

## SOCIAL SERVICES FOR THE SENIORS AND HEALTH PROMOTION

Radoslav MICHEL, Jaroslava JURČOVÁ

### **Abstract**

*The main aim of the paper is to present a theoretical framework for the relevant social care determinants, which encourage renovation in the area of seniors' service in Slovak Republic. The theoretical framework is centred and focused on the fact, that Slovak Republic like the EU state member has to accept EU strategy and to be comparable in the priorities with the worldwide Program Health 2020. It is very necessary to pay attention to aging and old age, particularly in terms of providing quality and professional social services, which will significantly contribute to the full integration of the elderly in society and also to improve their bio-psycho-social well-being. Social services for the elderly should ensure their bio-psycho-socio-spiritual needs and also extent necessary to promote seniors' important and usefulness in Slovak society. The social worker should interact with different professionals and experts to consult optimal implementations of social services for concrete seniors, including psychologists, medical doctors, caregivers, etc. It represents very important interdisciplinary social intervention by social services for seniors in the natural or institutional setting.*

### **Keywords**

*Aging, Age, Social service, Needs of seniors, Balance, EU priorities in Health 2020, Slovak Republic.*

### **INTRODUCTION INTO PROBLEMATICS OF THE SOCIAL SERVICES FOR SENIORS**

According the presented investigation of Szüdi, Kováčová & Konečný (2016) a major restructuring of the social care services for the elderly is necessitated by the aging of the Slovak population (demographic reason), the path dependency of the current Slovak elderly care system (historical reason), the growing purchasing power of older people and the general population (economic reason), and new requirements

formulated by the European Union and the general public (political reason).

Aging and age are important stage of ontogenetic development of the individual and is a natural part of the life cycle of humans. They are individual and social phenomena. From the point of view of ontogenetic aging can be considered as one of the stages of human age (Žiaková, 2005).

Ageing represents a triumph in terms of medical, social, and economic advancement. It also presents challenges for existing systems of social support, and affects virtually all domains of society. Ageing represents a great opportunity. As people remain

fit and healthy for longer, they can continue to contribute to economic, social and family life during more active years and can also bring more experience (Hetteš, 2010).

According to the research work from the last 5 years (Michel', 2014; Michel', 2013, Vansač, 2013) it is possible to declare a basis of the social worker for seniors is the recognition of certain values and principles resulting from them in social work.

As central values in this context are the following:

- Respect for the individual, consciousness, respect for the uniqueness of personality, deny any discrimination. Healthy family is a place where we enter to find reinforcements in order to grow, to develop. It is a place where would be possible to refresh the energy, to take new balance necessary for force to challenge life with new courage.
- The causes of the crisis should be sought in a man, and in particular:
  1. Conscience
  2. Moral Life

Prosocial behaviour as a means of improving the quality of life in society aims to help another person. Love of self and love for the other person, there are two basic dimensions of human mentality that grew harmonious personality. These two tendencies must be in balance. To do something for others it brings joy, which may be deeper and more lasting than the joy of what we have done for ourselves.

From the historical view on the problematic in the Slovak Republic is very important the period 1993 - 2002. In this period the main goal of the seniors' social service transformation was the change from a passive approach of a traditional institutional (residential) care model to a system of community - based care services based on active individual approach. Social services were divided in institutional (ambulatory, weekly and long term stay) and home care. The basic principles were namely the principle of subsidiarity, adequacy, a multiplicity of forms, plurality of sources and professionalization were set. Decentralisation of social services in Slovakia started in 2002 as a part of a plan of delegating responsibilities from a national level to the sub-national tiers of government. Social service delivery reforms intended to be based on the principles of:

- decentralisation (aimed at moving competencies and responsibilities to local government so decision-making is closer to the citizen)
- deinstitutionalisation (substitutes institutional care with community level support mechanisms and enables users to stay in their local communities)
- diversification (introduces non-state actors such as NGOs into the provision of social services)

These reforms were aimed mainly at improving the quality of social care services, to create sustainable mechanisms for their financing and to increase social inclusion. All social

services began being financed from regional and local budgets only. During the fiscal decentralisation communities were not fully aware of what expenditures their newly acquired competencies would require and fast found out they did not have enough sources of finance. This state lasts up to now. In 2008 Act No. 448/2008 on social services (valid from 1. 1. 2009) was adopted that brought new competencies and new types of social services without ensuring sources of finance. Access to financial sources for public and non-governmental organisations was not equal. During the first period of economic crises (2009 - 2011) and after adoption of Act No. 448/2008 on social services The Ministry of Labour, Social Affairs and Family in cooperation with The Ministry of Finance supported local expenditures on social services but only partially and only new competencies and new types of social services.

Care about seniors was declared as an essential component of social services. Their provision allows senior citizens to remain longer in the natural environment. Providing residential social services based on individual needs, goals and desires of the client and the option of a particular type of social service. Specific social service and its development is based on the needs of clients and their individual plans (Hrozenská, Dvořáčková, 2013).

In March 2011 was adopted a novelisation of Act No. 448/2008 on social services that defines a free access of choosing a provider by a user and an equal access to public finance for all providers. The main

principles were incorporated in several national health care and social strategies, acts and regulations. Act No. 448/2008 on social services described major principles on the availability of social care, basic nursing care and social palliative care. To be sustainable long-term care system needs to be affordable, fair and flexible and there is a big need of a comprehensive approach to long term care system in the Slovak Republic. In 2013 the Ministry of Labour, Social Affairs and Family prepared novelisation of Act No. 448/2008 on social services with very little changes.

In 2001 authors Hroncová, Hudecová Matulayová declared that if social workers should provide adequate assistance corresponding to the potential of seniors and their social situation, they must know and respect the needs of seniors (Hroncová, Hudecová Matulayová, 2001). Therefore starting point in providing assistance is a statement, that seniors must meet their own needs. For some seniors need becomes particularly important. Nowadays, in this context it should be noted specially the importance of named requirements:

1. Need for independence - autonomy, freedom, independent decisions about their own destiny,
2. Need of love,
3. Need for self-realization (feeling of usefulness),
4. Need for belonging (sense of belonging to a group),
5. Need for security (economic, physical and psychological).

Quality of life is in determining the value of each individual. Nevertheless, not everyone can receive it in the same way (Hanobik, 2013). Every individual is dependent on the social environment and in his helplessness is dependent on the other (Michel', Korbová, Proněková, 2012).

The transition to a period of aging does not take place in every person without conflict, but often brings with it a number of problems of subjective and objective nature which have to be coped with. As the level of emotional stress is arising as a result of the aging process - it is determined by traits of the personality. Its optimization can help and psycho-social care implemented through consultancy services targeting various problems. These services are global in their target-oriented focus to assist in activation of older people in society and improving the quality of life (Tokárová et al., 2002).

## **OBJECTIVES**

The main objective is to analyse the importance of individual planning of social services for seniors in residential facilities based on improving their self-sufficiency and improve their bio-psycho-social quality of life. The next objective is to investigate determinants of acceptance of seniors back to normal life as possible and to provide them with decent living conditions.

Research question represents the methodological point of our theses. Can the social care services for seniors be treated equally? How important are

needs, and their acceptance in social care service promotion?

## **METHODS**

For the study development the following methods were used as indicators of topic focusing (Baum, Gojová, 2014):

- Content analysis which enabled to include large amounts of textual information and systematically identify its properties, recognizing and determining divergences in different sources of information.
- Historiography using particular sources, techniques and theoretical approaches to recognize and determine divergences at different researches;
- Method of Primary sources focusing on original sources or evidences Determining the arguments and statements.

## **RESULTS AND DISCUSSION**

### **Preventing the need for social services and health promotion**

Individual planning of social services for seniors in residential facilities providing choice and control over their lives, creating social ties and the status of the company and last but not least the creation and deepening of meaningful personal relationships.

Recognition of certain values and principles in social work

Among the principles of community social services with seniors include:

1. Integrate seniors into society, to promote intergeneračné programs,
2. Promote self-sufficiency activities for seniors,
3. Promote education, cognitive activation of seniors,
4. Ensuring access to social services (physical, social, financial, etc.),
5. The necessary interdisciplinary cooperation (prevention of health and social problems). We believe that the principles of community social services for the elderly are among the basic preconditions for fulfilling and socially stable society.

At present there are no comprehensive data on social services and quality analyses are not being performed. The collection of quantitative data is performed only in respect to those facilities that are embedded in the existing legislation and for very general statistics. Data on services provided by non-governmental non-profit organisations are not being systematically collected and evaluated. Overall expenditures on the existing social services cannot therefore be documented. As a recipient country, Slovakia established an EU funds absorption system that was very bureaucratic and inflexible because of experiences with low transparency and mismanagement of EU funds during the pre-accession period. In terms of financial security deinstitutionalization process requires the use of EU funds. In the years 2008 - 2010 was the Regional Operational Programme (ROP) aimed to support

the development of community services. In line with the strategy of ROP in this period was more than 185 million euros reallocated to projects of reconstruction of existing and construction of new social services, social protection and social care institutions (some of them largesized). In 2010 the European Commission adopted the recommendations ad-hoc expert group on deinstitutionalization. Member States have been asked to use the remaining funds from the European Regional Development Fund to support the process of deinstitutionalization (Sopova, 2013).

### **Deinstitutionalization and services related to providing the health care in seniors**

As expressed Deusdad, Pace and Anttonen (2016) Deinstitutionalization and privatization are framing and shaping long-term care in Western societies. Most countries in the world are facing the challenge of aging societies while at the same time financial resources are becoming scarcer. As a result, there is an urgent need to evaluate how long-term care for older people is being developed and organized in different countries.

In Slovakia the amount of 20 million euros was issued in 2012 - 2015 to use for deinstitutionalization process. Selected pilot projects (5-8) will have the opportunity to use these resources to capital development and implementation of objective conditions, construction of living places to assisted living and rehabilitation facilities suitable for the required community based service. It is not expected to use

this fund for investment in other existing facilities. The European Social Fund is another source that can help to develop and promote the process of deinstitutionalization. Within the framework of the Operational Programme Employment and Social Inclusion are preparing national projects to be financed "soft" part to support process of transition from institutional care to community-based services of approximately 1.5 million EUR (Sopova, 2013).

In the overview of the social services system and health care in terms of long term care in general institutional framework The Ministry of Labour, Social affairs and Family of the Slovak Republic The Ministry of Health of the Slovak Republic Major principles of social and health policy are covered by the following main acts and regulations:

- Act No. 448/2008 on social services, describes major principles on the availability of social care, social nursing care and social palliative care;
- Decree No. 910/2000 on state health policy in the Slovak Republic;
- Act No. 576/2004 on health care and services related to providing the health care;
- Act No. 578/2004 on providers of health care, medical workers and medical professional associations;
- Ordinance No. 640/2008 on a minimal public network of health care providers;
- Ministry of Health Regulation No. 770/2004, determines the

characteristic signs of classes of individual medical facilities;

- Ministry of Health Regulation No. 364/2005, determines the scale of nursing services provided by nurses independently and in cooperation with physicians;
- Act No. 447/2008 on financial allowances for the compensation of several disabilities and on changes and the addition of some regulations that determine the level of financial support given to persons in need The Central Office of Labour, Social affairs and Family Offices of Labour, Social affairs and Family (branch offices, field offices, altogether aprox. 129 offices) material need state social benefits employment services social and law protection and child protection support of handicapped citizens 8 Self – governing regions support, counselling and social services to people with disabilities, people in need and at risk (individuals, families, children) support, counselling and registration of subjects providing social services (inc. municipalities) 2 890 Municipalities activation works material and financial need benefits, social housing support and social services to seniors, homeless and in need people, families with children, handicapped citizens.

There is another gap in providing long term care of seniors, people with disabilities and people with chronic diseases. Slovak legislation does not define the term "long-term care" as a

combination of social and health services provided on a regular and long-term basis (monthly, weekly, daily) according to the specific needs. The integrated provision of social care and medical care is not systematically regulated by national legislation. These two systems of care are strictly divided. Medical care is legally and also formally primary provided by the state and under the auspices of The Ministry of Health of the Slovak Republic. Social care (including care of seniors, the people with disabilities and with chronic diseases) is partly provided by the state, regions, municipalities, charity and private institutions and is under auspices of the Ministry of Labour, Social affairs and Family of the Slovak Republic.

Katreniakova (2007) commented focus on the health of older people in Slovakia. She argues that health care and social care political measures has been adopted, but in connection with these changes, increasing attention to health promotion of older people is still much more written at the theoretical level in comparison to the number of health-promoting activities implemented among older people at the practical level. On the other hand some activities implemented among the elderly in the field of social care and education are not considered to be health-promoting activities. Out of 66 literature pieces collected, only 19 dealt with activities focusing specifically on health promotion for the elderly. Though the Slovak elderly are still mostly included in the health-promotion activities targetting the whole population, there is a positive

trend in the increasing number of activities intended for older people during the last five years. In the field of promoting mental health, activities focusing on cognitive issues prevail, followed by activities addressing depression or stress. Empowerment is not so strongly visible as an aspect of health promotion among older people in Slovakia. Life-long learning and education together with social support and networks seem to be the most developed in the field of social participation. Among life-style health determinants, most attention is paid to improving physical activity and nutrition, as well as decreasing substance use by the elderly. A majority of health-promoting activities takes place at community level – organised by Regional Public Health Institutes in cooperation with local councils, municipalities, schools or non-governmental organizations for the elderly.

## **CONCLUSIONS**

Fundamental concept in social work is the concept of social functioning and life situation. The aim of social work is precisely to help the client in his social functioning in the Slovak milieu. One of the main principles of social service delivery reform deinstitutionalisation represents a very slow process and meets with quite a lot of resistance. In the Slovak Republic from 2012 municipalities have got ad hoc grant of the Ministry of Finance for certain types of social services. There was a great impulse and urge to establish an equal system

of providing and financing social services in which financial dotation would go to that provider of social services that a client of social services chooses.

Social work is always trying to define individual positions of the individual or group, highlight the problems that prevent him from social functioning. We can conclude that the social work represents very important part of interdisciplinary programs aimed at the prevention of the need for social and health care for the elderly, namely to promote healthy aging. Seniors must be full members of society with an emphasis on the

continuity of life and integration into social groups and social networks. Community programs may include an offer of voluntary and paid activities in the field of social services, culture, sports, education, where seniors can find their work and leisure applications. Very important are group activities and programs arising on intergenerational basis. In addition to the integration of education and it is important that health promotion programs to improve the physical condition of the elderly with focus on getting enough exercise, balanced diet and safety.

## REFERENCES

- Baum, D. Gojová, A. (2014) Výzkumné metody v sociální práci. Ostrava: Ostravská univerzita v Ostravě.
- Deusdad, B. A., Pace, CH., Anttonen, A. (2016) Facing the Challenges in the Development of Long-Term Care for Older People in Europe in the Context of an Economic Crisis. *Journal of Social Service Research*. 42 (2) pp. 144-150.
- Hanobik, F. (2013) Communication and escorting patients, cancer patients. In: Bugri, Š., Beňo, P., Andrejiová, L. Dopady hospodárskej krízy na kvalitu života, zdravia a sociálnu oblasť - Impacts of economic crisis on quality of life, health and social area. Prešov: Ústav sociálnych vied a zdravotníctva bl. Petra Pavla
- Gojdiča v Prešove, Bratislava: SAMOSATO. pp. 38-44.
- Hrozenská, M. & Dvořáčková, D. (2013). *Social care for the elderly*. Praha: Grada Publishing.
- Hroncová, J. & Hudecová A. & Matulayová, T. (2001). *Social pedagogy and social work*. Banská Bystrica: Faculty of UMB. p. 289.
- Janečková, H. (2005). *Social work with the elderly*. In *Social Work Practice: the specifics of the different target groups and work with them*. 1st ed. Praha: Portál. pp. 163-193.
- Katreniakova, Z. (2007) *Overview on health promotion for older people in Slovakia*. Bratislava: Slovak Public Health Association. Available on: [http://www.healthproelderly.com/pdf/National\\_report1\\_Slovakia.pdf](http://www.healthproelderly.com/pdf/National_report1_Slovakia.pdf)
- Michel, R. & Korbová, Z. & Proněková, M. (2012). *The hospice social work*. In Hanobik, F. et al.: *Quo vadis*

hospic... Proceedings of the international conference. Bratislava: VŠZSP St. Elizabeth, pp. 302-318.

Michel', R. (2014). The family as a community of love. In Vansač, P. & Chovanec, J. & Andrejiová, L. Family as a community at the service of man. Proceedings of the scientific conference with international participation. Prešov: Institute of Social Sciences and Health bl. P. P. Gojdiča, pp. 235-249.

Michel', R. (2013). Prosocial behavior as a means of improving the quality of life in society. In Paľa, G. & Halagová, E. & Varhol', L. Reflection on the quality of life. Proceedings. Prešov University of Prešov, Greek Catholic Theological Faculty, pp. 100-108.

Sopova, M. (2013) Social services system in Slovakia – part 1. In: EUROPEAN SOCIAL NETWORK.

General part of social services system in Slovakia. Available on:[http://www.esneu.org/userfiles/Documents/Projects\\_LPI/Meeting\\_4/Sopova\\_Brat\\_SK](http://www.esneu.org/userfiles/Documents/Projects_LPI/Meeting_4/Sopova_Brat_SK)

Tokárová, A. et al. (2002). Social work: The History, Theory and Methodology of Social Work. Prešov: Faculty of Arts, University of Prešov, p. 573.

Vansač, P. (2013). Ethical reasons for the economic crisis, according to Benedict XVI. . In Bugri, Š. & Beňo, P. & Andrejiová, L. The impacts of the economic crisis on the quality of life, health and social impacts. Department of Social Sciences and Health bl. P. P. Gojdiča, p. 52-60.

Žiaková, E. (2005). Psychosocial Aspects of Social Work. Prešov: AKCENT PRINT, p. 234.

## CONTACTS

PaedDr. PhD. Radoslav Michel', PhD.  
Institute of Social Sciences and Health  
bl. P. P. Gojdiča Jilemnického 1/A,  
080 01 Prešov  
Slovak Republic

E-mail: [michel.rado@centrum.sk](mailto:michel.rado@centrum.sk)

Ing. Jaroslava Jurčová  
University of Ss. Cyril and Methodius  
(UCM)  
SNP 200/14,  
958 01 Partizánske  
Slovak Republic

E-mail: [jaroslavajurcova1@gmail.com](mailto:jaroslavajurcova1@gmail.com)