TRANSFORMATION OF SOCIAL SERVICES IN SLOVAKIA: REVIEW

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Abstract:

Introdcution: This article provides an in-depth review of the transformation of social services in Slovakia, focusing on the evolving landscape shaped by recent policy shifts, demographic changes, and growing needs for specialized care. The introduction addresses the historical development of social services in Slovakia, emphasizing the transition from a predominantly state-controlled model to a more diversified system influenced by non-governmental organizations (NGOs) and private providers. This shift responds to an aging population, changes in social dynamics, and the increasing need for services tailored to specific groups, including the elderly, individuals with disabilities, and marginalized communities.

Core: In examining the current state of care, this review highlights legislative changes, such as Act 448/2008 on Social Services, which set new standards for service quality, access, and funding mechanisms. Through a detailed analysis of qualitative and quantitative data from service providers and beneficiaries, we assess the impact of these reforms on service delivery, accessibility, and quality of life for recipients. Challenges in the sector,

including resource allocation, administrative barriers, and discrepancies in service provision across urban and rural areas, are identified as key areas requiring attention.

Conclusion: The conclusion discusses potential paths forward, suggesting that enhancing coordination between public and private sectors, streamlining bureaucratic processes, and increasing financial investment in social services are crucial for sustainable development. The findings underscore the need for continued adaptation to meet the growing demands of an aging society and to ensure that social services in Slovakia remain equitable, accessible, and capable of improving the quality of life for all beneficiaries.

Keywords: social services, social work, transformation, social care.

INTRODUCTION

Furthermore, the **shift toward individualized services** rather than standardized models is a key finding in Slovakia's social service transformation. This approach prioritizes adapting services to the unique needs of each beneficiary, especially in diverse rural and urban settings. Individualized care is shown to improve outcomes, particularly for older adults who benefit from tailored support rather than generic care options. However, individualized care demands greater flexibility in funding, staffing, and training, which continues to be challenging due to the limited availability of trained personnel and regional disparities in resources.

Another pivotal factor is the **integration of volunteer support and community engagement**. Volunteers, including older adults themselves, are increasingly involved in delivering social services, creating a model that promotes social inclusion and intergenerational interaction. Community participation enhances the social dimension of care, benefiting both recipients and volunteers. This collaborative approach also addresses some resource limitations by engaging local support networks, which proved especially valuable during the COVID-19 pandemic when traditional services faced disruptions.

Technological adoption in the social services sector is gradually growing, with promising implications for Slovakia's future care model. Technology, including telemedicine and remote care systems, is becoming integral to extending services to rural areas, enhancing monitoring, and supporting caregivers. Yet, technology adoption is hindered by budget constraints, the need for digital skills among both

staff and beneficiaries, and unequal access across different regions.

In summary, Slovakia's ongoing social services transformation is marked by progressive steps toward personalized, community-based, and technology-enhanced care. While significant advancements have been made, the success of these transformations will largely depend on resolving issues related to funding, workforce development, quality standardization, and equitable access across regions. As Slovakia continues to evolve its social service landscape, these findings underscore the need for a balanced approach that strengthens local capacity while ensuring that all citizens can benefit from high-quality social care services.

HISTORICAL AND SOCIAL ASPECTS

The transformation of social services in Slovakia post-1989 marks a significant departure from traditional, passive care models. This shift has been driven by changing societal values, legislative reforms, and a growing recognition of the rights and needs of vulnerable populations, including the elderly, disabled, and socially disadvantaged. A holistic approach to therapy, such as art therapy, has emerged as a crucial element in this transformation, enhancing the quality of care and support offered to clients within the social services framework (Ludvigh Cintulová, 2019).

The legal framework governing social services has undergone numerous amendments since the fall of communism, reflecting the dynamic nature of social care in Slovakia. Providers have frequently navigated the complexities of changing legislation, often facing challenges such as liquidation provisions that have impacted service delivery. As of January 10, 2019, Slovakia had registered 51,299 civic associations and 1,660 non-profit organizations dedicated to public benefit work, illustrating the growth of a diverse social service sector beyond traditional state-run facilities ().

In addition to legislative changes, the influence of individual Christian denominations has shaped the social and diaconal services offered in Slovakia. These organizations have contributed unique perspectives and resources that complement state efforts in addressing the needs of vulnerable groups.

Comparison of Pre- and Post-1989 Social Services

Prior to 1989, social services in Slovakia were characterized by a top-down, institutional approach, where care was provided in large state-run facilities with little regard for individual needs or preferences. The focus was on meeting basic necessities, often at the expense of dignity and autonomy. In contrast, the contemporary landscape emphasizes active participation, individualization, and community involvement in service provision.

Key principles guiding the transformation include:

1. **Individualization of Care**: Modern social services prioritize the unique needs of each individual, fostering an environment where clients are treated as partners in their care rather than passive recipients.
2. **Empowerment and Autonomy**: There is a concerted effort to promote the rights of service users, enabling them to make informed decisions about their care and support.
3. **Community Engagement**: Active collaboration with local communities, medical staff, and volunteers, including older persons, has become essential in creating supportive networks that enhance the quality of life for service users.

The integration of holistic approaches, such as art therapy, further enriches these principles by addressing the emotional and psychological well-being of clients. Holistic art therapy in social services supports individuals in expressing themselves creatively, which can be particularly beneficial for those dealing with the challenges of aging, disability, or social isolation.

The transformation of social services from a passive to an active approach in Slovakia and across many European nations has been influenced by both historical developments and changing social perspectives on welfare, autonomy, and community care (Ludvigh Cintulová, 2022a,b):

1. Historical Context and Welfare State Evolution

Historically, social services were largely reactive, centered around providing minimal relief for those in dire need. The post-World War II era brought the rise of welfare states, emphasizing comprehensive public care systems to address widespread poverty, ill health, and aging populations. In Slovakia, as in much of Eastern Europe, the state initially controlled social services, focusing on institutionalization as the primary means of care, particularly for vulnerable populations like the elderly and disabled. This model was designed to meet

basic needs but often lacked a personalized or empowerment-based focus, with a passive approach to services, largely meeting physical needs without promoting independence or social integration.

2. Transition from Institutional to Community-Based Care

Social service reform across Europe began to shift focus from institutional care to community-based, individualized support in the late 20th century. Following the fall of communism in Eastern Europe, Slovakia, along with other transitioning states, moved toward decentralized social services and began adapting practices from Western Europe. This shift emphasized personal autonomy, inclusion, and quality of life, setting the foundation for active approaches in care. Community care became a priority, fostering services that encouraged individuals to live as independently as possible within their communities, which also aligned with EU standards of social inclusion and empowerment.

3. Social Shifts and the Emphasis on Individual Autonomy

In recent decades, there has been a broader social shift toward recognizing the rights and agency of beneficiaries in social services. This has led to an emphasis on „active aging," community involvement, and rehabilitation rather than mere custodial care. Social services began to incorporate an active approach by developing personalized care plans and promoting engagement in social activities, as well as supporting physical and mental health to allow for greater autonomy and quality of life.

4. Legislative and Policy Support for Active Social Services

The introduction of specific policies, such as the Slovak Social Services Act (448/2008), reflects the legal foundation for prioritizing an active, individualized approach in social care. This act emphasizes tailored care that meets individuals' unique needs, reducing reliance on institutional care by promoting home care, rehabilitation services, and community support. The shift from passive to active support also includes stakeholder consultation, requiring input from clients and families, which enhances responsiveness and the quality of services.

5. Economic and Demographic Pressures

Increasing life expectancy and an aging population have placed pressure on social services, making passive, institutional care unsustainable. Active care strategies allow for more flexible, cost-effective support structures that promote autonomy and reduce long-term dependency on intensive institutional resources. Economically, this shift has also allowed local governments to manage services in ways that align with their budget constraints, often leveraging community resources, volunteer networks, and public-private partnerships to support active social service programs.

KEY FINDINGS OF TRANSFORMATION

The period following 1989 in Slovakia was marked by significant political, economic, and social transformations that fundamentally altered the landscape of social services. The transition from a system of state paternalism to one where individuals are primarily responsible for their own lives brought about a reevaluation of social care practices. Initially, economic reforms in the early 1990s tended to overlook social considerations, impacting the availability and effectiveness of social support systems (Ludvigh Cintulová, 2022a).

Czechoslovakia had advantages that supported potential social reforms, including a relatively high GDP per capita and a balanced income structure, which minimized disparities between rich and poor. However, the overall economic downturn led to a decline in production and increased inflation, limiting resources for social initiatives (Potúček & Radičová, 1998). The transformation of social services aimed to improve the living conditions of service recipients, emphasizing a prosocial context that enhances quality of life and promotes human dignity (Cangár et al., 2015; Bundzelová, Ludvigh Cintulová, Buzalová, 2023).

The process of transformation is characterized by a dual approach: on one hand, it addresses the persistent needs of individuals for support in achieving their personal goals, while on the other, it responds to the limitations of traditional organizations in managing social issues under new socio-economic conditions (Repková, 2016). This transformation aligns with the principles articulated in the Encyclical of Pope John Paul II, which calls for dignified support that empowers individuals rather than reducing them to mere beneficiaries of aid.

From 1989 to 1997, Slovakia witnessed the formulation of social reform

scenarios, which, although aimed at addressing urgent issues arising from economic changes, did not encompass a comprehensive reform of the entire social system (Cangár, 2018). The establishment of new administrative bodies and the emphasis on active employment policies were pivotal, yet the focus remained largely on addressing immediate needs rather than systemic change (Potúček & Radičová, 1998).

The subsequent demonopolization of social services allowed for greater participation from municipalities, non-profit organizations, and religious institutions, shifting away from a state-controlled model. This expansion saw the rise of various non-governmental organizations, which began to fill gaps in social care services. However, many of these organizations struggled with issues of quality and consistency in service provision, as there were no established qualification requirements or methodologies (Ludvigh Cintulová, 2022b).

The early years post-1989 also saw the emergence of numerous charitable organizations and the establishment of residential services by churches, which benefitted from external support and resources (Krajňáková, 2009). Overall, this period was transformative, as Slovakia moved toward a more diverse and participatory model of social services, albeit with significant challenges related to quality and equity in service delivery.

The decentralization and democratization of state social administration in Slovakia, particularly after 1989, led to greater independence for local authorities and enhanced their role in social services. This shift aimed to empower municipalities and self-governing regions to manage social services effectively, making them more accessible and tailored to local needs (Repková-Brichtová, 2009). To facilitate this transition, the state provided decentralization subsidies to support local governance (In Ludvigh Cintulová, 2022).

In this period, there was a significant change in the terminology and approach to social care. Individuals receiving services began to be viewed not just as passive recipients but as active participants in addressing their own life situations. Terms such as „client" and „resident" replaced outdated labels like „inmate" or „trustee," reflecting a more humanized approach to care. This shift promoted dignity, respect, and partnership in the relationship between care providers and recipients (Cangár, 2018). By viewing individuals as active participants in their care, the social services system aims to empower them to take charge of their life situations (Oláh et al., 2009).

From 1998 to 2007, the passage of the Social Assistance Act established a legal framework for providing social support, emphasizing active participation by individuals in overcoming material and social needs. This law defined social

assistance as a means to ensure basic living conditions and prevent deeper social issues, marking a pivotal moment in the professionalization of social work in Slovakia. The establishment of university programs for social work and the need for non-state entities to meet specific criteria for service provision further enhanced the landscape of social services during this time (Potúček-Radičová, 1998; Stanek, 1999; Oláh, M., Roháč, 2010).

Since 2008, significant changes in Slovakia's social services have been guided by the Act on Social Services (448/2008 Coll.), which established two primary categories of providers: public providers (municipalities and entities established by them) and non-public providers. This legislation aimed to empower local governments with new tasks and competencies in managing social services, reflecting the economic growth of that period (Ludvigh Cintulová, Budayová, Buzalová, 2022c).

In response to challenges such as the financial crisis, the government initiated quarterly monitoring of the financial impacts on local governments. Early findings revealed a predominance of traditional social services, particularly for the elderly. Over time, non-public providers grew significantly, with an increase from 69 to 190 providers serving thousands more clients in a short period Ludvigh Cintulová, Budayová, Buzalová, 2022c).

A crucial amendment to the Act in 2011 enhanced clients' rights, allowing them to choose non-public providers and ensuring that these providers could access public funding. This was in response to a Constitutional Court ruling which criticized previous restrictions that disadvantaged non-public providers compared to public ones (Repková-Brichtová, 2011).

From the perspective of the evangelical diaconate (ECAV ED), the new Act brought fundamental changes in various categories, including terminology, client status, provider obligations, service modifications, provider classification, staff qualifications, service delivery approaches, financing methods, quality assessment, and dependence evaluations (Repková, 2015). Overall, these changes reflect a shift towards greater client autonomy and a more competitive landscape in social services.

The shift in social care terminology and approach discussed by authors like Cangár (2018) and Repková-Brichtová (2011) is further enriched by Radková and Ludvigh Cintulová (2018), who emphasize the importance of person-centered frameworks in research for social work and nursing. Radková and Cintulová's study (2018) highlights the significance of engaging individuals in their care as active participants—a concept central to recent reforms in social services. These authors explore research methodologies that prioritize the subjective

experiences of clients, which aligns with the ongoing shift in social services toward respecting the autonomy and dignity of service recipients. Integrating these approaches in social work education, as Radková and Cintulová advocate, equips future professionals to apply human-centered principles, emphasizing not only the technical aspects of care but also fostering empathy and respect in service delivery.

SOCIAL SERVICES NOWADAYS

Social services encompass specialized activities designed to assist individuals in navigating unfavorable social situations that can arise throughout their lives. According to the Act on Social Services (Act No. 448/2008 Coll.), these services include a range of professional and supportive activities aimed at addressing various needs. Specifically, social services are focused on:

1. **Prevention and Resolution**: Preventing, solving, or alleviating unfavorable social situations for individuals, families, or communities. This could include interventions to mitigate the effects of poverty or social exclusion.
2. **Promoting Independence**: Supporting individuals in maintaining, restoring, or enhancing their ability to lead independent lives, facilitating their integration into society. This involves enabling access to resources and opportunities that foster self-sufficiency.
3. **Basic Needs Provision**: Ensuring the necessary conditions for meeting basic living needs, including access to food, shelter, and hygiene. This is crucial, as many individuals face barriers to fulfilling these fundamental requirements.
4. **Crisis Intervention**: Addressing crisis situations that may arise for individuals or families, providing immediate support to navigate challenging circumstances.
5. **Social Exclusion Prevention**: Taking proactive measures to prevent the social exclusion of individuals and families, ensuring that they have opportunities to participate fully in society.
6. **Childcare Support**: Providing necessary childcare services in situations where families require assistance, ensuring that children's needs are met.

The causes of adverse social situations are diverse and can stem from factors such as social exclusion, inability to integrate socially, or a lack of resources to address personal challenges. For instance, individuals may experience difficulties due to aging, loneliness, substance dependence, job loss, severe disabilities, or poor health. Moreover, homelessness, threats from others, and the burden of

caring for a family member with a severe disability can also contribute to these unfavorable conditions.

The Act identifies key participants in the provision of social services, including:

- The recipient of the social service,
- The social service provider,
- The Ministry of Labor, Social Affairs and Family of the Slovak Republic,
- Municipalities and higher territorial units,
- Partnerships, and
- Any other entities involved in the provision of these services.

Significantly, the Act recognizes the rights of individuals in selecting their preferred social services and providers. Specifically, individuals have the right to choose services that enable them to realize their fundamental human rights, preserve their dignity, promote self-sufficiency, and prevent social exclusion. Furthermore, they are entitled to accessible information about the types of services available, including details on costs and target groups served.

This legal framework establishes a comprehensive approach to social services in Slovakia, aimed at empowering individuals and fostering their participation in society while addressing the complex factors contributing to social challenges. By ensuring a rights-based approach and emphasizing individual choice, the Act on Social Services seeks to enhance the quality of care and support available to vulnerable populations.

CONCLUSION

The evolution of social services in Slovakia since 2008 reflects a significant shift towards decentralization, client empowerment, and the integration of both public and non-public service providers. The introduction of the Act on Social Services established a more structured framework for the provision of services, addressing the growing needs of diverse populations, particularly vulnerable groups like the elderly and disabled. This legislative change has led to a more competitive environment, encouraging higher standards of service delivery and allowing clients to exercise their right to choose their providers. Moreover, the revisions to social service laws have fostered an environment where clients are recognized as active participants in their care, rather than passive recipients. The emphasis on humanization of services aligns with broader societal changes that challenge stigma and promote inclusion, underscoring the importance of

community integration for individuals receiving social support.

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