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BEÁTA ADAMKOVIČOVÁ - OĽGA BOČÁKOVÁ – MÁRIA DÁVIDEKOVÁ SOCIAL SERVICES IN THE CONTEXT OF SOCIAL CARE FOR SENIORS

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BEÁTA ADAMKOVIČOVÁ
OĽGA BOČÁKOVÁ
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CHAPTERS IN THE SCIENTIFIC MONOGRAPH

BEÁTA ADAMKOVIČOVÁ
OĽGA BOČÁKOVÁ
MÁRIA DÁVIDEKOVÁ

Research Institute for European Policy
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Authors: Beáta Adamkovičová
Oľga Bočáková
Mária Dávideková

Reviewers: Samuel Čelovský
Viera Jakušová
Darina Kubíčková

Cover and Layout: Michal Imrovič

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CONTENT

INTRODUCTION

The period after 1989 brought new opportunities, challenges, trends, as well as new threats and social problems. These processes were conditioned by economic and political changes, to which belongs mainly the pluralization of political system into the form of competitive system of parties, by means of which we elect political parties or movements in free elections.

The aim of the scientific monography is to point on the economic-social dimensions of the social services in the continuity with the social care of the target groups. To highlight their humanization and new trends in the terms of higher quality and satisfaction of a human. To appeal on the obeying of the rights of the clients in the institutional care and to understand the necessity of the further enhancing of the social services with the emphasis on the quality and the needs of a human life.

Every company is enriched by its elderly people. They are a precious resource, a wellbeing of traditions, culture, knowledge and skills. These attributes are essential for maintaining generational relationships. It is necessary and important to accept the principle of non-discrimination and solidarity, to recognize the elderly as legitimate members of the society and to be aware of them as a permanent value in human society. It is necessary to accept and perceive the changes of an aging people, to respect their needs, to deal with their as a full-fledged citizen, to help their fulfill their life role, to find the inner energy to accept the new conditions.

Problems of the elderly have come to a special character and importance in the beginning of the new millennium. The characteristic phenomenon of our century affecting each of us is the aging of the population, which is connected with increasing demands for care for the non-elderly seniors, and it is necessary to find ways to maximize their potential. The aging of the population has become one of the hallmarks of a changing population image of Europe and is indicative of the demographic situation in other economically advanced countries as well. The human age is prolonging and the number of older people is steadily rising.

Beáta Adamkovičová

1 ECONOMIC ASPECTS OF SOCIAL SERVICES

Economic changes caused the start of market economics, or mixed economics with the typical feature of unfixed prices of products and services controlled by the rules of supply and demand. Another sign of economic transformation was privatization, i.e. along with public provider of goods and services, there appeared also the private actor. Therefore, we can speak about two sectors, which are the public (state) sector and private sector. The difference between them is that the private sector provides goods and services with the intention to gain the profit, while the public sector provides them on the basis of public interest, i.e. also to the places, where it is not profitable.

Also, there appears the privatization and restitution of nationalized property. The consequence is the deepening of social differences among people. Mainly the first steps of economic reform meant the underestimation of certain social aspects. Underestimated were social preconditions, conditions, accompanying events and consequences of economic transformation. Currently, also the globalization of social problems in the world leads to the necessity to research and develop the social theory and practice in detail. The complexity of social-economic issues shows us that all developed countries need to put more attention to social-economic issues.

Market environment also enters into the social, health care, and education sector, because there are being established private social service facilities, private health care facilities and private schools.

Social services are becoming still more significant part of society´s life. We can say that the social services can be subsumed under the term of social politics, which can be understood in broader or narrower sense. In narrower sense, it includes only the resort of social politics, and in broader sense, it includes also other related politics, for example health care or educational politics.

The third sector is so-called non-profit sector or non-governmental sector, which complements, so-called, three-sector regulation of society´s life. This sector has its specific characteristics, by which it is possible to distinguish it from other two sectors.

In this chapter, we deal with the issue of social services in the context of their inclusion within the system of public services, public and non-public social service providers, and financing of social services according to applicable legislation.

Social services are there to ease the existence of people, who need help. They are provided to the public and there are also several kinds of used social services. The aim of social services is to help people, who are socially disadvantaged, mainly for the reason of improvement of the quality of their life. Some of them gets into unbearable situations by own acts, but there are also individuals, who are reliant to such kind of help from the birth, or as a consequence of unexpected and unfavorable life situation. These persons are limited in the search for an employment, and are not able to take care of themselves without necessary social aid. The companies employ people, for example with health problems. However, not every kind of work is suitable for them regarding to their health condition. (Krčková, 2013)

In the past, building of social service facilities was the consequence of medical or rehabilitation approach for the solution of social situation of people, who did not fit in the concept of normality. Due to the fact that the disability is not a disease, but it is a state or condition and it is not possible to heal it, this approach supported the formation of facilities, in which these people could live and to have saturated all basic needs. This model exists also today in an unchanged form, and it is extended by the humanization, reconstructions, internet accessibility, if allowed by financial possibilities. However, we continue in the basic paradigm of constitutional social services – to move the person with the disability to the facility, to provide him/her the world in the facility, to separate him/her from the family, community, and to offer him/her the saturation of basic needs according to the best possibilities of the facility employees, which are, however, limited by social environment. Such approach trusts neither in the human itself, his/her family, nor the community that they are able to create suitable environment, procedures and opportunities for the integration into life. Probably, the intention of original idea was to create places, where people without any other possibility of aid could survive. But how did this humane idea develop after so many years? (Holúbková, Ďurana, 2013)

Social services help the citizen to ensure basic life conditions, obtain the social stability, and recover the social autonomy. They function as prevention, moderation of unfavorable social situation of a person, and are provided in material deprivation in the form of financial benefits, services, asylum, and in the social deprivation in the form of consultation, establishing of clubs of unemployed, etc. (Cibáková a kol., 2012) Social services are integrated into a broad term of social politics. Social politics is defined variously. In

general, it can be said that the social politics represents the politics focused on the human. It contributes to general development, constant improvement of his/her life conditions, life quality, human´s dignity, cultivation of his/her personality and prosperity of whole society. (Prudká, 2015)

To tools of social aid belong mainly: (Cibáková a kol., 2012)

- social work,
- financial aid,
- social aid services,
- social rehabilitation,
- social aid services,
- consultancy,
- material aid.

The objective of social services performance is: (Cibáková a kol., 2012)

- to provide the protection to persons, who short-term or long-term are not able to enforce their rights, to saturate their needs, and to enforce own interests,
- to integrate the person in unfavorable social situation into normal life, and thus to avoid its social exclusion.

From the historical point of view, social services represent the oldest part of social work. Below, we introduce a brief overview about providing the social services in relation to attitudes to citizens, who needed these services: (Dávideková, 2010)

1. **Charity approach** (19th century) – the start of social services providing on the basis of love to the brother. There appear first orphanages and workhouses in the cooperation with the church,
2. **Medical approach** (20th century) – creation of institutions, providing of social services by experts, effort for the specialization of services, isolation of particular groups, all activities were provided at one place, establishing of large institutes for various kinds of health disabilities,
3. **Normalization approach** (70´s of 20th century) – providing of social services in the environment comparable with normal environment of the rest of the population, decreasing of facilities´ capacity, development of day-stays,
4. **Civil approach** (80´s of 20th century) – providing of social services in accordance with following of human rights, legitimacy of social place for each individual,

services are provided in the cooperation with citizens, who need these services on the basis of individual needs, effort for differential treatment.

Competencies (force, obligations) in the area of social services in the broadest context are based on framework competencies, which are determined to the Ministry of Labor, Social Affairs and Family of Slovak republic (further as "MPSVR SR") by the basic competency act 23, to the regional self-administration by the act on self-government regions 24, and to the local self-administration by the act on municipal establishment 25. These framework competencies for the section of social services are specified in detail in the Social Services Act.

Basic competence framework of social services

Ministry of Labor, Social Affairs and Family of SR		
National priorities of social services development	Legislative, supervision, financing	Central register of social service providers

Regional self-administration (higher territorial units)		
Conception of social services development (in the region)	Methodical activity	Providing and financing of selected social services

Local self-administration (towns and villages)		
Community plan of social services development	Community work	Providing and financing of selected social services

Source: Repková K. 2012: Politika sociálnych služieb.

Social services are provided by the third sector, so-called non-governmental or municipal sector. Characteristic features of the third sector are: (Cibáková a kol., 2012)

- **non-state character** – it can conclude the contract with state institutions and to receive the state support,
- **voluntary** – there is included certain feature of voluntariness,

- **self-managing** – works on the self-administration principle, and have own control mechanisms,
- **formal structure –** can conclude, for example, contractual relationships,
- **non-profitability** – the profit is returned back to the programs related to the mission of the organization.

Social services have to be managed in the spirit of public interest. Basic priorities and problems are legitimacy, spreading of information, effectiveness, cooperation and building of necessary infrastructure. (Cibáková a kol., 2012)

Each person is different and also has different problems; therefore, providing of social services is individual. Providers plan the method of services providing to be suitable for more people, because what suits to one person, does not have to suit to the other one. Some need daylong care and others the occasional care only. The kind of provided care by the facilities is determined by the kind of the facility itself and also by available finances. Persons reliant on social aid rely on provided services; sometimes they just do not have any other option. It is relevant that the society will deal with needs of disadvantaged persons, because ignoring of certain needs may lead to serious conflicts. Many problems arise in such case, when people do not tolerate each other, and unnecessarily complicate their life situation. (Krčková, 2013)

There are three parties in the cooperation, which are the user, provider and sponsor: (Cibáková a kol., 2012)

1. **User** – the person in material or social deprivation,
2. **Provider** – municipality, legal person established or created by the municipality or higher territorial unit, partnership or other person,
3. **Sponsor** – it can be MPSVR SR, higher territorial unit or other person.

Social services are provided ambulatory, on-site, in the form of the sojourn, or, for example, by the use of telecommunication technologies. They are divided as follows: (Cibáková a kol., 2012)

- services for ensuring necessary conditions for the saturation of basic life needs (reception centre, sanctuary, home on half-way, low-sill day centers, accommodation facility for persons with material deprivation),
- services for solution of unfavorable social situation for the reason of serious health disability, unfavorable health condition, or for the reason of reaching the retirement age,

- services for the support of the family (temporary child care facilities, low-sill day centers for children and family),
- services with the use of telecommunication technologies,
- other transportation services.

We distinguish four various forms of organizations providing social services: (Cibáková a kol., 2012)

1. **Associations –** their purpose is the association of persons for the saturation of their interests. We include there various associations, movements, clubs, societies, alliances and federations,
2. **Foundations** – it is the purpose-built association of the property. Its basis is formed by the property and assets created by the set of items, financial resources, bonds, and other monetarily appraised values determined for the fulfillment of generally beneficial purpose,
3. **Non-investment funds** – they associate financial resources determined for financing of generally beneficial objectives. These resources can be provided not only to non-profit organizations, but also in the form of individually aimed humanitarian aid, for example financing of concrete operation, purchase of health facility and equipment, reconstruction of cultural sights, etc.,
4. **Non-profit organizations providing generally beneficial services** – there are mainly activities focused on providing the health care, development and protection of spiritual and cultural values, complementary education of children and youth, development of sport and physical education, while these are accessible for all users in the same extent within the same area.

According to Repková (2012), social services are the example of multiple-source financing and still more often we speak about so-called mix of public and private financing. It is mainly the incorporation of private sources into the financing of social services. Financing of social services in SR is governed by these rules:

– combination of public (state, regional, local) sources with the sources (income and assets) of the provider and the user of social service and his/her family,
– child support of members of the family by co-financing of social services,
– protection of user´s income and his/her family against inappropriately high compensation for the social service,

- preference of selected kinds of social services on local level for the purposes of state co-financing,
- possibility of self-payment in social services,
- use of other sources for financing.

The need for combined multiple-source financing arises from the subsidiary position of social services in the system of social protection and from the dependence on redistribution mechanisms, by which is covered only the part of resources needed for their financing. Multiple-source financing is required also by the growth of the demand for social services related mainly to the demographic development, as well as with the effort to achieve the highest quality and the possibility of free decision-making of users in the area of social services. (Rodrigues, Schmidt, 2010 In Repková, 2012,).

The part of the newest development in the area of social services financing is the creation of self-payment model. It was created with the aim to increase the availability rate of social services for persons reliant on these services. These persons and their families will cover complete costs, and the availability will grow in the situation of inevitable need. Certain compensation for the investment of own sources into social services are expectation of self-payers that they will not have to undergo the procedures of evaluation and decision-making about the dependency on the social service, as it will be provided to them without public resources. (Bušová a kol., 2010)

Financing of social services underwent many modifications and changes, which significantly influence their form and method of provision. (Prudká, 2015)

1.1 Public and non-public social service providers

Public social service provider

Under the conditions set by the law, public social service provider is the municipality, legal person created or established by the municipality, legal person created or established by the higher territorial unit. The higher territorial unit is the social service provider only in the case, when it provides basic social consultancy.

Non-public social service provider is the other person, than mentioned above. It can also be:

- a foreigner, the citizen of the state of European Economy Area and his permanent residence is registered in SR according to the individual provision,

- normal person, which is the foreigner and not the citizen of the state of European Economy Area, if such person has a permit for temporary stay or has permanent residence in SR according to the individual provision,
- legal person outside SR, of which organization insertion has the residence in SR. 10

According to existing development, non-public providers are most often church legal person or other legal persons, most often non-profit organizations providing generally beneficial services. (Repková, 2011)

Social services provided by the **public** provider of social service can be financed: (*Social services financing*)

- from the budget of social service public provider,
- from payments for social services from the social service recipient on the basis of the contract on social service providing and from payments for other activities,
- from the financial contribution provided from the budget of the Ministry for financing the social service in the facility,
- from the resources of municipalities association, higher territorial units association and association of persons,
- from the management results of secondary activity, which carry out facilities in the establishing operation or foundation operation of the municipality of higher territorial unit with its approval,
- from resources accepted on the basis of written donation contract,
- from the payment of economically authorized costs related to providing of social service,
- from the income from the social enterprise,
- from other sources.

The municipality requests the non-public provider of social service for providing the social service to the normal person reliant on it. It is obliged to provide:

- financial benefit for the operation of provided social service (FPP),
- financial benefit by the dependence of normal person on help of other normal person by acts of self-service (FPO).

Benefits provided by the municipality

The municipality is obliged to provide financial resources for:	**FPP**	**FPO**
a) Social service in the facility:		
1. reception centre	x	
2. low-sill day center	x	
3. low-sill day center for children and family	x	
4. facility for seniors	x	x
5. caretaker service facility	x	x
6. daily stationary station	x	x
b) Aid by personal care of a child	x	
c) Caretaker service	x	x
d) Transportation service	x	

Source: Social services financing, available online at: file:///C:/Users/Acer/Downloads/financovanie_ss-np%20(1).pdf

Social services provided by **non-public** provider of social service can be financed: (*Social services financing*)

- from the financial benefit by the dependence of normal person on help of other normal person by the acts of self-service, and from the financial benefit for the operation of provided social service under the conditions set by this act,
- from the payments for social services from the recipient of the social service on the basis of the contract on social service providing and from the payments for other activities,
- from the financial benefit provided from the budget of the Ministry for providing the social service,
- from the profit from the social enterprise,
- from the management results of business activity after the taxation by the income tax, which carries out non-public provider of social service according to individual provisions,
- from own resources of non-public provider of social service,
- from the resources accepted on the basis of written donation contract,
- from other sources.

Social service recipient is obliged to pay the remittance for the social service in the amount determined by the social service provider, unless otherwise provided by the law. **Public** provider of the social service determines the amount of remittance for the social service, process of its setting and payment in the form of the contract at most in the amount of economically justified costs. **Non-public** provider determines the remittance amount for the social service, process of its setting and payment in the form of the contract in accordance with current price list of the social service, which is published on his/her website or on other publicly accessible place; however, at most in the amount of economically justified costs decreased by the income from the financial benefit by the dependence of normal person on help of other normal person by the acts of self-service. (*Social Services Act, as amended by the Small Business Act)*

Economically justified costs are costs of the social service provider for activities, which form: (Oláh, Igliarová, 2015)

- salaries, wages and other personal compensations in the amount corresponding to the amount of the wage and other personal compensations,
- insurance rate on public health insurance, insurance rate on social insurance and obligatory contributions on retirement and pension savings paid by the employer in the extent determined by the letter,
- costs on energies, water and communications,
- domestic travel compensations,
- expenses on material except representation equipment of new interiors,
- rent for rented realties or other items except transportation means and special machines, devices, tools, technologies and material at most in the amount of normal rent, for which are rented items of the same kind or comparable items for agreed purpose in the given time and at the given place,
- service expenses,
- expenses on routine maintenance and standard maintenance except one-time maintenance of objects or their parts and solution of critical conditions,
- expenses on common transfers in the extent of allowance according to the individual provision, severance pay, gratuity, compensation of the income by temporary working disability of the employee according to the individual provision,
- depreciations of tangible assets and intangible assets according to accounting provisions, which the social service provider accounts and depreciates as an

accounting unit; depreciation of tangible assets, which are newly acquired buildings, apartments and nonresidential areas used for the purpose of providing the social service in the facilities or their technical valuation, at most in the amount of normal rent for which are rented items of the same kind or comparable items for agreed purpose in the given time and at the given place.

Social service recipient does not pay the remittance for: (*Social Services Act, as amended by the Small Business Act*)

- interpreting,
- crisis aid provided by means of telecommunication technologies,
- support of individual accommodation,
- help by enforcing the rights and interests protected by rights,
- help by work engagement,
- preventive activity,
- social consultancy,
- help by the preparation for the school attendance and teaching, and accompanying the child from and to the school facility,
- stimulation of complex development of the child with the health disability,
- social rehabilitation,
- work therapy.

Social service is provided on the basis of the contract on social service providing. The contract on social service providing must be concluded understandably for the recipient of the social service. Contracting parties can deflect from provisions stated in the act applicable for this contract only in the case that the act permits such possibility. The contract on social service providing concluded in the written form cannot have the character of mixed contract. (Oláh, Igliarová, 2015)

Social service provider is obliged to conclude the written contract on social service providing, which is: (*Social Services Act, as amended by the Small Business Act*)

- aid by personal care of a child and the support of harmonization of family life and work life,
- guide´s service and pre-reader´s service,

- social service in the facility for normal persons reliant on the help of other normal person, and for normal persons, which reached the retirement age, and providing of social services in the facility for seniors, who need such services for serious reasons,
- caretaker service,
- borrowing of the equipment and aid tools,
- social service for the support of families with children in the facility of temporary care of children,
- monitoring and signalization of aid need,
- help by the performance of caretaker´s rights and obligations.

If the normal person is interested in providing of social service, it is obliged to state to the social service provider following data for the purposes of conclusion of the contract on social service providing and to submit following receipts and documents: (Oláh, Igliarová, 2015)

- social service type and form,
- name and surname of the normal person, to which the social service has to be provided, birth date and the address,
- place of social service providing,
- start date of social service providing and the time of social service providing,
- receipt on the income and documents on property relations of normal persons, to which the social service should be provided, and persons, of which incomes are evaluated as well and also commonly counted; this does not apply for normal person, which will pay the remittance minimally in the amount of economically justified costs.

Social service provider cannot condition the conclusion of the contract on social service providing by the monetary fulfillment or non-monetary fulfillment. (Oláh, Igliarová, 2015)

The contract on social service providing includes: (*Social Services Act, as amended by the Small Business Act*)

- start date of social service providing,
- time of social service providing,
- place of social service providing,
- determination of contracting parties,
- subject extent of social service and form of social service providing,

- number of taken meals (applicable to social service providing in the facility with boarding),
- type of provided social service,
- amount of remittance for the social service, method of its determination and payment,
- amount of remittance for the social service and the method of its determination, conditions of its compensation, conditions of its clearance and the period for its clearance,
- conditions for the increase of the remittance amount for the social service,
- reasons for unilateral withdrawal from the contract,
- amount of unpaid remittance for the social service.

The social service provider can unilaterally withdraw from the contract on social service providing only due to following reasons: (Oláh, Igliarová, 2015)

- social service recipient seriously breaches obligations, which arise him/her from the contract on social service providing, mainly by serious breaching of good manners, by which breaches the civil coexistence, or does not pay agreed remittance for the social service, if it is providing of year-long accommodation social service, mainly by not paying the remittance for the social service for the period exceeding three months or pays only the part of agreed amount and the amount of the debt exceeds the triplication of agreed monthly remittance; by providing the caretaker´s service is the breach of obligations arising from the contract considered also as serious breaching of good manners, which breaches the civil coexistence carried out by the parent, husband, wife or consenting child of the recipient of this social service in relation to the employee of the caretaker´s service,
- municipality or higher territorial unit decides about the termination of dependence of normal person on the social service,
- social service recipient does not conclude the amendment to the contract on social service providing,
- the facility is significantly limited or the purpose of provided social service is modified, thus the continuation of the contract validity would mean evident disadvantage for the social service provider.

1.2 Financial support of non-public provider of social service providing the social service in public interest

The municipality is obliged to provide the financial contribution for the performance of provided social service to non-public provider of social service, which does not provide the social service with the aim to gain the profit, if the municipality requested providing of such social service from non-public provider of social service, and provides: (Oláh, Igliarová, 2015)

- social service in the facility, which is:
  - low-sill day centre,
  - low-sill day center for children and family,
- caretaker´s service,
- help by personal care of a child,
- transportation service.

The **municipality** is obliged to provide the financial contribution by the dependence of normal person on help of other normal person by the acts of the self-service by providing the social service to non-public provider of social service, which does not provide the social service with the aim to gain the profit, if the municipality requested providing of such social service from non-public provider of social service, and provides the caretaker´s service. (*Social Service Act, as amended by the Small Business Act)*

Higher territorial unit is obliged to provide the financial contribution on the performance of provided social service to non-public provider of social service, which does not provide the social service with the aim to gain the profit, if the higher territorial unit requested such social service from non-public provider of social service, and provides: (Oláh, Igliarová, 2015)

- social service in the facility, which is:
  - sanctuary,
  - home on a half-way,
  - social services house,
  - rehabilitation centre,
  - emergency accommodation facility,
  - temporary child care facility,
  - facility of supported accommodation,
  - specialized facility,

- social service in the integration centre,
- interpreting service.

Higher territorial unit is obliged to provide the financial contribution by the dependence of normal person on help of other normal person by acts of the self-service by providing the social service to non-public provider of social service, which does not provide the social service with the aim to gain the profit, if the higher territorial unit requested providing of such social service from non-public provider of social service, and provides also the social service in the facility, which is: (*Social Service Act, as amended by the Small Business Act*)

- facility of supported accommodation,
- social services house,
- rehabilitation centre,
- specialized facility.

Higher territorial unit is obliged to provide the financial contribution for the performance of provided social service to non-public provider of social service, which does not provide the social service with the aim to gain the profit, if the higher territorial unit requested providing of such social service from non-public provider of social service, and provides: (Oláh, Igliarová, 2015)

- social rehabilitation as an individual professional activity,
- specialized social consultancy as an individual professional activity.

The municipality or the higher territorial unit can provide the financial contribution for the performance of provided social service to non-public provider of social service, which does not provide the social service with the aim to gain the profit, and provides the social service, which is: (*Social Services Act, as amended by the Small Business Act)*

- supporting social service in the facility, which is:
  - day centre,
  - laundry room,
  - dining hall,
  - personal hygiene centre,
- intermediation of interpreting service,
- intermediation of personal assistance,
- services of guides and pre-readers,

- crisis aid provided by means of telecommunication technologies,
- help by the performance of caretaker´s rights and obligations,
- basic social consultancy as an individual professional activity,
- on-site social service of crisis intervention,
- social service in the community centre,
- monitoring and signalization of aid need,
- borrowing of aid tools,
- timely intervention service,
- support of independent accommodation.

1.3 Financial benefit for the performance of provided social service

Financial contribution for the performance of provided social service is determined according to the type of social service, and if it is the case of the social service provided in the facility, also according to the form of the social service and capacity of the facility in the calculation on the number of recipients of the social service, on the number of hours of social consultancy, on the number of hours of guide´s and pre-reader´s service, on the number of hours of caretaker´s service, on the number of kilometers of the transportation service, on the number of hours of interpreting, or other performance unit. (Oláh, Igliarová, 2015)

The amount of financial benefit for the performance of provided social service will be determined for the given budget year in the amount of the difference between the average common expenses for providing this social service in the operation of the municipality or the higher territorial unit for the previous budget year and (*Social Services Act, as amended by the Small Business Act*)

- the amount of financial benefit by the dependence of normal person on the help of other normal person by the acts of the self-service provided to non-public provider of social service for the given budget year, and
- the average verifiably achieved incomes from the payment of remittance for this social service provided in the operation of the municipality or higher territorial unit for the previous budget year.

The municipality and the higher territorial unit locate average common expenses and average verifiably achieved incomes from the payment of remittance for the social service provided in the operation of the municipality or higher territorial unit for the previous budget year, in the classification according to particular types of provided social services, and if it is a case of social services provided in the facility, also according to the form of social service and the capacity of the facility in calculation on the number of recipients of the social service, on the number of hours of social consultancy, on the number of hours of guide´s and pre-reader´s service, on the number of hours of caretaker´s service, on the number of kilometers of the transportation service, on the number of hours of interpreting, or other performance unit. For the purposes of the first sentence, the average common expenses and average verifiably achieved incomes are located depending on the capacity of the facility is to 40 positions, from 41 to 100 positions, or more than 100 positions. Average common expenses and average verifiably achieved incomes from the payment of remittance for the social service according to the first sentence, and the second sentence the municipality and the higher territorial unit publishes on its website, official notice table or by common method in the municipality or higher territorial unit, and these information must be publicly accessible to everyone at the municipality office of the higher territorial unit office latest to the end of February of given budget year. (Oláh, Igliarová, 2015)

If **non-public** provider of social service provides the social service, which the municipality or the higher territorial unit did not provide in previous budget year, or did not ensure this service by means of any legal person, which they created or established, as average common expenses are considered verifiable common expenses of non-public provider of social service for the previous budget year, and as average verifiably achieved incomes are considered verifiably achieved incomes of non-public provider of social service from the payment of remittance for this social service for the previous budget year; if non-public provider of the social service did not provide this social service in the previous budget year, as average common expenses are considered assumed common expenses of non-public provider of social service for given budget year, and as average verifiably achieved incomes are considered incomes of non-public provider of social service from the payment of remittance for this social service for given budget year. (*Social Services Act, as amended by the Small Business Act*)

In the extent of its operation, the Ministry provides the financial benefit for providing the social services to the non-public provider of social service, which does not provide the

social service with the aim to gain the profit, and provides the social service in the facility, which is: (Oláh, Igliarová, 2015)

– sanctuary,
– caretaker´s service facility,
– facility for seniors,
– daily stationary station.

The Ministry provides the financial benefit for providing the social service, if non-public provider of social service requests such financial benefit in written form.

The Ministry of Labor, Social Affairs and Family of SR can provide the financial benefit for financing the social service: (Ministry of Labor, Social Affairs and Family of SR)

- **to non-public provider** of social services in selected types of facilities of social services, which are the facility for seniors, caretaker´s service facility, daily stationary station, sanctuary,
- **to the municipality,** which provides the social services in selected types of facilities of social services or the municipality, which established or created selected types of social services facilities: sanctuary, reception centre, home on a half-way, emergency accommodation facility, temporary child care facility, facility of supported accommodation, facility for seniors, caretaker´s service facility, rehabilitation centre, social services house, specialized facility, and daily stationary station.

Conditions for providing of financial benefit are as follows: (Ministry of Labor, Social Affairs and Family of SR)

– financial benefit for financing the social service in the facility for given budget year is provided by the written request,
– non-public provider of selected types of social services does not submit to the Ministry the written request on financial benefit for providing the social service for the budget year by means of the municipality, but individually and on own behalf,
– the municipality and non-public provider of selected types of social services submits the written request to the Ministry of Labor, Social Affairs and Family of SR in the period from 1.8. to 30.9. of the previous budget year. With the delay of the request submission within by-law determined period is connected univocal consequence in the form of the termination of the claim for the social service provider for financial benefit for given budget year.

Attachments to requests and applications are following: (Oláh, Igliarová, 2015)

- the receipts that the social service provider in the facility, for which is assigned the financial benefit, does not have registered tax underpayments, insurance underpayments on public health insurance, insurance underpayments on social insurance, and underpayments on obligatory contributions for retirement and pension savings, which are extorted by the performance of the decision, not older than three months,
- abstract of record, not older than three months.

The contract on providing the financial benefit for financing the social service in the facility, which concludes the Ministry of Labor, Social Affairs and Family of SR with the municipality, and the contract on providing the financial benefit for providing the social service concluded between the Ministry of Labor, Social Affairs and Family of SR with non-public provider of social service, include: (Oláh, Igliarová, 2015)

- determination of contracting parties,
- contract subject and purpose, for which the financial benefit is provided for financing the social service in the facility, and the financial benefit for providing the social service,
- dates of payments and method of payment of financial benefit of social service in the facility, and the financial benefit for providing the social service, conditions of its use and its amount,
- conditions of clearance of the financial benefit for financing the social service in the facility and financial benefit for providing the social service and conditions for compensation and repayment of these benefits,
- commitment of the municipality or non-public provider of social service to keep the register of vacant positions by the provider for the purposes of sections 6 and 7,
- the method of control of economical and purposeful use of financial benefit for financing the social service in the facility and financial benefit for providing the social service,
- delimitation of the period, for which the contract is concluded,
- the period, within which is it possible to use the financial benefit for financing the social service in the facility and the financial benefit for providing the social service, and the period for its clearance, and
- other agreed necessities according to the given act.

In the end, it is possible to state that the legislative in the area of social services, i.e. also in the issue of financing, underwent complex modifications depending on changing era.

In this regard, we can state that the legislative reacts many times with certain delay after the development of the society, and strives to reach it and subsequently to regulate it.

Still changing era created the need for enforcing the law dealing with social services and also its amendments. The period after 1989 with all its complexities, disagreements and misunderstandings, crossroads, dead ends, ever-changing social processes and events, changing governments also appeared on changing legislative.

All political, social-demographic and economic changes lead to the fact that social services are still more necessary. Regarding to demographic processes, recently, we can see aging of the population in the countries of west civilization, i.e. increasing of average age of the population, which is caused by the increase of middle length of life and the decrease of birth rate. To this should adequately react the decision-making sphere in the form of extending of positions in the social services facilities for seniors. Along with that, it is necessary to build adequately trained personnel, which could professionally perform all social services. Also for this reason, after 1989, there appeared new study programs, such as Social work or Social services and consultancy.

From available legislative arises that social services can be provided by public or non-public provider. If we look at it in detail, social services can be provided by the state or private sector. In general, we can say that the private sector provides services on higher level of quality, but requests also higher fees.

1.4 Perspective and sustainability in social services

According to newest statistical data, in Slovakia, there is 13,5% of population in the age structure of 65+. On the basis of the demographic development and population aging trend, their amount will rise. Costs on care in facilities (mainly in non-public) are often higher than pensions, and the caretaker´s care at home is financially demanding as well. For the reason of lack of financial and capacity resources, many social service providers are not able to provide their services to all applicants, and so waiting lists are being created. It is necessary to find new resources and methods for financing the social services. Despite particular amendments of the Social Services Act in Slovakia try to find an effective way of financing the social services, which would not have a great impact on life quality of people reliant on these services, there is still a conflict between the average amount of pensions (incomes) of

potential users of this service and payments for provided social services. (Korimová, Kmeťová, 2014)

The Ministry of Labor, Social Affairs and Family of Slovak republic in the cooperation with members of the work group elaborated the analysis of weaknesses and strengths, threats and opportunities related to current providing of social services in Slovak republic and found some grounding points for their development (SWOT analysis). The outputs of this analysis are significant source by the determination of National priorities of social services development for years 2015 – 2020.

National priorities of development for years 2015 – 2020 are:

- to ensure the availability of social services in accordance with community needs,
- to support the transfer of social services recipients from the institutional care to community care,
- to support the development of social services available for persons staying in spatially segregated locality with the presence of concentrated and generationally reproduced poverty,
- to increase the quality of provided social services.

The basis for ensuring the availability of social services in accordance to the needs of the community is the fact that the community social services (in the form of on-site, ambulant, and low-capacity sojourn social services) are, according to available statistical data, insufficiently developed and their physical and financial availability is unsatisfactory in whole Slovak republic. Regarding mentioned aging of the population and its consequences connected with higher age of life, increase of people of higher age reliant on long-term social-health care, it is necessary to create conditions for availability and sustainability of this care. In this area, it is inevitable to intensify the cooperation between representatives of state administration, regional and local administration. Basic preconditions for achieving the ensuring of social services availability in accordance with community needs will be the support of the development of existing and new social services and professional activities of community character, and linking of the social services system and health care system into the system of long-term health-social care on the level of community, as well as on the level of sojourn services of regional character in accordance with government documents and other strategic documents. Measurable indicators for achieving this priority is determined increase of percentage in the number of social service types and their capacity on the community level,

and the increase of the percentage in the number of social service facilities providing the social-health care.

Basic preconditions for achieving the priority of the transfer support of social services recipients from the institutional care to community care is to support and build selected types of on-site, ambulant, and sojourn services on the community level strengthening the independent life, and to increase the awareness of experts and public by means of targeted campaigns about the intentions and the process of the transfer from the institutional to community care. Measurable indicators for achieving of this priority is determined increase of percentage proportion of selected types of sojourn services on community level and realization of national campaign focused on the increase of awareness of professional and laic public about the deinstitutionalization (i.e. creation and ensuring of conditions for independent and free live of all citizens reliant on the help of the society, in the natural social environment of the community, by means of the complex of high-quality services in public interest) and about the development of community-organized social services as the public priority.

Support of social services development available for persons staying in spatially segregated locality with the presence of concentrated and generationally reproduced poverty is focused on the development and availability of such social services, which contribute to the elimination of social barriers and social exclusion, to the moderation of unfavorable social situation and help avoid its deepening. Development support and strengthening of the development and use of available social services in municipalities, which have spatially segregated localities with the presence of concentrated and generationally reproduced poverty, is the main and basic precondition for achieving of this priority. Measurable indicator for achieving this priority is determined increase of percentage in representation of selected types of social services and their capacities provided in spatially segregated localities with the presence of concentrated and generationally reproduced poverty.

The increase of quality of social services in Slovak republic reacts on trends applied in the EU and on following of international commitments of Slovak republic in the area of human rights. The main objective is the support and implementation of conditions of quality from the side of founders and providers of social services, and the creation of methodology for the evaluation of conditions of quality of provided social services, and also training of social service quality conditions evaluators. Measurable objective to 2020 is achieving of 60 percent of evaluated providers of social services, which will comply with the quality conditions on the grade excellent or very good.

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Oľga Bočáková

2 SENIORS IN THE DIMENSIONS OF HOME CARE

Every development stage presents us with certain possibilities, and at the same time it limits us in some other ways. This holds true also for the period of ageing and old age. Old age is often viewed rather in a negative light. It is often regarded as some kind of restriction in the senior's life. However, ageing and old age also have their advantages. There is more room to do all that for which there was not enough time before. It is therefore important to age in a healthy way. After all we begin to age after we are born and approach old age with each passing day. It is up to each of us how we will prepare for old age (Malíková, 2011).

The World Health Organization distinguishes the following types of age categories:

- *Adulthood: 30–44 years*
- *Middle age, mature years: 45–59 years*
- *Early ageing: 60–74 years*
- *Actual old age: 75–89 years*
- *Longevity: 90 years and more*

Mühlpachr's categorization (2009) is also often used:

- *Young seniors* (retirement period, free time, activities): 65–74 years
- *Old seniors* (changes in functional fitness, various diseases): 75–84 years
- *Very old seniors* (difficulty in being self-sufficient): 85 years and more

Term „*senior* has its origin in Latin and means *an old man* (Rößing, 2008). There are many ways we can define aging. It is, for instance, possible to focus on the observed characteristics of an old man. They can be further divided into characters, that can be attributed to the relatively remote events, such as loss of mobility caused by a disease in childhood. These are so called the remote (distal) effects of aging. Another group is the group of characters that are the result of much more recent events, such as: loss of mobility due to a broken leg. These are so called the recent (proximal) effects of aging. These characteristics can also be observed from the perspective of likelihood, that they are also shared by other people. The universal signs of aging are the features that are shared by all elderly people, such as wrinkled skin, whereas the probabilistic signs of aging are probable but not universal, e.g. arthrosis. These terms can be compared with the similar terms of primary aging (physical changes of an aging organism) and secondary aging (changes that occur more frequently in old age but they are not a necessary phenomenon.) Some experts add also the third term -

tertiary aging - to express a deep physical decline immediately preceding death (Stuart-Hamilton, 1999).

Another method to measure aging is to monitor how and when the signs of young adulthood are transformed into the signs of later adulthood. Aging is the final stage of human development and should be considered as a part of continuous transformation. However, since it is the continuous transformation, it is difficult to find a suitable definition for the point when there is the end of middle age and the old age begins. It is the expression of a known scientific problem how a continuum can be divided into subgroups. Throughout the years, it is possible to observe the transformation of human physical and mental signs that usually characterize middle age into the characteristics that are typical for old age. It is rather difficult to determine the time when a person definitelly becomes old. Researchers are very well aware of this problem and therefore they try to create a variety of methods to construct an objective criterion of aging. The most common criterion of aging is a chronological, i.e. calendar age, the figure how old a man is. That in itself bears no information, because it is essentially a randomly chosen measurement. Number of orbits of the Earth around the Sun counted from the moment of birth does not express anything specific about a man as long as this datum is not correlated with other, more functional data. Chronological age may not therefore be considered a reliable predictor of a life status of a particular individual, at best, it can only indicate the status of an average person (Stuart-Hamilton, 1999).

Another commonly used measure is the social age. It applies to societal expectations of behavior appropriate for a specific biological age. Western civilization expects that people who are over sixty will behave rather peacefully and settled. Therefore it is not surprising that as a sign of the beginning of old age it is considered to be a termination of a full-time employment and retiring. Two of the most famous myths called a myth of aging in the days before the flood and a Hyperborean myth of aging - say that in ancient times or in very distant lands there lived a race of people with incredibly long maximum life expectancy. This longevity is largely attributed to piety, or a diet that consisted of sheep yoghurt or similar food. Regardless the myths, most of the societies believe that old age means a change of a social status. In traditional societies the threshold limit is considered to be the age of 60-65. The greater part of gerontologists also consider the beginning of old age or cut-off age, the years between 60 and 65. They do not do it just because they want to meet the Western stereotypes, but also due to the fact that around the time of the cut-off age there occur the obvious physical and psychological changes (Stuart-Hamilton, 1999). According to Sýkorová

a social marker of the old age is the retirement age (Sýkorová, 2007). Senior age is a universal phenomenon (Shanas et al., 2009).

The period of ageing and old age can be therefore a positive and quality period of life when individuals come to terms with their age, enjoy the well-deserved rest and do not resist changes in their lifestyle that their age and health condition require (Malíková, 2011).

Ageing and old age do not just pertain to individuals, but have many implications also for society. We can distinguish:

- *Economic implications:* the number of people in post-working age increases, the social means used to secure the needs of seniors increase.
- *Socio-health implications*: they concern the increasing health and social care of seniors.
- *Social implications:* the role of seniors in society and their position in the family change (Haškovcová, 2002).

The quality of life is considered to be a positive indicator of the overall state of individuals. However, the quality of life does not just represent standard of living. It is closely connected with the environment in which people live and also with their needs and requirements. There has been growing awareness of active ageing. Dvořáčková (2013) writes that active ageing can be understood as independence, involvement in the life of society, dignity, care and self-realization.

Active ageing significantly helps to prevent seniors getting separated from society, quite the opposite, it strengthens their integration into society.

Haškovcová (2010) states that in connection with active ageing the so-called second life program (to enable seniors, according to their possibilities, to work, learn and maintain a constant interest in activities) has become the focus of attention.

Old age is a natural and foreseeable process during which each individual changes, but they change in different ways and at different rates. The changes very often mean losses, since they are perceived in the sense that we are forced to renounce something, to leave something, not to do something any more. The older someone becomes, the more restricted they are. They become dependent on others and lose independence, while all of this happens because of changes that come with old age.

In connection with demographic changes the period of ageing and old age becomes increasingly the focus of various researches and the media. The undeniable fact that population becomes older is interpreted as a threat that needs to be confronted and also as a huge challenge for the present society. The problem of the development of ageing societies is

dealt with by many international organizations. They deal with seniors, their involvement in social life, access to social, legal and health services, and respect for their dignity. A great deal of attention is also paid to the abuse of the elderly. The following aspects come to the fore:

- **independence**: seniors' access to the society's basic resources
  - *job market*
  - *education*
  - *housing*
  - *social protection*

  Independent living enables seniors to eliminate their social exclusion from society.
- **activity:** the ability of seniors to lead an active and quality life
- **care**: seniors' access to healthcare:
  - seniors' access to social services
  - seniors' access to legal services
  - respecting human rights and fundamental freedoms
- **self-realization**: the possibility of fully utilizing the seniors' potential
- **dignity**: maintaining dignity, politeness and consideration with respect to seniors

(United Nations resolution No 46/91)

2.1 Social status of seniors

The social environment significantly influences the social status (Dobossy, Molnár, Virágh, 2003). Social status can be defined as the value of certain set of social positions that are taken by a person at a certain dimension of the social system, like profession, income, education, gender or even age. Sometimes the social status is defined as the only position taken by a certain person with a respect to other people within a given social system. In this case, the social status determines the rights and obligations of the holder towards other people. It also determines what behaviour will other people expect from the holder of the status under various circumstances. In this sense, the social status is the basis for the social roles, which are in turn its dynamic aspect (Plávková, 2008).

Social position and social status have two dimensions (Plávková, 2008):

Vertical – it describes hierarchical relationships

Horizontal - the interactions among people in the same position.

Every social position is characterized by social status (its social value) and its social role (its function). Gained social status is the result if the effort of the human being. Ascripitius social status is allocated by automatic affiliation to social segment or social group (family, professional group, etc). Gained social status is changing very hard during the process of ageing. There is also social position enforced by society (ie. scholar at basic school, prisoner, unemployed etc.) (Bočáková, Kubíčková, 2012).

Social status is in all stratified societies distributed more or less hierarchicaly, with a tendency to grant the highest social status to a limited number of people. Higher social status is considered to be a scarce commodity and becomes the subject of aspirations like other scarce goods. In this context Max Weber mentions that social status brings along the idea of superiority and inferiority.

In a modern society the social status is determined mainly by the educational attainment, amount of the income, property, social value of the practiced profession, power sharing, as well as by other factors. The heterogeneity of social status is reflected in different styles of life. It also affects the quality of making contacts, by which social status can be reversaly either disputed or increased. Efforts to highlight the social status of others lead to applying the status symbols, which can also be the symbols of the reference group, i.e. of such a group which an individual would just like to belong to (Plávková, 2008).

As it was indicated, we distinguish an obtained social status, acriptive social status and foisted social status. The ascribed social status (ascriptive status) is one that cannot be obtained by an individual by his/her own effort, e.g. race, gender. It is usually obtained by heritage, which does not necessarily include just material goods such as assets, but also various preferences – influence of a family.

The acquired social status can be obtained by one´s own initiative, profession, education, participation in power. It is thus the result of the individual´s own efforts. The scope of the acquired social status tells about what the chances of mobility in a certain society are. At various times the social status is determined e.g. by office detention, verbal skills, contribution to economic or political power.

The foisted social status can be acquired by the fact that it is forced by a society or a social group (e.g. unemployment). Generally, however, people direct themselves in the evaluation of their partners by schemed - status criteria: they notice whether they deal with an individual with higher education or lower but equal status with theirs. Then, according to these criteria they prefer interacting with a certain status holder (Plávková, 2008).

Generally in senescence the number of roles, thereby the social positions decreases. Thus, a senior loses social prestige and, consequently, his/her social status is changed. The social status of an old man belongs to a relatively disadvantaged category of a pensioner (Koval, 2004).

Relatively frequent phenomenon is the fact that the attitude of an individual towards old age depends on how he/she has been able, in the course of life, to cope with difficult situations that he/she has gone through, has handled them and has dealt with them (Malíková, 2011). In this period of life it is necessary to provide assistance for an elderly person that respects his/her identity, autonomy and participation in social life and also maintaining the meaningfull life (Hrozenská et al., 2008). However, the attitude of each individual is affected by a variety of circumstances, i.e. determinants. These determinants include, for example (Malíková, 2011):

- *environment in which an individual lives and the general attitude of society and community towards the elderly,*
- *a type of personality, life-long experiences and previous experience,*
- *individual's position in the family, emotional and social background etc.,*
- *upbringing, education, cultural and social influences*,
- *health status of the individual*,
- *degree of emotional intelligence,*
- *the overall situation of the individual concerning the possible way of life, economic possibilities and the like.*
- *congenital predispositions and the individual's ability to cope with difficult situations, i.e. flexibility, resistance to the sressfull situations.*

It is necessary to realize that it is not possible to reliably estimate in advance what kind of attitude a particular person will have or how he/she will adapt to the problems and the overall situation arising from senescence. Besides the fact the individual's attitude to old age is affected by the above mentioned as well as other possible factors, it is also very closely related to the adaptive capacity of the person concerned (Malíková, 2011).

According to the common features the reactions to old age have been typologically divided into the following five areas (Mlýnková, 2011):

Constructive type - this is an ideal attitude when an individual is self-sufficient, accepts his/her aging and all its expressions. He/she concentrates on keeping in a good shape and encouraging self-sufficiency. He/she has the characteristics like.:

- *optimism,*

- *helpfulness,*
- *sense of humor,*
- *enjoys life,*
- *adaptability,*
- *tolerance and others*.

He/she also maintains good relationship with others - family and friends, and controls the ways to maintain a mental balance,

Strategy of dependance - this attitude always means enforcing the assistance and care of the environment. It is very common and it can be seen when an individual uses his/her health and other problems to manipulate with others, mostly relatives. It is mostly done by a goalseeking and ambitious person who can not cope with retirement. People with the strategy of dependance attitude prefer rather comfortable way of life and rely on material support, providing of assistance and emotional bounds of their family or institutional care. In order to achieve their goals and meet their ideas of care and assistance of the surroundings, they do not hesitate to use any manipulative practices or forms of emotionalism,

Strategy of defence – it is used by those who deny their approaching the old age and do not want to accept their age. They are defending by delaying their retirement and they try, at all costs, to maintain their self-sufficiency, labor and social positions. This category includes people who, in the course of life, have worked a lot, they are not used to taking, but giving. Often they work in high positions and belong to higher social circles. It is a specific way, another form of denying reality, delaying solutions of a new situation which arises from this stage of life

Strategy of enmity - this form of strategy is very difficult and represents a burden on both parties, i.e. for seniors themselves as well as people around them - relatives, neighbours. The strategy clearly expresses unacceptance of an unfavorable situation of the senior citizens. It is chosen by people which despite their efforts and ambitions have not had a very successful life. They are full of grievance, bitterness, hatred, anger, frustration and other negative emotions. In such an emotional state of mind it is beyond their effort and willingness to accept senescence with all the changes, challenges and limits that it brings. Dissatisfaction, not only with their age, but also with their lifelong situation, they wish to live in seclusion - in solitude. Under the guise of their hostility, accusations and grievance there is a hurt soul, great regret and strong emotional pain,

Strategy of self-hatred - this is a very serious attitude that shows a strong negative relationship of a senior with himself/herself. It escalates upto the feeling of self-hatred. The individual is

angry at himself/herself, because he/she has not been very successful in life, and he/she is unable to forgive himself/herself (Mlýnková, 2011).

The behavior of a senior may not totally 100 per cent correspond to a single type of the strategies in the reactions to old age. There may be manifested other appropriate attitudes. It depends on each person's personality type (Mlýnková, 2011).

A man wants to live a long time, wants to be an active, full-fledged and self-sufficient. During the life he wants to stay in the society and even in old age does not want to be pushed to the sidelines. "Every society is in some way interested in the health of the population and to develop certain measures for his protection“ (Bočáková, 2006).

A society that understands the needs of earlier born, tries to take care of their overall security by creating conditions for a dignified life in old age. On the other hand, human beings cannot just passively wait, that society will look after them because it is not correct. Even seniors can be active, what is the best presentation and the subject of their autumn of life. The family is the basic organizational and structural unit of society. It is necessary to do everything that the family could take care of their loved ones, to make the care of the elderly. The idea is that senior stays in the home environment as long as possible. Institutional care is needed, but at the same time alternative and complementary. Care in institutions should be similar to the normal, domestic environment (Haškovcová, 2010).

The older the man is the more they are constrained to his stereotypes, and thus more difficult and slower to adapt to new and complicated life situations. A man at an older age is accustomed to the way of life and views, because it is very difficult to adapt to the new realities. A man at an older age is used to the way of life and views, because it is very difficult to adapt to the new realities. Adaptability is a feature of the youth. People in older age are not willing to adopt habits that are in conflict with his previous habits. Years ago he established habits which gave him a comfortable way of life and help them cope successfully with common situations. A change is very difficult, fear of the risk and little of the enthusiasm and interest are related to it. Motives, that in his youth pushed him forward lost their strength and attractiveness. Reduced adaptation causes, that the new, unexpected or strong stimulus can disrupt the internal balance (Bartko, 1990).

An important component of the care of the elderly who live in facilities of social services is the social work carried out by social workers with vocational education. Their mission is to help to ensure that seniors things of daily use, such as small purchases, or to help them in dealing with various office issues. An important part of the work of the social worker is also help seniors to adapt to the new environment, which for them is very stressful. Another

task is to take care about utilizing the free time of all the inhabitants, and customize it to their interests and combine them together so that the individual devices of social services for the elderly have become for them a real home (Bočáková, Kubíčková, 2012).

As it regards the current trends and the situation with pensions is already unsustainable. As people live and work longer, it can impair either pension adequacy or there was an unsustainable increase in pension expenditure. The impact of demographic challenges, who is or was a result of the crisis even stronger, and will also still tends to reduce economic growth and put pressure on public finances. Ageing report shows that due to the declining number of the workforce in 2020 will be the only source of growth in labor productivity. While reforms have already significantly reduced the impact of aging on future pension costs related public expenditure with age until 2060 should continue increasing by a total of 5 percentage points of GDP, half of which is due to the pension expenditure.

- *Another persistent trend is societal change such as:* (Zelená kniha, 2010)
- *Single parent households,*
- *Couples without children and different generations of families living far apart .*

The result is a higher rate of utilization of formal care services that use. This gives rise to other problems related to financing the cost of health care and long-term care. The funded pensions system could also be affected by population aging. Aging societies would reduce the potential growth of the economy, resulting in lower real rates of return and also influenced by the prices of financial assets. Such potentially returns lower on pension fund investments may lead to: (Hetteš, 2011)

- *higher contributions,*
- *lower retirement benefits,*
- *increase of capital outflows to emerging markets*
- *or to higher risk-taking.*

In the context of an aging population, the European Council meeting in Stockholm agreed on a three-pronged strategy to address the impact on public budgets. The three points include: (Zelená kniha, 2010)

- *rapid debt reduction;*
- *raising employment rates and productivity;*
- *reforming pensions, healthcare and long-term care systems.*

In addition, the European Council in 2001 in Laeken agreed a set of common objectives for pensions, highlighting the importance to be adequate, sustainable and adaptable (Zelená kniha, 2010).

2.2 Social policy in the context of the social protection of seniors

The goal of social policy is the social protection of population which can understood as a systematic effort to eliminate harsh living conditions that lead to economic and social need. Individuals are unable to eliminate these harsh living conditions and adverse social situation even with the help of their family. The current concept of social policy is aimed at making citizens, people, solve their own problems, partially limiting social support from the state with emphasis on the state's economic resources. Individual responsibility for own life and standard of living take centre stage. It is therefore necessary, as Tomeš (2001) writes, to:

- *strengthen the mindset of civic independence*
- *emphasize the responsibility and effort of people to change their own standing*
- *support the emergence and functioning of non-state social entities in social policy*
- *change some social services from unpaid services to paid services*
- *expand social services*
- *effectively spend financial means on social purposes*
- *put more emphasis on differentiating the provision of social benefits*
- *ensure minimum social protection to the state's citizens*

At present the process of strengthening the role of non-state entities is under way in our country.

Social policy fulfils several functions, namely the protective, distributive, redistributive, stimulating and preventive functions among others. Nowadays, the preventive function is very important, since the modern social policy is not only focused on protection and support, but also on prevention aimed at managing lifestyle. The functions of social policy work in a complex way and relate to various objects:

- *to individuals in a state of need*
- *to individuals in material need*
- *to families*
- *to patients*

- *and others*

Arnoldová (2015) writes that in modern societies family solidarity, or intergenerational solidarity which is realized especially by means of the redistribution and transfer policy of the state is important. The society-wide solidarity is organized by the state, it constitutes the development of education, culture, support for families, the socially weak and others. However, the family solidarity, or intergenerational solidarity is important.

Social policy is shaped by various factors such as:

- *demographic development:* demography deals especially with the processes of population reproduction, death rate, marriage rate, lifespan, as well as with the processes of population migration and others. The ageing of population is a sign of the present time, the growing number of older and very old people will mean an economic burden for the working age population. We should not nevertheless forget all that the elderly have left for us and created. Also, the number of lonely persons, especially women, increases. Women live without a partner more often than older men, in the oldest age brackets the risk of poverty is higher for women than for men.
- *economic and social factors:* economic and social factors have a significant effect on social security. They concern those economic resources that cover individual economic and social needs. The economic situation of the state has an effect on social security which depends on the level of economic and social development of society.
- *socio-political factors:* political factors basically have an effect on the behaviour of social entities that are part of the social system. An important role in this respect is played by the family (Tomeš, 2010).

In Slovakia the subsistence level for one person of full age currently stands at €198.09.

Table 1 The development of subsistence level between 2009–2017

Period	**The subsistence level for one person of full age**
from 1 July 2009	185.19 EUR
from 1 July 2010	185.38 EUR
from 1 July 2011	189.83 EUR
from 1 July 2012	194.58 EUR

from 1 July 2013	198.09 EUR
from 1 July 2014	198.09 EUR
from 1 July 2015	198.09 EUR
from 1 July 2016	198.09 EUR

Source: *What are the subsistence levels? www.finance.sk*

Subsistence level fulfils two functions, namely:

- *primary function:* in social care it should ensure temporary protection against material and social need.
- *secondary function:* it should constitute a criterion for targeted provision of benefits.

Material need is a state when the income of household members does not reach the subsistence levels stipulated by special legislation and the household members are unable to secure or increase income via work, the exercise of an ownership right or other rights to property, or by exercising entitlements. If a household is in material need, it does not mean that it is always entitled to be provided with support in material need, because support in material need is provided only up to the amount of entitlements stipulated by the law on support in material need and not up to the amount of the subsistence level. The legal relations concerning the provision of support in material need, special allowance and one-off benefit are provided for by Act No 417/2013 Coll. on support in material need and on amendment and supplementation of some acts as subsequently amended.

The support in material need constitutes:

- *material need benefit*
- *protective allowance*
- *activation allowance*
- *dependent child allowance*
- *housing allowance*

The benefit is aimed at securing basic living conditions and its amount is as follows:

- 61.60 EUR monthly for individuals
- 117.20 EUR monthly for individuals with a child or maximum four children
- 107.10 EUR monthly for childless couples
- 160.40 EUR monthly for couples with a child or maximum four children
- 171.20 EUR monthly for individuals with more than four children

- 216.10 EUR monthly for couples with more than four children (Office of Labour, Social Affairs and Family, 2017)

Social need is a state when a citizen is unable alone to secure care for themselves, care for their household, protection and exercise of their rights and legally protected interests, or contacts with the social environment especially due to:

- *age*
- *poor health*
- *losing a job*

For the purposes of this act social need shall also mean a state when a citizen with a severe disability needs to mitigate the social implications of such disability or overcome them under the conditions stipulated by the act on social support.

Table 2 Material need – state as at April 2017

	The number of recipients of material need allowance with jointly assessed persons	**The population as at 31 December 2016**	**The proportion of persons in material need to the population in %**
Slovak Republic	**208,388**	**5,435,343**	**3.83%**

Source: *Office of Labour, Social Affairs and Family, 2017*

The system of the care of seniors is provided especially in the form of health and social services. An important role in this respect is played by counselling services that must be available and of high quality. They play an important role in determining the form of care and specific social service for the given target group. In the sphere of professional care health, social and other services should be ideally provided in home environment. The role of family in the care of its relatives is irreplaceable. Educating and supporting informal carers is one of the most effective investments that can be made in the long-term care and generally therefore in the care of seniors. The productivity of this group of providers consequently increases, the work of carers improves and the costs of the health and social system become lower (Mühlpachr, 2009).

Nowadays, the ageing of population is often viewed as a socio-economic problem. For most older seniors old age pension is the only or main source of income. As regards old age pensions in Slovakia, it can be concluded that they are low.

The number of people that need to be cared for at home continues to rise. Nowadays, patients are discharged from hospital earlier, people live longer and medical technologies continue to be developed. People become carers for various reasons. Society, professional carers and healthcare workers try to provide enough support to older people. In Slovakia home care service is provided by local authorities, non-profit organizations and other entities. Act No 448/2008 on social services does not deal with counselling for home carers. If a carer is an employee of a municipality, town district or non-profit organization, then it is proceeded in accordance with the valid Labour Code. The counselling of social services coordinators is focused on problems such as who to turn to regarding the provision of home care service and specific problems that may arise from the given situation. In our country – Slovakia – the work of carers is undervalued (Repková, 2009).

Caring for someone full-time is demanding. The role of replacement carers that would care for seniors as part of respite care is therefore very important.

Carers are usually family members that provide support or assistance to children or adults that are ill, infirm, mentally disabled, suffering from various lifestyle diseases or are weak due to high age. Carers can be parents, partners, sisters, brothers, friends or children. They may spend several hours a day caring or do it full-time. Some carers are paid from the state budget, others are employed or paid from private sources (Holczerová, Dvořáčková, 2013).

In Slovakia the remuneration of the employees of home care service or carers falls within the lowest income bracket. The reason for this is the fact that the performance of their work requires no education. The carers are mostly employees with elementary, secondary and sometimes university education.

Many carers say that caring has been a positive experience in their life, but many of them suffer, since they have high responsibility.

Care plans are very important for carers. Care plans contain a list of services that a physician or other healthcare professional provides to the cared person. Care plans help with familiarization with the needs of persons that require support. They are updated. Caring for a relative, therefore also a senior, involves cooperation with healthcare professionals. They include:

- *nurses*

- *professional therapists*
- *speech therapists*
- *healthy eating advisors*
- *psychologists*
- *social workers*
- *general practitioners*
- *specialists* (Hauke, 2011)

The aim is to improve the care of persons that require a carer.

The purpose of caring is to ensure the highest possible degree of independence for an ill relative or old person. In this respect adjusting the environment as well as the availability of compensatory aids that the cared person needs play an important role. The adjustment of bathroom and toilet may help, also an ideal balanced diet should be paid attention to.

The health of seniors is also affected to a large degree by the family situation as well as social isolation and loneliness. Lack of social contacts and social care has a very negative effect on the life of seniors. On the other hand, good social relations and quality social and health care have a positive effect on the life of seniors. Sak and Kolesárová (2012) write that social relations are differentiated on the basis of socio-economic status. That means that higher income enables more possibilities of activities and social relations. Socially isolated seniors are at a higher risk of dying prematurely. Many factors, especially the quality of life, are taken into account in the subjective assessment of loneliness as well as of health and standard of living.

Vidovičová et al. (2008) state that the loneliness of seniors is also connected with the quality of their relations with neighbours. Poor relations with neighbours are responsible for higher loneliness. The feeling of loneliness generally increases with age and is more common in women. Loneliness correlates with worsening health, the risk of dementia, depression and premature death increases. They also state that financial means play an important role in the involvement of seniors in various social activities. Apart from financial barriers, it is important to eliminate also age and generational barriers, to support various programs and activities such as physical and sport activities.

Matoušek (2005) writes that loneliness has a negative effect on the quality of life of seniors – the tendency of lonely people to seek health services more often than other people is well known. Also the risk of being admitted to social care, social care facilities increases.

The feeling of loneliness is very often stated by seniors that are widowed, divorced or separated from their partners.

The care of dependent older people is considered one of the most important forms of care due to the demographic development. This care should be primarily provided in home environment by family members. Home care is provided:

- *as care of close relatives which is supplemented by a professional carer's home care service provided by local authority:* that means that it is not just the family that provides the care, but also a professional carer participates in the care of seniors, older persons. This is referred to as the combined care.
- *as care by families, close relatives receiving allowance for caring and social services that are provided on a daily basis, such as a day care centre.*
- *as care of older persons, it can be provided also by another person that shares a common household with the senior:* they receive care allowance for this care (Repková, 2009).

The care of seniors can be formal or informal:

- *informal care* is when the care of seniors is provided together by family members out of family solidarity, a sense of belonging. It also includes the care of older people or seniors provided by friends as part of selfless human-to-human assistance.
- *formal care* is connected with professional services provided by carers. Its provision is regulated by the legal system. The care of older people can be also divided into home care and residential, institutional care:
    - *Home care:* The OECD defines home care as services provided in the household of a dependent person. It also includes day centre services and relief services for the purpose of recuperation. The experts also consider care provided in sheltered housing as home care.
    - *Residential-institutional care:* it is provided in institutions and apart from services it includes the provision of accommodation, housing (Čevela, Kalvach, Čeledová, 2016)

In Slovakia home care plays an important role in the long-term social care. We present the following table entitled Primary prevention.

Table 3 Primary prevention

PRIMARY PREVENTION		
Healthcare (prevention, acute healthcare, rehabilitation)		
home care	***combined care***	***residential care***
counselling, community development, partnerships		

Source: BRICHTOVÁ, K. - REPKOVÁ, K. 2009. *Sociálna ochrana starších osôb a osôb so zdravotným postihnutím.*

The provision of long-term care by the following entities is irreplaceable:

- *family and informal care sector*
- *state or public care sector*
- *volunteering and non-governmental care sector*
- *care market and private sector*

This is the division of actors with responsibility in the provision of long-term care.

Repková (2009) writes that home care is often confused or identified with family care due to the connections with the family environment. As far as legitimation is concerned, technical literature works at least with this term, family care is considered to be informal care. The care of older people within the family environment can be of various kinds. It is not just informal family care, but also professional care which is ensured in the form of paid services in home environment. It can be also health or health and social care provided in home environment or alternate forms of care and support such as respite care when professional care service is provided, it can be also volunteers or charities that ensure changing of a family member caring for an older person, a senior. The care of seniors is based on certain principles:

- *health, social and emotional care:*
  - *healthcare:* it is long-term care of older people with the aim to return most seniors to life outside institutional healthcare. The provision of further care is up to the family and also on social care.
  - *social care:* the system of the social care of seniors supplements family care. Act No 448/2008 Coll. on social services gives more information about the provision of social service in facilities to individuals that are

reliant on support from another individual and to individuals that have reached the retirement age:

- ✓ supported housing
- ✓ home for the elderly
- ✓ social care facility
- ✓ rehabilitation centre
- ✓ specialized institution
- ✓ day care centre

- *emotional care:* it forms a very important part of the care of older people

- *care based on the level of urgency:*
  - *subsidiary care:* it involves financial support, arranging repairs in households, escorting the individual to a doctor, help with dealing with official issues, etc.
  - *impersonal care:* it involves activities that are connected with managing a household, especially cooking, cleaning and washing
  - *personal care of an older person:* it is essentially a very time-consuming, physically or mentally demanding activity that is also connected with intimate care of an older person. It is essentially round-the-clock care in which activities such as personal hygiene, including toileting, feeding, administration of medicines, positioning and others are repeated (Jeřábek et al., 2013).

The long-term care of older people is very demanding, while Jeřábek et al. (2013) state that neither the state nor the community care are sufficiently prepared to help people living in home environment that represent the most difficult cases in terms of the long-term personal care. Jeřábek (2013) writes that services such as delivery of food to households are available and that cleaning of households can be arranged, but to hoist or wash a lying family member, to sit next to them and ease their pain is difficult.

We present a table of care provided by family to seniors.

Table 4 The number of hours of care of seniors by family

The number of hours weekly for the whole family	Percentage
0–12 hours	21%
13–24 hours	22%
25–36 hours	21%
37–48 hours	13%
49–72 hours	9%
73 hours and more	14%

Source: *Rodinná soudržnost (Family togetherness), Faculty of Social Sciences of Charles University, 2006*

Table 5 Care provided by family as needed in hours per week

The intensity of the need of care by family	The number of hours of care by family per week
Essential personal care	62 hours
Significant support and care	46 hours
Assistance	31 hours

Source: *Rodinná soudržnost (Family togetherness), Faculty of Social Sciences of Charles University, 2006*

The responsibility of families for the comprehensive care of seniors is not explicitly stipulated, it basically follows from the tradition of caring for parents that has been passed down from one generations to the next.

We present a table showing the reasons for care and the reasons that would lead a family member to care for their old parent.

Table 6 The reasons for care

Reasons	Care in the present in %	Care in the past in %
The worsening of physical health	87.5%	90.6%
Injury or illness	59%	70%
The worsening of mental health	46.4%	56.3%
Living together with the cared person	35.1%	40.3%
Death of the cared person's partner	24.4%	20%
Death of previous carer	4.1%	2.1%
A change in financial situation	3.9%	3.2%
Other	6.1%	4.2%

Source: *Rodinná soudržnost (Family togetherness), Faculty of Social Sciences of Charles University, 2006*

Table 7 The reasons given for caring

Answers	**As a percentage**
"Because I consider it a matter of course, they are my parents and it is a part of life."	98.1%
"Because I want that he/she remains at home for as long as possible."	95.8%
"Because I know that it will make him/her happy."	95.2%
"Because he/she also helped me in my life when I needed it."	92.3%
"Because of the bond that exists between us."	92.3%
"Because my wife/husband/partner wishes that we care for our parents."	73.6%
"Because my family would be astonished if I did not help them."	44.1%
"Because it will help me financially."	23%

Source: *Rodinná soudržnost (Family togetherness), Faculty of Social Sciences of Charles University, 2006*

The following tables show what had to be renounced by those who decided to care for a senior.

Table 8 Renunciation due to caring

Answers	He/she had to renounce in %
employment	6.5%
career	1.9%
education	2.8%
money	10.7%
standard of living	14.6%
relations in family	6.4%
relations with friends	9%
free time	22.9%
hobbies	17.8%
holiday	21.3%

Source: *Rodinná soudržnost (Family togetherness), Faculty of Social Sciences of Charles University, 2006*

Regular, time-consuming care is adjusted to the needs of seniors whose circumstances require this care.

Intergenerational solidarity and family togetherness is of great importance in the care of seniors as well as of family members who are medically disadvantaged.

2.3 Care of seniors in home environment

Hauke (2011) states that talking to persons interested in social service in their home is very important in terms of the overall assessment of their health and social situation and the subsequent support. The support does not just constitute the provision of home care service, but it also involves offering information and counselling services to those who are interested. That means that social workers ensure self-sufficiency and satisfaction with the help of appropriate compensatory aids. Social workers also speak about the possibilities of getting various social benefits.

The individual planning culminates in the creation of an individual plan. Hauke (2011) writes that properly drawn up individual plan is a proof for the professional work and approach to users as to equal partners. At first a social worker must speak with the social services user, this is followed by the process of drawing up an individual plan which consists of the following procedures:

- *discussions, conversations with the person interested in social service*
- *drawing up a contract on the provision of home care service*
- *creating an individual plan*

Social service begins to be provided on the basis of the contract. The individual plan contains personal and sensitive information. The individual plan form contains:

- *the way in which the aim is to be achieved*
- *the scope, time and method of performing individual tasks*
- *details about getting lunches*
- *the method of communication*
- *the time period when the client does not want to be disturbed*
- *owning the user's keys is a huge responsibility, it is necessary to ensure that they are not misused*

The number of people that need to be cared for at home continues to rise. An important role is played here by home care service. People become carers for various reasons. They may care for a person that is recovering from a disease or an operation. Carers come from various communities, various environments. There are no rules that would stipulate who can become a carer or what is expected of a carer. As regards the home care service, the requirements on carers may vary. A person that is chronically ill, immobile or old and weak will need intensive care for several months or years. The society, professional carers and healthcare workers will provide enough care to those persons that require it.

Hauke (2011) writes that many carers do not know that various centres and types of support exist. In Slovakia home care services are provided by local authorities, non-profit organizations and other services. If a carer is an employee of a municipality, town district or non-profit organization, it is proceeded in accordance with the Labour Code. People become carers without planning.

The social security of seniors in the SR is ensured on the basis of Act No 448/2008 Coll. on social services that came into force on 1 January 2009. In connection with the system of social protection of citizens or seniors also Act No 447/2008 Coll. on financial allowances

for the compensation of severe disability occupies an important place. Similarly, Act No 461/2003 Coll. on social insurance plays an important role in this respect.

Hrozenská and Dvořáčková (2013) state that the average lifespan of people aged 65 should be 20% longer and more or less free of disabilities, and that the number of people aged 80 that can live independently and with dignity should increase by 50%.

From the viewpoint of geriatrists the bottom age limit is defined by the 65th year when we begin to speak about seniors. The ageing of population is real. Prolonging the life of people is presented both in a positive as well as negative light. Either way one thing is certain – the need to care for older people increases, which implies increased health and social care for this target group. Older people are more ill and need more compensatory aids. Many seniors suffer from lifestyle diseases that may result in their isolation from the surroundings, loss of communication, sense of usefulness, self-sufficiency decreases, neglect appears, in some cases seniors are also abused.

The issue of the seniors' quality of life is coming to the fore. In this respect Hegyi (2010) states three types of care: ambulatory, hospital and situation in the society.

- *Ambulatory care*:
  - it is inadequate geriatric care
  - coordination with the social department is missing
  - unsatisfactory social services
- *Hospital care*:
  - insufficient food intake
  - prevention of pressure sores
  - low mobilization of patients/clients
  - early discharge from hospital due to economic reasons
  - not dealing with problems because of age
  - coordination with the social department is missing
- *Situation in the society*:
  - ageism
  - low social status
  - absence of long-term care
  - insufficient number of places in social services facilities for older people

Hegyi and Krajčik (2010) state that taking care of the health of older people is important not only in terms of ethics, but also from the economic viewpoint. The point is to

promote the interest and participation of all generations in the prevention and seniors' healthcare promotion programs.

Many older people suffer from dementia, Alzheimer's disease, Parkinson's disease, it is therefore necessary to open more and more specialized social services institutions. At the same time emphasis should be placed on integrating seniors into communities, the society.
In the life of seniors retirement represents a huge change. This period offers room for rest and self-care, but on the other hand the number of social contacts drops. We live in a hectic time when everyone is chasing after something. The lifestyle of seniors is of huge importance, it encompasses:

- *eating habits*
- *the level of physical activity*
- *the way of coping with and experiencing stress*
- *sexual behaviour*
- *spending free time, etc.*

Retirement is often associated with a drop in income, which causes huge problems to seniors. They often change their flat for a smaller one, even though they struggle to get used to the new environment.

According to Mlýnková (2011) the care of seniors can be divided as follows:

- *the care of seniors by family*
- *healthcare*
- *nursing care*
- *social care (home care service)*

In the past it was common for more generations to live in one house. This offered some advantages, namely that grandparents could take care of their grandsons and granddaughters. Similarly, children could take care of their parents when they reached old age. At present families live mostly separately. That nevertheless does not mean that the family does not constitute the basis for the provision of care to seniors. It should be a matter of course that adult children take care of their ageing parents. It is easier when children and parents live next to each other, sometimes an ageing person, a parent, moves into the flat of their children. But a situation when seniors do not feel well there, because they are used to their house, their own bed and privacy, may arise. It is therefore very important that a solution to care for seniors at home or at their family is found. Mlýnková (2011) writes about various barriers that can be found here:

- *The living conditions are not good, because the flat is small and the senior has no privacy if they move to the family of their adult children. The same of course may hold true also the other way round.*
- *The middle generation is still at working age and must work. Many cannot afford to stay at home with seniors, their parents, and to provide day-long care to them.*
- *The middle generation also has their family, children, household. The obligation to care also for their own family naturally follows from this fact.*
- *The distance between families may also act as a negative factor when children live far from the home of their ageing parents.*
- *Family members often become tired and exhausted if they care for a senior, their parent – the point is that going to work as well as caring for their parent is quite tiring. Respite care is therefore very important, i.e. it is important that the person who cares for a senior gets the possibility to rest.*

According to Repková (2009) the care of dependent older people is considered very important and it is expected that it will continue to be primarily provided in the home environment by their family members. OECD (the Organisation for Economic Co-operation and Development) defines home care as services provided to a client in the household. It also involves day centre services and relief services. Also sheltered housing is considered as home care.

Healthcare – nursing care

Healthcare is provided in healthcare facilities. Important role is played by post-treatment wards, wards for the chronically ill. The care is provided to seniors in good health, however, it is necessary to arrange subsequent rehabilitation, whether it concerns teaching self-sufficiency, walking or some other ability. The goal is to return to the original social environment. In case of severely ill health, the incurably ill can be cared for at hospice where comprehensive care is ensured. There is also the possibility of the so-called home hospice when care is provided in home environment. Seniors can thus spend the last stage of their life in the circle of their family. Experts, physicians specialized in palliative medicine as well as nurses provide special care in the client's (senior's) home environment.

In this regard ambulatory and outreach services, which are provided in the senior's home environment, play an important role. This type of care is provided by home nursing care agencies.

The aim of this service is to nurse ill clients in their home environment.

Social care

Social care is set forth in Act No 448/2008 Coll. on social services. This act describes all facilities that provide social services. They include:

- *facilities for seniors: intended for seniors that require permanent comprehensive care*
- *specialized facilities:* these are specialized for certain illnesses, mental disorders or mental disabilities, etc.
- *social care home*: seniors need assistance with certain tasks such as washing, dressing, etc.
- *home care service*: it provides assistance to seniors in their home environment. Social services such as hygiene care, food preparation, feeding, shopping, taking care of a household, washing, ironing, escorting an individual to a doctor and other assistance services are provided (Malíková, 2011).

The care of seniors is aimed at improving or maintaining the seniors' health and functional abilities. The goal of the care of seniors is to provide comprehensive and complex care to clients, their family and community.

As regards care, it can be divided into:

- *actual nursing care*
- *other care activities* – cleaning, shopping for groceries, washing, lunch delivery, escorting seniors to a doctor, etc.

As regards the care of seniors, we may think of the following areas:

- *physical (somatic):* the clients need to be always informed about what we are going to do with them
- *mental*
- *social*

Table 9 The development of the number of recipients of home care service between 2010 and 2013

Period	**Municipalities**	**Non-public providers**
2010	15,704	1,881
2011	14,727	1,794
2012	12,309	1,616
2013	11,792	1,738

Source: *The Statistical Office of the SR, 2014*

Table 10 The development of the outgoings and incomings of home care service between 2011 and 2013

Period	Municipality INCOMINGS	Municipality OUTGOINGS	Non-public providers INCOMINGS	Non-public providers OUTGOINGS
2011	€4,933,411	€24,217,914	€3,244,168	€3,372,346
2012	€4,828,069	€27,321,887	€4,431,241	€4,386,175
2013	€4,842,567	€25,662,549	€4,385,817	€4,636,868

Source: *Ministry of Labour, Social Affairs and Family of the SR, 2014*

Table 11 The development of the number of recipients of home care service

PROVIDERS	2011	2012	2013	2014
Municipalities	15,704	14727	12,309	11792
Non-public providers	1,881	1,794	1,616	1,738
TOTAL	17,585	16,521	13,925	13,530

Source: *The Statistical Office of the SR*

Table 12 The development of the number of long-term disabled people at social services facilities

YEARS	The development of the number of long-term disabled people at social services facilities
2010	25,794
2011	27,164
2012	27,652
2013	28,773
2014	30,002

Source: *The Statistical Office of the SR*

There is a need to approach the care service when the family cannot manage the care of seniors. In the framework of social services, the degree of reliance as well as the following facts are evaluated:

- *the person needs help with an excretion*
- *the person cannot ensurepersonal hygiene*
- *whether the person is capableto eatby himself, whether the person keeps the drinking regime*
- *whether a person needs a help with dressing (off)*
- *whether the person knows a person knows to orientate in the setting*
- *whether the person can move independently*
- *how a person follows the treatment regime* (Kol. autorov, 2012)

Based on these factors the person, the senior is listed to a certain degree of reliance. There are six in total.

Thus, we can state that the help in the framework of care service, is provided on the basis of the self-serviced performance, home care and also within the social activities (companion to medical examinations, solving and handling the official matters and other).

In case of the senior, who is dependent on the care service also needs elderly care, or rehabilitation. This is provided by the ADOS – Agentúra domácej starostlivosti (transl. Agency for home care). It allows the nurse as well as physiotherapistto visit the senior.

In addition to the care service the senior can also visit the day centre, which provides social service during the day. Seniors gets the help during self-service performances, he is provided with the food, social rehabilitation, social counselingand alsoleisure activities.

We state hereanumber of registered providers of care services within the individual self-governing regions.

Table 13 A number ofregistered providers of care services in Slovakia

SELF-GOVERNING REGION	NUMBER
Bratislava	96
Trnava	109
Nitra	210
Trenčín	177
Žilina	273
Banská Bystrica	186
Prešov	193
Košice	182

Source: The Central register of social services providers, 2017

Ghanyová (2009) states that care service in the home environment of the client is in the form of street social work. The social worker, carers, is put the specific demands. It is very good when the dependent person has the opportunity to remain in their home environment. Not each family is able to take care of the dependent family member. The care service is specific because it is carried out in the home environment of the client. This care service is defined in the Act 448/2008 Coll. on social services, in the framework of this service the caregiver helps with personal hygiene, delivery and preparing the food, necessary work in the household, but also ensures the contact with the social environment. The client has the right to the provision of quality social services. The provision of care services in the home environment is a certificated social service, it is very difficult for the person who is performing it. The care service is a very perspective future.

Janečková and Vacková (2010) point out that age itself is not a reason for an increased need for care. This happens when situations caused by worsening social and also health factors arise. Social work must be directed especially towards the most vulnerable old people – those living alone, very old, thus over 80 years old, those discharged from hospital, the long-term ill, seniors suffering from dementia and depression, the socially weak, etc.

Matoušek et al. (2005) state that health and social care cannot be separated, because the worsening of health conditions comes with the need for social services. Similarly, social changes constitute a higher burden and risk for seniors' health.

Poledníková (2006) writes that seniors are happy when they know that someone needs them and they can also rely on someone in a difficult situation. Home environment and everyday contacts with close relatives, the family, play an irreplaceable role at the time when old people lose health, social contacts and become dependent. The possibility to be with the family in the final stage of human life is irreplaceable in terms of support.

The factors that seniors find important also include the relationship between parents and children and intergenerational togetherness.

Long-term institutional care takes centre stage in solving the situation of persons of higher age. Zavázalová (2001) characterizes this long-term institutional care as cooperation between healthcare professionals and lay people, i.e. the family, volunteering care, charities, etc.

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Mária Dávideková

3 SENIORS IN THE DIMENSIONS OF INSTITUTIONAL CARE

Problems of the elderly have acquired a special character and importance in the beginning of the new millennium. The characteristic phenomenon of our century affecting each of us is the aging of the population, which is connected to increase of demands for care for those seniors who are not self-sufficient. It is necessary to find ways to maximize their potential. Tha aging of the population has become one of the characteristic feature of the changing population image of Europe and is indicative for the demographic situation in other economically developed countries as well. The human age is prolonging and the number of older people is constantly rising.

The senior care system is primarily provided by health and social services. An important role is played by advisory services, which must be accessible and of a good quality. They have an important role in determining the form of care and the specific social service for a particular target group. In the field of professional care, it is ideal to provide health, social and other services in the home environment. The role of the family in the provision of the care for their closest ones is irreplaceable.

"Social care is an activity aimed at help to meet objectively recognized needs of an individual, group or community" (Levická, 2002, p. 35).

"The concept of social care includes comprehensive, purposeful care for a person, for their successful development, welfare, social security, the provision of benefits (cash and material) and social welfare services, including institutional social care for those citizens who got into an unfavorable life situation and they cannot overcome it on their own (Strieženec, 1996, p. 209).

Social services and their codified complex regulation form a part of the social help system and they belong to the basic pillars of social protection systems even for the target group of seniors.

Social services have an important status in the social policy of the state, self-governing bodies and as a part of social protection, they are one of the tools to support the optimal functioning of individuals, families, communities, and society as a whole. In recent years, in the Slovak Republic, there have been many fundamental changes in the system of social services. Social services have been decentralized to the level of regional and local self-government, which is legally responsible for their financing, provision, arrangement, through

a network of public, as well as non-public providers. Public services serve to every citizen who finds themselves in unfavorable social situation for whatever reason. The issue of current social services is in the centre of attention of not only professionals and service providers, but also of the recipients for whom the social services are intended.

Social services are professional, service, but also other activities or a set of them, primarily aimed at solving of unfavorable situation of a citizen who, for various reasons, finds themselves in a situation which they cannot or are not able to solve on their own.

Social services are provided to socially disadvantaged people in order to improve the quality of their lives or to integrate them into society as much as possible.

The philosophy on the provision of the social services in Slovakia has been changed by the Act no. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended (since 1 January 2009).

The new philosophy has also brought greater variability in social services allowing clients to choose from several types and forms of social services.

The issue of social services and their effective and quality provision to socially dependent people has a significant place in the policies of modern states. Social services and their modernization are important regardless of whether responsible participants and policy makers promote the philosophy of a strong welfare state or incline to a liberally oriented model of social policy.

An important starting point for processing of this issue is a special importance of social services in the rapidly changing economy and in the social context not only in Slovakia, but also in other EU countries.

Old age as a significant period of life brings many social problems and consequences that an individual cannot solve on their own and in many cases not even with the help of the family. Senior care is an indicator of the level of society´s maturity. In cases when the self-sufficiency of an elderly person is reduced to such an extent that it is not possible to remain in their original household and the assistance of family members is not sufficient or absents, it is necessary to use social services for seniors as one of the forms of assistance.

3.1 Transformation from the social services system´s point of view

Slovakia is currently transforming the social services that directly affects the provision of 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 transformation 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. (Dávideková, 2014)

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 being 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. The state is the main implementer of the social policy (Habánik, 2016).

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 and 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 is 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 are 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.

3.2 Social services in the system of social protection and social policy

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 basic objective of the Slovak social policy is to create a legislative and institutional framework for the population and to adopt and implement measures aimed at ensuring the decent standard of living of every person (Horváth, 2013).

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 a 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 within social state (state of public social services) (Matoušek, 2010).

According to author 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 author Tomeš, who characterizes social policy "as a constant and purposeful effort of individual social subjects to change or to maintain and to 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".

3.2.1 Social services as a form of assistance to senior citizens in solving unfavorable social situations

Social services currently represent a very broad area of assistance to clients in different life situations. The interest and demand for social services in our territory has been rising rapidly in recent years, which is also related to the overall demographic development of population. Social services are professional, service, but also other activities, or a set of them, primarily aimed at solving of the unfavorable situation of a citizen who, for various reasons, finds themselves in a situation which they cannot or are not able to solve on their own.

Social services are provided to socially disadvantaged people in order to improve the quality of their lives or to integrate them into society as much as possible. Social services take into account the person of the recipient, their family, the group to which they belong.

After 1989, our society has undergone many changes in the field of social development and as a result of this development, the Act no. 448/2008 Coll. on social services was adopted, which entered into force on 1 January 2009. Perhaps no area of social protection in Slovakia has faced so many changes in recent years as in the area of social services.

The current legislation on social services deals with legal relationships in the provision and arrangement of social services, financing of social services and supervision of the provision of social services. Social services have been gradually decentralized to the level of regional and local self-government, which is legally responsible for their financing, provision, arrangement, through a network of public, as well as non-public providers.

Through gradual development and changes in the provision of social services, the act has been amended to its present form so as to adapt to the present times and needs of the clients as much as possible. This act regulates the relationships and conditions of social services provision, emphasizing social inclusion and meeting the social needs of people in unfavorable social situations (Schavel, 2010).

The act precisely defines who becomes a client in the field of social services and in the sense of this act, also natural persons, families and communities who found themselves in unfavorable social situations due to unfavorable health status, severe disability and reaching the retirement age, are included (Klevetová, Dlabalová, 2008).

The act guarantees the right to provide a social service or to ensure it provision, also the right to choose a social service provider under the terms laid down by the act. Social service providers in terms of the aforementioned Act no. 448/2008 Coll. can be *public providers* – municipalities, legal entities established by the municipality or self-governing region, or *non-public providers* – other legal and natural persons. It sets out in detail the obligations of the social service provider, emphasizing the satisfying of basic living needs and requirements of the recipient of social service. In accordance with the above mentioned act, for this target group of people, the social services for solving of unfavorable social situation due to severe disability, unfavorable status or due to retirement age, are designed.

To make it clear, we state them as follows:

- supported housing facility
- senior facility
- nursing facility
- rehabilitation center
- social services home
- specialized facility
- daily stationery
- nursing service
- transport service
- guidance and reading service
- interpreting service
- mediation of interpreting
- aids-lending.

In addition to above-mentioned basic services, the clients of higher age can also use support services including:

- relief service,
- assistance in exercising guardianship rights and duties,
- day center,
- integration center,
- canteen,

- laundry,
- personal hygiene center.

We are going to discuss the selected types of social services in more detail in other parts of the text.

Social care is a part of the social security system and the state contributes to this activity by means of its institutions. The quality and scope of social services provided by these institutions, are the result of a good social policy of the state.

Social services are provided through professional, service and other activities, including social counseling, both basic and specialized, social rehabilitation, nutrition, nursing care, education, interest activities, occupational therapy (Botek, 2009).

Social services provided in residential facilities have undergone significant changes over the last 20 years. Not only the technical security and equipment of facilities have improved, but also the number of clients in one room has decreased, the professional readiness and education of workers have improved, the level of human rights protection has improved, taking into account every person as a personality, with their bio-psycho-socio-spiritual needs. Each facility seeks to improve the communication and awareness among the general public. From the organizational and legal point of view, we see a significant shift in the direction of decentralization and the increase of the responsibility of self-government and facilities for the quality of the provided social services.

The different kinds and types of social services facilities that are designed for clients of higher age are specified by the Act no. 448/2008 Coll. These services can be provided either weekly or in a year-round residential form. *Residential social services facilities for seniors belong to the most used ones*.

- **Social services home** – it provides assistance to a natural person who needs the assistance of another natural person, while a degree of dependence on this service is V. The facility provides social care, social counseling, social rehabilitation, nursing care, accommodation, food, washing, laundry and clothes maintenance, personal things, pocket money and gift items. This care is year-round and it takes into account and ensures interest activity, work therapies. Conditions for education and custody of valuables are created. An application for a residence in this facility is submitted to a higher territorial units.

- **Specialized facility** – it provides social service to the person who is dependent on the assistance of another natural person and whose degree of dependence is at least V**.** according to special regulation and has disability – in case of older clients, for example, Parkinson´s disease, Alzheimer´s disease, multiple sclerosis, dementia of a different type of

etiology, deafness, AIDS. An application for a residence in a given facility is submitted to a higher territorial unit.

- Senior facility – it provides social service to a person who has reached retirement age and is dependent on the assistance with a degree of dependence of IV. However, it may also be a person who needs social service for other serious reasons that do not allow them to live in a domestic environment. The application is submitted to city or municipal office that performs an assessment activity and determines the dependence on the service.

- Nursing facility – social service is provided only for a certain period of time to a natural person who is dependent on the assistance of another natural person under a special regulation if they cannot be provided with care in their domestic environment. These facilities are established by city or municipal office, to which the applications for this service are submitted.

Social services are currently provided in field, outpatient or residential – institutional form.

Outpatient social services are provided to a natural person who commutes to get the service, who is accompanied, but also who is transported to the place where the social service is provided, while the place of provision of social service are also facilities.

Territorial social services – these are social services that are provided in home (natural) environment of an individual. Its aim is to prevent an individual, family or community that is in unfavorable social situation, from the social exclusion.

Residential social services – these are social services provided in social services facilities in case that they also include the accommodation.

It is important to note that the act states the priority of outpatient and field social service over the residential form of social service. Residential form should be the last solution if other forms above prove to be inadequate.

National priorities for the development of social services in the process of institutionalisation

"The development of social services is one of the prerequisites for economic and social development in certain territory and it is therefore necessary for municipalities and cities to take into account the development of social services in accordance with established national priorities even in the process of creation of plans of economic and social development in accordance with the Act no. 539/2008 Coll. on support of regional development." (Ministry of Labor, Social Affairs and Family of the Slovak Republic, 2009).

In 2009, the Ministry of Labour, Social Affairs and Family of the Slovak Republic drew up the National priorities for the development of social services for years 2009 – 2013

based on the real situation of social services provision and the identified needs within the Slovak republic and at the same time, based on priorities of the European Community (accessibility and availability of social services and their financial sustainability). They were also the starting point for municipalities in the elaboration of community plans of social services, but also for self-governing regions in the creation of the social services development concepts.

The National priorities for the development of social services for the period of 2015-2020 include:

- *the support of the client to stay in their natural environment by development of the field social services,*
- *the development of outpatient social services and residential social services facilities with a week stay,*
- *the improvement of the quality and humanisation of provided social services through reconstruction, extension, modernization and building of social services facilities,*
- *education of the employees in the field of social services.*

(Ministry of Labour, Social Affairs and Family of the Slovak Republic, 2009).

It is important to state that until 2013, the Slovak Republic did not have a document in which it would have recognized and processed the issue of active aging. An essential change came in 2013, when the national project "Active Aging Strategies" was completed. In addition, National Program of Active Aging for years 2014-2020 has been drawn up, in which Slovakia proclaims active aging as a political priority. It is a program document aimed at supporting the human rights of older people by activating them through public support policies. These include, in particular, policy of employment and employment of the elderly people, policy in the area of the promotion of lifelong training of older people, civil and social activities outside the labor market, support of their independence, dignity, economic and social security, including protection against mistreatment in all spheres of society and relations. The document captures a target group of people aged 50 and above. By defining the 2014-2020 period, it has the ambition to influence the public policy of several election periods. Against this background, the issue of support of active aging is recognized as a position of public interest and permanent political priority.

Social services are the components of the social protection and social assistance from the point of view of the life quality of seniors, the possibilities of providing adequate and appropriate social care, as well as the mitigation of the social consequences of the age and health-functional issues of the elderly. As stated by authors Repková, Brichtová (2009, p. 11),

in general understanding, social services must be seen as "an instrument (method, way) of social policy and practical promotion of the interests of society in relation to those dependent on care". Social services by their nature, concept and focus represent the social protection of individuals, groups and communities, which should be based on the ideas of social state. From the point of view of senior issues and their life quality, in this sense, the act which we also referred to in the previous text and which came into force on 1 January 2009 – the Act no. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended, is important. This act defines *social service as a professional activity, service activity and other activity or a set of such activities, which are focused on following:*

a) to prevent the occurrence of an unfavorable social situtation, to resolve an unfavorable social situation or to mitigate an unfavorable social situation of a natural person, family or community,

b) to preserve, to restore or to develop the abilities of a natural person to lead an independent life and to support their integration into society,

c) to ensure the necessary conditions for satisfying the basic needs of a natural person,

d) to solve the crisis social situation of the individual and family,

e) to prevent a natural person and family from the social exclusion"

(the Act no. 448/2008 Coll. on social services, article 2 para. 1 point a) – e))

The act precisely defines (in its article 2, para 5) that "social service is carried out mainly through social work, procedures corresponding to the knowledge of social sciences and knowledge about the state and development of the provision of social services". It also defines the types and forms of social services, the provision of which is under the competence of the Ministry of Labor, Social Affairs and Family of the Slovak Republic, municipality, legal person founded or established by municipality, self-governing regions, public provider, partnership and non-public provider. (Act no. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended, 2009).

Ultimately, social services represent a legal form of social protection for an individual, a group, a community and society, based on the principles of safety and security of endangered groups of population (Slovák, 2015).

The rate of increase of people dependent on the assistance of another person is related to the rapid increase in the number of people over 80 in our society as well. It is the result of health deterioration at a later stage of life that increases the need for long-term care.

The need for care is different depending on each senior, therefore good knowledge of the possibilities of long-term care provision, as well as of advantages and disadvantages of all

types of care is necessary. Living in own house in close proximity to the relatives and friends, the possibility to live their lifestyle and to enjoy their privacy – this is a guarantee for a dignified life. Care provided in home environment allows seniors not to be isolated from their familiar environment and can give them more control over their own lives. Some seniors may only rely on a limited range of help and otherwise they can enjoy an independent life. For these people, it is important to ensure barrier-free, fall prevention and ease of mobility, to take into account the possibility of social inclusion through social contacts and participation in community life. Providing care in family environment of the senior can be carried out by professionals or informal carers, such as children or partners. For a person who needs care and is able to live alone for the most of the day, day centers are suitable. These can also be useful in cases when family needs a simple relief from their duties. If the informal carers, mainly relatives, are burdened by too many duties subjectively felt to be a burdensome load for a very long time, they can begin to think about the placement of the senior in the institutional care. The support for informal carers can be secured by means of a relief service or by the aids-lending and equipment. Providing a relief service helps relatives who provide care to cope with their commitments better and there is bigger chance that they will choose home care for their older family members. If long-term home care is not possible or unwanted, it is possible to take care in residential social services facilities, which is adjusted to the senior´s individual needs according to the degree of disability so as to ensure the high quality of this service. (Hetteš, 2011)

The family environment play an important role in the life of all of its members, as well as in life of older person. It is the most natural place where one can get older, survive the old age and at the same time, to be helpful and serve to others by something useful.

The care for a person dependent on help of others becomes a burden for the whole family. A family member who chooses to care for a dependent older family member, concentrates all of their powers, options and time to care to the detriment of other functions and roles. They get into difficult financial situation because they often have to leave their job. Due to a long time spent with weak relative in home environment, they often get to the social isolation because they have limited social contacts. They usually do not have necessary skills to care for a person who is not able to move and is totally dependent on the assisstance, especially for a person with mental health problems. The family often does not have housing adapted to the care of the sick one, in terms of size, adaptation, barrier-free, equipment with the necessary aids. (Gallová, 2011)

3.3 Institutional care for the seniors

Social services provided to seniors and their current legislation in Slovakia are directly determined by fundamental human rights embeded not only in various international documents and conventions, but also in the Constitution of the Slovak Republic. The efficiency and adequacy of the functioning of social care facilities for seniors are reflected in the provision of social care and the application of social work methods, which are one of their determining factors. The objective of the comprehensive care and social services, is primarily to maintain the life quality of seniors in order to prevent their segregation and exclusion (Határ, 2008, p. 50).

In case of deterioration of health status, loss of self-sufficiency, exhaustion of the possibilities of individual forms of assistance within the family or nursing service, a senior chooses institutional care. In order to solve the growing need for social services, Slovak government adopted the Act no. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended.

The aging of the population is associated with increasing demands on the extent (increase in number of dependent people) and the intensity (worse self-sufficiency of the elderly) of the care. The current trend is that the senior stays in home environment as long as possible, as compared to the trend of institutionalization, and therefore, by the amendment of the Act on social services, the degree of dependence on the social service that is condition to institutional care, has increased from degree II to degree IV. Seniors with lower dependence may choose a form of field social service or service in a different type of facility. By adopting Act no. 448/2008 Coll. on social services (in force since 1 January 2009 and on January 2014, there was next broad amendment of the Act on social services), the previous philosophy in the provision of social services in Slovakia changed. New philosophy brings mainly greater variability of social services, the possibility of choice and combination of different types of social services. The act prefers provision of social services in natural environment to provision of social services in social services facilities. It is important to state that within the framework of the deinstitutionalization concept, field form of provision of social service in natural – home environment of an individual is a priority, then there is outpatient form and then the form of stay in the social services facilities which are provided year-round or weekly. Residential social care facilities (mentioned above in the text) which are designed for the seniors according to the Act no. 448/2008 Coll. on social services as amended are: facilities for seniors, nursing services facilities, specialized facility. It is important to note that *by 31*

December 2013, seniors were also placed to the social services homes. The Act no. 485/2013 Coll. (in force since 1 January 2014) amending the Act no. 448/2008 Coll. on social services, has brought a change according to which it has not been possible to place new seniors to this type of social services facility as it is inteded for individuals from the age of 16 until retirement age. According to author Kamanová (2010), facilities for seniors fulfill replacement function and stimulation of the potential of the client to maintain their abilities. When providing social services, it is important to reconcile all the objectives of this service, which results in the state when:

- the client receives the social service corresponding to the quantity and quality of their needs,
- the client determines their individual objectives themselves,
- a social worker cooperates in creation of plans with the client and their family. Seniors have the right for provision of social service that (by its extent, form and way of provision) enables them to execute their basic human rights and freedoms, preserves their human dignity, empowers them to strengthen self-sufficiency, prevents social exclusion, and promotes their inclusion in society. In accordance with these rights of recipients of social services, the obligations of social service providers are also regulated. From the point of respect for human rights, freedoms and support of activation, these obligations include the obligation to draw up an individual plan of the client according to their needs, abilities and objectives, as well as the obligation to provide social service at professional level. There is also the prohibition of usage of the means of physical and non-physical restraint towards the social service recipient (Hetteš, 2011).

The loss of self-sufficiency is a serious interference with the life of the senior and at one point, they become dependent on the assistance of others – the family or medical and social staff.

Each of us has their background – home. To be their home, people consider places where they lived and with which they have an emotional relationship. Therefore, we cannot deny the fact that the social service facilities are always just an “artificial home“- The arrival of senior in a social services facility is accompanied by a number of changes. They become a member of a new big family. It is important to feel good here, be welcome, useful and not to fall into depression or inactivity due to the feeling of unnecessity. It is therefore important to adapt well to new environment. Thus, it is the task of all social services facilities´ staff to help the senior to overcome all of these barriers.

This task is very difficult because staying in a social care facility brings risks with itself. According to author Matoušek (1992), these risks include:

- hospitalism,
- so called cabin fever,
- privacy loss.

"*Hospitalism* is a state of a good adaptation to artificial institutional conditions accompanied by decreasing ability to adapt to non-institutional – civil life" (Matoušek, 1992, p. 107). "Hospitalism is even a personality disorder that was cause by a longer stay in a hospital or in a collective facility where they lacked sufficient social care" (Strieženec, 1996, p. 72). In practice, this means that all client´s needs are secured (food, washing, cleaning, filling their free time, etc.) and this reduces the ability to adapt to life outside the facility.

Another risk of institutional care is so called *"cabin fever"* which was originally described in crews on long voyages or long-term expeditions. A stereotypical environment increases fatigue while recuding tolerance. People become touchy, more aggressive towards themselves and others, their openmindness decreases. There is a lot of defensive elements in their behaviour, a lack of eye contact between pepole, the importance of a personal territory is increased as it is understood to be the last piece of privacy which is protected from others (Matoušek, 1992).

The loss of privacy is a notable risk. Most social services facilities are designed with 2, 3 or more bed rooms, which does not add much space to their privacy. Perhaps it is not possible to eliminate this risk, but we must try to help the seniors to overcome it. Creation of conditions for privacy should be one of the priorities because older person, in addition to social and health care, also needs living space which, in case of institutional careô should not be reminiscent of temporary collective accommodation.

Arrival of an individual in social services facility is often associated with problems and difficulties in the process of adaptation to staying in social services facility.

"Social adaptation is adaptation under the influence of changing external conditions, adaptation of the organism, of an individual, of people to social conditions or situations." (Strieženec, 1996, p. 12). As author Strieženec (1996) states, we can also distinguish the factors on which social adaptation is dependent:

a) the structure of the subject, their sociability, adaptability,

b) defense mechanisms,

c) the extent of changes,

d) conditions´ favorability.

The adaptation process may vary in intensity. The final phase of this process can then be, according to author Strieženec (1996):

a) complete handling the situation and integration into new conditions and their managing,

b) partial handling the situation,

c) non-acceptance of new conditions, non-integration.

Seniors are very linked to their original homes, therefore their shift to new environment is so difficult. In the facility, their living space is reduced, they often have to change their habits, they lose contacts to friends and acquaintances. Although we try to make the loss of privacy not so notable, it cannot be avoided. We have to realize that a roommate/roommates cannot be chosen and that the quantity of personal things and property is also limited. Due to this, conflicts often arise between the clients. These conflicts need to be solved fairly and sensitively. In addition to this, clients of social services facilities must keep "internal – home order of the facility", which does not suit to everyone.

We have mentioned and introduced factors that undoubtedly make the adaptation of an older person more difficult. Symptoms indicating that a client cannot get used to a new stay in social services facility, can often be anxious states, loss of appetite, worsening health status. In practice, we also have cases when the shift of the senior from a family environment ends with their death. This extrem proves the difficulty of the adaptation process.

Recently, many changes in the social services facilities´ clients´ lives have taken place. There has been a general humanization of care for the elderly, its democratization, humanization (in the areas of religious freedom, human rights, etc.). Dominant aspects of the care for clients in social services facilities have become:

- interest of the personnel in the client,
- providing the client with the opportunity to live dignified period of old age
- providing security, satisfaction and security for all clients.

At present, emphasis is placed on the quality of social services provided. Also the issue of active living during the old age arises. Act no. 448/2008 Coll. on social services has strengthened the activation character of social services in order to prevent a decline in the life quality of the seniors with deteriorated health and health status.

We would like to emphasize that, according the Act no. 448/2008 Coll. on social services and as amended of Act No. 455/1991 Coll. on trades licensing, as amended, the obligations of social services provider in Slovakia currently 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 with the concept of activation that encourages clients to improve their overall health or prevent its deterioration, so we also want to point out the sense and the importance of individual activities and activation activities as part of individual planning in social services facilities aimed at target group of seniors.

Activation as an important part of individual planning

As we have already mentioned in the introduction of our text, the obligations of social services providers include the obligation to respect the individual needs of social services recipients and their activation according to their capabilities and possibilities. Activation of the client through an individual plan of providing social services means that social services are "tailored to the client". The main objective is to improve the quality of life of the clients dependent on social services.

Furthermore, 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.

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 plan**". 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.

Individual planning is characterized by author 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 and accompanies 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. Due to their position and role that they have, they are referred to as "key workers" (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., in force since 1 January 2014).

For clarification, article 9 para. 2 of the Act on social services introduces a new concept – a key worker. A key worker is an 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, 2016). Key worker identifies who are people 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. Author 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 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 in a spiral. 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 the ideas of the potencial client are 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.

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 (Matoušek, 2010).

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 provision and provides necessary information to other team members (Hauke, 2011).

In practice, social and other workers of the social services facilities meet 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 their 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 etc. ***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 situation 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 by 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 events, 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 ensures that the client is provided with 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.

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 sensoric 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 that we are going to deal with in the following parts. Not only the varied offer of activities, but also their adequate awareness, accessibility, freedom of choice, space for own initiative and clients´ ideas, are very important.

Educational activities

Seniors who have become clients of social services facilities are more or less deprived of natural contacts, activities and privacy. Therefore, this deficit should be offset by targeted education that includes satisfying individual psychological and spiritual needs of seniors. For this reason, we place emphasis on ***autonomy-oriented senior education*** aimed at:

- choice of educational events – seniors have the right to choose from a range of educational events according to their own interest and decide what kind of people to be educated with (older or younger),
- developing indicative offers to enable them to reflect on goals, abilities, inclinations which support the process of searching for the life sense,
- making learning based on experience to be accessible – to enable the seniors so called self-determination and co-decision.

Each senior is able to transform, form and cultivate their personality by the influence of social factors from the environment and by their own activity. It is important and necessary:

- to accept seniors as equal partners,
- to lead seniors to self-education, to improvement of their own personality by creating optimal conditions, methodologically guiding them and supporting them,
- to adapt the content of education to the experience of seniors, to educate them to use their life experience,
- to help seniors to deal with all the changes that they are going to face,
- to help in solving interpersonal conflicts in social services facilities that arise from the fact that each senior brings some specificity from their own household or family,
- to know and to consider whether seniors were placed into social services facility voluntarily or involuntarily, whether they were reconciled with the old age and accepted it as a part of their life or if their attitude to old age is pessimistic and negative – each of them passes through different phases of adaptation.

Throughout the process of education, we work on socio-emotonial, cognitive and perceptual-motor aspect of personality through upbringing, education and training that make up so called **trio-processual model of education** (Határ, 2012).

The importance and sense of senior education can be seen in two levels:

1. ***in relation to an individual*** – for the senior, educational activities may mean:
    - expanding the opportunity to satisfy educational and interest cultural-creative and cultural-experience needs,
    - the possibility to stimulate, to drive and to maintain the development potential of seniors,
    - the means of correction of the necessary changes in personality of senior,

- the means of influencing individual personality traits, patterns of behaviour, value orientation and attitudes,
- the source of life optimism,
- the means of enriching the life of the senior.

2. ***in relation to society*** - educational activities mean:
    - one of the possibilities of social support for life in old age,
    - a positive mind-creating element of the social atmosphere and the opinions of the old age,
    - the integrating element of intergenerational understanding, intergenerational solidarity, attitudes and respect for life, etc.

Priority sense of the senior education is:

- to develop their personality from all aspects to the maximum possible extent (individual-personality aspect),
- to create optimal conditions for their smooth integration into society, active participation in its actions so that it can be of benefit to society and to themselves (social aspect). (Határ, 2008)

The overall individual and social sense of the senior education can be documented by the following functions:

- ***preventive*** – educational activities enable to slow down the bio-psycho-social and spiritual processes of aging, prevent diseases and socio-pathological manifestations in behaviour and activities of the seniors,
- ***anticipatory*** – it is aimed on perspectives for the future, creating a new lifestyle, which eases the process of adaptation to new changing conditions and new lifestyle, acquiring new knowledge, information and skills that will enable seniors to survive more fulfilling life,
- ***rehabilitation*** – it is related to the regeneration of physic and physical powers because due to various somatic and sensomotoric diseases, they often relinguish seniors for further activities and life activity and educational programs can again return them to active life because they hide their activating force due to which the seniors feel socially useful,
- ***empowerment –*** it is related to the stimulation of the seniors, to the development of their interests and needs, to the support of leisure activities,

- ***educational*** – it is aimed at acquiring new knowledge, skills, habits, keeping mind in shape,
- ***cultural-cultivating*** – it is focused on the development and cultivation of the personality of senior by the influence of the beauty on the person from the artistic and non-artistic field which gives them a positive emotional experience and satisfaction, allows them to relax from problems of everyday life,
- ***socio-psychological*** – it is focused on the maintaining adequate life quality in the sphere of social relations and psychological development,
- ***adaptation*** – it enables the seniors to manage the process of adaptation to the differences between the environment and the organism, it takes care of the bio-psycho-social and spiritual harmony of the personality,
- ***communication*** – it serves to gain new information, to exchange and transfer of own experience,
- ***activation*** – it contributes to physical and mental health, it activates the potential,
- ***relaxing*** – it serves for active relaxation, which removes fatigue and stress accumulated as a result of the stereotype of everyday life (Határ, 2008).

Practice has shown us that intergenerational programs are enriching for the seniors, as well as for the younger generation. There is cooperation between social services facilities and school facilities or social facilities for children and youth (maternity, elementary and secondary schools, elementary art schools, children´s homes, etc.).

Author Határ (2008) divides the possibilities of seniors education as follows:

- education made outside social services facilities (e.g. University of Third Age - U3V),
- educational made in social services facilities.

J. A. Komenský´s idea of school of old age as a part of lifelong learning is mainly met by U3V:

Seniors education at U3V brings:

- it acquaints older people with new scientific knowledge, deepens their self-knowledge, helps them gain insight and eases their adaptation and orientation in a constantly changing world,
- continuously educates seniors and enables them to maintain an equal position in society.

Also the following ***activities for the development of the cognitive seniors´ personality profile in the social services facilities*** are very important: discussions on the current issues of seniors, lectures by professionals on topics according to the interest of seniors, rhetorical

exercises to develop communication skills and social abilities, training courses – computer courses, foreign language courses, sightseeing and educational tours, memory training, print reading, knowledge competitions, social games competitions, magazine publishing, space and time orientation exercises.

The importance of seniors´ education lies not only in the acquisition of new knowledge or in its deepening, but also has a positive impact on the health of older people – the impact on the area of social health.

In the process of seniors´ education, it is necesary to avoid: slang expressions, foreign, English expressions and the use of too professional language.

Other important activities in senior´s life include physical activities.

Physical activities for the seniors are important for maintaining health, but also for preventing diseases. Current research notes that exercise helps to maintain brain function and stimulates blood circulation. Regular exercise slows down heart functions´ deterioration, wasting muscle strength and joint mobility.

To stay in regular exercise, it is not just rational motivation that it is useful for health and long life. Seniors also need an emotional experience of activity, joy from the atmosphere and fellowship. We introduce the meaning and effect of activity on the psyche:

- it improves person´s image of themselves; the positive influence of physical activity on self-evaluation and self-sufficiency has been demonstrated,
- it improves awareness of our own body (the whole and its parts), its relationship to the surrounding environment.

Principles for seniors´ physical activities exercises:

- trainer´s knowledge about physiological changes and aging psychics,
- trainer´s knowledge of health of trainees
- respecting individual possibilities and current status,
- gradual physical load corresponding to the heatlh and performance level of the trainees,
- choosing the right part of a day (morning),
- clarity and commenting on exercise, frequent repetition,
- motivation, encouragement,
- compliance with breathing frequency,
- use of music to give rhythm and comfort,
- active life support.

Spiritual activities

In seniors´ age, the issue of the fulfillment of spiritual needs is becoming more and more important. Seniors think about their life, its meaning and fulfillment. It is therefore appropriate to include this topic in activation programs. In general, we divide these programs into two areas:

1) ***pastoral care*** – spiritual care performed by the spiritual; it includes worship, biblical lectures, sacramental ceremonies, visits of the sick ones,
2) ***spiritual activities*** – that can be led even by an amateur, e.g. reading religious literature, biblical texts, the lives of the saints, singing spiritual songs, ethical seminars involving issues of life values (e.g. true, love, forgiveness), celebration of traditional holidays (e.g. Christmas, Easter), accompanied by memories (e.g. what customs they followed, etc.). *Even visits of spiritual music concerts or invitation of the church choir from the nearby parish to social services facility are suitable.*

The clients with satisfied spiritual needs have inner strength in themselves, they are more balanced, the harmony glows of them, they understand the situations in the earlier stages of their lives (including the present one), they are tolerant, they do not come into conflict with the others and they can support the others.

Other favourite activities in social service facilities include, in particular, interest activities and various courses.

Leisure activities

Clients with the same or with the similar interest can regularly meet in groups to do activity which is based on their needs for self-realization and creativity. Popular leisure activities´ courses include:

- ***course of skilled hands*** – it supports creativity, skills, sense for aesthetics, fine motor skills, clients get acquainted with many materials and techniques, their products can make their environment nice (room, social rooms, halls) or they can give them as presents to their friends and relatives, they have the opportunity to present their products at various exhibitions inside and outside the facility,
- ***cooking and baking course*** – it focuses on the principles of proper nutrition, creativity in the preparation of meals, pastries and candies, dining aesthetics,
- ***broadcast and publishing course*** – it presents various areas of activity and life in the facility, moderation improves communication skills, speech, they can present their talent, their own poetry or prose, they can prepare sessions for various holidays, anniversaries and interesting events,

- ***literary-dramatic, singing and many other courses which result mainly from the interests of the clients of social services facility.***

Socio – cultural events in the social services facilities

Individual social services facilities 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.

Expected changes in population aging dynamics bring many challenges to the social perception of aging, especially in relation to active aging, which we can define as a process of maximum seizing of opportunities in the area of health, social participation and protection, aimed at improving the quality of life. If we manage to actively involve older people in solving social problems, their loneliness and vulnerability which are the result of the growing individualism, can be reduced. In the context of demographic forecasts, new dimensions of old age as a social and individual problem, have arised. It is necessary to change the approach of the society to the old age, to remove barriers in the form of ageism and to create conditions for active aging, to strengthen the responsibility and self-sufficiency of seniors and their integration into society. The most appropriate way to maintain the highest degree of independence and autonomy in the old age is to remain physically, mentally and socially active, and to try to live a meaningful life.

3.4 Social services and their impact on the life quality of seniors

One of the important forms of social help for people in unfavorable social situations in the Slovak Republic, as we have already mentioned, are social services. Social services and their complex codification form a part of the social assistance system and belong to basic pillars of social protection even for the target group of seniors. From a demographic point of view, objective reasons include the increase in number of retired people, as well as steadily

increasing number of people with unfavorable health status (especially among seniors), but also an increasing number of combined severe disabilities.

Act no. 448/2008 Coll. on social services sets the legislative right of every individual to be provided with social service as a fundamental human right which helps them to preserve dignified human life. The aging of the population is associated with increasing requirements for the extent (increasing number of caretakers) and the intensity (worsening self-sufficiency of seniors) of the complex social care. Nowadays, there are high demands on the quality of the services provided and the area of social services is no exception. Social services significantly affect the quality of life of the seniors in the social services facilities as well. Society should naturally take care of the older population. The characteristic phenomenon of our century affecting each of us is the aging of the population, which is associated with increasing demands for the care of those seniors, who are not self-sufficient. It is necessary to find ways to maximize their potential.

Life quality is one of the basic categories of social policy and social work. The issue of the quality of life is connected with the sense of life, which depends on every person, of their being, their value system and, of course, of their particular living conditions.

Therefore, social services, as we have already mentioned, are an important activity of the state, self-government within the legislation. We realize their need and existence only when we find out that we rely on this service or our closest ones need it.

Natural duty of developed society is to create services that are aimed at and provided to an older generation, as this generation has been a part of building the present. Services are set of activities to help the citizen to ensure basic living conditions, to achieve social stability and to restore social independence and client autonomy in older age.

Basic needs of the older clients which enable them their full-fledges existence, are the basic starting point for the care for older clients in our society. A senior needs social services to manage the social consequences of deterioration of the health status when the senior is unable to manage them themselves or with the help of their family. Act no. 448/2008 Coll. on social services (as we have mentioned above in the text) sets the legislative right of every individual to be provided with social service as a fundamental human right which helps them to preserve dignified human life. At the same time, each social services provider is obliged to take into account the individual needs of the recipient, to provide social services in such a way as to preserve or increased client´s life quality.

Social service as a professional, service or other activity or set of these activities, is provided to socially disadvantaged citizens in order to improve the quality of their lives or to

integrate them as much as possible into the society. Social service therefore take into account the person of the recipient, their family, group to which they belong, or the interest of a wider community. By increasing life expectancy and by the aging population, the importance of the factors tha affect the active aging and quality of life of clients placed in seniors´ facilities, increases. Quality of life is a multidimensional concept as a result of the interaction between health, economic and social conditions.

Seniors´ quality of life has been a highly debated topic in recent years in developed countries. The population of seniors is the most diverse group of people in our society. Significant are the differences in health status, age, functional abilities, social background, family situation, economic conditions. Health is one of the most important values in a person´s life. Gradual decreasing of self-reliance and increasing dependence on the assistance of another person, are a serious risk factor of the old age. The attitude of the senior to old age is an important attribute in their life that should lead to personality activity aimed at fulfilling their own ideas of quality life. Today, the importance of subjective health assessment and the quality of one´s own live, is increasing. We realize the values and the importance of quality of life when these are reduced. The quality of life of the seniors depends on *the physical health, mental activity, degree of personal independence, social support and the positive perception and acceptance of old age.*

Seniors belong to those population groups that are most affected by socio-eocnomic problems. To this stage of person´s life, more attention should be devoted and solutions to improve the last years of life should be sought. The old age brings problems to most of the seniors with which they cope alone, with their family or with the help of society. If self-sufficiency gradually decreases, the addiction to the environment and the need for universal care increase. An increase in a number of older people is an urgent problem in today´s society, as it also entails increased healthcare and social security costs.

The main objective and purpose of social services facilities is to provide the client with the opportunities to be able to have a meaningful life even in a variety of complex somatic or mental difficulties. Placing to the social services facility is always based on the client´s current situation and depends on several factors. Of course, institutionalization of the client is always the second option and it applies only in those cases when other possibilities fail.

It is important to state that social services facilities should be seen as institutions, respectively formal social organizations which have their mission, goals, hierarchy, structure,

tradition, purpose-oriented relationships, and the regime, that includes "cohabitation standards and norms of institution".

In all economically developed countries, the focus on institutional care for seniors is challenging in terms of both economic point of view and sustainability of clients´ life quality (Bočáková, 2013). The quality of clients´ lives in institutional facilities depends on the level of social services provided through social work. Based on our own experience, social work with seniors requires "art" to properly approach to each client, to respect their individuality, opinions and privacy.

In the area of social care for seniors, in cases of their dependence on the assistance of another natural person, retirement age or other serious reasons, *facility for seniors* is the most suitable and the most extensively used residential social services facility.

According to Act no. 448/2008 Coll. on social services, the facility for seniors:

a) provides:

- assistance in cases of dependence on the assistance of another natural person,
- social counseling,
- social rehabilitation,
- accommodation,
- food,
- cleaning, washing, ironing and maintenance of laundry and clothes,
- personal things.

b) creates conditions for safe custody of valuables

c) interest activities are ensured.

Demographic development and aging population are challenging to the existing systems of institutional facilities. The need for quality increase in the area of health and social care is growing. Author Kubíčková (2013) stresses that social service is the help to weaker ones and the attention should be paid to the individuality of a person, which plays a decisive role in determining the quality of human life.

The term "quality" originates in the Latin word kualis (as to obtain) and it generally describes the quality or value of the object. This term began to be used in the second half of the 20th century in various disciplines. The concept "life quality" was used by the founders of the Roman Club in 1968 to express their goals and humanist initiatives. During this period, this term began to be used in various social disciplines. Consequently, the term life quality also got into politics as program or pre-election slogan and it became the content of the United Nations conceptual documents.

The phrase "life quality" includes two concepts – quality and life. "Quality as a philosophical category expresses the unity of the essential determination of the phenomenon and its particular specifity. Quality is not only a mechanical increase in quantity, but is based on the structure of the components of the phenomenon as particular entireness" (Slovák, 2015).

The concept life quality is a topic of several disciplines and because of multidimensional concept, there is a wide variety of definitions.

The concept life quality is broadly defined and it tries to encompass many areas. The concepts overlap. The concept life quality is related to different social layers in connection with their way of life. Defining the life quality and theoretical and practical foundations requires interdisciplinary cooperation of several disciplines with the possibility of using the theory of social work. A synthesis of the views of different approaches and knowledge of different disciplines is required. The multidimensional concept of life quality includes satisfactory living conditions, standard of living, personal satisfaction and well-being in different spheres of life, questions of the meaning of life, physical and mental state of a person, subjective assessment of life (Hrozenská et al., 2008).

When defining this term, we are often confronted with a prefix "multi". It is a phenomenon with a high degree of complexity – it defines social, philosophical, psychological, ethical and historical aspects in a socio-cultural context. The concept of life quality can thus be compared to an intersection where the different planes and approaches of its definition intersect.

Author Křivohlavý (2002) believes that the senior perceives and understands the life quality as a satisfaction with their life. If a person evaluates life in a meaningful way, then the life quality is at a high level.

When defining the quality of life, author Matoušek (2003) also relies on a wider definition, *which includes health, social status, interpersonal relations, material conditions, daily activities overview or life satisfaction.* In this sence, he has created a hierarchy of elements of life quality in our country:

- strong health,
- favorable social inclusion,
- adequate material-social security,
- favorable environment,
- acquiring habits and skills necessary for survival,

- experience of satisfaction and well-being.

If we want to preserve life quality in social services facilities, we have to preserve the unique character and value of each person. From these values, author Clark (2000) created so called rules for good practice:

- 1. respect for the client,
- 2. sincerity, openness and credibility in relation to the client,
- 3. education and skills of a social worker,
- 4. care and willingness of a worker,
- 5. efficiency and utility,
- 6. legitimacy of the intervention in client´s life,
- 7. cooperation and responsibility,
- 8. authority and good reputation.

At present, the practical level of life quality as a measure of the success of society and of social policy, is at the forefront. When formulating the definition of life quality, most experts agree that quality represents a certain degree, ranging from low to higher. Life quality as a complex category must include all aspects of life. If one of the life aspects is not satisfied, the life quality is reduced (Hambálek, 2005).

The problems of the senior population and the objective to improve the life quality of seniors cannot be separated from the organization and the directing of the whole society. Complex care for seniors includes health, economic, psychological and social care issues. State social policy in response to senior issues and measures in areas of improving the life quality of the clients in social services facilities must be based on proven and monitored knowledge. **(**Dudžáková, 2014)

Life quality of the clients in the seniors´ facilities is also expressed in *the behaviour of the seniors, their personal characteristics, social communication, activity in their free time, but also through negative manifestations.* For seniors, placement into seniors´ facility is a fundamental change, so there is an important factor whether the client is placed in the facility voluntarily or the decision was made by the closest family. If the senior remain dependent on the assistance of another natural person due to health reasons, it is often impossible to take care of the seniors in their natural home environment. If a senior perceives the placement in the facility to be negative, the result is deterioration of mental and physical health. The adaptation period is very important period and a challenge for social workers to make clients´ life in new environment with a new life regime easier. It is important not to lose

love and understanding of the difference of others in order not to exaggerate the loneliness and social isolation of seniors. Active collaboration of the entire team – management, social worker, nursing staff with the client and their family members plays an important role and importance in order to maintain the client´s life quality even in conditions of institutional facility.

It is necessary and important to note that during the provision of social services in social services facilities, the professionalism and the expertise of all employees in connection with the ethical decision-making must be overlapped. Every senior who is provided with social services and finds themselves in a difficult life situation, deserves treatment with respect.

According to author Vágnerová (2000), the placement of the senior in a seniors´ facility means and represents a big change in the way of life:

- loss of autonomy and self-sufficiency of the senior,
- it is associated with the loss of background and familiar place,
- it is understood as a signal of the approaching end of life.

In a new institutional environment, a senior finds it difficult to adapt. They lose a feeling of security by such a change. Activities which were previously natural and necessary are no longer interesting or motivational for them. A meaningful activity absents and they have no choice in making decisions.

Not only *the internal environment* (accommodation and common places), but also the *external environment* (surroundings of the facility, garden) plays an important role for the client in the residential facilities. The environment of social services facility is compared by the client to their former family - home environment, so it is suitable for the client to bring some personal items from home to which they have a very close emotional relationship – photographs, paintings reminding them their home.

When talking about the importance of life quality in facilities for the seniors, not only objectively measurable factors, but also significant and value aspects with respect to the subjective reflection of the conditions are important. Authors Farský, Solárová (2010) identified these factors that affect the life quality of clients living in institutional facility:

- self-assessment (subjective assessment of psychological, somatic well-being and health),
- functional potential in the collective,
- accepting the changed living conditions and adaptation to the new environment,
- effective processing of the loss.

The ability of self-service activities, the ability to influence one´s own life and the level of the subjective personal well-being are considered to be a very important factor and very important component of health (Hrozenská, 2011). Health status affects the everyday activities of the clients in social services facilities.

For the identification of the factors influencing the life quality of the clients in seniors´ facilities, the subjective perception of these factors and the diverse identification are characteristic. In addition to the health, social and economic sphere, specific features such as *age, gender, education and value ladder of the client,* are defined. We appeal to several authors who emphasize that *the most important factor is health* as a result of interactions of the environment, emotions, the sense of life, the attitude towards aging, with emphasis on the subjective satisfaction of the individual.

In seniors´ facilities, the client has a complex care. The loss of their daily activities, e.g. during the maintenance of their household and the preparation of food, leads to the increase of non-autonomy and dependence on the assistance of the others. There is also a loss of physical and mental abilities (Gulová, 2011).

Other factors significantly incluencing the life quality of the clients in social services facilities *include social and health care, social environment, social relationships, support of the family and the closest people, leisure and educational activities.* We know from the practice that suggestions from social services facilities staff and interest in the client and their problems, personal presence, communication and direct contact with the client are very important and enriching for the client.

Objective factors of life quality refer to material, social and functional prerequisites. The subjective evaluation of life satisfaction, *moral factors and self-esteem* are more important. Author Hrozenská (2011) states the most important factors on the basis of the intepretation of the results of the research on the quality of life of seniors: *health status, ability to perform normal activities and life satisfaction.* Subjective assessment of life quality is significantly affected by depression.

At the same time, we want to point out the effective and high-quality social work in the seniors´ facilities is not just "a traditional – classical understanding of the care for client", but it includes a wider framework including – organization style, relationships between employees, organizations, social worker´s status. These factor indirecly affect the access to each client and the life quality of the clients in the facility. From the point of view of the active and dignified life of the clients in the facilities, it is important to maintain a certain standard of life quality.

The most important aspects and possibilities of improving the life quality of the clients in social services facilities incude, in particular, the quality of management of the facility and the art of having the feeling for "how to find and place the right people in the right places", to motivate them and stimulate them individually as well as team members in order to define the objectives, realization and sustainability of clients´ life quality. An essential prerequisite for succesful management of each organization is a key competency of the manager. Quality management is a key pillar and indicator of direction of social care and fulfilling the objectives. We should not forget that the main philosophy for improving life quality in seniors´ facilities is that it is primarily necessary to meet the needs of the clients, from primary to the highest ones.

Quality conditions in the provision of social services

At present, *according to the Act no. 448/2008 Coll. on social services in its Annex 2 letter A*, ***the quality conditions*** are defined which each social services provider is obliged to perform. Quality conditions of the social service provided are a tool for evaluation and improvement of the quality of social services in order to improve the life quality of the clients. They are a tool for improving of what does not work well and does not enable the recipients of social services to live a quality and happy life.

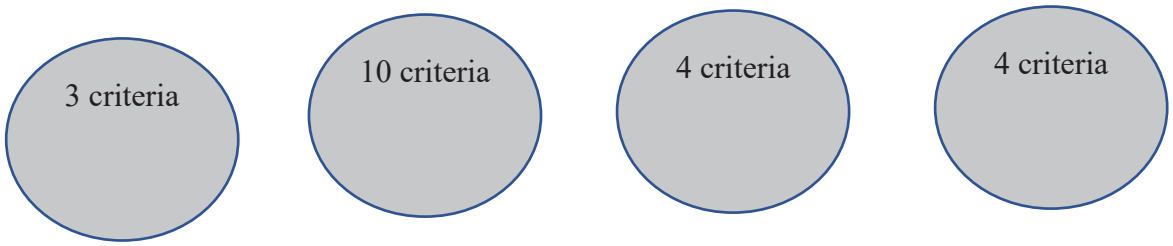
Quality conditions of social services provided are assessed in 4 areas:

- Area I – Respect for fundamental human rights and freedoms – they describe the basic values and principles of social service provision.
- Area II – Procedural conditions – they are focused on the client, they determine how the service should be provided.
- Area III – Personal conditions – they are focused on the employee, they determine the personnel and professional security of the provided social service.
- Area IV – Operational conditions – they determine the operational conditions for the provision of social services.

Picture 1: New structure of life conditions

- New structure of life conditions

Area I	Area II	Area III	Area IV
Respect for fundamental human rights and freedoms	Procedural conditions	Personal conditions	Operational conditions

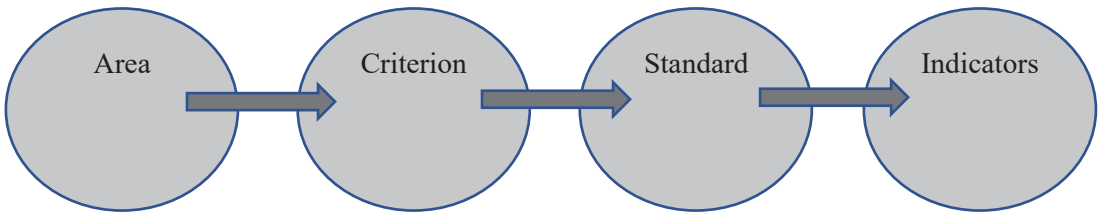


Source: Act no. 448/2008 Coll. on social services

The areas are important frameworks for the provision of social services. Individual areas are divided into several criteria that are specified by these frameworks in more detail. For each criterion, a standard is defined, which describes the quality signs of the given criterion and the area of the social service provided (Matoušek, 2013). The parameters are described in three qualitative and quantitative levels as parameters that will be assessed in the quality assessment.

Picture 2: Multi-level conditions quality assessment system

- Multi-level conditions quality assessment system



Source: Act no. 448/2008 Coll. on social services

We also think that the real quality should not be created by a "threat of control" by supervisors, but the day-to-day activities, social service provider´s activities and the interest in

securing the highest quality service for the benefit of the clients. The main tasks of social work in facilities for seniors include the requirement of personal deployment of staff to solve clients´ problems and to look for opportunities to improve the quality of life of clients. Supervision during this period is and becomes a natural part of improving the professional activity of social workers. Through supervision, effective procedures and ways to resolve clients´ problems are supported. Through observation and targeted questions, we think about the quality of the help, while the ability of self-reflection is increasing. The objective of the supervision in the facilities for seniors is to give social workers the space and suggestions so that they can teach their clients to seek for new possibilities, ways and solutions to improve their quality of life in social services facilities (Mátel, Schavel et al, 2013).

Supervision has become an important part of improving the professional work of social workers over the last period. It is a method of social work aimed at supporting effective procedures and ways of solving social problems of the client with a focus on the process of working with the client as well as the relations between the social worker and the client. It guarantees a good level of expertise in abilities, knowledge, skills and at ethical and value level. Supervision is a means of prevention social workers from falling into stereotypes. It is a benefit from the perspective of alternative approaches to solving problems of the client and to improvement of the work with the client.

Life quality in the social services facilities is also affected by a pleasant atmosphere, correct relationships with colleagues, because these factors significantly influence the quality of work, relationships with the clients and emphatic communication. The clients perceive the behaviour and the mood of the staff very sensitively and they are also very sensitive to any change in their behaviour and access to them.

In relation to the increasing quality of social services provided in social services facilities, it is also necessary to train workers at all levels, to enable them consultations with colleagues and to train them professionally. The participation of the professionals at professional conferences, seminars and acquired knowledge and experience in practical activity are enrichment and beneficial.

The idea that older people do not expect and need anything, is wrong. In addition to dignified housing, quality food and health care, they deserve love, motivation and support of their joy and taste for life. From the point of view of improving the life quality of seniors in the social services facilities, it is necessary to properly perceive and to understand the changes that come with the old age and to respect their needs, treat them as full citizens and assist them in fulfilling their life roles in this difficult period of life. Satisfaction with the provided

social services is one of the most important indicators of their quality. Quality and satisfaction with social services also reveals the maturity and the level of society.

Social services providers take a great effort to provide the seniors with adequate care to ensure the required quality of their life. This is possible only with a thorough analysis of individual clients´ needs. Based on this, it is then possible to establish a care plan together with the client which would respect the bio-psycho-socio-spiritual needs of the client as well as their possibilities and abilities. Engaging and participating in activities positively influences the process of seniors´ adaptation in social services facilities, help to meet the set objectives in individual planning, but we can say that for most clients, activation activities are a great benefit and enrichment of their lives.

The best "reference" of every social service facility are satisfied clients because the quality is associated with people rather than things. If people change their approach to their work at all levels in the complex care of clients, it also reflects the improvement of quality life of the seniors. Social work itself and the provision of social services in seniors´ facilities through all professionals and social workers is one of the main tools for improving the life qualify of clients.

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RESUME

Senior is glad to know that someone needs him and he can also rely on someone in a difficult situation. Home enviroment, day-to-day contact with the closest is an irreplaceable part of the time when the older person loses health, social contacts, and the dependent life of the senior is of great importance to the family. The opportunity to be with the family in the final phase of human life is very beneficial not only for the senior but for the whole family.

The notion that elderly people no longer expect anything and they do not need. it is wrong. In addition to dignified living, quality food and health care, they deserve love, motivation and support for their joy and taste for life. From the point of view of improving the quality of life of seniors in a social service facility, it is necessary to correctly perceive and understand the changes that come with old age and to respect their needs, treat them as full citizens and assist them in fulfilling their life roles in this demanding period of life. Satisfaction with the provided social services is one of the important indicators of their quality, quality and satisfaction with social services, and also reveals the maturity and level of society

The great effort of social service providers is to provide senior carers with adequate care to ensure the required quality of their lives. This is only possible with a thorough analysis of individual client needs. Based on this, it is then possible to establish with the client a care plan that respects the bio-psycho-socio-spiritual needs of the client as well as its capabilities and abilities. Engaging and participating in activities positively influences the process of adaptation of seniors in social services, helping to fulfill the objectives set in individual planning, but we can state that for most clients, activation activities are of great benefit and enrichment of their lives.

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Authors:

Beáta Adamkovičová
Oľga Bočáková
Mária Dávideková

Reviewers:

Samuel Čelovský
Viera Jakušová
Darina Kubíčková

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Michal Imrovič

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