or electronic communication with individuals via signalling or audio-visual equipment,

while support may be arranged via a signal for support sent to the control centre.

- *crisis support provided via telecommunication technologies* – the social service is provided to individuals that are in a crisis social situation or other difficult situation that they are unable to deal with on their own. The social service is provided especially in the form of social counselling via telecommunication technologies (telephone, fax, internet).

5. support services

- *relief service* – the social service is provided to individuals that care for severely disabled individuals pursuant to the relevant act or by whom social service is provided to severely disabled individuals, during periods in which the individual that cares cannot provide the care. The relief service involves the provision of social service for whole days, maximum for 30 days in a calendar year. The goal is to enable the individuals that care to have the necessary rest to maintain their good physical and mental health. During the provision of the relief service the municipality is obliged, within its competence, to ensure that individuals with severe disability can select the social service at their own discretion, from the ambulatory, outreach and residential forms of the social service in the minimum scope of 12 hours a day. The reliance of individuals with severe disability on the social service must be proved by a confirmation issued by the competent authority of labour, social affairs and family on reliance on this social service. In connection with support provided to individuals reliant on support from another individual within the relief service in the outreach form, also tasks of taking care of individuals' households are performed and their basic social activities are ensured.
- *support with the exercise of the rights of custody* – the social service is provided to carers, individuals that are interested in becoming carers as well as individuals that cannot exercise and protect their rights and legally protected interests on their own. In this regard the term "support" may be understood to denote representation of individuals in proceedings on the deprivation of legal capacity, restriction of legal capacity or restoration of legal capacity; cooperation in drawing up petitions to court for the commencement of proceedings on the deprivation, restriction or restoration of legal capacity; cooperation with facilities, authorities of labour, social affairs and family,

courts, as well as other persons prior to the commencement of and during the proceedings on the deprivation, restriction or restoration of legal capacity; searching for training for individuals interested in becoming carers as well as training of carers to exercise the rights of custody; provision of or arranging social or other counselling, in order to search for options in the exercise of rights and legally protected interests of individuals that cannot exercise and protect these interests on their own.

- *day centre* – the social service is provided during the day to individuals that have reached the retirement age or are severely disabled (or on the basis of poor health), a parent with a child, or a grandparent with a grandson or granddaughter. The day centre involves the provision of social counselling and hobbies.
- *support with independent living* – the social service is provided to individuals to support their independence and self-sufficiency, with the focus especially on the provision of support with running a household, managing money, time management, support with the development of personal interests and socially appropriate behaviour, as well as while engaging in social and working life, or dealing with or preventing the emergence of crisis situations. The support with independent living involves the provision of social counselling and support with the exercise of rights and legally protected interests, as well as the performance of preventive activity and social rehabilitation.
- *canteen* – the social service is provided to individuals that have reached the retirement age, suffer from poor health or a disability, or do not have the necessary conditions for the satisfaction of basic social needs. The social service, which involves the provision of food, can be provided also via food delivery to the individuals' households.
- *laundry* – the social service is provided to individuals that have reached the retirement age, suffer from poor health or a disability, or do not have the necessary conditions for the satisfaction of basic social needs. The social service provides conditions for washing, ironing and maintenance of the individuals' linen and clothing.
- *personal hygiene centre* – the social service is provided to individuals that have reached the retirement age, suffer from poor health or a disability, or do not have the necessary conditions for the satisfaction of basic social needs. The

social service provides conditions for the performance of the individuals' necessary personal hygiene.

1.5 Social services in public administration

Public administration is an activity performed by a state or other public bodies. It basically constitutes a state's executive activity, ensured by individual bodies and performed as a manifestation of a state's executive power.

According to Škultéty (1999) the public administration is generally understood to mean a differentiated system to ensure the administration of public affairs.

Průcha (1999) characterizes public administration as administration of society, administration of a state as a whole and also of its individual territorial units. It is administration of public affairs of a society organized into a state. It is therefore a manifestation of the execution of executive power in a state, including the so-called self-governing power. The public administration is an internally differentiated system, therefore it is not a homogenous system. It is composed of three units:

- ✓ *state administration*
- ✓ *self-government*
- ✓ *bodies governed by public law*

Géciová (2002) states the differential signs between public administration and private administration. These signs are:

- ✓ *public administration is performed in the interest of the public*
- ✓ *public administration is bound by law to a greater degree than private administration*
- ✓ *public administration is performed pursuant to the legislation, the legislation stipulates the scope of competence and liability*
- ✓ *public administration is subject to wide public scrutiny*
- ✓ *public administration cannot be profit-oriented*

Skulová (1998) judges public administration to be the administration of public affairs, the entities that perform it do so as a legal obligation. As regards private administration, it is the administration of private affairs. It is performed in the private interest by private persons. These private persons pursue their own aim and act on their own will. Skulová (1998) also states the organizational principles of public administration:

- ✓ *the principle of electability and nomination*
- ✓ *the principle of coordination*
- ✓ *the principle of subordination*
- ✓ *the principle of centralization*
- ✓ *the principle of decentralization*
- ✓ *the principle of concentration*
- ✓ *the principle of deconcentration*
- ✓ *the principle of departmental and territorial organization*

As stated by Schavel et al. (2009), in 1989 the political, economic and social nature of the state changed. Directive control and the strict planning system were transformed into a system of market economy. As a matter of course this economic transformation is naturally reflected in the social sphere. The transformation of public administration – a complex, but necessary process – therefore comes about. For the performance of public administration to be effective and rational, it needs to have an appropriate organizational structure.

Škultéty (1999) states that organization is the totality or the whole of people that perform a certain activity with the aim of reaching certain goals.

They reach these goals according to certain rules:

- ✓ *an activity that is aimed at creating an appropriate organizational structure*
- ✓ *a system, therefore a functional, internally differentiated and structured whole*
- ✓ *an institution – it is an organized whole composed of human and material elements*

Kiovská (2000) states that the term "the organization of public administration" should be understood to convey the institutional, structural and system meaning of the term "organization" (when considered from the viewpoint of the entire system of the public administration bodies). The public administration is therefore made up of the three basic components mentioned above: state administration, self-government and bodies governed by public law – the organizations.

A document The Slovak Government's Policy Statement for 2012 – 2016 was adopted in May 2012. Social services are classified under a wider category of "services" as part of measures for sustainable economic development that is aimed at *"...expanding, significantly improving the quality of and making affordable a whole spectrum of services for large sections of the population, particularly for the older generation*" (The Policy Statement, 2012).

Social services are dealt with in more detail in section six of a document entitled The Quality of Life as a Result of Cohesive Society. A stable framework of social policy is to be

created by measures aimed at healthcare for citizens; the family as the basic unit that determines citizens' quality of life and security; dealing with long-term unemployment; strengthening activation schemes for the long-term unemployed. Special attention is given to the improvement of the quality of life of the older generation as a complex issue. This agenda should include the availability of quality, accessible and specialized health services and appropriate social services. The premise of the document is that the culture of relations to older people with disabilities must follow from a cohesive family policy, active participation of the local self-government, self-governing regions, civic organizations and churches, as well as employers and trade unions.

In an effort to work in new deinstitutionalized principles, on 30 November 2011 the government of the SR approved a document *The Strategy for the Deinstitutionalization of the System of Social Services and Foster Care in the Slovak Republic.* The transformation and deinstitutionalization aims are expressed in the term "community services", that are defined for the purposes of the strategy as "*...a set of interconnected and coordinated services provided in a territorially defined community that respond to the needs of the members of the community and show no signs of institutional care"* (Strategy, 2011). The document defines the general principles, aims and goals of the transformation and deinstitutionalization, time schedule for the implementation thereof and economic aspects of the transition from the institutional to community care.

1.5.1 State administration

Gašpar (1993) writes that state administration is a system of state and political management. It is focused on the immediate and practical performance of state functions pursuant to legislation. The mission of the state administration is to perform the executive power of a state.

Škultéty (2008) points out that the state administration is a hierarchically structured system of state administration bodies in the territory of the Slovak Republic. State administration constitutes a relatively independent, but very important type of state activities. For the state administration to be able to fulfil its tasks, it is necessary to create an optimum organizational structure of the state administration. This essentially concerns central as well as local bodies of the state administration.

The activity of the state administration is controlled by the government of the SR. It is the supreme body of the executive power and it exercises the power using the law-making, coordinating, directing and supervisory functions. The government of the SR unites, controls and checks the activities of the ministries and other central bodies of the state administration. Schavel et al. (2009) writes that ministry is the basic type of central body of the state administration. Ministries are active within individual sectors and spheres of the state administration. In our work we focus on the Ministry of Labour, Social Affairs and Family which is the central body of the state administration. The Ministry of Labour, Social Affairs and Family is currently controlled by Ján Richter. This ministry works in the sphere of:

- ✓ *family policy and socio-legal protection of children*
- ✓ *state social support*
- ✓ *social help*
- ✓ *social services*
- ✓ *state housing policy in terms of its social aspects*
- ✓ *pension and health insurance*
- ✓ *assessment of reliance on social service*
- ✓ *employment and job market services*
- ✓ *wages policy*
- ✓ *work environment, occupational safety*
- ✓ *international cooperation in the social sphere, etc.* (Stanek, 2011)

The main aim of the tasks and priorities in this sphere is to create and maintain cohesion of society, also so that the income and property differences would motivate the citizens to undertake their own action, lead to work effort, development of skills and subsequently narrowing of the gap between the rich and the poor. The following tasks take centre stage:

- ✓ *to strengthen the social sovereignty of citizens and families with children*
- ✓ *to lower the dependency of citizens on the state*
- ✓ *to motivate citizens to work and deal with the problems by themselves*
- ✓ *to create measures against the abuse of social benefits*
- ✓ *to lower the unemployment rate*
- ✓ *to remove all forms of discrimination in the job market*
- ✓ *to support seniors, to increase the employment rate of older workers, etc.* (Oláh et al., 2013)

According to Krebs (2010) the role of the state in social policy and social sphere has an unreplaceable place. According to him the main ways in which the state gets involved are:

- ✓ *the state as concept maker* – the state therefore defines the legal framework of social policy. It specifies the rules of support by the state as well as other social entities. It also ensures compliance with these rules.
- ✓ *the state as implementer* – the state is therefore the executor, performer of socio-political measures. That means that it is the state that provides particular benefits, allowances, assistance, etc.

As a matter of course, the state is in the first role of the concept maker irreplaceable. However, in the second role apart from the state also non-state entities can become involved. An important role is played by the welfare state. The social role of the state is often associated with the so-called modern social policy. It stands on three pillars:

- ✓ *good health*
- ✓ *good education*
- ✓ *decent standard of living*

The main idea of the welfare state is redistribution. The point is to repeatedly distribute, via the public policy, what has been already distributed within the market:

- ✓ *to make the chances of entry into life even, so that the basic standard of living (welfare) is ensured for all citizens. It does not constitute a charitable benefit, but a social right.*
- ✓ *to ensure conditions for the long-term stability and prosperity of the society as a whole.*

As stated by Matlák (2012) the welfare state is characterized by:

- ✓ *being engaged in dealing with the social problems of its citizens to a large extent*
- ✓ *having an extensive and united social security system*
- ✓ *having a high level of redistribution*
- ✓ *being very heavy on economic resources*

The welfare state therefore takes upon itself a great deal of social securities and the satisfaction of the citizens' social needs, whether they relate to health, education, housing, or other social service. It tries to significantly reduce social unequality, poverty, unemployment, etc. However, this is very heavy on economic resources and can lead to the increase of tax rates. It is also possible that high taxation of society weakens the economic motivation and initiative of people who become demotivated rather than motivated by the high taxation.

Nowadays the principle of subsidiarity takes centre stage – according to this principle firstly the individual should help themselves, then the family and people close to them should help them, and finally the state.

1.5.2 Self-government and its tasks

According to Palúš (2002) self-government can be defined as separate, independent and free self-administration. Its basis is formed by free individuals that associate with others on the basis of certain common interests, political views or profession. Also, very importantly, on the basis of the area in which they live.

Gašpar (1993) writes that self-government can be defined also as administration of public affairs in the most democratic way. Therefore, directly by the citizens within self-governing units, the self-government together with the state administration take part in ensuring the performance of society-wide tasks. In self-government relations self-government bodies do not act on behalf of the state or at its discretion. They act on behalf of the specific self-governing community.

Konečný (2002) states that self-government can be understood as a summary of qualities and signs of certain social life entities that are implemented in specific circumstances of a state.

There are three types of self-government:

- ✓ *territorial self-government – local*
- ✓ *interest self-government – professional*
- ✓ *special self-government – academic*

According to Palúš (2002) territorial self-government constitutes a tool for the performance of local interests. At the same time it constitutes a means for rationalization of the local administration in terms of the needs and goals of the civil society. The basis of the local administration is always formed by the municipality.

Municipalities constitute one of the main pillars of any democratic system. Territorial self-government denotes the right and the ability of local authorities, within the limits of the law, to regulate and manage a substantial share of public affairs (Article 3 of the European Charter of Local Self-Government adopted in Strasbourg in 1985).

Municipalities organize and provide to citizens the social care stipulated by the law. It concerns material deprivation, social services and social security. In cooperation with state

authorities, civic organizations, charities, and other organizations they look for citizens that are in need of social care. Municipalities are also obliged to guarantee a certain range and quality of social services.

According to Konečný (2002) the process of decentralization in Slovakia resulted in numerous municipalities merging together and the declaration of towns. Just as the town council is the town's self-governing authority, the municipal council is the municipality's self-governing authority. Both the municipality and the town are headed by a mayor.

Regarding the interest, professional self-government, according to Palúš (2002) it can be divided into:

- ✓ *economic self-government, i.e. the so-called cooperative self-government*
- ✓ *professional self-government, i.e. medical associations, chambers of commerce, bar associations*
- ✓ *cultural self-government which involves interest groups in the form of social groups such as pensioners, women, youth, etc.*
- ✓ *political self-government – it involves political parties and political movements*

Regarding the special, academic self-government, it essentially involves the education sector, where the academic self-government is created. This mostly happens in higher education.

The self-governing region – the higher territorial unit – constitutes an independent regional self-governing and administrative unit. The self-government of higher territorial units is the second level of self-government, it stems from the principle of subsidiarity. According to Pilát (2015) the process of decentralization involves the transfer of powers from state authorities to both levels of territorial self-government, namely municipalities and self-governing regions. The bodies of self-governing regions are:

- ✓ *the council of self-governing regions*
- ✓ *the head of self-governing regions*

Self-governing regions attend to the comprehensive territorial development as well as the creation of conditions for the development of social care and the provision of social services.

Higher territorial units draw up and approve a concept for the development of social services on the basis of community plans drawn up by municipalities and national priorities of the development of social services. Šebestová (2010) states that the drawing up of community plans essentially involves strategic planning from the bottom to the top, while the basic national priorities of the development of social services are specified by the Ministry of

Labour, Social Affairs and Family according to the act on social services. The aim of community planning is to pave the way for communication between citizens, increase the share of decision-making done by the representatives of municipalities or regions so that the resulting decision would reflect the citizens' needs and be positively perceived by them. The drawn up social services community plan should also correspond to the possibilities, needs and resources of the community. On the basis of resources from citizens the municipal council specifies its priorities concerning social services in the community plan, on whose basis it prepares a concept for the development of social services.

The European Council and the European Parliament dedicate every year to some significant priority, chosen on the basis of a joint decision of the European Union member states, which is subsequently reflected in the individual countries' intensive social and political activity. For example the year 2010, declared the *European year for combating poverty and social exclusion*, was a significant year for social services. The year 2011 was declared the *European year of voluntary activities promoting active citizenship.* The European year of volunteering was followed by the year 2012 that was declared *the European year for active ageing and solidarity between generations* by the European Parliament and the European Council. It was aimed at supporting building a culture of active ageing as a life-long process and the way to face the impacts of demographic development in Europe. The year 2013 was dedicated to the issue of European citizenship (European year of citizens 2013) with challenges to increase the Europeans' awareness of their European rights, particularly of the right to move and reside freely, with which also the social security rights and thus also the rights in the social services sphere are connected.

1.6 Social services management

The term "management" started to be used in Slovakia after 1989, prior to that the term "control" – the performance of control activities from the top to the bottom in the system of central planning – was commonly used. Vodáček, Vodáčková (1994) state several definitions of management:

- ✓ *Management is doing things through other people.*
- ✓ *Management is the process of planning, organizing, directing and controlling organizational activities aimed at achieving organizational goals.*

- ✓ *Management stands for typical activities performed by the manager such as: decision-making, organizing, planning, checking, directing people, coordinating, motivating, etc.*
- ✓ *Management deals with specifying procedures for achieving set goals.*

Kilíková, Jakušová (2008) write that already in the past there were activities that required planning, organizing, directing people, and checking. Majtán et al. (2003) point to the classification of management from the temporal and territorial points of view. Based on the temporal viewpoint we distinguish:

- ✓ *Pre-classical management* – the origin of management, historical foundations of management.
- ✓ *Contemporary approaches to management.*
- ✓ *The classical school of management* which encompasses scientific management, administrative management, bureaucratic management.

Scientific management – founded by Frederick W. Taylor. It deemed man to be an economic being motivated especially by money. He wrote The Principles of Scientific Management and emphasized science, replacement of empiricism with science and division of work between management and workers. Workers are responsible for the performance of work, while the management is responsible for planning and checking. He advocated thorough separation of physical and mental work.

Administrative management – a process approach to managements, its principal exponent was a French mining engineer Henri Fayol. The contemporary theory and practice stem from his functions of management. Fayol formulated these principles of management as follows:

- ✓ *Division of work*
- ✓ *Authority*
- ✓ *Discipline*
- ✓ *Unity of command*
- ✓ *Unity of direction*
- ✓ *Subordination of the individual interests of employees to the interests of the organization as a whole*
- ✓ *Remuneration*
- ✓ *Centralization*
- ✓ *Scalar chain*
- ✓ *Order*

- ✓ *Initiative*
- ✓ *Equity*
- ✓ *Stability of tenure of employees, workers*
- ✓ *Promoting team work*
- ✓ *Esprit de corps*

The process approach is directed at man as the subject of management from the viewpoint of performed activities. It is also aimed at whatever managers do (Jakušová, 2010).

Bureaucratic management – its principal exponent was a German sociologist Max Weber who emphasized the importance of formal organization with precisely specified hierarchy of authorities and rules of operation (bureaucracy). It proposes utilizing the most effective means and creating suitable conditions for order and stability of organizations.

- ✓ *Behavioural school of management* – it emphasizes the psychological and sociological aspects of man. It is focused on communication, communication barriers and interpersonal relations. It was founded by an American sociologist Elton Mayo.
- ✓ *Modern school of management* – it developed after World War II. Majtán et al. (2003) point out the decision-making approach, quantitative approach – wider use of computer technology and information systems – and system approach – examining problems within the institution, organization.
- ✓ *Empirical and pragmatic school of management*: the principle exponent was Peter F. Drucker who judged that every manager must perform the following tasks: setting goals, organizing work, motivating workers, communication between workers, measuring and assessing the quality and quantity of achieved results, professional development of workers.

From the territorial point of view, as stated by Majtán et al. (2003), historical and cultural differences were responsible for the existence of different levels of management in different geographical locations. From the global point of view we distinguish three types of management:

- ✓ *American* – it is more based on technology. The management creatively adjusts itself to socio-economic and cultural-historical circumstances.
- ✓ *European* – because of national differences between individual European countries there are differences in the management in Scandinavian countries, Germany, Italy, France, etc.
- ✓ *Japanese management* – the management of organizations takes place in the changing conditions of developing science and technology (Jakušová, 2010).

As regards management of social services in the context of public administration, public administration is administration in the public interest and is divided into state administration, self-government and interest self-government. In Slovakia the state creates conditions for the expert provision of social services and their availability. At present the issues of quality, availability and funding of social services constantly resonate.

At various levels of management at social services facilities executives – *managers* – work. The manager constitutes a function while a person – *the subject of direction* – is the bearer. Managers perform managerial functions and direct the activities of the object of direction – the subordinate workers in organizations. They are responsible for achieving the goals of social services facilities. The human, financial, material-technical, information, and other resources of social services facilities that are utilized by managers during the performance of managerial functions constitute the objects of managerial activity. Jakušová (2010) states that managers should observe:

- ✓ *effectiveness* – doing things correctly
- ✓ *efficiency* – doing things in the correct way
- ✓ *economy* – doing things with minimal costs
- ✓ *equity* – doing things justly, fairly and in accordance with the law

In social services managers work at different levels of management. They may be top managers, medium level managers or first level managers (Kilíková, Jakušová, 2008). The following styles of leadership exist:

- ✓ *Autocratic style of leadership:* the social services managers decide alone on what is to be done and how. They use their position and authority. They decide about everything on their own, they also decide about remuneration as well as sanctions for subordinates. In reality it is not leadership of people, but rather an activity of mechanically ordering them about.
- ✓ *Rational-empirical style of leadership:* the social services managers assume that most workers use their own sense, it is based on the common sense of individuals. The managers take account of subordinates' reasonable proposals and ideas. They gradually evaluate them and try to apply them in practice.
- ✓ *Democratic style of leadership:* the social services managers take decisions only after discussions with and speaking to other workers. In their decisions they take other persons' opinions into account.
- ✓ *Participative style of leadership:* it is basically a compromise between the autocratic and democratic styles. The managers present their own analyses of problems as well

as proposals for dealing with problems. They ask for the views of their subordinates on problems, their opinions, criticism which in turn can increase their motivation. They consider other persons' remarks, and only then they decide how to deal with a problem.

- ✓ *Laissez-faire* style of leadership – this style of leadership is also referred to as "the style of free hand". The managers leave things to take their own course, do not direct nor supervise. That may lead to chaos, mistrust, disappointment, the managers lack the necessary authority.
- ✓ *Coercive style of leadership*: it is a top-down method. The managers issues orders, hinder initiative and creativity of their employees and subordinates that carry out the orders.
- ✓ *Normative-re-educative style of leadership*: it is considered to be the opposite of the coercive style of leadership. The managers are convinced that the workers must be involved in all the processes that lead to changes in the sphere of social services (Kilíková, Jakušová, 2008).

According to Sedlák (2001) there are various approaches to management:

1. The managers show little interest in management, they mind especially their own affairs. They avoid personal responsibility and leave the workers to their own devices. They do not bother with dealing with problems.
2. The managers tend to their employees to a large extent and underestimate the need for effective management. They create good working environment and friendly relations at the workplace, but are not interested in coordination to achieve the set goals.
3. The managers give their attention solely to the management and the results thereof. They do not pay attention to the workers, the team.
4. The managers pay maximum attention to social services, management as well as the workers and the team.

It is considered to be the most effective method of leadership and is termed *team management.* Its distinctive features are that tasks are performed ardently, there is a feeling of mutual responsibility, and the relations are dominated by respect and trust.

According to Matoušek (2007) planning of social services is considered as planning for the near future. Planning that is done for the long term is known as the prognosis about the development and direction of social services. The existing system of social services appears to be unbalanced which means that there are huge differences in the number of provided social

services between different regions, districts and municipalities. In the process of estimating the current need for social services, a social demographic analysis plays an important role. What is important is how many people live in the given region, district or municipality and how many of them need to be provided with a social service, to map what type of social service is in demand, what social service is needed. Community planning is of huge importance. It is a procedure used to map the local need for social services and compare it with the local resources. In the first place it is the existing organizations that provide these services. They also include the public funds expended on the services, financial funds and projects aimed at the development of social services (Matoušek, 2007).

Social services users' individual care and support plans play an important role. A drawn up individual plan stands as evidence of professional work and approach to the user as an equal partner. It is evidence of the fact that everything is done for the sake of social services users.

With respect to social services Matoušek (2007) distinguishes the following types of risks:

- ✓ *the risk of further continuation of a client's adverse situation and its effect on the client*
- ✓ *the risk of the continuation or deterioration of a client's condition*
- ✓ *the risk that a client alone harms themselves in any way*
- ✓ *the risk of the continuation of a client's adverse effect on other people*

The application of the theories of crisis management, crisis planning and risk management should form a part of practical management in the conditions of social services facilities, with the focus on securing safety, analysis of risks and possible threats. This application develops preventive measures to minimize the negative effects of risk phenomena and their growth to threats and crisis situations that would result in damage to the health of people at facilities and the health of clients. The main task to manage the preventive, organizational and technical measures lies with the top management of a particular facility, while the compliance of the staff of a particular facility with the performed measures is of great significance. Moreover, as part of prevention, the management and executive staff of facilities must have effect on the community of clients at facilities and their visiting relatives so that the identified threats and risks are minimized or eliminated (Krbata, 2014).

1.7 Quality of social services

At present the issue of the quality of social services resonates with the society. Novotná and Holíková (2016) give three possible definitions of the quality of social services in their work:

- ✓ *An inherent characteristic of the social service which is always assessed according to the purpose that the social service should serve and the ability to satisfy the intended or assumed needs.*
- ✓ *A state of excellence when only the very best associated with the social service is pointed out.*
- ✓ *Norms when the achieved results are compared with the expected results specified as a norm (standard).*

The way a quality social service should look like is described by the quality standards:

- ✓ The goals and principles of provided services
- ✓ The protection of rights and persons
- ✓ Talking to a person interested in social service
- ✓ Contract on the provision of social service
- ✓ Individual planning of the course of social service
- ✓ Documentation on the provision of social service
- ✓ Complaint regarding the quality of social service or the way it was provided (Dvořáčková, 2012)

The quality control of provided services is ensured through inspection of the quality of social services. In our society the quality of social services is still not up to scratch.
The adaptation of social services users at social services facilities, and thus the quality of their life at social services facilities, is greatly enhanced by a client's individual development plan.

It stems from the general basic value applied in social services, namely respecting a person's individual needs in the course of planning and providing social services (Repková, 2012).

Under the valid social services legislation the individual development plan is tied to the long-term care social services that are provided especially via the residential and ambulatory forms, such as in the case of the day care centre. It is defined as an obligation of the service provider to plan the provision of the service according to the individual needs, abilities and goals of the social service recipients, as their obligation to keep written records of the course of the provision of social service and to evaluate them with the recipient's involvement. In this

regard the individual development plan is a tool for quality control in selected social services mostly of the residential character (Brichtová, Repková, 2011).

The quality of life of clients at social services facilities is determined by many objective and subjective factors. It is very closely related to a person's personality, lifestyle, life experiences, health condition, the ability to cope with stressful life situations, etc.

When working with clients, the work of multidisciplinary teams that are made up of several professions is important. They include especially health workers, teachers, psychologists, social workers, ecclesiastics, and other experts. It is also common practice to invite family members or other persons that are important to clients. They try to minimize the threats a client, user, or recipient of social services may be exposed to. To strengthen their abilities to come to terms with life difficulties so that the negative way of dealing with their situation is prevented. It also offers appropriate help to facilitate the communication and restore a client's self-confidence.

As regards social services for clients, screening is missing, i.e. conscious, targeted and especially early searching for individuals that are at risk from social exclusion. Outreach services aimed at the issues of abuse, neglect and maltreatment of the individual as a human being are missing.

Krbata (2014) writes that we can generally conclude that the quality of social services may be ensured by:

- ✓ *abiding by the provisions of Act No 448/2008 Coll. on social services and on amendment and supplementation of Act No 455/1991 Coll. on trade licensing (the Trading Act) as subsequently amended*
- ✓ *abiding by other related legal regulations and measures*
- ✓ *training the specialist and service staff, including also the operating staff*
- ✓ *an internal standard of the social services provider's quality management policy*
- ✓ *the social services provider's internal standards and guidelines*
- ✓ *a system of quality management according to STN EN ISO 9001:2008*
- ✓ *process activities that are in line with the aforesaid standards*

Krbata (2014) points out that from the perspective of a prognosis about further development it is not that much necessary to emphasize "quality" as such, but rather the fastest possible introduction of the necessary standards that condition the quality of social services. With respect to the introduction of standards in the provision of social services with individual indicators, we can point out the following requirements:

- ✓ *expert drawing up of standards*

- ✓ *objective assessment and specification of standards*
- ✓ *specifying a quality expert team for the introduction of standards*
- ✓ *specifying minimum requirements on staffing and material and technical equipment for each type of social services facility*
- ✓ *introducing Nurse at Social Services Facilities course of study at medical secondary schools, of course with the possibility of full performance of activities concerning the provision of healthcare after graduation*
- ✓ *enforcing full-time employment of social workers, even though it should be noted that this is rather a matter for the management of each facility*

In conclusion, it is apt to give a thought to some ideas that could contribute to matters pertinent to the quality and standards of provided social services. From this reflection we state a few points below:

- ✓ *the viewpoint of the short-term and long-term demographic development and the need for dealing with the network of facilities for the elderly*
- ✓ *competition between public and non-public facilities based on quality, but to keep the financial situation of clients in mind*
- ✓ *introducing standards versus increasing the administration in social work*
- ✓ *achieving that social work and social care work reach the same quality level*
- ✓ *price versus quality*
- ✓ *optimization of funding of social services*
- ✓ *client's satisfaction*

Krupa (2003) states that the assessment of the quality of social services develops via the following methods:

- ✓ *a procedural method of assessing the quality of social services* – it includes various criteria, standards and indicators
- ✓ *counselling and supervision as a method of assessing social services*
- ✓ *a method of identifying the subjective satisfaction of the recipient of social services*

The basic definition of "quality" is the agreement with the customer's requirements. Dávidekova (2014) points out that standards expand in more detail on the criteria for progress in the quality of social services. Indicators are derived from the specific environment in which social services are provided. As regards the criteria, they are derived from the basic documents on the protection of human rights and fundamental freedoms, and include strategically important trends of the transformation of social services.

Pursuant to Act No 448/2008 Coll. the proportion of specialists in the staff of social services facilities is 52%. It is the duty of the management of social services facilities to abide by the valid legislation concerning staffing and the number of specialists, and at the same time the management is obliged to ensure the expertise of its staff. The amendment and supplementation of Act No 448/2008 Coll. of 23 November 2013 introduced into legal environment, with the effect from 1 January 2014, standards for the provision of social services, the meeting of which in Area III, i.e. the requirements on staff, by the provider of social services ensures the expertise of the staff with respect to the qualification requirements, competence, employing, training, further education and a supervision system. The rights and obligations concerning the provision of social services are specified in the provisions of Act No 448/2008 Coll. It is necessary to note here that the performance of these rights and obligations does not unequivocally depend only on the legal provisions, but it also depends on the quality of social services provided by each provider. In addition to the basic specialist services providers also provide assistance services and other services. The way in which social services are provided and their price constitute the quantitative dimension, and the quality of provided social services constitutes the qualitative dimension. The phrase "so many people, so many minds" holds also true in the provision of social services. Clients are not the same and do not have the same demands when it comes to their rights and especially the providers' obligations. And here lies the room for setting down certain general and united minimum requirements and standards for the provision of social services for all providers. Setting these standards down must happen via legislation.

The Implementing Decision of the Ministry of Health of the SR No 09812/2008-OL on the minimum requirements on staffing and material and technical equipment for specific types of healthcare facilities may serve as an example for setting down certain standards (Krbata, 2014).

1.8 Human rights in the context of social services

The supranational aspect of the principle of the universality of human rights contains a ground-breaking element in the approach to human rights. In Slovakia the fundamental rights and freedoms are enshrined in crucial documents and belong to the resources of the modern Slovak constitutional law. The European Convention for the Protection of Human Rights and Fundamental Freedoms together with the European Social Charter and other conventions

presently form the European Charter on Human Rights. Dealing with the issues of the violation of human rights has been shown to be still relevant and the number of human rights violations is still high (Straka, 2010). Discrimination generally means distinguishing, restricting or depriving a certain category of people of their rights for social or economic reasons, or other criteria. It also means intentional disadvantaging certain entities by creating unequal conditions. It involves any kind of treatment of a person as well as a refusal of such treatment that is less favourable to the person than to other persons with respect to race, ethnicity, sexual orientation, and other constitutionally specified characteristics. Protection of individuals against violence and the violation of their rights and fundamental freedoms, creation of conditions for respecting them, protection against arbitrary use of force or the use of the privileged position to abuse them constitute commitments of national governments to create legislative environment that will promote respect for the rights of the vulnerable and the disadvantaged. It is necessary to separately provide for the conditions of groups of individual that are more at risk, more exposed to the possible risks (Bodnárová, 2005).

The groups at risk also include clients that have various health problems and need more care. Similarly, according to Kasanová (2008) older persons are exposed to the following risks: age discrimination, ageism, segregation, crowding out, involuntary life within a society, generational intolerance (work opportunities, top posts, housing), prejudices, e.g. overrating the sickness rate and the decrease in the value of fitness in older age, priorly suspecting the presence of discrediting disabilities (dementia), underrating the treatability of health conditions and the need to modify healthcare and other services due to age, low adaptation to old age and the related change of social roles (pensioning off), loneliness, especially in connection with being widowed, fast development of society, obsolescence of their knowledge of technology, loss of competitiveness on the job market, worsening orientation in social affairs, in intergenerational communication (new activities, new terminology), increased risk of a loss of self-sufficiency, decrease in the ability and will to signal their needs and difficulties, manipulation, loss of decision-making possibilities (especially in connection with health and social services), economic impoverishment making it impossible to satisfy the needs appropriate to the society, neglect and abuse of dependent individuals.

Zavacká (2007) mentions the following problem areas in connection with older people: nutrition, housing, family life and life in loneliness, social security pensions and other income, health and social services, job opportunities for older people, subsistence level.

A group of WHO experts described the following groups of older people as being at risk: very old persons, old persons living in single-person households, old women, especially

if living alone, old persons living at institutions, old persons living in isolation. They also include childless old persons, old disabled people, old couples where one partner is seriously ill, old persons with minimum income.

Ageing of population comes with a lot of social problems and consequences, it is therefore not just an individual issue, but a social issue as well. Countries have initiated national programs for the older people, have drawn up charters for the protection of the elderly, plans for active ageing – Healthy Ageing, etc.

Individuals must come to terms with not going to work any more, having significantly more free time that needs to be utilized somehow, having to adapt to changes in conjugal life when husband and wife again learn to spend the whole day together. In old age orientation in the world and the related process of social adaptation is in many respects a more demanding (and less explored) task than it may seem at first sight.

The main mission of each of us is to be a human that is responsible at all levels, to be responsible with regard to oneself, the surroundings and of course to those that need our help – to clients. Quite naturally all these levels are touched by each and every social work activity, which may be help, support, service or escorting. It is therefore very difficult to imagine this activity with the absence of ethical connections (Ondrušová, 2009).

Nowadays, the elderly become the victims of discrimination in society. This phenomenon is called ageism, which stands for an attitude that expresses a conviction of the low value and incompetence of old age and is reflected in the underrating of and dislike for the elderly. The term "ageism" is used as a reference to adverse negative tendencies aimed at the elderly. This attitude can exist at two levels: the first one is the subjective perception of the relation of the surroundings as discrimination of seniors, compared to other parts of the population, the second cause is the persistence of myths about old age and death, which is nothing else than practising ageism (Draganová, 2006).

Preferring youth is a typical expression of ageism, namely for these reasons:

- ✓ *young people can make a mistake without being labelled as senile*
- ✓ *young people can forget a name and an address without being overlooked by others*
- ✓ *young people can be unpleasant without being looked at as if they are odd*
- ✓ *young people can make their feelings and sexual desires known without being called a dirty old man*
- ✓ *young people can speak about their illnesses without each illness being ascribed to their age*

Emphasis on youth and physical beauty – youth and beauty has become most important at the present time and extolling youth and beauty is part of everyday life.

In the contemporary Czech sociology a detailed specification of the term was given by Vidovičová (2008). Ageism systematically, at the institutional and individual levels, stereotypes and discriminates against people on the grounds of age. It stands for the restriction of social roles and debasement of the status of seniors, it structures expectations others have from them, it denies them equal opportunities, and in many respects it decreases their life chances. In everyday life ageism manifests in various ways – discriminatory practices on the job market, in healthcare and other services, displays of contempt, disgust, avoiding contacts with the elderly. It extends into the intimate sphere of family interactions. Attention began to be paid to the grossest form of ageism, i.e. the violence perpetrated against the elderly, most often in families, long after science and the media revealed neglect, ill-treatment and abuse of children. Displays of discrimination against seniors can be also seen in carers. Mlýnková (2011) points out the following displays of discrimination on the part of carers: "unconcealed aversion (disgust, distaste) to seniors, avoiding contacts with seniors (provision of the necessary), excessive support (doing everything for seniors), ageism in communication (addressing as granny, grandpa, by using diminutives)".

The risks of the seniors population can be defined as:

- ✓ *age discrimination*
- ✓ *social exclusion – exclusion from society*
- ✓ *low income in old age which is not sufficient to satisfy the basic necessities of life*
- ✓ *lack of services and care – unequal access to services*
- ✓ *generational intolerance (job opportunities, top posts, housing) – other generations' perception of the elderly as a group that rather puts strain on the budget and as a burden – not knowing their problems and needs*
- ✓ *underrating the need of the elderly for treatment – discrimination in accessing health services, bad approach by doctors and medical staff*
- ✓ *loneliness of the elderly, especially of women who live longer and more often live alone, becoming widowed*
- ✓ *low legal awareness and lack of knowledge, no interest to actively enter public, political life and influence it*
- ✓ *exclusion of and discrimination against the elderly on the job market and in the approach of increasing qualification – lack of skills in modern technologies and new forms of work*

- ✓ *worsening orientation in social affairs and intergenerational communication (new activities, new terminology)*
- ✓ *increased risk of losing self-sufficiency*
- ✓ *apathy and disinterest to press home their needs and dealing with own problems*
- ✓ *neglect and ill-treatment, abuse of especially dependent persons*

The factors that increase the risk of abuse include:

- ✓ *poor functional state, loss of self-sufficiency*
- ✓ *poor health condition*
- ✓ *social isolation (loneliness, sects, ethic communities)*
- ✓ *living together with aggressor and being dependent on them*

The ill-treatment, bullying, abuse and neglect of persons that are not self-sufficient, that are generally dependent, vulnerable and less capable of defence constitutes social as well as individual pathology. The objective is to introduce system measures, especially preventive measures. Often the actual victims of abuse deny, dissimilate, are afraid or embarrassed to admit the truth. Suspicion of abuse should be raised mainly be these signs (especially if they occur repeatedly and in combination):

- ✓ *malnutrition, dehydration, hypothermia*
- ✓ *multiple injuries*
- ✓ *frequent hospitalizations*
- ✓ *unwillingness of the family to take their ill relative from hospital to home care*
- ✓ *transfer of a dependent patient for treatment or hospitalization without an escort*
- ✓ *suspected administration of non-indicated medicines (sedatives, hypnotics)*
- ✓ *anxiety, depression, apathy*
- ✓ *skin inflammation, untreated defects and wounds, bed sores*
- ✓ *degradation syndrome, low personal hygiene*
- ✓ *unkept clothing, neglected, the flat is not heated in winter*

Violence committed against clients in healthcare and social facilities, which is often concealed, constitutes a specific form of abuse. Neglect may manifest in various diagnostic procedures, the failure to administer more expensive medicines on the grounds of poor outlook, refusal, favouring wealthier patients/clients, exacting payment for preferential treatment. Abuse means causing harm to the health of another person, either in the mental or social sphere. It can be physical, psychological or social.

Physical abuse can be suspected in case of unexplained falls or injuries – wounds on the skin, bruises, etc.

Psychological abuse can take the form of verbal attacks, threats, disregard, ridicule, underrating and even exclusion from family life.

Economic abuse is well known especially by social and healthcare workers and includes cases when relatives come to visit a member of their family staying at an institution on the day when their pension is paid, exact various gifts from them, etc.

Similarly, *sexual abuse* is not uncommon (Haškovcová, 2010).

Dealing with cases of abuse and ill-treatment is a complex problem. As regards criminal acts, the procedure is stipulated legislatively. If there was an immediate risk to a client, an instant transfer from the risk environment would be necessary, which is difficult to do in Slovakia, since there is a shortage of social services facilities.

Care provided in social services facilities forms the largest and most varied part of social services (Benčo et al., 2004). It would be appropriate if new laws were enacted that would impose an obligation to deal with these cases, also by possible priority placement in facilities and monitoring of specific cases. Ill-treatment in institutional care can be dealt with by the management of the institution or hospital, or by its inspection bodies. In other cases the most important thing to do is considered to be the specification whether the victim even wishes for a change, if not than whether they are capable of reasonable mental assessment of the situation. If the victim accepts the proposed help, the following measures may be effective:

- ✓ *instructing the victim of their rights, options to deal with the situation and support institutions*
- ✓ *arranging contact with these institutions*
- ✓ *help provided to families, including counselling on nursing*
- ✓ *psychotherapy of the victim*
- ✓ *activation of social support and local authorities*
- ✓ *activation of care and social services*
- ✓ *activation of civic initiatives, especially those concerning the seniors*
- ✓ *temporary transfer of the ill-treated person from the risk environment*
- ✓ *ensuring long-term institutional care or changing its type*

One of the very important tasks to do is to raise the awareness of clients about the options of dealing with the issue and organizations that could help. To run a campaign at national level about this problem and the need to deal with it. It is also necessary to develop discussion in the media, at various events, to speak about the existence of actual cases and

state positive solutions, whether they were brought about at national or international level, and to make awareness-raising and preventive campaigns in the public (Benčo et al., 2004). Mrázová (2004) points out that with respect to the values of moral conscience we can speak of certain ethical principles, rules. The principle which is most important for social work and social services is the principle of humanism (lat. homo = human (n.), humanitas = human (adj.)) which is also the principle of love and respect for the human.

Personality is defined as a person with outstanding qualities, with important standing in society, respected in some field and having natural authority. The category of personality is axiological, i.e. a value category. The personality is, via its acts, the basis for and creator of values, while from the ontological viewpoint, i.e. the viewpoint of being, it also shares reality with other things, and from the gnosiological viewpoint, i.e. the viewpoint of origin, knowledge and truth, it shares objectivity with other things (Krbata, 2014). As regards people's work activities, the important personality, character and volitional traits are those that move the person forward not just in terms of their knowledge, but also in terms of their mental balance and the satisfaction of the necessities of life and social needs.

The basis for the work of specialists with clients, their personality traits, is formed by the work with their human dignity as an expression of a notion about the personal and social value of each human being that is conditional on respecting the uniqueness of the individual and the right to personal autonomy in the area of the realization of values, self-realization. An important role is played by specialists' abilities to use their strengths and eliminate their weaknesses in doing their profession with respect to the provision of social service when working with a client.

The knowledge of ethical principles, ethical code and the value base of social work helps the social services specialist to correctly solve problems, gives them more certainty in doing their profession, carrying out interventions, using methods, and thus it creates a real moral profile of social work.

Human approach, trustworthiness, reliability, maintaining dignity, genuine and authentic interest in the client is the way to make the client feel good at social services facilities. Based on the aforesaid, social work supports those clients that cannot be of service to society any more to life as dignified life as possible (Krbata, 2014). Social work, social services and social care require involvement of the whole person working in helping professions. Human relation as such, i.e. the relation of a human to a human, is an important prerequisite for the work with clients at social services facilities. This relation is specific and its formation is conditioned not just by the client's personality, but also by the specialist

worker's personality. The client depends on the appropriate behaviour of the social worker or specialist worker. The behaviour of the specialist worker must have clearly defined borders that protect against harm to the client as well as the specialist worker. On the one hand, the family support to social services users is a basic sign of cultural and social maturity of the human society, while on the other hand, the support of self-government and state is not in every country of the world a requirement for the care of clients in the family or group environment. From the family policy viewpoint, according to Familiaris Consortio, a document by John Paul II, the public authorities must do everything possible to ensure that families have economic, social, educational, political and cultural assistance that they need in order to face all their responsibilities (Article 45). The municipality (local self-government) as a public sector entity also participates in the activity of public authorities, this requirement of the care of individuals and families therefore also concerns it, the maturity of social conscience and the maturity of the provision of social services to the social services recipients/users in the Slovak Republic.

The primary reasons for the provision of social support, social services to their recipients most commonly are:

- ✓ *health problems*
- ✓ *reliance on support from another individual*
- ✓ *financial problems*
- ✓ *material security*
- ✓ *loneliness* (Krbata, 2014)

At the present hectic time the absence of possibilities to deal with the human life crisis and securing quality of life for clients by their closest relatives becomes apparent. The life of clients depends to a large degree on their physical health, level of personal independence, mental activity concerning learning, adaptation and coping with life situations, emotionality, the received and provided mental and social support and of course on the positive perception and acceptance of the reality of old age, disease and their adverse situation. And it is in this life stage that the absence of the proximity of the closest relatives is the most powerful negative factor that affects the human life. Krbata (2014) asks: How to deal with the seniors' life crisis? The question is so simple and at the same time so complicated. However, what matters is the answer. We can agree that the most suitable environment for dealing with the life situation of individuals, clients, is the home environment and the proximity of their family, i.e. their closest relatives. This is not always possible, with respect to the possibilities of the close relatives as well as with respect to dealing with the situation at social services

facilities. Nevertheless, the solution needs to be sought and provided also for people that do not have the possibility to receive support from their close relatives.

The support for seniors, the disabled and other potential clients, with the keeping and maintaining of certain living standards, can be divided on the basis of the provision of support and certain characteristic quantitative and qualitative viewpoints into:

Support according to the provider of support:

- ✓ *support from family and relatives*
- ✓ *support from self-government*
- ✓ *support from state*

Support from a qualitative viewpoint:

- ✓ *mental support*
- ✓ *social and human support*
- ✓ *nursing support*
- ✓ *care support*
- ✓ *physical support*
- ✓ *emotional support*
- ✓ *technical support*

Support from a quantitative viewpoint:

- ✓ *material support*
- ✓ *financial support*

In social sphere some principles of subsidiarity are exercised.

The principle of subsidiarity stems from the principles of the European Union and resolutions of the European Parliament. The principle of subsidiarity means the provision of support. It stems from the fact that everyone has to help first of all themselves, and when they cannot do so, their family, which should also help first of all itself, must help them. Only when it cannot help itself, it calls for help from other associations and finally from the public administration.

Within the principle of subsidiarity in social services and support for seniors in their serious life situations the following sequence applies:

- ✓ *family*
- ✓ *self-government*
- ✓ *state*

1.9 From the present state of social services provided in Slovakia

Molek (2011) is of the opinion that the current social services issues may include disagreement between the demand for and offer of social services, inadequately developed social services market, also a lack of public resources for the funding of social services, because of which the actual set of social services provided at the level of municipalities, towns and regions does not correspond to the demand for the given services in terms of their quantity, capacity and structure. On the other hand, Kamanová (2011) argues to the effect that she can see room for community planning, deeming it to be a key method in the provision of social services, with respect to the processes of mapping them out and planning them more effectively. Taking account of local specifics and the needs of citizens plays an indispensable role in community planning, since they form the basis for determining the range of provided social services. (Hetteš, 2013)

With regard to social services, which constitute one of the tools of social support, it is assumed that the state should ensure the creation of a system that would be based on:

- ✓ respecting the dignity of social services users, supporting the process of their independence as well as increasing the social and economic participation
- ✓ ensuring the process of protection of social services users against a low standard of social services
- ✓ enabling social services users to live a meaningful, full and safe life in their own home
- ✓ ensuring that vulnerable groups of social services users are protected against emotional, physical or sexual abuse, whether in their natural environment or within social services facilities
- ✓ ensuring that social services users of working age are provided social services in the interest of supporting as much as possible their possibilities and abilities to secure employment and remain in it, or to return to their previous employment
- ✓ preventing the emergence of social exclusion of citizens or groups of persons at the level of municipalities, towns or regions via early recognition of adverse situations and specifying appropriate social services
- ✓ assisting in the process of supporting the involvement of individuals or groups of persons in the community life, together with eliminating disadvantaging factors
- ✓ maximising the benefit social services hold for their users via the creation of a varied offer of provided social services, as well as by enabling choice, via which one may

adequately respond to the range of social services users' individual needs, together with other circumstances (Molek, 2011)

The present approved framework document *The National Strategies for the Development of Social Services for 2015-2020* presents the following specific goals pertaining to social services:

- ✓ ensuring social services availability, with respect to the needs of the community and target groups
- ✓ ensuring the process of exercising the right of citizens to the provision of social services
- ✓ ensuring the process of developing social services that would be available to persons living in segregated localities characterized by the presence of concentrated and intergenerationally reproduced poverty
- ✓ increasing the possibility of availability of community social services, with emphasis on the development of social services aimed at families taking care of their family member that is dependent on support in personal care tasks from another individual
- ✓ deinstitutionalization of social services
- ✓ enforcing the principle of integrated long-term health and social care
- ✓ introducing a system for ensuring and assessing requirements for the quality of provided social services (Ministry of Labour, Social Affairs and Family of the Slovak Republic, 2014)

SWOT ANALYSIS

Strengths	Weaknesses
high demand for the provision of social services	high proportion of residential social services compared to outreach and ambulatory services
increasing networking between various establishers and providers of social services	inadequately developed social services at community level
an extensive network of public and non-public providers of especially residential social services	disagreement of the concepts of social services development and community plans with the National Priorities
a relatively wide system of support for persons with disabilities and seniors	inadequate preparation of national documents, strategies and policies at regional

	and local self-government level
more favourable proportion of residential and other forms of services in the non-profit sector	absence of a concept of long-term care of dependent persons
implementation of the principle of subsidiarity	absence of a strategic framework of the development of social services in the Slovak Republic
introduction of social services quality requirements and of their evaluation into legislation	inadequate interdepartmental connectedness of social services, healthcare, education and justice
creation of new "community" types of social services in legislation	unsystematic funding of social services and missing united approach to the funding of social services from the viewpoint of citizens and the providers of social services
gradual enforcement of the modern trends of the provision of social services at national, regional as well as local level	low level of accessibility and elimination of barriers from the perspective of universal design
possibilities of multi-resource funding of social services	low awareness and ability of citizens to exercise their rights
	inadequate level of education of social services employees and of the remuneration for their work in social services
	inadequately developed system of supervision in social services
	inadequately utilized potential of information communication technologies in social services
	disunited information system in the state administration to which the workers that deal with crisis interventions have no rights of access
	lengthy processes of drawing money from the Structural Funds

	high proportion of social services recipients deprived of legal capacity
	inflexibility of courts in the conducted administrative justice proceedings concerning social services
	social services are provided in a very limited form to the persons that stay in segregated localities with concentrated and generationally reproducible poverty which is often caused by poor social and technical infrastructure in the given localities
	unsuitable architectonic design of older buildings in which social services are provided (not only in terms of the accessibility to be in line with the universal design, but also in terms of the number of social services recipients staying in rooms, the possibilities of carrying out occupational and other therapies, etc.) and their energy intensity, which is often a sign that these buildings are not fit for purpose in terms of the provision of social services
Opportunities	Threats
existence of multiple strategic documents and programs at national level supporting the development of community services and the possibility of drawing up further strategic documents	unstable legislative environment
support for and stimuli to the modernization, innovation and integration of social services from the European Union	ageing population that will require more demanding social services
participative approach to the drawing up of conceptual documents, at national and	continuing lack of funds for the provision and arrangement of social services

regional level, concerning the provision of social services	
a widening base of action groups supporting modern trends in social services	low remuneration of social workers
creation of multi-resource funding of social services, while keeping the right of social service recipients to select their social service provider	increasing the proportion of socially excluded citizens
the potential of non-public providers that can effectively saturate the social services needs when well coordinated	absent concept of social housing policy
development and use of volunteering in social services	inadequate interdepartmental cooperation
high interest of social workers in lifelong learning	social services recipients' preference for institutional services
starting and ongoing processes of transformation and deinstitutionalization	non-existent cost–benefit analyses (CBA) of prevention versus rehabilitation
development of community centres	unwillingness to fund alternative, pilot and innovative services
the option to fund projects from the Structure Funds (or the European Structural and Investment Funds)	*"institutional*" social care in social care institutions and the still persisting "*institutional thinking*" of social workers, which deeply affects the rights and freedoms of social services recipients
creation and establishment of new types of social services in the act on social services	
an opportunity to consolidate the system of social services funding and the creation of economic stimuli to develop community services through benchmarking	

Source: Ministry of Labour, Social Affairs and Family of the Slovak Republic, 2014

Table 1 – Overview of social services provided in the Slovak Republic

Type of social service	Banská Bystrica region	Trenčín region	Žilina region	Prešov region	Košice region	Trnava region	Nitra region	Bratislava region
day centre	22	24	27	43	35	25	23	49
day care centre	32	11	12	153	98	12	28	22
halfway house	2	2	2	10	4	1	1	4
social care home	80	53	77	73	54	53	23	97
integration centre					1		1	3
canteen	4	10	43	33	23	30	10	23
community centre	77	9	21	84	50	4	17	17
crisis support provided via telecommunication technologies	–	1	2	1	1	3	2	18
monitoring and signalling of the need for support	3	–	2	2	2	1	1	–
low-threshold social service for children and families	10	7	7	13	7		2	7
low-threshold day centre	5	2	4	2	6	3	3	3
night shelter	6	7	6	4	13	8	5	6
relief service	–	21	–	–	2		–	–
home care service	180	140	242	147	179	110	157	96
support with independent living	1	–	1	1	–	–	–	–
support with the personal care of a child and with the family life and working life balance	1	3	11	2	–	4	1	3
support with the exercise of the rights of custody	–	2	3	1	1	1	–	4
loaning of aids	10	11	7	12	15	3	3	27
laundry	5	–	2	3	8	3	1	12
transport service	18	20	12	21	13	6	23	34
rehabilitation centre	5	1	1	6	7	–	2	23
early intervention service	4	4	8	6	3		1	9
social rehabilitation	2	1	–	–	–	4	1	21
social counselling – specialized	14	3	11	26	23	6	6	85
social counselling – basic	21	21	17	22	11	5	11	94

escort service and reading service	2	–	–	–	–	–	–	16
arranging interpreting service							1	2
arranging personal assistance	2	–	–	6	–	–	2	6
personal hygiene centre	6	1	6	1	3	2	1	6
specialized institution	14	29	42	35	24	13	12	35
crisis intervention outreach social service	2	3	8	10	8	0	5	1
interpreting service	–	3	2	–	1	5	1	2
reception centre	21	12	13	15	14	7	8	20
emergency housing	8	5	6	6	6	5	1	10
social care facility	17	22	14	17	29	12	10	36
supported housing	18	4	5	8	14	–	3	31
home for the elderly	74	52	64	61	47	65	51	53
temporary institutional care of children	–	–	–	–	–	–	–	4
overall number of social services	**666**	**484**	**678**	**818**	**701**	**391**	**414**	**879**

Source: Registers of social services providers in Banská Bystrica, Bratislava, Trenčín, Nitra, Prešov, Košice and Žilina regions; Bočáková, Kubíčková, Habánik (2017)

Table 2 – Overview of social services provided in Banská Bystrica region[5]

Banská Bystrica region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	22	3.30%
day care centre	32	4.80%
halfway house	2	0.30%
social care home	80	12.01%
integration centre		
canteen	4	0.60%
community centre	77	11.56%
monitoring and signalling of the need for support	3	0.45%
low-threshold social service for children and families	10	1.50%
low-threshold day centre	5	0.75%
night shelter	6	0.90%
relief service	–	
home care service	180	27.03%
support with independent living	1	0.15%
support with the personal care of a child and support with the family life and working life balance	1	0.15%
loaning of aids	10	1.50%
laundry	5	0.75%
transport service	18	2.70%
rehabilitation centre	5	0.75%
early intervention service	4	0.60%
social rehabilitation	2	0.30%
social counselling – specialized	14	2.10%
social counselling – basic	21	3.15%
escort service and reading service	2	0.30%
arranging interpreting service		
arranging personal assistance	2	0.30%
personal hygiene centre	6	0.90%
specialized institution	14	2.10%
crisis intervention outreach social service	2	0.30%
reception centre	21	3.15%
emergency housing	8	1.20%
social care facility	17	2.55%
supported housing	18	2.70%
home for the elderly	74	11.11%
services in total	**666**	**100%**

Source: Register of social services providers in Banská Bystrica Self-Governing Region

[5] State as at 10 May 2017

Table 3 – Overview of social services provided in Bratislava region[6]

Bratislava region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	49	5.57%
day care centre	22	2.50%
halfway house	4	0.46%
social care home	97	11.04%
integration centre	3	0.34%
canteen	23	2.62%
community centre	17	1.93%
crisis support provided via telecommunication technologies	18	2.05%
low-threshold social service for children and families	7	0.80%
low-threshold day centre	3	0.34%
night shelter	6	0.68%
home care service	96	10.92%
support with the personal care of a child and support with the family life and working life balance	3	0.34%
support with the exercise of the rights of custody	4	0.46%
loaning of aids	27	3.07%
laundry	12	1.37%
transport service	34	3.87%
rehabilitation centre	23	2.62%
early intervention service	9	1.02%
social rehabilitation	21	2.39%
social counselling – specialized	85	9.67%
social counselling – basic	94	10.69%
escort service and reading service	16	1.82%
arranging interpreting service	2	0.23%
arranging personal assistance	6	0.68%
personal hygiene centre	6	0.68%
specialized institution	35	3.98%
crisis intervention outreach social service	1	0.11%
interpreting service	2	0.23%
reception centre	20	2.28%
emergency housing	10	1.14%
social care facility	36	4.10%
supported housing	31	3.53%
home for the elderly	53	6.03%
temporary institutional care of children	4	0.46%
services in total	**879**	**100%**

Source: Register of social services providers in the Bratislava Self-Governing Region

[6] State as at 10 May 2017

Table 4 – Overview of social services provided in Trenčín region[7]

Trenčín region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	24	4.96%
day care centre	11	2.27%
halfway house	2	0.41%
social care home	53	10.95%
integration centre		
canteen	10	2.07%
community centre	9	1.86%
crisis support provided via telecommunication technologies	1	0.21%
low-threshold social service for children and families	7	1.45%
low-threshold day centre	2	0.41%
night shelter	7	1.45%
relief service	21	4.34%
home care service	140	28.93%
support with the personal care of a child and support with the family life and working life balance	3	0.62%
support with the exercise of the rights of custody	2	0.41%
loaning of aids	11	2.27%
transport service	20	4.13%
rehabilitation centre	1	0.21%
early intervention service	4	0.83%
social rehabilitation	1	0.21%
social counselling – specialized	3	0.62%
social counselling – basic	21	4.34%
personal hygiene centre	1	0.21%
specialized institution	29	5.99%
crisis intervention outreach social service	3	0.62%
interpreting service	3	0.62%
reception centre	12	2.48%
emergency housing	5	1.03%
social care facility	22	4.55%
supported housing	4	0.83%
home for the elderly	52	10.74%
services in total	**484**	**100%**

Source: Register of social services providers in Trenčín Self-Governing Region

[7] State as at 10 May 2017

Table 5 – Overview of social services provided in Žilina region[8]

Žilina region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	27	3.98%
day care centre	12	1.77%
halfway house	2	0.29%
social care home	77	11.36%
canteen	43	6.34%
community centre	21	3.10%
crisis support provided via telecommunication technologies	2	0.29%
monitoring and signalling of the need for support	2	0.29%
low-threshold social service for children and families	7	1.03%
low-threshold day centre	4	0.59%
night shelter	6	0.88%
home care service	242	35.69%
support with independent living	1	0.15%
support with the personal care of a child and support with the family life and working life balance	11	1.62%
support with the exercise of the rights of custody	3	0.44%
loaning of aids	7	1.03%
laundry	2	0.29%
transport service	12	1.77%
rehabilitation centre	1	0.15%
early intervention service	8	1.18%
social counselling – specialized	11	1.62%
social counselling – basic	17	2.51%
personal hygiene centre	6	0.88%
specialized institution	42	6.19%
crisis intervention outreach social service	8	1.18%
interpreting service	2	0.29%
reception centre	13	1.92%
emergency housing	6	0.88%
social care facility	14	2.06%
supported housing	5	0.74%
home for the elderly	64	9.44%
services in total	**678**	**100%**

Source: Register of social services providers in Žilina Self-Governing Region

[8] State as at 10 May 2017

Table 6 – Overview of social services provided in Prešov region[9]

Prešov region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	43	5.26%
day care centre	153	18.70%
halfway house	10	1.22%
social care home	73	8.92%
integration centre		
canteen	33	4.03%
community centre	84	10.27%
crisis support provided via telecommunication technologies	1	0.12%
monitoring and signalling of the need for support	2	0.24%
low-threshold social service for children and families	13	1.59%
low-threshold day centre	2	0.24%
night shelter	4	0.49%
relief service	–	
home care service	147	17.97%
support with independent living	1	0.12%
support with the personal care of a child and support with the family life and working life balance	2	0.24%
support with the exercise of the rights of custody	1	0.12%
loaning of aids	12	1.47%
laundry	3	0.37%
transport service	21	2.57%
rehabilitation centre	6	0.73%
early intervention service	6	0.73%
social rehabilitation	–	
social counselling – specialized	26	3.18%
social counselling – basic	22	2.69%
arranging interpreting service		
arranging personal assistance	6	0.73%
personal hygiene centre	1	0.12%
specialized institution	35	4.28%
crisis intervention outreach social service	10	1.22%
reception centre	15	1.83%
emergency housing	6	0.73%
social care facility	17	2.08%
supported housing	8	0.98%
home for the elderly	61	7.46%
services in total	**818**	**100%**

Source: Register of social services providers in Prešov Self-Governing Region

[9] State as at 10 May 2017

Table 7 – Overview of social services provided in Košice region[10]

Košice region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	35	4.99%
day care centre	98	13.98%
halfway house	4	0.57%
social care home	54	7.70%
integration centre	1	0.14%
canteen	23	3.28%
community centre	50	7.13%
crisis support provided via telecommunication technologies	1	0.14%
monitoring and signalling of the need for support	2	0.29%
low-threshold social service for children and families	7	1%
low-threshold day centre	6	0.86%
night shelter	13	1.85%
relief service	2	0.29%
home care service	179	25.53%
support with the exercise of the rights of custody	1	0.14%
loaning of aids	15	2.14%
laundry	8	1.14%
transport service	13	1.85%
rehabilitation centre	7	1%
early intervention service	3	0.43%
social rehabilitation	–	
social counselling – specialized	23	3.28%
social counselling – basic	11	1.57%
personal hygiene centre	3	0.43%
specialized institution	24	3.42%
crisis intervention outreach social service	8	1.14%
interpreting service	1	0.14%
reception centre	14	2%
emergency housing	6	0.86%
social care facility	29	4.14%
supported housing	14	2%
home for the elderly	47	6.70%
services in total	701	100%

Source: Register of social services providers in Košice Self-Governing Region

[10] State as at 10 May 2017

Table 8 – Overview of social services provided in Trnava region[11]

Trnava region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	25	6.39%
day care centre	12	3.07%
halfway house	1	0.26%
social care home	53	13.55%
canteen	30	7.67%
community centre	4	1.02%
crisis support provided via telecommunication technologies	3	0.77%
monitoring and signalling of the need for support	1	0.26%
low-threshold social service for children and families		
low-threshold day centre	3	0.77%
night shelter	8	2.05%
relief service		
home care service	110	28.13%
support with the personal care of a child and support with the family life and working life balance	4	1.02%
support with the exercise of the rights of custody	1	0.26%
loaning of aids	3	0.77%
laundry	3	0.77%
transport service	6	1.53%
social rehabilitation	4	1.02%
social counselling – specialized	6	1.53%
social counselling – basic	5	1.28%
personal hygiene centre	2	0.51%
specialized institution	13	3.32%
crisis intervention outreach social service	0	
interpreting service	5	1.28%
reception centre	7	1.79%
emergency housing	5	1.28%
social care facility	12	3.07%
home for the elderly	65	16.62%
services in total	391	100%

Source: Bočáková, Kubičková, Habánik (2017)

[11] State as at 31 December 2016

Table 9 – Overview of social services provided in Nitra region[12]

Nitra region		
Type of social service	**Number of social services**	**Proportion of the social service**
day centre	23	5.56%
day care centre	28	6.76%
halfway house	1	0.24%
social care home	23	5.56%
integration centre	1	0.24%
canteen	10	2.42%
community centre	17	4.11%
crisis support provided via telecommunication technologies	2	0.48%
monitoring and signalling of the need for support	1	0.24%
low-threshold social service for children and families	2	0.48%
low-threshold day centre	3	0.72%
night shelter	5	1.21%
relief service	–	
home care service	157	37.92%
support with the personal care of a child and support with the family life and working life balance	1	0.24%
loaning of aids	3	0.72%
laundry	1	0.24%
transport service	23	0.48%
rehabilitation centre	2	0.48%
early intervention service	1	0.24%
social rehabilitation	1	0.24%
social counselling – specialized	6	1.45%
social counselling – basic	11	2.66%
arranging interpreting service	1	0.24%
arranging personal assistance	2	0.48%
personal hygiene centre	1	0.24%
specialized institution	12	2.90%
crisis intervention outreach social service	5	1.21%
interpreting service	1	0.24%
reception centre	8	1.93%
emergency housing	1	0.24%
social care facility	10	2.42%
supported housing	3	0.72%
home for the elderly	51	12.32%
services in total	**414**	**100%**

Source: Register of social services providers in Nitra Self-Governing Region

[12] State as at 10 May 2017

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Mária Dávideková

2 SOCIAL SERVICES AS A SYSTEM OF ASSISTANCE AND SOCIAL PROTECTION

The aim of this part of the text is to give a brief overview of the history of the development of social services and socio-health care in Slovakia, in the Czech Republic, but also in other countries, in the context of common historical origins.

Social service is a special set of activities aimed at meeting individual or collective needs that are carried out in the way other than by the transfer of material goods. **This set primarily includes activities aimed at:**

- Ensuring adequate living conditions for people who are unable to cope with their situation on their own,
- Creating appropriate conditions which would prevent the formation or increase of negative social phenomena,
- Creating supportive activities which will prevent unfavorable social development of an individual, family or society. (Levická, 2000).

Social services can be seen from two perspectives, namely:

- *from a client´s point of view,* social service providing is an important activity because it helps the client to cope with their extraordinary situation which they cannnot cope with on their own,
- *from the state´s point of view,* it is an economically demanding activity.

Historically, it is the oldest part of social work. The interest in social services, in their professionalization and in their place in society, was notable mainly in the early 20th century.

We can meet with an organized form of social service, for example, already in establishing the first institutions for disabled individuals whose greatest development occurred in the late 18th and late 19th centuries. We further focus on the historical context in the development of social services in the following parts.

After 1970, the specialization, humanization and normalization of social institutions was carried out, but these were still large-capacity social facilities, whose specialization according to individual social problems of the target groups, as well as changes aimed at **humanization** of social services in the institutions and **normalization**, were gradually being developed. These processes were related to each other and they followed on a humanistic

philosophy, psychology, ethics that has rebuilt humanity and its dignity into society´s focus. Humanism itself, as an important stage in the history of social service development, demanded the social workers, health professionals, psychologists and managers to ensure that conditions in which the social services were provided, correspond with the dignity and respect to the personality of the human. Normalization as a reform process, set itself the aim to balance the conditions of the life quality of ordinary citizens in society with the conditions of the lives of recipients of the social services in the institutions. These processes of humanization and normalization were of vital importance especially for the life of disabled citizens as they led to their gradual social integration and inclusion. These fundamental changes were connected with another important social process without which the social integration and inclusion would have not been possible, namely with the process of transformation of the social services which is also referred to as deinstitutionalisation process in Western Europe. The important force of transformation, respectively deinstitutionalization of the social services, is the respect for basic human need – to live and to exist in everyday, natural, family, peer and social relations. Transformation, respectively deinstitutionalization of the social services system is a radical, long-lasting change of an institutionalized system that will enable a disabled citizen with special needs to live in as much natural social network of relationships as possible.

In the brief historical context of social services development, we have pointed out the importance of the historical processes which can be inspiring also for the present. We consider the history of social services to be and to belong to the objective reasons for the implementation of reforms, transformation, respectively deinstitutionalization. Transformation is a difficult process and everyone involved in its implementation inevitably needs to know these processes, interpret, explain and then precisely lead them at a professional level as they touch on unique human lives.

2.1 Transformation of social services in Slovakia

Slovakia is currently transforming the social services that directly affects social services to individual clients and client groups. We point out that, from this point of view, the transformation of social services is only harmonization of conditions of people´s lives with their needs and rights so that they can live dignified lives.

Even our society has not skipped the tranformation in the social sphere. It is a difficult, demanding, but inevitable process at the same time. This process is not over yet.

Every person may need a certain social intervention or state assistance at least once during their lifetime. In some social events, they need systematic and long-term support to cope with this difficult life situation, in other social events, they need shorter support. Social services have become a part of social security, they have their place in the social policy of our state, local authorities and non-state subjects and they help to overcome the unfavorable social situation of the client. Recently, the framework legislation determining the conditions for provision of social services has been changed several times. The state monopoly has been removed – the decentralization of social services has been carried out, accompanied by a massive transfer of competences to local authorities and non-state subjects. The role of the state in provision of social services in Slovakia is minimized, the state ceases to be a provider of social services, rather it is a factor that provides a favorable environment with increased responsiblity for ensuring the fair providing good-quality social services for everyone (Schavel,2010).

We have begun to implement processes such as democratization and humanization, professionalisation of employees, modernization and innovation. The range of social services – different types, different quality, different founders – has expanded considerably – the social services market has started to function. Known trends in social services are applied – support of development of field and outpatient social services or more source financing. Field and outpatient social services are aimed at individual support of the client´s lives in their natural environment, at maintaining or improving of their self-sufficiency. However, there is much more interest in the residential form of social services.

Through public administration reform, social services are becoming specific, addressed.

The most recent topics in our society included also the adoption of the long-awaited new **Act No. 488/2008 Coll. on social services and on the amendment of Act No. 455/1991 Coll. on trades licensing, as amended, which has been in force since 1 January 1999** and has fully superseded Act No. 195/1998 Coll. on social assistance. At present, **the social services providing in Slovakia is legislatively regulated by abovementioned act.** Previous philosophy about the provision of social services in Slovakia has changed, new philosophy brings mainly greater variability of social services, the choice and combination of different types of social services. **The activation of the client through an individual plan for the provision of social services is a new element in the social services providing that means that social services are „tailored to the client".** The main objective is to improve life

quality of the clients dependent on social services. The adoption of the Act No. 461/2001 Coll. on the transfer of some powers from the state administration bodies to municipalities and higher territorial units was one of the legal instruments for significant strengthening of municipalities and thereby strengthening the competence, responsibility and scope of the municipalities in the area of provision of social services. At present, social services are provided by municipalities and higher territorial units themselves, respectively through a legal person founded or established by municipality or by higher territorial unit, or through a non-public social service provider. If a citizen is interested in provision of social service, they need to ask for assessment of their dependence on a particular service. After completing the medical and social assessment activity, municipality or higher territorial unit shall elaborate medical and social report, on the basis of which the report on the dependence on social service is issued and then, the decision on the dependence on social service is issued.

Transformation of the social service facilities in one special part of the society´s transformation process. The process of transformation of social services facilities depends on and is possible provided that the whole-society transformation changes ire realized, mostly the transformation of the social policy, as well as of the social sphere. We live in the 21st century and we are similar to those citizens who lived here before us in many ways. However, we differ from them in one issue – we have a unique opportunity to evaluate the experience of mankind from the past millenniums and centuries. This experience often surprises us in the fact that seemingly new things, changes, transformations are not really new, but they are only re-discovering of the basic prerequisites for life that we neglected for some reason (Krupa, 2006).

2.2 Social services in the system of social protection, social policy and social work

Social services as the focus of the social assistance are subject to the system of the social protection in the country. National priorities for the development of social services are response to the important challenge facing the whole Europe, which is also the modernization of social services. The objectives of national priorities for the development of social services include, in particular, ensuring the right of the citizens to social services, increasing the quality and accessibility of social services with the emphasis on the development of poor social services or development of social services lacking in some higher territorial units and municipalities.

The social protection system is based on national legislation and is therefore specific for each country. The social protection system represents a rescue social network for disadvantaged citizens – for poor ones, the elderly, the unemployed, but also the disabled ones.

As the authors (Brichtová, Repková, 2009 p. 9) point out, the concept of *social protection* is relatively new in Slovakia, the concept of „*social security*" is rather traditional. The introduction of this concept is part of time period when Slovakia was involved in systematic monitoring and comparison of the social security situation between the various selected European countries. With regard to the factual arrangement of this type of monitoring, the social protection system in Slovakia can be divided into 4 parts: (1) health care, (2) social insurance system, (3) state social support, (4) social assistance. Such division corresponds to data and facts that are the content of EC-level surveys in all member states in the field of social protection (e.g. by Eurostat). The scope of social protection itself is in this system defined as social insurance, a social security benefit system, a system of social services and a labour market policy. In the present European countries, other forms of social protection of disadvantaged people, e.g. direct provision of social services, were created (Matoušek, 2007). Social protection is a term and its interpretation is very broad.

Tomeš (1996) defines *social protection* even wider, since, besides concepts such as social security, social care, health and social prevention, it also includes the concept of labour protection and environmental protection (ecology). In his understanding (1996, p. 20) *„social protection is systematic effort of a public subject to prevent and resolve difficult life situations that lead to economic or social need and which citizens are unable to solve by their own forces or by their family or neighborly assistance".*

According to Botek (2009, p. 10), „based on the gained information and our own experience, we would define social policy as a social action plan or a specific action that, with use of available tools, leads to a positive social effect or to prevention from the creation of negative social effect".

According to author Tokárová (2002, p. 33-34), „social policy" is primarily a purposeful activity of the state, but it also involves various institutions, businesses and other social subjects which affect the state of social equilibrium to ensure social solidarity. We can find the emphasis on social equilibrium and balanced social functioning in the definition of Tomeš, who characterizes social policy „as a constant and purposeful effort of individual social subjects to change or to maintain and operate their own or another (state, municipal) social system" (Tomeš, 1996, p. 19). Unlike Tokárová and Tomeš, author Levická (2007,

p. 49) does not focus only on social policy subjects in her definition, but she rather points out that it is a set of practical measures, listing the areas in which these measures are implemented (employment, social insurance, pension and sickness insurance, social assistance). She also defines the basic object of social policy, which is a group of inhabitants who cannot provide the basic conditions for their everyday lives on the basis of their own income. Author Radičová (2003, p.1) mentions even broader areas of social policy - „social policy usually includes social security policy including personal social services, family policy, housing policy, especially its social aspects, health policy, employment policy and education policy".

The important link between *social policy, social protection and social work* is pointed out by Levická who states that „social policy creates specific possibilities and forms of assistance that are realized through social work in practice" (Levická, 2007, p. 49).

In literature, we can find different characteristics, definitions, respectively specifications of social work which are often dependent on what aspect the authors themselves look at. One of the first more comprehensive definitions for the needs of Slovak theory and practice in the area of social work was the definition adopted by the participants of the national conference „Social Education System in Slovakia" (1998) under the auspices of the Ministry of Labour and Social Affairs of the Slovak Republic. Social work has been characterized and defined as *„specific professional activity aimed at improving the mutual adaptation of individuals, families, groups and social environment in which they live and in developing self-esteem and the responsibility of individuals using resources provided by society. It is an activity for the benefit of the client (individual, family, group, community) which can be characterized by terms as assistance, support, accompaniment"* (In: Levická, 2000, p. 6).

Not less important is the definition of social work by International Federation of Social Workers (In: Levická, 2007) or the definition of Matoušek (2003), which include both its scientific and pragmatic (executive, application) aspect.

Author Levická (2007) states that in the world, social work is currently perceived as a multidisciplinary to transdisciplinary field which has special methods of work and is theoretically focused on the field of care of an individual, group, community or society, as well as for the preparation of experts in this area, adding that social work is also a practical activity.

In this definition of social work, we find the complexity of defining social work as practical, scientific and educational discipline.

2.3 Relationship between social services – social work – social policy

It is not common to think about and discuss about the close link between social services and social work. According to Levická (2007), social policy creates specific possibilities and forms of assistance (including social services) and these are implemented in practice through social work. Other authors, however, point to the fact that the care sector works with different terms, which are often used too freely and synonymously. For example, according to Litske et al. (2006), care sector is a set of measures that relate to social services, social welfare, social protection, social assistance, social care or social work, while the concepts are often interchangeable and used differently in different countries. It is very problematic, according to Munday (2007), in the European context, to agree with a uniform definition of social service and its distinction from other concepts, especially if we take into account the fact that in different European countries, different concepts are used alternatively to designate the same issue (e.g. social services, social care, social work). According to the current legislation on social services in force, article 2 para. 5 of the Act No. 488/2008 Coll. on social services and on the amendment of Act No. 455/1991 Coll. on trades licensing, as amended, the social services´ relation to social work is defined in the way that *the social service is carried out mainly through social work, by processes in accordance with knowledge of social sciences and knowledge of the state and development of social services providing.* From the very content of the definition, it is essential that social services are an area in which not only social workers, but also other professionals from other areas, e.g. medical staff, pedagogical staff, but also employees of other professions (lawyer, administration worker) and other specialists, are included.

2.3.1 Social services for natural persons due to their disability or due to their pension age

We state these social services in more detail because of the fact that they are the most used in relation to these target groups in Slovakia.

The disability itself or higher age itself are not important and primary criterion for the social services providing in the Slovak Republic according to the valid Act No. 488/2008 Coll. on social services and on the amendment of Act No. 455/1991 Coll. on trades licensing, as amended, but mainly *the dependence of the person on the assistance of another person* due

to disability or age is the determining factor. As a result, the most of the social services we are talking about, are determined for the elderly, as well as for people with disabilities, respectively for those who meet both criteria. In the following parts, we deal with individual types and forms of social services providing such as field, outpatient, stationary, residential social services, as well as support services.

2.3.2 Field and outpatient social services

Nursing service

The most traditional and the most widely used outpatient social service is a nursing service with which the recipients and its providers have the most of the problems in practice. These problems are mainly due to the lack of their provision in comparison to the real need of the dependent people. This social service is designed for people who are dependent on the assistance of another person in self-service operations at least in 2nd grade, which is, approximately, in the range of 2 to 4 hours per day. By means of nursing service, the assistance is provided to them not only in day-to-day activities (e.g. hygiene, eating, mobility), but also in housekeeping and basic social activities. The dependence on the assistance expressed in the individual stages is assessed by the municipal doctor in the framework of the medical assessment activity and the social worker in the framework of the social assessment activity. Nursing service can be also combined with other forms of assistance under certain conditions, e.g. with financial contribution for care providing which is provided under the system of compensation of the social consequences of severe disability (Act. No. 477/2008 Coll. on financial contribution for compensation of severe disability, and on the amendment of some laws).

Transport service

The transport service is provided not only to those with severe disabilities of different age who are dependent on individual transport, but also to those with an unfavorable health status influencing their mobility and orientation. The transport service can be also used by people who have problems with mobility even in the short term (e.g. due to injury). For the purpose of this service, it is not necessary to assess the dependent person, but it is sufficient when the client demonstrates their unfavorable health status by confirmation from the doctor or by report issued by the competent labour, social affairs and family office for the purpose of compensation of the social consequences of the severe disability.

Guidance and reading service

This social service is one of the new types of social services. Since 1 January 2009, it has been possible to provide it as a separate social service and not just as one of the nursing services. In addition to those who were traditionally provided with the services of guidance and reading (blind ones), this social service can also be provided to people with mental disabilities. The service of guidance is provided for reasons of medical examination, arrangement of official matters, guidance to and from school and work, leisure activities and other activities.

Reading service can be provided, e.g., when dealing with the official matters, official and personal correspondence, but also during doing the shopping. The disability is demonstrated only by the medical facility´s confirmation. It is not possible to provide this service if the person is provided with the nursing service within which the guidance and reading service or financial contribution for personal assistance are provided.

Interpreting service

It also belongs to new social services and it can be provided separately and not only as a part of nursing service. It responds to the various needs of clients in the field of interpretation, so there are several forms of interpretation: silent interpretation for non-hearing people or people with severe duplex hard-hearing impairment whose means of communication is sign speech, articulation interpretation for non-hearing people or people with severe duplex hard-hearing impairment acquired after the learning to speak or before its acquisition, who do not know the forms of communication of hearing impaired people (in particular sign speech and sign Slovak language) or tactile interpreting for deaf-blind people who require specific communication system linked to the degree of hearing loss for the communication with society.

Other types of new social services include *mediation of interpreting and personal assistance*. These social services, although provided to different target groups, can be also provided through agencies specializing in these activities. However, their provision can be one of several activities of the entity, e.g. civic association or non-profit organization that provides them without setting up an agency. Mediation of interpreting services is provided to people who are dependent on interpreting, under the same conditions as mentioned above. Mediation of personal assistance is primarily designed for individuals with severe disabilities who are dependent on personal assistance. It should be noted that it is not relevant whether financial contribution is also provided to them for this purpose. The purpose and the content of both of these social services is the assistance in carrying out of administrative tasks, mainly

drafting contracts between individual with severe disability and an interpreter or a personal assistant, looking for interpreters and personal assistants and maintaning their database, help with the processing of statements, with payment of remuneration of assistant, as well as education of individuals with severe disabilities, of interpreters and of personal assistants and, of course, provision of basic social counseling. Agencies can also provide the dependent people with assistance when solving conflicts between them and interpreters or personal assistants, if these problems are directly related to the contract. There are already several personal assistance agencies, but they were not supported by legislation until 2009, so that they could have not been financed from public resources for social services.

The current social service legislation also brings a new social service, which is **aids-lending,** intended for people with unfavorable health status leading to dependence on the aid intended for a certain transitional period. This type of social service is complemented by a system of providing individuals with aids from public health insurance from a compensation system. Unfavorable health status and hence dependence on the aid, is demonstrated by healthcare provider´s confirmation or by report issued for the purposes of financial contributions for compensation.

Other „new types of social services“ also include *services using telecommunication technologies*. One of them is monitoring and signalization of the need for assistance (communication through signaling device or audiovisual device connected to central dispatching). Individual with disability or an elderly people who live on their own, have the opportunity to get help in a very simple way (e.g. in the event of a fall, a deterioration of the health condition). One of the technical solutions is wearing of bracelet which, when pressed, indicates the need for help direct to dispatching, where the employee identifies the caller, finds out the reason for the situation, the need for assistance and subsequently ensure the provision of assistance. It does not have to be only a call to a rescue service, but also to contact a close person or a person taking care of them. As in other EU countries, this social service is beginning to be provided and is becoming more and more required and preferred. Another form of aid is the crisis assistance provided by telecommunication technologies (e.g. telephone, e-mail, in particular social counseling, to an elderly person or to a person with disability who is at a risk of health or life or in another difficult life situation that they cannot solve at given moment.

2.3.3 Residential social services

Social services facilities

The other forms of social services are *residential forms of social services* intended for people who are dependent on the assistance of another person because of severe disability, for people with defined disability category (blind or virtually blind, visually impaired, deaf or hard-hearing people), as well as for the elderly ones. New types of social services facilities include mainly *specialized facilities*, but also social services homes, which are designed for clients with a high degree of dependence on the assistance of another person (at least grade V), as well as rehabilitation centers, nursing services facilities, supported housing facilities, facilities for seniors, daily stationary with a lower degree of dependence (since grade II). Recipients of these social services are dependent on the assistance of another person. The main purpose of this condition is to prevent people with disabilities whose extent of the need of assistance is not so wide and when staying in their home environment while securing available field services or other forms of assistance (e.g. financial contribution for compensation of severe disability) could be sufficient, to be placed into such facilities. It is important to note that there is exception – *facilities for seniors* (formerly a retirement home) where the condition of dependence on the assistance of another person may not be met, but there is the need to solve the difficult situation of a retired person who, e.g. lost home, was mistreated or abused or their health or life is seriously threatened.

Other social services facilities include:

Facility for seniors, Social services homes, nursing services facilities, rehabilitation center, daily stationary

The social services facilities have a long tradition in Slovakia, they are the most used and they are classified as classic types of social services. In daily stationary, which is not a residential facility (formerly social services home with a daily stay) is an outpatient form of social service in which social services are provided only during a day. They provide, amongst others, a number of professional activities (e.g. social counseling, social rehabilitation, nursing care, occupational therapy), as well as servicing activities (e.g. accommodation, food, cleaning, laundry, ironing and laundry and clothing service) and other activities (e.g. storage of valuables, personal equipment, interest activities). (Bočaková, 2015)Very popular activities - activation activities by the recipients who significantly contribute to the increase in life quality in these social services facilities, include music therapy, artetherapy, zootherapy, bibliotherapy, hydrotherapy, aromatherapy.

Specialized facility and supported housing facility

Specialized facility is a new type of residential facilities which does not significantly differ from the nature of the social services homes, but its specificity is the possibility of a more focused and more intensive orientation on clients with a particular type of disability (e.g. Alzheimer´s disease, Parkinson´s disease, deafblindness, schizophrenia) and provision of professional social services and assistance by professionals with the necessary knowledge, skills and abilities.

In *a supported housing facility*, it is primarily about ensuring the control and, within it, the assistance and guidance which helps dependent person to be able to live a relatively independent life, to perform self-care, take care of household, participate in various social activities, even to go to work.

In selected and mentioned social services facilities for the elderly and the disabled, there is also possibility to provide *nursing service*. This significant change makes it possible to effectively use the professional potential of all healthcare workers in social services facilities, thereby to reduce health care costs and to improve the care for recipients of services in comparison with health care provided by somebody „from outside“ (e.g. through nursing services agencies, which individually visited clients in such facilities only for the purpose of providing individual nursing activities).

The aforementioned act also provides the opposite option – to provide social services in institutional healthcare facilities, especially when the dependent person cannot be dismissed from a healthcare facility for some reason, but needs the social services at the same time. Both options correspond to current modern requirements for integrated long-term social-healthcare services.

2.3.4 Support services

Relief service

In the context of other new types of social services, there is the offer of support services which can be provided to those who intensively take care for family members or acquaintances on an informal basis and receive a financial contribution for care, among which the *relief service* is included.

The service is primarily of a preventive nature, it is intended to prevent deterioration of the physical and mental health of person who is taking care of a caretaker and to prevent

the symptoms of burnout. The relief service thus creates the prerequisites especially for reducing exhaustion and stress, it serves to recharge their batteries and to establish lost social contacts especially in those cases where there are no relatives and friends within family or neighborhood, who can help with the provision of care. This social service is arranged relatively flexibly. An alternative social service is provided during the provision of the relief service to the person. It can be provided either directly in their household (nursing care), in a daily stationary or in a residential social services facility. At present, there are no other types of services known from abroad included in the relief service (e.g. various recreational and holiday programs, camps that are provided not only to the person who is taking care of the dependent one, but also to the siblings, spouses, but also to the whole family living together with the dependent person (known in Austria, Germany, the UK).

Assistance in exercising guardianship rights and duties

It is also classified as a new social service, the character of which consists mainly in the provision or mediation of social and other professional counseling to a guardian appointed by a court, to a natural person interested in becoming a guardian and to a natural person who fails to protect their rights and interests. This social service is very important also due to the fact that in Slovakia, there is no comprehensive system of social protection of adults who are threatened for different reasons and in various ways. In Slovakia, the important instrument to ensure the protection of the rights of individuals unable to defend their rights and interests (e.g. people with mental illnesses, the elderly with disabilities, who are often victims of violence and various frauds) is an institute of guardians appointed by the courts. There is no tradition of associating of them, although it is clear that many of them would need the professional help which is currently being provided by organizations associating people with severe disabilities. Such provision of this specialized social service specifically aimed at the above purpose, should be also preventive in order to deprive the legal capacity only in necessary cases and if the legal capacity is once deprived, in order to ensure that the guardian performs their function in the highest quality and in the most responsible way.

Day centers

These facilities were used before, formerly known as retirement clubs. They are one of the most popular and regularly used facilities that, in addition to seniors, elderly people and those with unfavorable health condition or with severe disability, can be attended by parents with children or by grandparents with their grandchildren. Day centers provide and ensure not only interest activities, but also social counseling.

Canteen, laundry and personal hygiene center

The common feature of these social services is that they are provided to the same type of target groups as those with severe disabilities or unfavorable health status, the elderly and those who do not have the necessary conditions to meet basic needs. They are primarily of a supportive social character. Previous experience from the use of these types of social services has shown us that canteens are used mostly by older people, laundry and personal hygiene centers are used mostly by homeless people and by people living in excluded communities of in difficult living conditions (e.g. in settlements). Canteens can ensure and provide meals not only in their own premises, but also through direct food delivery to the households of dependent people if such a requirement is justified (e.g. due to the restriction of mobility or other health problems).

The social services overview for these target groups and support services for the relatives shows us a high degree of diversification of services which increases the requirements not only for the precise determination of conditions of the right for them, but also for clear and transparent competency rules and layout.

2.4 Individual planning and activation in social services facilities

We consider it to be important to deal with this issue in more detail.

The obligations of a social service provider in Slovakia are regulated by Act No. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended, and they include the obligation *to take into account the individual needs of the clients and to activate them according to their capabilities and possibilities*. Increasingly, we come across witht the concept of activation that should encourage clients to activity, to improve their overall health status or to prevent their health status to get worse. Thus, we want to point out the sense and the importance of individual activities and activation activities as part of individual planning in social services facilities.

Activation of the client through an individual plan of social services providing means that social services are „tailored to the client“. The main goal is to improve the life quality of clients dependent on social services.

Furhtermore, it is important to notice that article 9 para. 1 stipulates: „The social service provider is obliged to plan the provision of social service according to individual needs, capabilities and objectives of the recipient of the social service, to keep individual

records of the course of social service providing and to evaluate the course of social service providing with participation of the recipient of social service (hereinafter referred to as „individual plan“).

In the following part, we are going to define the concept of individual planning, its objectives and its importance.

2.4.1 Individual planning in social services

An individual plan is an instrument of active cooperation between the recipient of social services and their family on one side and the social services provider on the other side. Individual plan should provide an overview of what support and services the recipient of social service needs, for how long, who supports them and what goals and measures they need and when and how the support will be provided to them.

An important aspect of the Act No. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended, is an emphasis on **individualization of services**. A key tool for this approach to the client with special needs is the „Individual personality plan of the client“. Services should be built in the way enabling the user to participate as fully as possible in the social, cultural and economic life of society. Author Čámsky (2011) considers individual planning to be an important tool for provision of social services. Its purpose is to provide the service in the greatest interest of the user as possible, to adapt the service to their specific needs and requirements, their personal goals and to involve them in the process of planning and implementing of the service.

Individual planning is characterized by Hermanová (2010) as a process of solving the wishes and needs of the recipients of social services which can be influenced by a multidisciplinary team. It is a logical method of interconnected activities that are realized for the benefit of the client and with cooperation of the client while maintaning the individual care. The purpose of individual planning is to improve living conditions and social inclusion of the people to whom the services are provided. Individual plan is coordinated by the worker who supports, acoompanies the recipient of the social service in the process of individual planning. *A new element in individual planning is a key worker.* They are considered to be „the main assistant of the client and the coordinator of all the client´s activities“ (Brichtová, Repková, 2014).

(Based on the amendment to the Act No. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended - Act No. 485/2013 Coll., effective since 1 January 2014).

Key worker

Cooperation and coordination in individual planning depends primarily on the supporting person who is called a key worker (by a legislative). Article 9 para. 2 of the Act on social services introduces a new concept – key worker. A key worker is the employee of the social services provider who coordinates the process of individual planning with the recipient of the social service. Key worker acoompanies and supports the recipient of the social service to meet the objectives of individual planning as much as possible. (Krupa, 2006). Key worker identifies who are persons important for the support of the recipient of social service, but at the same time, key worker should build the trust of the client and proceed professionally and discreetly and in case of recording in the documentation, to proceed in accordance with the protection of personal data. Key worker should know the recipient of the social service.

Individual planning is the process where both the recipient and the provider of social service look for the objectives which the recipient in cooperation with the provider of the social service will achieve. Depending on the agreed objective, the process of how this objective will be achieved is planned. Services are planned individually with regard to the possibilities and abilities of the recipient of the social service so that they represent the support and are directed to the maximum possible extent of their autonomy and independence. The aim is to maintain the way of life to an agreed extent, to which the recipient of the social service was used to before using social service (Hauke, 2011).

Based on the above definitions, it is necessary to realize that individual planning is not just creation of specific plan, but it is a targeted, structured, ongoing process, responding to the individual needs of a particular client. In this process, the client is our equivalent partner, so it is not permissible to impose our ideas on how to behave or how „their life should look like“ on them. The communication is also serious problem – dealing with the family without participation of the client. The objectives thus identified are the objectives of the family, not of the clients themselves. However, this does not mean that we cannot cooperate with the family of the client when identifying the objectives. On the contrary, the family can provide us with a lot of important information about the client.

What is the aim of individual planning according to Hauke (2011):

- ✓ to provide the social service in the greatest interest of the recipient of the social service,

- ✓ to adapt the social service to the client´s specific conditions, requirements, possibilities and abilities, as well as to personal goals,
- ✓ to involve the recipient of the social service in the process of planning and performing the service itself.

Individual planning is very important for both the clients themselves and the social service provider. Hauke (2011) says more about this importance:

What is *the importance of individual planning for the recipient of the social service*:

- the client is an equal partner, they know their rights and duties,
- the right of the client is to decide whether provided service helps them to fulfill their ideas of the assistance,
- it means more security for the client – they know how the service will be provided and in what time span,
- it increases the client´s competence in the area of decision-making and taking responsiblity for choices in their life – the client is not only a passive recipient of the social service, but is also co-responsible for the agreed course of social service based on the agreed personal objectives.

The importance of individual planning for the provider of social service:

- all employees of the social services facilities proceed in the same way in accordance with individual planning,
- it is a means of determining the capacity of the service,
- it is a control mechanism for the efficient use of the service and working hours,
- it is a means of increasing of service quality and change in the offer of services based on the identified needs, wishes and personal objectives of the clients,

Individual planning has several phases that follow and repeat. Author Hermanová (2010) presents following ***5 steps of individual planning:***

1. identifying wishes and ideas, assessing of the client and their needs,
2. establishing a care plan that reflects bio-psycho-social and spiritual needs of the client, setting the objective in cooperation with the client in order to respect the real possibilities of the client and to be based on material, technical and personal possibilities of social services provider,
3. joint planning of interventions that will lead to the meeting the objectives and saturation of the client´s needs,
4. implementing the proposed measures,
5. regular assessment of the effect of the provided social service.

Planning a service individually is done by a social worker when communicating with a potential client, when it is detected what are the ideas of the potencial client and what they expect from the service. We will discuss the role of a social worker, as well as other employees of social services facilities in the process of individual planning and activation of the clients, in the next subchapter.

2.4.2 The role of a social worker in individual planning

When a client enters social services facility, a social worker helps ***to preserve the continuity of the client´s life.*** They work with the client´s life story, supports their physical and mental health and strives to improve the quality of the client´s life.

The social worker of the social services facility can ***fulfill the meaning of the individual planning*** in practice only if they know the client well. Already during the communication and negotiation with the potential client, the social worker finds out:

- the current state of the potential client,
- motivation – what brought the potential client to the social services facility,
- information and resources from which the potential client learned about the facility,
- all resources – material (housing and other conditions), financial (whether they receive any compensation contribution, etc.) and human (who else will take care of them),
- expectations, possibilities, abilities, needs, personal goals, goals of joint work,
- provides a potential client with a clear explanation of the necessary information about the service, the rules of its provision, the rights and obligations that result from the signing of the social service contract, provides the clients with answers to the questions that concern the clients in connection with the new situation,
- processes and designs all the process and drafts the contract on social services providing and provides necessary information to other team members (Hauke, 2011).

In practice, social and other workers of the social services facilities meet with the different human destinies and life stories of the clients, so it is very important to ensure the clients to feel their own worth and dignity, to give them the freedom to express their feelings, wishes and needs without any fear to be moralized. We agree with Kopriva´s statement (2006) that the client, despite their physical or mental disability, needs confidence and a sense

of usefulness, needs to feel their own worth from the behaviour of the person who helps the client.

As we have already mentioned, important social worker´s activities include ***listening to the life stories of clients and the ability to analyze the client´s needs*** on the basis of the conversation. According to author Gray (2009), we should be able to answer these questions:

- ✓ What is the client able to do without the assistance of another person?
- ✓ Is their inability temporary or permanent?
- ✓ Is it possible to teach the client something that they can handle themselves?

The basic qualities of a social worker include humanity. This means that a social worker:

- has respect for life,
- is interested in people, their problems and individual fates,
- wants to help.

From practical experience, we know that ***the role of a social worker*** in social services facilities is important particularly ***in the period of the client´s adaptation*** to the new environment in the social services facility. In cooperation with other employees, a social worker tries to create an optimal program, to offer appropriate activities and to motivate the client to participate in them. A social worker uses its creativity, alters the activities in a suitable manner and adjusts them to the needs of the client.

When creating an individual plan of the client, a social worker tries to find out what „*does not work*“ in the client´s life and together with the client, tries to re-formulate it to the objective. A social worker outlines the need for help and support which the client needs to successfully manage everyday activities and assesses the effect of the provided service. At the same time, a social worker detects other necessary information and, if necessary, modifies the plan to meet the current needs or solve problems.

To understand the importance of the client´s needs, it is important to know and adopt the hierarchy of living needs.

In order to be a real client´s support and to plan the services, social and other workers need to know the client´s needs on satisfying of which these workers will take part and which are specific for each individual and the current situation.

The needs determine particularly looking for the objective of joint work – personal objectives of the client. When orienting in the client´s life situation, a worker goes through the lower levels of needs to higher ones. First of all, a social worker tries to find out:

- if basic ***physiological needs*** of the client´s were satisfied,
- if the client suffers from a lack of finances, whether they have a care contribution, if they feel safe – ***the need for security and safety***,
- if the client has family visiting them, a friend to whom they can talk to, who listens to them, whether there is somebody who listens to their views – ***social needs,***
- if the client feels that the society deals with them with respect and if they do not feel unnecessary – ***the need for autonomy,***
- only when the abovementioned needs are satisfied, a social worker can think about the satisfying ***the need for self-realization*** – whether the client wishes to educate themselves, visit the theatre. ***Aesthetic needs*** are also included.

Based on the identified client´s needs, the client´s personal objectives are determined which will be met by individual actions. (Hauke, 2011)

The five-level Maslow hierarchy of needs has been modified and developed by several authors:

1. ***physiological (biological) needs*** – they occur in the event of an imbalance in the body – the need for oxygen, food and fluids, excretion, movement, rest, sleep, thermal comfort, absence of pain and sexual needs.
2. ***the need for security and safety*** – the need to avoid danger and threats, it expresses the desire for trust, protection and stability.
3. ***the need for love and compassion*** – need to love and to be loved, the need for affection, social integration. It often comes to the fore in the situaation of loneliness and abandonment.
4. ***the need for recognition, appreciation and self-esteem*** – it is manifested in two levels. On the first level, it is about self-belief, self-esteem, self-respect. On the second level, there is need for respect, recognition and appreciation of the society.
5. ***cognitive needs*** – the need to recognize, to know, to understand and to orient in something,
6. ***aesthetic needs*** – it is the satisfying of the desire for beauty, taste, good appearance, requirements for a tidy and pleasant environment, visit and watching cultural, artistic and social event, own creation of works of art, creation of beauty,
7. ***the need for self-realization*** – the need to prove something, to realize their own potential. This need is closely bound up with our spirituality, the search for ourselves

and the meaning of life, related to the personal growth of a person and their spiritual development.

Analysis of the needs is based on the following components:

- *past* (aspects of the past determining the life situation and the behaviour of the clients),
- *present* (current situation of the client, assessment of existing assistance),
- *future* (the form of care and the impact of social services on the client´s quality of life in the future).

The importance of the client´s needs analysis:

a) it enables to reveal the real needs of the client,
b) it enables to create a tailor-made offer of services to the client,
c) it represents a professional approach to the client and orientation to their individual needs,
d) it enables a closer and deeper understanding of the client´s personality and social situation,
e) is the tool of preparation of the client for change in the client´s social environment,
f) it reduces fear of the future leading to the right satisfaction of the client´s needs and requirements,
g) it ensres that the client is provided what they need and what they want so that the meaning of their being in their perception, is fulfilled,
h) a good analysis of the client´s needs increases the efficiency of provision of social services for seniors.

Affecting the non-material needs area is very important. We can help the client to get an inner peace, to find life optimism, to discover new possibilities and to strengthen confidence in positive expectations.

2.4.3 Selected activation activities and their importance in the client´s lives in social services facilities

Any activities that clients do are useful and beneficial to them. They give ***the personal positives*** to them – a sense of prosperity, usefulness, satisfaction, delay of the loss of self-sufficiency, social isolation, as well as ***the benefits for the whole society*** – by their experience, knowledge and advice, they enrich the life of the younger generation.

Many activities can be done in groups, as well as individually, they are suitable for the clients with different disabilities and reduced mobility, or communication problems. By encouraging of the clients, we can reduce their sensory deprivation and social isolation.

After assessment of the needs, interest, values, health status, strengths and weaknesses of the clients, we can offer them a wide range of activation activities. Not only a wide range of activities is very important, but also sufficient information provided to the clients, barrier-free access, free choice, space for their own initiative and clients´ ideas. The most popular activities in social services facilities include **primarily *educational activities, physical activities, spiritual activities.*** Other popular activities in social services facilities include primarily interest activities, courses, cultural and social event in social services facilities.

Individual social services centers organize cultural and social programs on the occasion of various holidays and celebrations, to organization and preparation of which they try to actively involve their clients – they task the clients and support their initiative, they support clients´ efforts and achievements. At these programs, the clients have the opportunity to present the result of their activities, activities from the interest courses and they have also opportunity to dress themselves ceremoniously, what gives them a sense of self-worth and dignity. Other important issue for the clients in social services facilities is social life outside of the facility – clients have the opportunity to attend various exhibitions, museums and galleries, art craft markets, cultural events, concerts, theatre performances, singing and dance performances and other events.

The great effort of social services providers is to provide clients with adequate care to ensure the required quality of their lives. It is possible only when the individual needs of clients are carefully analyzed. Based on this, it is then possible to establish a care plan with the client, that respects the bio-psycho-socio-spiritual needs of the clients, as well as their capabilities and abilities. Engaging and participating in activities positively influence the process of adaptation of the clients in the social services facilities, it helps to fulfill the objectives set in individual planning, but we can say that for most clients, all activation activities are great benefit to them and enrichment of their lives.

2.5 National priorities for the development of social services for years 2015 – 2020

At present, National priorities for the development of social services for years 2015 – 2020 in the Slovak Republic (hereinafter referred to as „National priorities“) represent a tool

of state policy to guide and present the basic system interests, tasks and support measures of the Government of the Slovak Republic in the field of social services, which drawn up in accordance with the competence of the Ministry of Labor, Social Affairs and Family of the Slovak Republic as the central authority of the state administration of the Slovak Republic in the provision of social services provided by article 79 para 1. point a) of the Act No. 448/2008 Coll. on social services and on the amendment of Act No. 455/1991 Coll. on trades licensing, as amended, and the Strategy of Deinstitutionalization of the System of Social Services and Substitute Care in the Slovak Republic (2011). National priorities also respond to the current challenges of provision of social assistance to the citizens, including the development of diverse types of care services, particulary at the community level, including the current need of modernization of social services. It is important to point out that the main task of the social services, which is to support the integration of people into society, to move towards the services provided at the community level and to develop their potential in the area of employment, is confirmed by them. Currently**,** social servicces are also becoming an integral part of fulfilling of the important objectives of the Europe 2020 Strategy´s intentions.

National priorities also reflect the current situation of the provision of social services in the Slovak Republic, in particular the lack of capacity of social services provided primarily in the natural (domestic and community) environment of citizens, the need to ensure the sustainability of social services financing and the development of their quality, with the emphasis on the availability and accessibility of social services and their long-term financial sustainability and efficiency in national, as well as in European context.

Social services are part of public policies that clearly promote *the human-legal dimension* and focus on the needs and preferences of their recipients. All citizens who are dependent on social services due to their various unfavorable and other social situations, always have the right to exercise their rights to a free and independent life with the support of society and on the basis of non-discrimintation principle. It is undisputable that respect for fundamental human rights and freedoms is the basic pillar of all documents agreed by the international community of states: The UN Convention of the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of Discrimination Against Women, the European Social Charter (in its revised version). Other important international and national documents, on which this important document is based, are: the Charter of Fundamental Rights of the EU, European Charter for Family Carers, European Charter of Rights and Responsibilities of older people in need of long-term care and assistance, Program Statement of the Government of the Slovak Republic for years 2016 –

2020, The National Program of Active Aging for years 2014-2020, Strategic Health Care Framework for years 2013 – 2030, as well as the National Action Plan on the Elimination and Prevention of Violence against Women for years 2014 – 2019.

The main aim and objective of the National Priorities is to implement all the important key trends in the development of social services of the 21st century for all people, especially for those in unfavorable social situation, dependent on the assistance and support of another person, or for individuals and families suddenly found in a bad or crisis life situation and in need for adequate social assistance (Slovák, 2015).

It is very important to prepare, accept, but in particular, to carry out further implementation which requires, in particular, the achievement of the agreement of all the parties involved. There is also need to answer very crucial questions: *What changes need to be planned in the structuring of the offer of the services for citizens and how to implement them? How and on the basis of what to provide the territory with necessary services?How efficiently, purposefully and economically network individual types and forms of social services in order to meet and achieve the most effective and most comprehensive offers to meet people´s interests and needs?*

National priorities is an important document which the result of cooperation of all important actors in its processing. The working group preparing this important document, was composed of the representatives of individual municipalities, self-governing regions, organizations representing recipients, as well as of providers of social services. Scientific-research sector was also represented in this group. It is extremely important to note that SWOT analysis of the current situation in social services was elaborated during the preparation and processing of the document National priorities. Inter alia, this analysis also identified the need for a number of fundamental changes in the field of social services, in particular:

- in the area of assessment of dependence on individual social services,
- the transition from institutional to community care,
- in the field of financing of social services and the development of new community ones.

At present, it is clear that such important and fundamental changes will not be achieved without the elaboration of a document such as the Strategic Framework for Development of Social Services by 2030 in the Slovak Republic. This document will be drawn up by the Ministry of Labour, Social Affairs and Family of the Slovak Republic. It will include the long-term goals of the further development of social services in the Slovak

republic, which will be also the basis for legislative adjustment of legal relations in the provision of social services and in ensuring of sustainable financing of social services, including creation of such financial conditions that will encourage and support the development and implementation of community social services. The creation of such Strategic Framework will follow other key strategic documents and frameworks, particularly in the field of healthcare development and inclusive education for disadvantaged groups of people. Within the framework of sectoral strategic intersections, it will be possible to approach holistically to solving unfavorable life and social situation for individuals or families in different social risk situations.

The full implementation of the system of assessment of conditions of provided social services will be no less important instrument for achievement of the required changes. The system responds to the trends applied within the EU and to respect for the international obligations of the Slovak Republic, especially in the human-legal field. The Ministry of Labour, Social Affairs and Family of the Slovak Republic shall, in accordance with the competences laid down in the Act on social services, focus on the support of social services providers in order to create adequate personnel, operational and financial conditions for the performance of assessment, to develop a methodological guidance on assessment and to train those who will carry out the assessment for this specific competence.

2.5.1 The Objectives of National Priorities

In this part of the text, we consider that it is important to mention the selected objectives of National Priorities. The main objective of the National priorities is above all to positively influence the development of the social services in the Slovak republic for the period 2015-2020, by means of formulation of the main priorities of this development, the prerequisites for achieving these priorities and measurable indicators to assess their fulfillment.

The objectives of National priorities of the development of social services for years 2015 – 2020 are:

- to ensure the availability of social services in accordance with the needs of the community and of the individual target groups
- to support the transition of social service recipients from the institutional care to community care,

- to ensure the implementation of citizen´s right for provision of social services taking into consideration the human-law and non-discrimination approach and the emphasis on respect for human dignity,
- to ensure the development of social services available to people in segregated locations with the presence of concentrated and generationally reproduced poverty,
- to increase the availability of community social services with an emphasis on the development of social services for the family who takes care for their member dependent on the assistance of another person in the self-service,
- to deinstitutionalize social services,
- to implement the principle of integrated long-term health and social care,
- to establish a system of security and evaluation of the quality conditions of the provided social services.

National priorities are then elaborated by municipalities, cities and self-governing regions in their other conceptual and other planning documents. It is important that on the basis of a thorough analysis of the social services, as well as of the needs and demands of their recipients, they set goals and priorities, as well as the roles and measures for the further development of social services, especially in their own territorial area for the foreseeable future.

To increase the quality of provided social services

This requirement of social services quality increase in the Slovak Republic responds to the trends applied within the EU and to the respect for the international obligations of the Slovak Republic, especially in the area of human rights. The Act No. 448/2008 Coll. on social services and on the amendment of Act No. 455/1991 Coll. on trades licensing, as amended in its Annex no. 2 defines „Provided social services quality conditions“. The statutory conditions for the quality of the social service provided are oriented towards the recipient of social services and their support so that their individual needs and preferences in the provision of social services are taken into account as much as possible. The objective of this priority is the support and implementation of social service quality conditions by founders and providers of social services.

Prerequisites for achievement of priority

- To encourage social service providers to create conditions for meeting the human-legal, procedural, personnel and operational aspects of the quality of social services provided.

Measurable indicators for achievement of priority until 2020

- 60 percent of rated social services providers meet the quality conditions well or very well.

2.6 Social service quality standards in the Slovak republic

Social service quality standards describe how the quality social service should look like. They represent a set of measurable and verifiable criteria, with the purpose to demonstratively enable the assessment of services provided.

The purpose of applying and using the quality standards is the evaluation itself, guaranteeing the achievement of the adequate services provided in order to improve and enhance the client's quality of life. Matoušek et al. (2007, p. 167) states that " life quality improvement may be seen as a certain way of widened opportunities for the personal growth" and " aimed/aiming at meeting the client´s needs, fulfilling personal goals, fulfilling the client´s sense of life." Monitoring and subsequent evaluation of provided quality of services represent the basic elements for performing the subsequent analysis, which is ultimately aimed at better alignment of services to the individual needs and interests of the client. Management, respectively marketing management plays an important role through its application and adaptation to social service conditions that would allow strategic planning not only of social services as such, but also of individual social programs, as forms of work and activities with the client on an individual basis; where in general, the marketing services can be defined as "a summary of activities of the services providing organizations ", which are ultimately aimed at the client and primarily at" satisfying the needs at the required time, space and quality "in order to achieve the efficiency and satisfaction. The primary goal of the services marketing is to ensure the provision of a range of services that can efficiently cover the demand of the market and also the satisfaction of the clients when using them.

The implementation of quality standards represents the modern phenomenon resulting from humanistic concepts of human life. As an example of that may be included foreign, legally bassed concepts, based on declaring the most important areas, necessary to achieve the set goals and respecting the base and the sense of social services, for example "National Minimum Care Standards in England". As it was already mentioned, the intention of standards is to ensure a properly evaluate the services respecting the objectivity and aiming of social services for the benefit of the client. The mentioned quality assessment of social

services is based on the theoretical foundations that arise from the cultural, political, legal conditions and individual needs of the person. Krupa (2003 p. 78-79), it is important to define the parameters for quality evaluation and state the parameters of "ethical values and professional practices" as the basis for benchmarking indicators, and develop a methodology for assessing the quality of social services" in the terms of process, social counselling and supervision methods and the method identifying subjective satisfaction of the recipient.

2.6.1 Importance of evaluation of provided services quality

The theory and practice in Slovakia inevitably required the setting the professional, legal, managerial and quality standards in social services in the Slovak Republic. It happened only in 2008, when the Act No. 448/2008 Coll. on Social Services (amended by Act 485/2013 Coll. in 2013, effective of 1 January 2014) was adopted. Its legislative concept promotes the quality philosophy, and sets the conditions for the quality of the social service, specified in the Annex 2 of the Act. The adoption of qualitative criteria for social services allows to evaluate the quality of social services in the real environment of specific facility. The conditions of the law lay down the requirements for the quality of the provided services, and enable all founders and operators in the Slovak Republic to compare and identify the real state of the services provided with the qualitative conditions, criteria, standards, and indicator. The adoption of the standard was the basic condition for improving the quality of social services.

The quality of social services assessment is a crucial and important process not only from the perspective of the client as the service beneficiary, but also from the viepoint of the whole society. In Slovakia, are for the first time set certain criteria for social services assessment, which allow to assess the quality of provided social services relatively objectively. Further we deal with them in more details where we evaluate the observance of fundamental human rights and freedoms, procedural, personnel and operational conditions of social services provision (conditions also known as the quality standards for social services). The assessment of quality terms is not connected with the specific types of social services, the evaluation is rather universal, so it can be used for any social service evaluation. The system of evaluation is set in such a way that the provider does not have specified the detailed requirements for the social service provision as required to be kept, but the conditions themselves must be formulated in such a way as to allow the assessment or measurement of quality conditions ocuring in the mentioned areas. Therefore, it is not enough for the provider

to state and declare what he will do but clearly declare the commitments as well as their fulfilment at the required level.

In order to provide quality social services in Slovakia, the quality conditions belong to the first important conditions. Quality terms of social services are becoming a tool for assessment and at the same time improvement of the quality of services provided. They represent the way of improvement for what does not work well in social services (Bočáková, 2015). The standards contain also measures when the organization does not keep the standards. In all countries, where the standards of socil services quality have been introduced, have been also required gradual involvement of specialists-professionals in the field of social services. The standards may be perceived as the general principles, that in articular include as follows:

- human dignity,
- client's autonomy,
- right for privacy,
- independence,
- possibility to decide,
- right to choose,
- respect,
- rights fulfilment.

The standards also highlight focusing on the personal goals of service users, that allows specification of the abstract ideals such as - dignity, fully-valued life.

SWOT analysis as a tool for social services evaluation

The important and fundamental philosophy of SWOT analysis is the believe, that the organization can achieve the strategic success through developing strengths development and maximizing opportunities, but also through minimizing the weaknesses and potential threats. SWOT analysis represents a brief and unambiguous accumulation of internal and external factors that affect the organization performance (Levická, 2012). The organization may include variable factors into its strengths and weaknesses, so we can analyze the areas as follows:

- Clients
- Employees, sponsors,
- Voluntary collaborators,
- Offer,
- Program,

- Facility (building),
- Location,
- Way of funding,
- Public relations,
- Competition,
- Availability of the organization,
- Cultural and demographic factors.

When the organization passes the process of analysis, it is natural that many factors can be ranked among its weaknesses or threats. Based on the real findings, it is important to realize that the quantity requires choosing the most important factors necessary for the planned services or for the development of organization.

SWOT analysis is one of the methods used for the strategic planning of any organization, while the term describes the process of setting the goals and strategies, and then the detailed plans how the set goals wanted to be achieved.

The strategic plan serves as the starting point of strategic planning of the organization itself, it serves as the organization middle-term or the long-term vision.

The strategic plan itself addresses the following problem areas:

- organization intentions and plans for the coming period,
- targets for the referred period,
- meeting of the defined goals (Levická, 2012).

The next important prerequisite for successful strategic planning is the proper knowledge of the organization position in the environment as well as its internal state, bound with management, structure, etc. Before the strategic plan creation, the organization processes and analyzes the structure of its environment, resources and internal benefits, as well as the analysis of internal and external threats or weaknesess.

The quality of social services assessment is a crucial and important process not only from the client's as the customer's perspective, but also from the whole society point of view. High-quality social services are those enabling the social services recipients to live the quality life and their own scope, namely the recipients are those who decide what they need, and the people who work with them are to help them to find a way of the fulfilment.(Kubíčková, 2015)

The recent legislation on the social services provision in Slovakia for the first time defines the criteria for assessing the quality of the social services conditions and their provision in the Slovak Republic. The Ministry of Labour, Social Affairs and Family of the

Slovak Republic carries out the mentioned activities through the authorized civil servants, as well as serves as the central authority responsible for applying the assessment criteria (Act No. 448 / 2008 on Social Services and on the amendments of Act No. 455/1991 Coll. on Trades Licensing (Trade Act), as amended). Repková and Brichtová (2009) stated that the quality terms introduction in the terms of fundamental human rights and freedoms respect, with keeping the procedures, personality issues and operational statuses belong to important components ensuring the fulfillment of the provider's obligations in the favour of client's individual needs, his expectations and imaginations, and thus guarantees the adequacy of the used methods and procedures when working with the client. In the terms of personnel, it guarantees the professionalism of employees, their expertised experience and knowledge, as well as their sufficient amount coming out from the clients 'structure.

From the point of view of the facility operating conditions, it guarantees such an environment that guarantees the fulfillment of clients' needs while preserving human rights, dignity and personal data recording in all areas of their lives, further the service awareness and economy issues. The respect for fundamental human rights and freedoms in social services is not an option, but the responsibility and duty of each social service provider. The Slovak Republic respects the observance of basic human rights, as they belong to the basic conditions of social services quality provision.

Last but not least important is to mention the supervision as a method aimed at improvement and enhancement the quality of work, and as a work method primarily aimed at the protection of the client. For the socila services providers the Act 448/2008 Coll. on Social Services also states development and implementation of the supervision program purposefuly aimed at increasing the expertise and quality of provided services.

During the last time the supervision has become an important part for improving the professional work of social workers. Supervision is a method of social work aimed at supporting the effective procedures and ways of solving the social problems of the client focused on the process of working with the client, as well as the relations of the social worker with the client. It ensures a good level of expertise in the sphere of skills, knowledge, abilities, ethics and values. Supervision is a means helping the social worker to prevent falling into stereotypes, benefits from the perspective of alternative approaches in solving the client's problems, improves work with the clients, and prevents mistakes occurance.

Each supervision has a certain type of focusing, main aim or determined focus. During a supervision the supervisor can focus on the topical sessions, on the effectiveness of interventions, on the relation of the social worker with the client, or the social worker with the

supervisor. For better understanding of relationship frames we present the scheme by Mátela et.al., (2010):

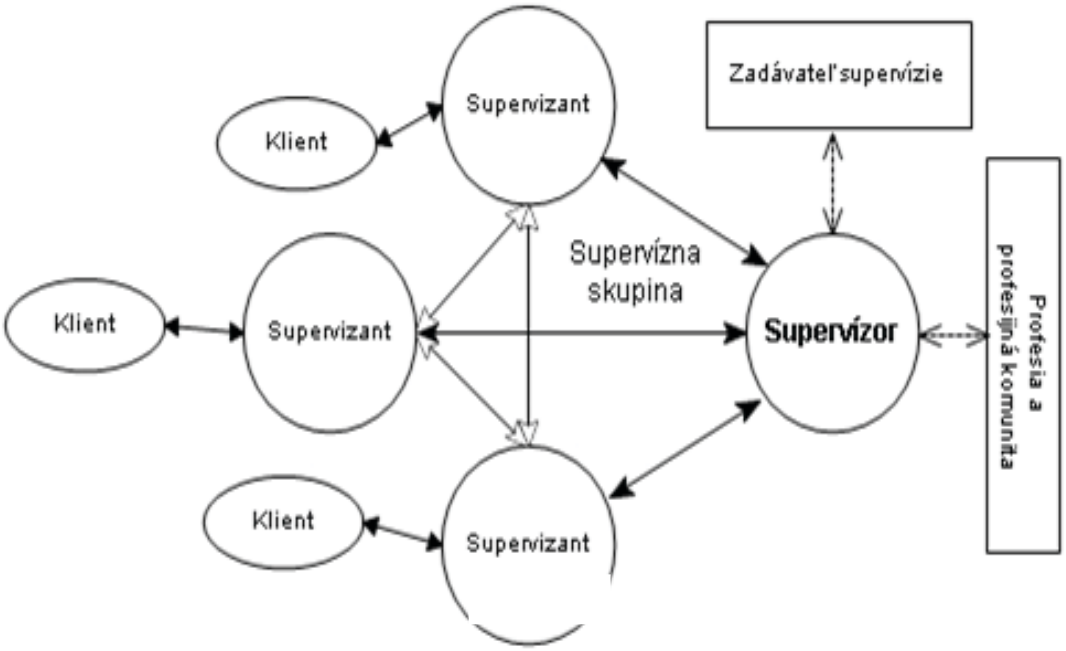

Schéma č. 1

Picture 1: Scheme of supervision relation frames. Source: Mátel, et.al.(2010)

Standards, as we have already mentioned in the text, are the precondition for providing the quality social services. In order to use them as a measuring instrument, they must contain a clear specification of a quality social service, measurable and verifiable features that must be in general state as to be applicable for all types of social services. In the Slovak Republic they are listed in the Law on Social Services under the title "Conditions of Social Services Quality Provided". The social service provider is obliged to work out and comply with the conditions of the social service provision:

A. Procedural conditions

1. Determine the procedures, modalities and conditions for the social service provision, including the place and time of social service provision as well as its scope and forms
2. Determine the procedures and rules for achieving the purpose and professionally focused provision of social services through methods, techniques and procedures of social work
3. Determine the procedures and rules for preparing, evaluation and reviewing of the individual plan of the social service beneficiary

4. Determine the procedures and rules and precautionary measures to avoid violations of the fundamental human rights and freedoms of the social service recipient and the use of physical and mental limitation means
5. Determine the procedures for a social service contract concluding
6. Provide information in a comprehensible form to those interested in social service and the social services recipients, according to their individual needs, capabilities and objectives
7. Determine the way of complaints submitting related to the provision of social services
8. Assist the social service recipient in mediating and using other social services according to their needs and capabilities
9. Determine the procedures and rules for the satisfaction of social service recipients with provision of all the social service components and utilization of the identified facts in improving the quality of the social service provided
10. Assess the social service provider whether the provision of the social service is in compliance with the needs of the social service recipient and in accordance with the objectives of the social service provided

B. Personnel Conditions

1. Determine the procedures, rules and conditions for admission, training, development of further education and increasing the professional competence of employees
2. Determine the structure and number of job positions, qualification prerequisites for their fulfillment in accordance with § 84 with determining the structure, duties and competencies of individual employees, where the number of employees is adequate to the number of recipients of the social service and their needs
3. Determine the procedures and rules for the evaluation of employees, with included identified personal goals, tasks and the need of further training and education and the way of their fulfillment
4. Determine the system of further training and education of employees as well as the rules of supervision at the provider

C. Performance conditions

1. Ensure the performance conditions corresponding to the capacity, type of social service provided and the needs of social service recipients
2. Provide social services in the conditions that preserve human dignity
3. Determine the rules, procedures and competencies in the creation and solving the defined emergency and emergency situations

4. State the procedures and rules for preparing and publishing the annual activities and the management report containing the annual accounts with its evaluation, the auditor's statement on the annual closure, the income and expenditures statement
5. Determine the rules for donations receiving
6. Determine the rules for deposit management
7. Determine the procedures and rules for the processing and disclosure of the personal data of the social service recipient
8. Determine the procedures, rules and method of processing and keeping the records and documentation on the social service recipient
9. Determine the way of processing and providing the information on the social service provided, available to the public in an acceptable form, as to be available to people with special needs in the scope of their communication and understanding
10. Budget creation for the calendar year concerned,

With the introduced standards the recipients of social services is provided not only with precise effective methods and procedures but also with the protection against violations of human rights and civil rights. (Mikuš, 2012)

As it was already mentioned, the newest quality institute in the area of social services is the complex asessment system of the quality of social service provision, which has been an internally diversified system since 2014. It contains the following important characteristics:

- Based on the quality concept as a standard is being assessed the compliance with certain expectations defined as " a norm", a standard. When the state is below, then the failure to meet the overall quality conditions is assesed.
- The needs of social services users are the central (core) value of quality.
- Deductive (implicit) defined functional indicators of the quality of social service and inductive (explicitly) defined indicators of quality of social service
- Failure to comply with the evaluation standards has legal consequences for the social service provider (possibility to be deleted from the Register of social service providers) (Brichtová, Repková, 2014).

Nowadays in the terms of social services quality come to the faster introduction of new methods, changes the approach to recipients, and therefore are increasing the requirements for further education and training of workers in social services.

For transformation and deinstitutionalization process in social services, the assessment of social services quality is an objectifiable indicator of realy gained change

2.7 Financing of social services in Slovakia

Financing of social services itself is an important and a key attribute for stating the assumptions of social services provision in the required quality as well as quantity.

At beginning of the text, we have mentioned that the Social Services Act regulates Legal Relations in the area of social services provision, including the social services financing. In the following part we want to deal with the social services financing together with the Surveillance of Social Services based on the legislation in force.

Financing of social services

Social services in Slovakia are nowadays financed from multiple sources, where the sources are differentiated for public and non-public providers of social services.

Public provider - social services provided by a municipality or by an entity established by a municipality or a self-governing region unit are mainly financed and budgeted from the municipality or the self-governing region financial means, and the selected social service facilities also receive their funding from the state budget. Other financial sources provided by the self-government providers are from the payments of recipients - social service users, further from donations, funds of Associations of Municipalities and Self-governing Regions, also from the results of managing further facility activities, from public health insurance funds, and from further sources i.e. Structural Funds of the European Union. (Dávideková, 2014)

A non-public provider primarily finances the social services provision from own resources, menas donations provided by natural and legal entities, from business activities (for example based on the trade licence after the income tax), from public sources provided through financial contributions, from payments from social service providers, from the profit of the social enterprise, from public health insurance and from other sources (e.g. subsidies provided to improve the quality of social services from the Ministry of Labour of Social Affairs and Family of the Slovak Republic).

It is important to note that within the social service funding in Slovakia exist so-called refunding service in Slovakia for, in cases where the client provides social services, mainly in the cases when the social services are provided not by the municipality or self-governing unit where the client has a permanent residence, but it is provided by other municipality or other self-governing unit or their facilities.

For better source information in the following section we provide a more detailed overview on social service funding by public and non-public social service providers.

2.7.1 Payments - reimbursement of social services

Each social services recipient is obiged to pay for the social service provision in the amount determined by the social service provider, if the Act No. 448/2008 Coll. does not state otherwise.

The public service provider determines the sum of social service reimbursement, the way of its stating the sum and its reimbursement in accordance with the Agreement, under § 74 (as stated later in the text), **maximum at the amount of economically justifiable costs**.
It is important to note that the sum determination for reimbursement are at the volume of economically justifiable costs, what **does not apply to a non-public provider for social services providing** in order to achieve the profit.

More detailed adjustment of the payment for the social services is in § 72 and 73 of Act No. 448/2008 Coll., which must be studied individually also in the context of Act No. 553/2003 Coll. on the remuneration of some employees in the performance of works in the public interest and on the amendments and supplementation of certain laws as amended, Act No. 462 / 2003 Coll. on the replacement of income in case of temporary incapacity for work of the employee and amendments and supplementation of some laws as amended.
The social service beneficiary does not pay for the professional activities, service activities and other activities at the time of his / her absence except for the payment for accommodation, but if the vacancy is not temporarily occupied by another person, and the social service recipient and the social service provider have not agreed otherwise.

The social services provide provides the social services in compliance with the Agreement on social services which **must be prepared and concluded in the way that is clear and comprehensible for the recipient of social services**.

The social service provider is **obliged to conclude a written Agreement on social services provision** which means:
a) help with the personal care for the child and support with the reconciliation of family life and working life,
b) provision of the temporary childcare,
c) sprovision of social services in the facility for people who are reliant on assistance from another person, and for the people who have reached the retirement age provision of social services in a senior facility are needed for other serious reasons,
d) nursing care,
e) guidance service and pre-reading services,

f) aids renting,

g) monitoring and signaling the need of assistance,

h) assistance in exercising the guardianship rights and duties.

It is important to emphasize that if the person is interested in providing the social service mentioned above under a) to h) specifications, the person is obliged to submit a written request for the concluding the Agreement on social services provision to:

1. municipality, self-governing unit based on the scope of their performance or
2. to the legal entity established by them.

The provisions of § 74 of Act No. 448/2008 Coll. contains all necessary facts for submitting the request as well as the documents necessary to submit with the written request. It should be noted that the social service provider must not make the agreement conclusion for the social services provision as the subject to monetary or non-monetary fulfillment. In the case that the situation or state, that are the subject of a social service agreemnt are changed, it is possible to amend these facts in an AMMENDMENT to the Agreement on social services provision if the parties agreed in this agreement. However, if the circumstances determining the social service payment are changed under § 73, the Social Services PROVIDER and the RECIPIENT of Social Services are obliged to conclude an amendment to the Agreement on the socila services provision.

The social service recipient may unilaterally terminate the Agreement on social services provision at any time, without stating the reason (the notice period may not be longer than 30 days).

The social services provider may unilaterally terminate the Agreement on social services only for the purpose of the taxable issues mentioned in § 74 part 14 of Act No. 448/2008 Coll. The Provider is obliged to deliver the Recipient of the Social Services with the written statement, stating the clear reason for the agreement termination.

2.7.2 Ompetencies of the ministry and self-governing territorial units to provide social services

The competence of the Ministry as the central authority of the state administration of the Slovak Republic in the provision of social services was regulated by the legislature in § 79 of Act No. 448/2008 Coll.,

The competence of the municipality is in detailed specified in § 80 of Act No. 448/2008 Coll. connected with the scope as follows:

a) development and approvement of the community plan of social services in the territory unit,

b) support of community development and creating conditions for it

c) acts as the administrative body in proceedings under points 1 to 4 of Article 80,

d) draws up a report on social service reliance according to § 51, decides on social services reliance

e) provides or ensures social services to ensure the necessary conditions for satisfying basic needs

-in the dormitory,

-in the low-threshold day center for children and family,

-in the facilities for the elderly and the nursing facility,

-in the day-care stationary,

- nursing services,

- ransport service,

- relieving services,

f) provides basic social counseling.

Among other duties, the municipality povides as follows:

- Provides a financial contribution for reliance on the assistance of another person and a financial contribution for the performance,
- settles the social services costs to the other municipality or territorial unit,
- States and controls the measures to remove ithe dentified deficiencies,
- Controls the use of financial contributions,
- Maintains records of statements and decisions on the social care reliance and the recipients of social services,
- Looks for the reliant people of social services,
- Provides statistical data.

The competences of the Higher Territorial Unit (VÚC) are in detail and comprehensible regulated in § 81 of Act No. 448/2008 Coll.

The highre territorial unit:

- Develops and approves the concept of the development of social services,

- Decides on the care of the social service,

- *Provides social services:*
  - ✓ interpreting services,
  - ✓ facilities of supported housing,
  - ✓ rehabilitation center,
  - ✓ social services house,
  - ✓ specialized facilities,
  - ✓ shelter,
  - ✓ half-way home,
  - ✓ facility of emergency facility,
  - ✓ temporary childcare facility,
  - ✓ integration center,
  - ✓ basic social counseling

Except for that it serves as:

- ✓ Registration centre for the social service providers,
- ✓ Register of social service providers,
- ✓ Provider of a financial contribution for reliance on the assistance of another person and a financial contribution for the performance,
- ✓ Pays other municipalities or a territorial unit for social service costs,
- ✓ Checks the level of provded social services,
- ✓ States and checks the measures to remove the identified deficiencies,
- ✓ Checks the effectiveness of financial contributions utilization,
- ✓ Manages records of statements and decisions on reliance on the social service and the social services recipients,
- ✓ Provides statistical data,
- ✓ Reimburse the healthcare costs (for assessment)

2.8 Qualification prerequisites and education training in the field of social services

In Slovakia are for the first time are stated the requirements for qualification prerequisites implemented for the individual professions in the field of social services provision (social worker, social counsellor, caretaker, supervisor, interpreter, instructor and social rehabilitation coordinator, occupational therapist, educator, medical practitioner for the purpose of health assessment of the Act, a medical staff member in the facility, an expert

charged with supervising the social services or assessing the quality of a social service provided, etc.). Individual qualification prerequisites for selected professions are uniquely determined either by required completed university or secondary education, or the law in some cases also accepts a different matter oriented education or also a lower level of education. In the mentioned cases the staff is required to undergo one of the accredited training courses which ensures that they have the required range of knowledge, specialized skills and abilities in the required field, as gived in detail in the following text.

This belong to a very important regulation that is reflected in § 84 with the relevant references to generally binding regulations, legislation, numerous annexes included.

Meeting the qualification requirements necessary for the performance of activities in the field of social services are assessed in accordance with special regulations (see example, § 2 and 3 of Act No. 553/2003 Coll., as amended by Act No. 131/2005 Coll.) and if the Act no. 448/2008 Coll. does not state otherwise.

- *ACTIVITIES IN THE FIELD OF SOCIAL SERVICES*

Under this Act, the activities in ths field cap provide a physical entity (hereinafter as PE) who is:

a) eligible for legal acts in full scope and

b) with specialized qualification for the purforming of such activities.

Who can provide basic social counselling and assistance in exercising the rights and the rights of protected interests? The individual answers can be found in § 84 part 4 according to which it is a PE having:

• *HIGHER SPECIALIZED EDUCATION*

Obtained by completing the education accredited programaccording to the special regulation

(Act No. 245/2008 Coll., on Education and Training (Education Act) and on the amendment and supplementation of some laws) in the areas of study focused on:

- Social work,
- Social pedagogy,
- Adult education,
- Special pedagogy,
- Therapeutic pedagogy,
- Social and humanitarian work,
- Social and legal activities,
- Charitable and missionary activities.

- *UNIVERSITY EDUCATION*

Completed bachelor or master study programs focused on:

- Social work,
- Social pedagogy,
- Special pedagogy,
- Therapeutic pedagogy,
- Psychology.

- *ACCREDITED TRAINING COURSE*

In the areas mentioned above, i.e. in a) and b) in the range of at least 150 hours and practice at performing the profession in the field of social work with minimum duration of at least three years, if he / she has completed the second level of education not mentioned under b).

• *PERFORMANCE OF SPECIALIZED SOCIAL COUNSELLING*

According to § 84 part 5 the specialized social counseling may by carried out by a PE who has three-year experience with the target group and fmeets the requirement of:

- comleted university education obtained in a bachelor study or a master study program focused on social work accredited according to Act No. 131/2002 Coll. as amended,
- completed university education in bachelor or master study program accredited according Act No. 131/2002 Coll. ss amended by later regulations aimed at the on the activities that is provided in the frame of specialized social counselling.

Specialized social counseling for PE with severe disabilities can also be performed by:

- PE with the relevant secondary education, if it is to be a part of specialized social counselling, provides counseling through activities for which is the education not required according to § 84 part 5 and if this PE has a one-year practice corresponding to the type of activity within the provided specialized social counselling.

- *SOCIAL WORKER*

It is a PE, who meets the prerequisites pursuant to § 84 part 7 and has completed the bachelor or master level of university education in the study program Social Work or has a recognized certificate of such university education issued by a foreign higher education institution.

• ***SUPERVISION can provide:***

PE, who fulfilled the conditions pursuant to § 84 part 4 and has undergone the professional accredited training of a supervisor in the field of social work or counselling.

• *CAREGIVER*

The caregiver under the Act No. 448/2008 Coll. is the PE who has:

a) completed secondary specialized eductaion obtained in the field of study aimed at care provision or to provide the health care in the accredited program under the separate regulation; or

b) have completed the accredited training course of at least 220 hours.(Dudžáková, 2014)

• *PERFORMANCE OF INTERPRETING SERVICES*

Interpreting service, pursuant to the Act No. 448/2008 Coll. can perform:

a) spoken speech interpreter,

b) an accredited interpreter who is using his / her specific abilities, skills and experience to allow (under the modified conditions) one-way or two-way communication for the hearing impaired PE who does not listen to speech, and is interested in this form of interpretation,

c) interpreter for the blind-deaf person who, uses his / her specific abilities, skills and experience, as to allow the communication with PE who has a combined visual and hearing disability

• *PERFORMING OF THE ASSISTANCE IN EXERCISING THE GUARDIANSHIP RIGHTS AND OBLIGATIONS UNDER Act No. 448/2008 Coll.*

The assistance in exercising the guardianship rights and obligations under Act No. 448/2008 Coll. performs:

Only PE who has completed a bachelor or master university degree in the field of study

- Social work,
- Psychology,
- Law or

In the field of study with pedagogy-based education or has a recognized certificate of such university education issued by a foreign higher education institution.

• *PERFORMING THE WORK THERAPIES*

To carry out work therapies according to Act No. 448/2008 Coll. can:

PE, who has received the vocational training in the relevant field of study, depending on the performed activities, in particular in the field of:

- gardening,
- decoration,
- woodworking,
- pottery,

- painting,
- basketry,
- photo-making and who passed an accredited training course in the field of social work of at least 150 hours.

• *SOCIAL WORK INSTRUCTOR*

The social work instructor may be considered as an instructor of social work:

A social worker or PE with compted secondary education who has completed an accredited 150 hours of social and rehabilitation course (§ 84 (16) of Act No. 448/2008 Coll.)

The coordination of the social rehabilitation activities, pursuant to Act No. 448/2008 Coll. can provide a social worker or a PE who fulfills the conditions under § 84 (4) b) and c).

- *QUALIFICATION PREREQUISITES - MEDICAL ASSESSMENT FOR THE PURPOSE OF PERSON RELIANCE OR DEPENDENCE ON HELP OF THE OTHER PERSON IN PROVIDING THE SOCIAL SERVICES*

The assessment activity is performed by the assessing physician:

a) a specialist in the field of specialized assessing medicine

b) a doctor enrolled in a specialized study in the field of specialized assessing medicine,

c) a doctor with a specialty in General Medicine (see Annex 1, Part A, letter c) of the Slovak Government Regulation No. 322/2006 Coll.) or a doctor with specialization in the Pediatrics (see Annex 1, Part A, Letter b) of the Slovak Government Regulation No. 332/2006 Coll. who has a professional practisce of at least 10 years and is enrolled in the certification training of Assessment medicine.

The medical officer in the facility must meet the qualification requirements under a special regulation (see Act No. 578/2004 Coll., as amended).

2.8.1 Accreditation of educational programs

The educational program in the field of social services focused on the performance of selected work activities and further education ican be performed if the accreditation has been granted for this training program. The written application for the educational program accreditation is submitted to the Ministry and contains the issues mentioned in § 86 letters a) to j).

Based on the above mentioned, the legislator modified the decision on granting the accreditation of the educational program as that must contain the data specified in § 87. The

entity who has been granted accreditation of the educational program keeps the records of the issued certificates and completed training programs.

The Ministry of Work, Social Affairs and Family of the Slovak Republic grants the accreditation for:

- education programs in the field of social services (focused on the performance of selected work activities as well as for further education)
- specialized social counseling
- social rehabilitation.

• *ACCREDITATION OF SPECIALIZED ACTIVITIES*

Specialized social counselling or social rehabilitation as an independent specialized activity can be performed based on the issued accreditation on specialized activity.

The written application for accreditation of the specialized activities includes all the issues as mentioned in § 88, what requires an individual study.

The accreditation of the educational or training program and accreditation of specialized activity is granted for a five-year period. The validity of accreditation may be extended by two years based on the request of the physical entity, to whom the accreditation has been granted, if the application is been submitted no later than 90 days before the accreditation expiration.

The Institute of Supervision under the conditions of the Ministry of Labour, Social Affairs and Family of the Slovak Republic has had its tradition connected with the implementation of surveilance and supervision of provided social services. The supervision itself is mainly connected with the facility evaluation from "outside" considering the fact that supervision have been performed rovided by the authorized staff of the Ministry of Labour,Social Affairs and Family of the Slovak Republic, as well as by appointed experts. They mainly focus on compliance with the Act No. 488/2008 Coll on Social Services and generally binding regulations on:

- provision of social services in the terms of respecting for fundamental human rights and freedoms,
- concluding the contracts for social services provision,
- respecting the individual obligations arising from the agreements,
- performing professional activities for which the accreditation has been granted to the social service provider
- decides on fines imposing

To perform important tasks related to the performance of surveillance and supervision of provded social services, the Ministry may establish detached workplaces outside its headquarters and determine their competence territorial area.

The Ministry of Work, Social Affairs and Family during carrying out the surveillance and supervision of social services facilities providing nursing care, cooperates with the Ministry of Health and the Health Care Surveillance Authority.

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Mária Dávideková

3 ATTITUDES AND SUPPORT OF COMMUNITY TO FAMILIES WITH A CHILD WITH DISABILITIES

We usually say that first of all parents are responsible for meeting their children´s material and spiritual needs . Every family situation is based upon a system of values that has existed in each respective family and culture. Each child born to a family enters his/her family environment that is unique one having impact on his/her future life (Orgonasova, 2003, p.49).

A child is usually born to a family prepared to welcome the child and is ready to raise the child. It is not a rare case that a child is born to parents who are uprepared to have a child from a material and psychological point of view. A specific situation occours when a child is born with a disability and the family must learn how to tolerate, accept and meet the requirements for psycho-motoric and restricted development of their child. Without any doubt such a family needs an early intervention and support immediately at the beginning so that the questions of a type „why did it happen exactly to me, to my family", could not be asked. The parents should be instructed how to cope with raising this child, develop a bond of love and appreciate the child with his/her own individual chracteristics.

The birth of a child with disabilities or a congenital defect that was diagnosed too late have impact on all family members, on the process of life-long adjustment, adaptation and on the disabled child (Jakubíková, Derňárová, 2005). They all need to cope with stress, parents need to change their dream picture of their child, they start worrying about the child and its future, about the health of other children in the family. Parents usually react with a feeling of shame and embarassement, loss and low self-esteem, feeling of a threat to other siblings, grand-parents and other family members. (Vašek, 1995)

Some difficulties arise and the family is not able to cope with. Sacrifice becomes a way of living for some family members. A child with disabilities becomes a central point of a family. The family most likely will need to devote most time to the child. In many cases the birth of a child with disabilities can improve the relations between parents because they support each other. Sometimes the need to care and raise a child with disabilities will strengthen the bond of a marriage. Care of handicapped children is time consuming, affecting time spent with other children of the family or on leisure activities.

Guilt can often occur in parents who are responsible for raising children with disabilities and it can take different forms in behaviour. Some people consider their child with a defect as a form of punishment for their sins, other parents accuse each other of guilt for the handicap or they set up unrealistic goals for themselves. Failure in achieving goals exaggerates the feeling of being guilty. The ability to take care of a child with disabilities can be improved by some other family supporting systems. Positive factors in coping with the situation are – faith, community of supporting relatives, friends, multidisciplinary team of care providers, communities creating supporting network of parents with children with similar defects. Some mass media offer assistance for parents assuring them that they are not the only ones who suffer and are in trouble.

3.1 Diversity in Terminology Defining Disabilities

The term "disability" may have diverse meanings as the terminology in this field has not formed a unifying framework in Slovakia and abroad as well.

According to Jankovsky (2001, p.30), initially a handicap was understood as a *category,* a defect was diagnosed and only then according to the type and stage of the handicap the health components of functioning and disability were classified. Nowadays it is more appropriate, while offering a suitable healthcare, when a handicap is recognised as a *dimension*, dimension of life, applying an interdisciplinary approach. From this point of view it is necessary to act in a spirit of an *integration.*

While discussing the term „handicap" it is suitable to state the terms that have been used in the Slovak framework. The terms: "*Impairments, Disabilities, and Handicaps*" should be used correctly and appropriately as in 1980 they were created and classified by the World Health Organization.

Jankovský in his publication (2001, p.31) describes them in brief.

Impairments mean a disorder, loss or abnormality in physiological, somatic or anatomic and also psychic functions or strtuctures and can hamper or reduce a person's ability to carry out his/her day to day activities. The disorder represents a change in functioning of a body organ or system.

Disability means a restriction, a physical disability that occur as a result of an injury. A person cannot carry out day-to day activities as previously. "Disability" means that a person as a whole is not able to do any activities.

Handicap means a disadvantage rather than handicap. It means that a person´s performance is limited or restricted if compared to the situation that would exist before. A handicapped person is in a disadvantegous position to play his/her social role. A handicap represents a change in playing social roles in a community.

Strieženec (1996, p.58) discusses a handicap as an *impairment caused by physical or psychic disorders or a combination of both of them.* The impairment prevents a person from performing activities that are done by a healthy person.

Matoušek (2003, p.271) discusses a disability, health impairment as an illness, injury or a condition that makes it difficult for someone to do the things that other people do. A disability has usually diverse effects on the quality of life, especially on the ability to get into and keep social contacts and the ability to work.

According to Vasek (1995, p.179) the term "*handicap"* is defined as a *"defect",* originated from the Latin "*defectus",* meaning a relatively permanent and significant lack of integrity or a lack of functioning of an organism or a significant part of it.

During some years Slovak terms denoting an impairment or a handicap have gained a negative or sometimes derogative meaning resulting in a change in terms meaning. Also handicapped people would perceive that they are humiliated. The fact resulted in implementing the term „a citizen with a health impairment" or „a citizen with special needs", instead of using the term „handicapped person", so the word citizen has replaced the word a person.

Act No. 448/2008 Coll.of Laws on social services defines a citizen with a severe health impairment as a citizen whose functional disorder is as large as at least 50 per cent of body functions. Disorder in functioning physical, mental organs or organs of sense is supposed to last more than one year.

The author Repková (2003): a person can have a long-lasting or permanent physical or mental health impairment while living in a standardised social situation. Some interventios are needed within carrying out social policy and social work to minimalise the impairment.

The term „a person with health impairment" has not been codified yet from the point of view of legislation, as it is used in different ways depending on a context in diverse legislative systems or subsystems. The latest edition of "Convention of the Rights of Persons with Disabilities" (UNO, Dec. 2006) in Section 1 defines "persons with health disability as persons with long-lasting physical, spiritual, intelectual or sense disabilities preventing them from active participation with others in social life. The Convention adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of

disabilities must enjoy all human rights and fundamental freedoms. Adaptations have to be made for persons with disabilities to effectively exercise their rights as the situation is set up for persons, active memebers of a society who are in good conditions and fully perform in a society (Repková, Brichtová 2009).

From a psychological point of view a person with disabilities is considered to be a person with deficiencies in organs or their functions modifying the processes of knowing and learning social skills and their application within the context of genesis, structure and dynamics of a personality (Požár, 2005, p.13).

3.2 Types of Disabilities

According to many authors and the fields of occurance many types of disabilities exist. The most common disabilities that have been known to public are following types: hearing loss and deafness, vision loss and blindness, mental health, physical disability and combined disability.

According to the time when a disability was caused, disabilities can have a form of – *prenatal, perinatal and postnatal disorders*; or according to its stage a disability can exist in a form of a first stage, middle stage and top stage disorders and handicaps.

WHO classification:

Visual impairment – when a person has a sight loss (loss of an eye or both eyes, acuity loss to look at objects in detail, disorder in visual field).

Hearing impairment – hearing loss, occurs when a person loses a part or all of the ability to hear. It occurs in different forms such as vestibular disorders and disorders of equilibrum. Hearing impairment is categorized and the categorization is based on the minimum sound that can be heard with your better ear. It may affect the development of speech.

Speech disorders – may include also language disorders.

Mental disorders – various types of MR, disorders of the intelect, mental and thinking disorders.

Psychological disorders – the term is sometimes used to refer to what are more frequently known as mental disorders or psychiatric disorders and include disorders of consciousness and wakefulness, disorders of perception and attention, emotional disturbances and disorders of behavioural patterns.

Disorders of the skeletal system – physical disabilities (disabilities of the parts of the human body such as the head and the torso), mechanical and motoric defects of limbs.

Next part of the paper deals with some of health disorders in detail and so called combined handicap is discussed.

3.2.1 Hearing Loss and Deafness

According to the team of authors (Krhutová et.al., 2005, p. 119-122) hearing acuity plays a key role in the development of humans from an early age of a child as receiving and perceiving information is based on this ability. It can be assumed that the ability to hear the surrounding sounds is considered to be a common ability needed to live everyday life. The absence or impairment of the hearing ability is an evident handicap that needs to attrackt the attention of relatives and a community and it needs a specialized intervention in diverse fields of life. People suffering from *hearing loss* can be easily integrated and can live their day-to-day lives.

Deaf people form another group of people with hearing impairment. Thanks to current technological progress and the latest development in mass media, people with hearing loss have become a part of social life, they can be involved in any television programmes either like participants or viewers because the spoken word can be read as subtitles or interpreted as sign speech.

The hearing impairment is judged from the point of view how severe the loss and impairment are. The different degrees of hearing loss are divided into categories. The most common categories of hearing loss classifications are *mild* hearing loss, *moderate* hearing loss, *severe* hearing loss and *profound* hearing loss, *deafness.* According to the type and degree of damage the hearing impairments are divided into conductive, perceptual and central. Very often the term „hypacusis“ is used for the hearing impairment when hearing loss is only partial and 1.5 – 2 per cent of population suffer from this type of impairment.

The type and degree of hearing impairment and subsequent handicap/disability are denoted as:

Hearing loss – hearing ability is lost in the period when the development of spoken speech was completed or the loss hit the developed tool of communication, spoken language. In the case of this disability the speech does not fade, it loses its formal level and lacks the usual pace of creating the vocabulary of an individual. Logopedic therapy can be helpful and

maintain a formal quality of a spoken language and at the same time it can enlarge the personal vocabulary and develop reading lips and practise the readiness to speak. Hearing loss if compared to other types of hearing disorders results in unaffected degree of language, the level before the loss occured.

Deafness is defined as an inherited hearing loss or a loss that was caused at an early age, usually it is the age of three. The development of speech is delayed and so children cannot learn to speak. A specialized *logopedic treatment* can be considered one of the options how to develop a system of communication. Technological progress in the deafness treatment represents *cochlear implant* that is a surgically implanted electronic device.

Hearing remnants (remnants of the neurosensory sensitivity) is a term for hearing impairment in people with incomplete loss of hearing, either congenital or acquired that is usually associated with the absence of spoken words or a developed retardation. Many specialists defend the opinion, that remnants of the neurosensory sensitivity can be utilized in developing the ability to speak. To speak and communicate effectively an individual must rely on reading lips or must use *technical devices*, usually earphones and he/she needs a lot of the audience´s patience and understanding.

Mild hearing loss is defined as a congenital or acquired partial hearing loss and causes a delayed or limited development of speech and communication as a whole. The term is used for a large range of hearing impairments.

The team of authors (Krhutová et.al., 2005, p. 123-127) states that the administration authorities for the health and social care apply the WHO classification (1980) of hearing impairment stated in dB and the frequency 500, 1000 and 2000 MHz and hearing impairment is classified into following grades:

- 0-25 dB normal hearing ear,
- 26-40 dB slight/mild hearing impairment,
- 41-55 dB slight moderate hearing impairment,
- 56-70 dB slight severe hearing impairment,
- 71-90 dB severe hearing impairment,
- 91 and over dB profound hearing impairment, deafness.

Literature for specialized purpose employs and discusses diverse terminology to define an individual with a hearing impairment, it depends on the field such as health care, social care or educational system in which the terms are used.

3.2.2 Visual Impairment

The team of authors (Krhutová et.al, 2005, p. 158-163) describes very precisely what visual impairment is, they defeated the myth that blindness is just darkness. Another myth "favoured" by seeing people is that people with visual impairment have special abilities, e.g. "sixth sense", sense of musicality or some other similar abilities. In fact visual impairment does not mean that an individual have some other specialized abilities. On the other hand the visual impairment can initiate development of some other abilities or senses and skills as a compensation for visual impairment. The addendum at the end of our work contains the assistance contact for people with visual impairment.

More than eighty per cent of the information about the surrounding world are perceived by means of our eyes. That does not mean that our vision is limited or missing completely, there is twenty per cent of information available and perceivable. This is a very simple way of understanging the issue and may result in an opinion that people with visual impairment possess limited abilities to get know things and thus they have a lower intellect. People with visual impairment develop some compensating mechanisms helping them to complement their poor and deficient vision.

A disability that can be recognized easily in people is *visual impairment*. Blind people can be recognized because they usually wear a *white stick, dark glasses or a seeing eye dog.* Or they can be recognized according to their way of walking, posture, facial expression. Blind people are viewed as people with the most severe visual impairment. Blindness comprises three degrees such as *practical, real and full blindness (amaurosis)* and differ from each other in a specific way of blindness when a combination of the so called *central visual acuity,* that means what is seen in a direct fixed vision in the centre of central axis of view – and *the size of the field of view,* what is an overall „area of vision" together with a peripheral vision. Major causes of visual impairment are scotomas, diminished field of vision in its centre or edges, that might not be observed at all.

Another a very numerous group of people is a group of people with moderate and severe visual impairment, with low vision and people with remnants of vision. In general, visual impairment is considered to be a disease of both eyes causing trouble in everyday life of an individual although the disease is corrected through wearing glasses. People with remnants of sight (term in pedagogical concept) represent a group of people with low vision and a group of blind people. It often happens that people with remnants of vision are categorized in a wrong way and while looking for a job, sometimes they are attributed to the

group of people with low vision, or they rank among blind people. That means that their vision acuity can be over estimated or underestimated.

Vision impairment or vision loss can be caused by many diseases, injuries, genetic predisposition or/and civilization-related and ecology-related diseases.

In adults a common vision impairment is caused by glaucoma, cataracts, retinal disease, disease of nerve, children are often diagnosed retinopathy resulting in visual impairment.

Retinal detachment is a disorder of the eye in which retina separates from the layer underneath and due to insufficient nourishing the tissue people become visually impaired. A partial detachment of retina can be treated via *laser therapy*. Retinopathy represents pathological changes in retina and its vessels. Retinal detachment can also occur in diabetic patients. Variable, vague vision that can have a negative impact on psychic world of individuals is typical for retinopathy. Some other eye disorders are: *daltonism, cataracts, glaucoma, visual impairment, tunnel vision and others.*

3.2.3 Mental Disorders

The term *mental retardation* is currently applied in specialized pedagogical practice. The word retardation means slow development or development that it slower that it should be. "The word retardation means, delay, slow development and represents a developmental disorder in mental retardation. In general mental retardation means disorders in ontogenetic development of functions of an intellect, in learning and social development" (Orgonasova, 2003).

Mental Backwardness - Mental Retardation F70-F79 according to Vasek (1994, p.25) it is a general term and means a negative deviation from the standard ontogenetic development and is characterized by subintelligence.

However Prevendarova (1998) states that the term has not been defined precisely yet and specialists have been trying to define the term as accurately as possible. Specialists while classifying the term are concerned about determining the degree of mental disproportion between chronological and mental age. ICD-10 Guide for mental retardation has been prepared to assist those working with mentally retarded patients to make the best use of the 10th edition of the International Classification of Diseases. The Guide is processed and designed by the World Health Oranization, became valid in 1992 and is currently being

applied. Severity of retardation is recorded with a second digit code (F70 to F79). According to the Classification mental retardation is divided into six basic categories: Mild Mental Retardation, Moderate Mental Retardation, Severe Mental Retardation, Profound Mental Retardation, Other Mental Retardation and Unspecified Mental Retardation

- *Light Mental Retardation*, IQ lies between 50-69 (F70). In most cases individuals with light mental retardation are able to develop abilities needed for day-to-day life. They can be educated at special schools for children with special needs and gain a qualification as operators in many different fields and branches. They usually face difficulties with learning theory at school, many of them have difficulties with the skills of reading and writing. In most cases when they complete an apprentice school they join communities and do not deserve other special attention.
- *Moderate Mental Retardation*, IQ 35-49 (F71) – individuals in this category are slow in developing comprehension and use of language and their eventual achievement in this area is limited. In most individuals the organic etiology can be traced. Most individuals can walk without any assistance, their own self-care is retarded and some need supervision throughout life. Progress in school work is limited, but a part of these individuals learn the basic skills o reading, writing and counting. In adulthood the individuals are able to do simple practical work with a skilled supervision provided. Unfortunatelly they have very few options to find a job, they are able to work in sheltered workshops or they are placed in nursing homes. Completely independent living in adult life is rarely achieved. At present some individuals have an option to live in sheltered living homes.

  - *Severe Mental Retardation*, IQ 20-34 (F72). This category is broadly similar to that of moderate mental retardation in terms of clinical picture, organic etiology. The lower levels of achievement mentioned under F71 are also the most common in this group. Most people in this category suffer from a marked degree of motor impairment or other associated deficits, indicating the presence of clinically significant damage to or maldevelopment of the central nervous system. Individuals in this category have a very limited options for education and training. Children suffering from severe mental retardation were excluded from mainstream compulsory educational system. They were offered only social and medical care in homes of assisted living or at home. Currently when the system has changed, and according to the Slovak legislation, schooling, elementary education is compulsory for them as well. Experience gained have proved that an early and systematic intervention in a form of specialized

education, fyziotherapeutic treatment can contribute significantly to motor development, to development of mind and development of communication skills what may result in these individuals´ independence and overall improvement of their quality of life.

- *Profound Mental Retardation,* individuals with IQ below 20 (F73) are severely limited in their ability to understand or comply with requests or instructions. Most such individuals are immobile or severely restricted in mobility, incontinent and at most capabale to perform only very rudimentary forms of nonverbal communication. Individuals served with a proper rehabilitation treatment are able to develop basic vision-spatial orientation skills, when being supervised in suitable manners they can possess little ability to care for their own. Severe neurological or other physical disabilities affecting mobility are common such as epilepsy and visual and hearing impairments.

- *Other Mental Retardation* (F78). This category of classification should be employed only when assessment of the degree of intellectual retardation by means of usual procedures is difficult or impossible. Individuals suffer from sensory or physical impairments accopanying this form of intelligence deficit, (e.g. individuals who are blind and deaf or due to some unknown reasons are deaf-mute, individuals who are severely behaviourally disturbed or physically disabled and autistic individuals).

- *Unspecified Mental Retardation* (F79) is a diagnose applied in individuals when mental retardation is diagnosed with no suffiecient information available to assign the patient to one of the aboave categories.

The above mentioned classification does not include the category – Mild Mental Retardation, IQ 85-70. Individuals in this category are not considered to be individuals with mental abnormality, their minds went through delayed development, and the retardation is caused by brain damage, some impairment or individuals are socially neglected, or their social environment did not offer any educational impulses.

A mental disorder, failure that is often common in children living in children´s homes is *autism.* It is a congenital disability to form social contacts. Individuals diagnosed with autism possess a striking stereotype way of living and behaviour. They lack a sense of self-preservation. They are not able to communicate with other people, they never play with other children, they are fully involved in some activities, they treat people surrounding them as if they were material objects. In case their world is disturbed by anyone, their behaviour may become aggressive. Some autistic individuals possess specialized abilities such as outstanding

memory, musical talent, etc. Their education and training might be aimed at training self-care, learning some professional skills, developing some positive attitudes towards themselves and the others in a community .

3.2.4 Physical Handicap, Physical Disability

The concept of a physical disability is very broad. According to Jankovsky (2001, p.31-33, 38-42) a physical, somatic disability is a disability manifested by either temporary or permanent difficulties in human motor disposition that are based on disorders of the *the nervous system* causing disability to move. It may also include various disorders of the *muscles-skeleton apparatus*. The facts may have a negative impact on the development of the personality of a disabled child. The psychic-motor development of children can be disturbed what can be reflected at other levels not only somatic or motor levels. Disability can trigger some other difficulties also at psychic and social levels.

A disease with the most common occurance is *polio*, the loss of the ability to move. It is categorized into paralysis and plegia. Poliomyelitis may be central – spastic (the central nervous system CNS is affected, brain and spinal cord), peripheral – peripheral nerves are disabled, mixed and also psychogenic, eg. functional, hysteric, etc. According to the part affected with the disability poliomyelitis can result in a form of monoparesis (one limb is affected), paraparesis (lower limbs are affected due to the spinal cord injury), hemiparesis (right or left part of the body including face are affected) quadriparesis (all four limbs are affected). Diparesis is often diagnosed in children with brain poliomyelitis and results in spasticity of lower limbs.

Jankovsky discusses (2001, p.43-47) some other diseases such as so called hyperkinesis, refers to a disorder in muscular activity that can result in excessive abnormal movements, excessive restlessness of face, fingers, toes, and other muscles. In hyperkinesis movements are fast – it is chorea, athetosis means slow wormlike movements of muscles.

Neuromuscular diseases include also peripheral paresis (weakness), hypothony (decrease in muscle tension) atrophy of muscles, muscle pain, change in muscle consistency, disorder in walking and in other functions.

Psychomotor development of children may be stopped or delayed by *CNS tumors*, their existence in human body may be accompanied by headaches, vomitting, diziness, uncertain way of walking, etc.

Conditions after *head and brain injuries* such as commotio cerebri, unconsciousness, accompanied by respiratory disturbances, bleeding attract our attention as well.

Degenerative diseases of the nervous system are related to a degree of degeneration of the brain stem, spinal cord and peripheral nerves. The most common disease is Friedriech´s Ataxia causing nervous system damage and movement problems. It is manifested by deformation of lower limbs and may result in heart failure and diabetes with no damage to the intellect.

The most common *othopedic diseases* include congenital hip joints disorder. *Perthes disease* is a rare childhood condition that affects the hip. It occurs when the blood supply to the rounded head of the femur (thighbone) is temporarily inadequate and the load from walking causes deformities.

Another form of physical handicap is amputation of a limb when parts of a limb or a complete limb are amputated due to a serious injury, trauma or a chronic disease.

Jankovsky (2001, p. 47) states that an effective treatment offered to individuals with some handicap should be complementary and interdisciplinary based. It deserves a cooperation of a team of all specialists involved (doctors-specialists, special pedagogic workers, psychologists, physiotherapists, ergotherapists, social workers and others). Cooperation with relatives and family involvement is needed as well.

Early intervention is necessary. A treatment can be effective only when an individual is diagnosed early and an appropriate therapy is planned.

3.2.5 Multiple Disabilities

Individuals with multiple disabilities shall have two or more significant impairments, one of them shall be intellectual disability, and due to their physical disability, mobility will often be an area of need. Quality of their lives is conditioned by assistance of other people enabling them to participate in social life. Individuals with multiple disabilities tend to live in homes of assisted living or nursing homes. In some cases when they live with their relatives at home, they might become isolated. Due to this reason individuals with multiple disabilities need an intensive care and assistance aimed at meeting their specific needs.

Multiple disabilities, when simplified relatively, can be divided into three categories:

1/ Mental handicap combined with other disability in individuals represent the largest group of individuals;

2/ Visual and Hearing impairments are the most difficult combination of multiple disabilities.

3/ Behavioural disorders combined with other handicap or impairments. The individuals in this group also live in communities and form a part of population (Vasek, 2003, p.190).

The quality of life of handicapped people depends on the quality and accessibility of services and intervention offered. One of the indicators of the level of development of a country is the level at which social care about handicapped people is offered. Multiple disabilities interfere in almost all fields of lives and represent a lot of difficulties for people in:

- A family with a child with multiple handicap;
- Access to schooling and education (lack of facilities specializing in schooling handicapped individuals;
- Leisure activities;
- Access to compensating devices, compensating aid;
- Access to other information on actual legislation (Act No.447/2008 Collection of Laws), on benefits for handicapped people – Act No.448/2008 on Social Services, etc…

3.3 Relationships in Families with a Child with Disabilities

Families with a handicapped child need to evaluate the effectiveness of the care they are offering their child. Changes in their care can result in empowering the family or making it dysfunctional. Traditionally large scale of responsibility is attributed to mother who is often convinced that she represents the main cause of difficulties and feels guilty for the problems the family has to face. In some cases mothers transfer the feeling of failure to other members of the family. In both cases she suffers from depression and low self-esteem, tension arises in the relation with her husband.

When we assess the relation between a mother and her child with a disability there is a need to mention two negative situations. In one situation the child gets an axcessive care and attention and mothers compares the qualities of her child to the others. Providing an excessive care to the child, it is fed more often a day, meals are considered to be a reward regardless to its nutritional value and the child may develop unhealthy eating habits.

The other situation is when a mother has a poor self-esteem, great unreal expectations and is unable to cope with the disabilities of her child. Due to the mentioned facts the child might become neglected (Jakubikova, Dernarova, 2005, p.436).

Families with a child with disabilities can adapt effectively to the situation when during the first months the mother takes care about the child, the father plays a role of the breadwinner and healthy children offer appropriate assistance. Every member of the family is involved and shares the same aim of the family. The family can benefit also on the relaltionship with the people surrounding the family who admire the courage of the family caring about a handicapped child (Jakubikova, Dernarova, 2005, p.437).

After a period of time adaptation of the family can become maladaptive, the mother realizes her position in the family as the only one care-provider. She feels overworked, but does not allow any other family member to take over the care. Father´s life is not so stressfull. He can feel rejected and excluded as he sees his wife focuses her attention on the disabled child. Then he might look for a companion outside his family or he spends more time at work. In case healthy children start suffering from lack of parents´attention, their willingness to help is transformed into passive resistance. Unilateral attention of parents can create a strong bond between parents, on the other hand healthy children can consider it unfair and also it prevents the child with a disability from further progress. Handicapped children are sometimes priviliged and their behaviour is tolerated then healthy siblings are aware of different attitudes of parents towards them. Some children can develop an attitude of understanding and assisting the weak ones. Sometimes healthy children can feel guilty about a sibling with a handicap as he/she cannot be treated as a healthy child and must be protected. However healthy children are not always able to cope with the difficulties caused by a handicapped child and are not able to meet the requirements and understand them.

Relationships within a family are influenced by some factors such as the attitude of a community towards the family. It may happen that the family is concerned about a negative response of the surrounding community so the family itself develops a defending approach and isolates the members of the family from the community.

The attitude of society including psychologists, neurologists, physiotherapists, social workers towards individuals born with disabilities has changed lately in a positive way. Due to positive attitudes of community also relationships and attitudes of family members become positive. An early intervention with the family with a child born with disabilities has a positive impact on the complete process of coping with the situation and making progress by the child born with disabilities.

Raising a Child with Disabilities

Families play a key role in raising children and have the most important impact on children´s mental health. Children get basic patterns of behaviour in families and everyone in a family works towards the good mental health of children. August Comte called *families a bridge connecting an individual and community* and thus he emphasized the role families play in a society, community. The role of families has always been emphasized by teachers, psychologists, sociologists who highlighted functioning of families in a society and in education from various points of view. Platon – a philosopher in Classical Greece considered a family a basic unit of society and an important educational institution. Families have already transformed their educational role, their role in schooling and education creating personalities of young adults. Schools are responsible for education, media have impact on young adults and that results in changing their attitudes towards families, society. Education is an activity in which qualities and characteristics of humans, their behavioral patterns, approaches to people and to material and spiritual values are built and shaped (Sirotova, 2003). Parents usually have an idea and set up goals what education and qualifications their children shall achieve. Most often their plans are based on their family situation with a system of values that has existed in each respective family and culture. Children are often confronted by their parents´ difficulties and conditions they would have while making their dreams true. Based on the confrontation parents then perform a role of parents and educators. In many cases parents try to spend as much time as possible with their children, they play, learn with them and help them fullfill school assignments. Parents often select friends for their children to create good conditions for building good relationships. In raising a child with disabilities, it may happen, that diverse challenging educational situations arise. If the problem is resolved in a wrong way, the situation can change into an intolerable condition that may have negative impact on the life of the family. Children with disabilities who are well educated and are used to coping with the situation, manage the disabilities in a proper way unlike spoilt children who are used to satisfying their needs immediately (Matejcek, 2001).

Parents with children with disabilities increasingly tend to employ unsuitable and inappropriate tactic to raise a child.

Most often parents are:

- Anxious, they are too carefull with their child, they prevent him/her from taking part in various activities and thus becoming socially mature.
- Spoiling their child – parents attempt to make up for the lack of healthy conditions, they try to fullfill their children´s wishes and adapt themselves to the mood of their

child. They loose the respect and are not able to offer their child security and self-confidence.

- Perfectionist in raising their child. They are demanding, have expectations and wait for the results of their activities. The child can be overloaded and becomes neurotic, what prevents him/her from building up his/her personality.
- Protective, parents assist their child in all activities thus not encouraging the child to be independent.
- Neglecting, parents are unhappy due to the condition of their child and they try to hide their feelings.

Parents restrict the autonomy of their child and develop a certain form of dependence of the child what may result in infantile behaviour of the child with disabilities. Very often parents focus their attention on the results their child obtain at school. They want the results at school to compensate for disabilities of their child, thus to meet their own expectations. Mothers with their natural intuition treat a child with disabilities in a correct way (according to the child´s abilities and skills) but they are often oppressed by people surrounding them who are not content with the performance and behaviour of the child. If mothers are not encouraged in raising and teaching their child with disabilities, they will be persuaded that they do all activities with their children wrongly and disabilities of children are their fault. For mothers it is difficult to understand all problems that a child with disabilities has to cope with and overcome them by himself/herself. Over time mothers learn to manage the difficulties and gain competences to perform all necessary activities needed in raising their child with disabilities.

Fathers also play a key role in raising a child with disabilities. Their engagement in raising shall be encouraged by specialists and other memebers of the family. Mothers should not be the only ones who perform the role of teaching and raising the child with disabilities. Fathers should not be remoted from their child, they need to be engaged in raising and teaching the child and be close to their child so that mothers´duties can be eased. Children with disabilities can find sports counsellors or leisure activities supervisors in their fathers.

Assessing the activities and daily routine of parents with a child with disabilities is a difficult process. They need to answer the questions such as: “Is my performance as a caregiver and teacher right? Am I spoiling my child? Am I strict with my child? Am I a demanding parent?” Of course, it is difficult to answer the qestions properly. Parents should apply the same tactic with the child with disabilities as with other children in the family. All the obstacles, parents should overcome, are a prerequisite for developing good relations with

the people surrounding the family. In a circle of the family a child with disabilities can develop and understand well social interactions creating his/her place in a community.

Children are born into families with disabilities in all cultures. In more developed countries with nationalized health care systems, there are medical and social services available to families who need support to raise this "special" kind of child. It is necessary for families with a child with disabilities to realize, that a disability cannot be cured, but via an intensive care provided to the child all difficulties might be eased. Then each family will be able to cope with all the situations, fulfill the family task and achieve the goals the family has set up. In many cases families with a child with disabilities become a role model for other families in building up relations, offering help, understanding and managing day-to-day situations.

3.4 Attitudes and Support of Community to Families with a Child with Disabilities

In the past, social policy was aimed at alleviating the consequences of social dependence of families with a child with disabilities than to eliminate its dependence.Children as well as adults with disabilities were placed in homes for round-the-year residence and thus the parental rights fo fulfill their function were suppressed as well the children´s rights for parental care. Opportunites of a complex rehabilitation and integration were at minimum level. Specialists examining the situation in such families stated, that if a child grows up and is raised in a family, has better prospects to improve the quality of life. Many families resolved such an unfavourable situation by placing their own child with disabilities in a centre/nursing home. In case a family decided not to place the child in a home, it had to adapt the conditions in the family in such a way that it was accaptable for all family members including the child with disabilities. All these situations initiated development of a new attitude of the society.

Nowadays activities regulated by family policy and its tools are heterogenous. Even if the direct financial subsidy is considered to be important, preparation of families with a child with disabilities to take over the responsibility to manage their living situation plays a key role. The responsibility and the tasks cannot be underestimated. It is expected that parents will teach their children including the child with disabilities to be responsible and have an active attitude to his/her life. Only seldom individuals´ disabilities appear in a unique form. Mental, sensoric or somatic disabilties are often linked to the disablity of communication,

social relation and social integration. A complex care of people with health impairment or handicap needs cooperation of workers of the Ministry of Health, Ministry of Education and the Ministry of Labour, Social Affairs and Family respecting jurisdiction ensuing from legal regulations of each Ministry and expertise of authorities participating in such a care.

3.4.1 Forms of Assistance and Compensation for Disabilities

Provision of different social allowances, benefits, direct payments depending on unfavourable health conditions or severe health impairment is considered nowadays as a direct tool of modernized services offered during a long-term care (Huber, 2007, In: Repkova, 2009, p.13). It includes not only retirement allowances, but also a system of different forms of financial benefits paid to an individual who needs an assistance of other people and their families.

Act No. 447/2008 Coll.of Laws on financial allowances to compensate for disabilities regulates legal relations at the provision of financial allowances for compensation of social impacts of disability. The aim of the legal standard was defined in line with obligations and recommendations which are based on diverse international documents liable to the Slovak Republic and it means to support social inclusion of a person with disabilities and protect the individual from social exclusion.

Social consequences of disabilities are compensated in the areas such as:

A/ mobility and orientation

B/ communication

C/ increased costs/payments

D/ self-care.

With the aim to increase the objectivity of assessing disabilities and paying off financial allowances, the act determines different categories of cases when an individual is paid a benefit to cover the costs spent on:

- individual transport by a car,
- specialized diets, cloths, underwear and footwear that are worn, sanitation,
- a personal assistant, personal care-giver,
- aid facility or its adaptation,
- some devices needed to adapt the home equipments,
- lifting device,

- adaptation of a car,
- adaptation, refurbishing a flat or a house, garage,
- guide.

Financial benefits, allowances are defined by the Act No.447/2008 Coll.of Laws and are divided into two categories:

Category of *repeated /recurrent allowance* - (allowance for personal assistance, for transport, for covering increased costs, for guidance and *unrepeated allowance* (purchase, exercising, practising, adaptation, repair of facility, purchase of lift-up device/facility, purchase and adaptation of a car, adaptation –refurbishing a flat, house, garage). The amount of a financial allowance depends on the income and property owned by an individual with disabilities. The Act determines directly the conditions under which the income and the property are evaluated and it depends on the nature of the allowance. In comparison to the previous legal act (Act No 195/1998 Coll.of Law on social assistance), the new Act does not refer to any other legal regulations.

Offering social services is another form of assistance. Social services are meant as services facilitated by different entities and are aimed at meeting social needs of people. In case people are not offered an assistance they will be in need or at a risk. Services do not mean financial benefits (Repkova, Brichtova, 2009). Article 36 of the Charter of Fundamental Rights of the European Union secures the right to access to services of general economic interest, in order to promote the social and territorial cohesion of the Union. According to Eric van den Abele (2001, p.90) services of general interest lie in the core of the European social model (In: Repkova, Brichtova, 2009). Jane Pillinger (2001, p.3) calls this type of services public social services, offered by paid workers or volunteers or family members and their concern is the field of health care, education, social services, housing, employment. Slovak legislation does not define social services on a large scale. According to the former wording and an adopted version of the legislation on social assistance, the primary emphasis lies on expertise of professionals offering social services to individuals or families so that they can overcome the situation of a need (Repkova, Brichtova, 2009).

Act No.448/2008 Collection of Laws on social services regulates legal relations within social services, funding and supervising social services. Social services are defined as professional, specialized activities offered to and aimed at individuals who need a social assistance so that their poor social situation can be eased or prevented. The social assistance shall renew, develop and regain abilities and competences of an individual so that he/she can become independent and included into a community. Social services, social assistance also

means meeting basic day-to-day needs, crisis assistance and prevention from social exclusion. Adopted wording of the Slovak law states that social services do not aim only at individuals but also at his/her family and a community.

In order to supply social services at a professional level and of a quality, according to the Slovak legislation they are offered by means of social departments and social workers and the methods engaged and the practice are based on the latest knowledge and trends applied in social science.

The above mentioned Act defines folowing *forms of social services* such as:

- social services supplied to meet basic day-to-day needs in asylum centres, different types of homes, drop-in centres;
- social services supplied as an assistance to families with children (care given to a child either in a family or in a home for children and family);
- social assistance to a family with a child with disabilities, assistance to elderly people (homes of social services, nursing homes, transportation, guidance, interpreters for deaf and dumb, assistance for blind individuals, renting aiding devices);
- social services using telecommunication technology (monitoring and signalling a request for help, crisis aid offered via telecommunication technology;
- supporting services offered in daily counselling centres, assistance in centres for integration, in diners, in laundry, in a sanitation centre.

  Social services are offered in nursing homes, in an outdoor form such as field work, visiting individuals in their homes according to the place where the individuals are needed in assistance, where they live. The services and assistance can be offered temporarily, permanently full time or part-time. The scope of services is settled in an agreement signed by a client - an individual and the care-giver.

  The Act on social services, a complex legal standard, regulates legal relations, funding, supervision and the quality of services supplied. The Act entered into its validity on January 1st, 2009, it has been amended and the regulations have been implemented into practice. The amendments have been implemented fluently into the practice with regard to those ones who participate in the field of social services.

Across the world people with disabilities represent a group at risk of being excluded from community and being threatened by poverty. The traditional housing and construction of houses, economic institutions and social care providing facilities did not respect the diversity of needs of people with disabilities and in this way this kind of people have been excluded

from social activities and social life, and participation of these people in social processes has been restricted. From the point of view of social policy, society can have an access to the information on needs of handicapped people from two resources. People with disabilities or care-providers, families or professional social workers, volunteers can describe and define the needs of people with disabilities. Social-economic, cultural and political conditions have impact on meeting the needs of handicapped people. In the European countries improving the quality of services through innovation and experimentation, normalization, humanization and standardization have been important to improve the quality of services to users and to balance the quality of services in EU. Among the major international standards are The Standard Rules on the Equalilzation of Opportuities for Persons with Disabilities and the Convention of the Rights of Persons with Disabilities.

In 1990 The United Nations Economic and Social Council delegated the Commission for Social Development to discuss during their regular sessions the possibility to establish a working group of experts elected for a time-unlimited term and funded by volunteers´ grants. The working group was assigned to cooperate with specialized institutions, governmental and non-governmental organizations of persons with disabilities to design standard rules on the equalization of opportunities for children, young adults and persons with disabilities. The text of the Rules was submitted to the Council and then to the UNO General Assembly at the 48th session of the General Assembly in 1993. The General Assembly adopted the Standard Rules on the equalization of opportunities for persons with disabilities on December 20th, 1993. The General Assembly recommended the EU countries to adopt the Standard Rules into their national programmes for persons with disabilities and inform the special rapporteur about the rules implementation. The UNO General Secretary was recommended to promote the Standard Rules and rapport about their implementation at the 50th session of the UNO General Assembly.

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities consist of a preamble and four sections consisting of twenty-two rules. In the preamble states under the pledge made under the Charter of the United Nations to take joint and separate action in cooperation with the Organization to promote higher standards of living full employment, and conditions of economic and social progress and development. The countries are reaffirming the commitment to human rights and fundamental freedoms, social justice and the dignity and worth of the human person proclaimed in the Charter and recall in paticular the international standards on human rights, which have been laid down in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural

Rights and the International Covenant on Civil and Political Rights and underline that the instruments proclaim that the rights recognized should be ensured equally to all individuals without discrimination. The states regard to the Declaration on the Rights of Disabled Persons, the Declaration o the Rights of Mentally Retarded Persons, the Declaration on Social Progress and Development, the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care and other relevant instruments adopted by the General Assembly.

There are seven UNO Conventions on Human Rights under them women, children, migrating people and other individuals are defended. On May 3rd, 2008 the Convention of Rights of People with Disabilities entered into force, up to that time no international convention existed that would deal with the needs of people with disabilities who create the largest minority in the world.

Although some politicians defended the opinion that the other existing conventions already existed and dealt with the individuals with disabilities, it was clear that without any legally bounding convention there was no one convention changing attitudes and approaches to persons with disabilities. The Convention follows decades of work by the United Nations and some discrimination of the group working on the document had to be overcome.

The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.(Smidova, 2013)

According to the data by the World Health Organization (WHO) 650 million people with diverse disabilities live all over the world; it is approximately ten per cent of the world population. Eighty per cent of these people that is more than four hundred million people live in extreme poverty in countries that are not able to meet the needs of their people with disabilities. Individuals with disabilities living all over the world have to cope with barriers and lower standards of living.

Under a condition that the closest relatives are included in the figures, the number of people with disabilities will be over one billion. People have to realize this fact, as disabilities are a factor leading to poverty, it limits the access to education and health care, it causes

social exclusion and discrimination of people with disabilities including the members of their families.

Article No.1 of the Convention states: "*The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*

The Convention represents an important shift in the way of viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

The Convention is intended as a human rights instrument with an explicit, social dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities can exercise their rights, their social life and opportunities, health, education, employment and personal development.

State Parties, ratifying the Convention are legally obliged to deal with persons with disabilities as with subjects of the law with their rights clearly defined. National governments shall adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention.

The Convention promotes The Standard Rules of Human Rights and their implementation from the point of view of "disability", and after many decades it defends equal position of citizens. Disabilities are viewed by the Convention as a result of interaction between an inaccessible surrounding and the individual with disabilities rather than internal characteristics of an individual. The old "medical model" of disabilities is replaced by a model of social and human rights based on the fact, that a society is the actor "punishing" individuals with disabilities and depriving them to exercise their human rights.

States Parties to the Optional Protocol to the Convention agreed that in case that all national legal remedies have been employed, a commission of experts will examine individual or group complaints that the Convention has not been implemented efficiently.

The Convention offers people with disabilities a powerful tool. *"The very existence of the Convention enables people with disabilities and their organizations to tell their governments, "You have accepted these obligations" and insist on to them*", said Don MacKay, chairman of the committee responsible for drafting the agreement.

"It is all about breaking the negative perception, "said Chris Sullivan, Vice President Merrill Lynch, who was born with hearing impairment. *You need to view an individual and not his/her disabilities and it needs a change in perception of everyone".*

3.5 National Programme on Life Conditions Development of People with Disabilities

On June 27th, 2001 the Slovak Government approved the *"National Programme for the Development of Living Conditions for Citizens with Disabilities in All Areas of Life"* (hereinafter National Programme) with an objective to create equal opporutnities and to integrate disabled people with disabilities in community life pursuant to the "Standard Rules on the Equalization of Opportunities for Persons with Disabilities" (hereinafter Standard Rules). The National Programme is based on the fact that "a society shall be built in such a way that all its qualities such as living conditions and environment, health care and social care, education, access to the information, employment, services and products, all areas of life can be monitored by twenty-two rules of the "Standard Rules" and accessed by all citizens without any differentiation and discrimination or in a simple way they can be accessed and adapted to the needs of citizens with disabilities referring to the kind of their handicap."

The National Programme is a step towards creation of processes of gradual, conceptual approaches to all major issues of the lives of people with disabilities, including creating conditons for disability prevention, early diagnosis and therapy, evidence and appropriate integration into community life and working environment.

The Programme shall become a basis for qualified and multiple realization of all conditions for living of handicapped citizens at all levels of central and local self-governments. It consists of three chapters:

- Prerequisites for complete integration,
- Targeted fields of equalized integration,
- Implementation measures.

The Programme follows the framework of the UNO document – "The Standard Rules" with a complete citation of the UNO document in each rule, current situation in legislation and a brief draft of possible solutions and suggested measures.

The National Programme is evaluated on regular yearly basis, updated and amended if needed.

At the end of 2010 the European Union presented a ten-year strategy ensuring full inclusion for people with disabilities. Approximately eighty million peple suffer from a certain degree of disability or impairment. Existence of various material obstacles preventing people with disabilities from getting into a building of an instituion or a school building may cause social exclusion of this kind of people. The exclusion might result in lower employment rate and inaccessible education followed by poverty among people with disabilites. Its percentage is by seventy per cent higher than the European average.

The European Strategy aims at making life of people with disabilities easier and at enabling them to exercise the rights based on their EU citizenship. The strategy shall secure access to EU funds, raise people awareness, improve access to information and encourage Member State governments to cooperate and remove hindrances for social inclusion. During first five years the strategy has focused on following issues:

- Creating policy aimed at inclusion in education system at high level and at a large scale;
- Paying special attention to people with disabilities in EU to combat poverty. The platform is for specialists exchanging the best practice;
- Recognition of ID cards proving disability, offering equal job opportunities, travelling and staying abroad;
- Developing standards for barrier free ballot rooms;
- Promoting rights of people with disabilities while working out of the country including EU enlargement countries and working in programmes for development.

  All international documents ratified by countries and supporting people with disabilities also relate to the families of handicapped people. All legal national and international documents ratified by States Parties include provisions that are employed to protect and support families with an individual with disabilities, and to ensure human rights.

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Zákon NR SR č. 245/2008 Z. z. o výchove a vzdelávaní (školský zákon) a o zmene a doplnení niektorých zákonov v znení neskorších predpisov

Zákon NR SR č.195/1998 Z.Z. o sociálnej pomoci

RESUME

Social policy has become a very frequent and controversial phenomenon in the modern world. Social policy is very demanding for public resources. It is oriented on man, on development, on his living conditions and on the quality of his life. Social policy has an important place in the social system. The goal of social policy is to dampen social tension, to mitigate social inequalities.

Subject of Act no. 448/2008 Coll. On social services is the regulation of legal relations in the provision of social services, the financing of social services and the supervision of the provision of social services. The social service is considered to be a professional, service and other activity or a set of such activities, and their purpose and purpose are also directly regulated. It is the solution or mitigation of the unfavorable social situation, but also the prevention of such a situation, the preservation, the renewal or the development of the ability of a physical person to be independent and independent in order to be able to re-enter The ordinary life. However, it is also the provision of basic living needs, assistance provided in crisis situations and prevention of social exclusion, which is not separately regulated by law but is an essential part of every social service. Comparing to the previous legislation, social services do not focus only on the individual, but also on his / her family, even on the community.

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