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**ANALYSIS OF DEVELOPMENT OF SOCIAL  
SERVICES PROVIDED BY STATE  
AND NON-PUBLIC PROVIDERS IN SLOVAKIA**

**ANALIZA ROZWOJU USŁUG SOCJALNYCH  
ŚWIADCZONYCH PRZEZ PAŃSTWOWYCH  
I NIEPUBLICZNYCH USŁUGODAWCÓW  
NA SŁOWACJI**

**ABSTRACT**

Development of social services in Slovakia is connected with the big reform of transformation and decentralisation held in 2002, but there are still differences between state and non-public social providers described in this analysis. An overview of the relevant social law shows that, in addition to municipalities and higher territorial units, social services can also be provided by private entities, such as non-profit organisations, civic associations, church organisations. Unlike these “private” public providers, who are authorized to provide social services under the same conditions as public providers, a non-public provider has to pass legal conditions for the provision of social services. The main differences are visible in the way of funding and in the access to public sources of a number of social care users as well as in condition of providing community-based services.

Slovakia and other countries in Europe are facing the demographical changes that affect the quality of life of the elderly, economics, and long-term health and social care. It is necessary to develop community-based services in the basis of sustainability due to ageing of the population and the increased number of the vulnerable people requiring social care.

**Key words:** Social services. Transformation of social care. Old Age Pensioners.

### ABSTRAKT

Rozwój usług socjalnych na Słowacji związany jest z dużą reformą transformacji i decentralizacji przeprowadzoną w 2002 roku, ale nadal istnieją różnice między państwowymi i niepublicznymi świadczeniodawcami socjalnymi opisanymi w niniejszej analizie. Przegląd odpowiedniego prawa socjalnego pokazuje, że oprócz gmin i wyższych jednostek terytorialnych usługi socjalne mogą być również świadczone przez podmioty prywatne, takie jak organizacje non-profit, stowarzyszenia obywatelskie, organizacje kościelne. W przeciwieństwie do tych „prywatnych” publicznych usługodawców, którzy są upoważnieni do świadczenia usług socjalnych na takich samych warunkach jak publiczni usługodawcy, niepubliczny usługodawca musi spełnić prawne warunki świadczenia usług socjalnych. Główne różnice dotyczą sposobu finansowania, dostępu do źródeł publicznych, liczby osób korzystających z opieki społecznej oraz warunków świadczenia usług środowiskowych.

Słowacja i inne kraje Europy stoją w obliczu zmian demograficznych, które wpływają na jakość życia osób starszych, ekonomię oraz długoterminową opiekę zdrowotną i społeczną. Konieczne jest rozwijanie usług środowiskowych w oparciu o zrównoważony rozwój ze względu na starzenie się społeczeństwa i rosnącą liczbę osób wymagających opieki społecznej.

**Słowa kluczowe:** Służby socjalne. Transformacja opieki społecznej. Seniorzy.

### INTRODUCTION

Caring about the elderly requires not only the costs of providing social services and the wage costs of employees in social work, but also represents a challenge in terms of a holistic approach towards the elderly

and the creation of community-based services. Due to the aging of the population, it is assumed that the number of seniors who depend on the help of third parties will increase, where the families cannot, do not know or do not want to participate in the aging of its member and they have limited opportunities for providing long-term care of the elderly in their families. In this respect, social services facilities often replace not only home care, but also health and nursing care for those seniors who come to the social care facility directly from hospitals. In Slovakia, the institutional form still prevails over other types of care for the elderly, which was confirmed by the current crisis in connection with the spread of Covid-19, when social services facilities took care of vulnerable groups the most.

## **1. LONG-TERM SOCIAL AND HEALTH CARE ABOUT THE ELDERLY**

At present, according to demographic forecasts by 2060, it is confirmed that the older generation will prevail over the younger one, which puts pressure on the development of social services in the future. This fact is also confirmed by Šaling [2016], who points out that the unfavourable development will last longer, the population transitioning to post-productive age is systematically larger than the younger age groups. “The resulting decline in the working-age population will also be accompanied by an increase in the number of people over the age of 65+ [Šaling 2016, p. 3]. From these facts it is clear that we can expect a high demand for social services for different age groups in the future [Malíková 2011]. The child population faces disabilities, the adult population faces civilizational and oncological diseases that threaten their health; older people do not have the supporting family environment to take care of them until death, home care family is still behind the residual care [Haškovcová 2010].

At the same time, it calls for the need to link social and health care, in particular with a view to streamlining the long-term care system for those who become dependent on social assistance, creating various concepts, action plans and reform documents leading to effective public administration [Hegey, Krajčík 2010]. In Slovakia, the health care reform is taking too long and its positive effects are not felt in the real improvement of the quality of life of those who are dependent on social and health care for a long time [Hatar 2011].

The share of the population over the age of 65 in Slovakia will increase from 16% to more than 21% by 2030. The big challenge will be to provide quality and affordable long-term care services in a sustainable way. Slovakia provides 0.9% of GDP for long-term care, more than the V3 countries (0.8%), but significantly less than the Czech Republic (1.5%). Only due to aging will expenditures increase to 1.2% by 2030, if the development according to the Czech Republic is taken into account, it will increase to 1.5% of GDP. Slovakia lags behind in results for seniors, compared to V3 and the Czech Republic, seniors have a shorter life expectancy at the age of 65 and lack of life satisfaction (Moderné a úspešné Slovensko, 2020)<sup>1</sup>.

Hrozenká and Dvořáčková [2013] asked for the connection between health and social care for the elderly. The common goal is to create conditions that maintain good mental and physical health and live an active old age. The period of old age is often perceived negatively, precisely because of the underdeveloped system of social services, where there are long waiting times for the placement of a senior in a social care facility, or a lengthy process of assessing the degree of dependence on social services [Potancoková 2019].

Social care should be provided with quality and the consequences of unfavourable health status of recipients should not be an obstacle, while the adaptation process to changed living conditions in which the

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<sup>1</sup> MaUS\_NIRP2 (1).pdf [available: 23.1.2021]

senior can continue to achieve life satisfaction is essential [Kubalčíková 2015].

When providing services, a social worker often has to communicate with family members who are missing information about the entitlements and conditions of admission to a social services facility, they need support to understand the system of social services valid in Slovakia to get one of them [Mistričková et al., 2013].

Social care centres according to § 10a par. 3 of Act no. 576/2004 Coll. (valid legal status as of 1 January 2019) provides nursing care to a person placed in a social assistance facility who meets the indication criteria for the provision of nursing care. Fulfilment of the indication criteria in accordance with standard diagnostic procedures and therapeutic procedures is assessed by the responsible person and indicated by the general practitioner on the basis of a proposal from the responsible person about the need to provide nursing care. Comprehensive nursing management of a client in a social care centre has been legally effective since 1 January 2019 and applies to the treatment of those patients placed in these social centres who are indicated for the provision of nursing care. The indication for comprehensive nursing management of a seniors in a social care centre is determined and re-evaluated as needed on an ongoing basis, but at least once every 6 months by means of a checklist, which is a special supplement to the standard [Levayová 2019].

The process of transformation of social services has enabled the streamlining of care and social care for the elderly, in particular by reducing capacity in facilities, decentralisation, increasing the professional competencies of social workers and creating multi-disciplinary teams in the field of nursing care and social assistance [Gulová 2011].

The legislation allows social service providers to provide nursing care through home nursing care agencies (ADOS) and mobile hospices. The use / mediation of these services, although the person is indicated, is not mandatory on the part of the social service provider. In such

facilities, responsibility for the level of health care provided is not determined and is not controlled [Levayová 2019].

Social services – are a basic tool for addressing the social needs, social and health care of older people whose health, disability or retirement age has contributed to the need to nursing care. The dominant position in providing care for the elderly is represented by the public sector, on the other hand the non-public sector provides services for specific groups of the population, such as seniors with Alzheimer’s disease, dementia or multiple sclerosis [Repková 2017].

Statistics from 2019 shows that the total capacity of all social service providers for citizens who depend on the social assistance of others and for seniors is 61,022 places, of which the place for seniors is less than 21,200 places (MPSVaR SR 2019)<sup>2</sup>.

Slovakia suffers from a shortage of staff and the departure of nursing workers abroad; compared to the Czech Republic, approximately 30% of workers in social services are missing. The deinstitutionalisation of long-term social care is weak and there is a lack of measurement and evaluation of the quality of providing services. Inefficiency is manifested in a duplicate assessment system, weak prevention of social dependency and unsustainable management and financing of long-term care [Heger 2020].

Total accumulated investment tool for the completion of health and social long-term care capacities, including a gradual increase in operating expenses for the years 2021 to 2026: 2 billion Eur. The investment plan is for social care facilities in the various types [Heger 2020]:

- 1,700 places in social care facilities for the elderly,
- 400 places in specialized care centres,
- 2000 places in new and transformed supported housing facilities, new capacities of day care centres, and
- other community long-term health and social care centres.

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<sup>2</sup> Ročný výkaz o vybraných druhoch sociálnych služieb (V(MPSVR SR) 10-01) – MPSVR SR (gov.sk) [available: 22.1.2021]

## 2. SOCIAL SERVICES – STATE AND NON-PUBLIC PROVIDERS

With the current upward trend, in which the need for social and health care is increasing, social services facilities will be overcrowded and waiting lists will be longer. There are more and more families who do not want or cannot take care of their oldest family members. It is a common phenomenon that the typology of seniors is changing and seniors who are wheelchair users, require 24-hour care, or their health condition requires long-term treatment in bed.

The main goal of social services is to prevent, address and alleviate the unfavourable life situation of a person, family or community, to maintain, renew or develop the ability of an individual to lead an independent life and to empower integration. The aim of social services is to develop the skills of social service users and enable them, if possible, to lead independent lives. Social services aim to reduce the social and health risks associated with users' lifestyles [Hauke 2011].

Table 1 provides an overview of the types of social services provided in Slovakia. The highest number of provided services is the senior care services that is covered by 1,280 providers with accreditation in Slovakia. The lowest number has independent housing with the number of 6 providers.

Table 1 Summary of the social care centres up to September 2019

<b>Social services</b>	<b>N</b>
Domov sociálnych služieb/Social care home	490
Opatrovateľská služba/Nursing services	1280
Zariadenie pre seniorov/Senior Care Centre	498
Nízkoprahové denné centrum/Low Threshold Centre	333
Špecializované zariadenie/Specialized Care Centre	288

Sprostredkovanie osobnej asistencie/ Mediation of personal assistance for the disabled	16
Denné centrum/ Daily-care centre	260
Denný stacionár / Daily senior care centre	227

Source: Centrálny register poskytovateľov sociálnych služieb, status up to 1. 9. 2019.

Social service providers are public and private. Public social service providers are set up by municipalities and local authorities, and are usually strongly tied to their budgets as contributory or budgetary organizations of self-government. Non-public social service providers are usually non-profit organisations providing services of general interest, civic associations or church legal entities (church organisations are established as special-purpose facilities of churches and are registered by the Ministry of Culture under a special law, No. 308/1991 Coll. and the status of churches and religious societies). They derive their legal personality from churches and religious societies.

From the point of view of public and non-public providers, the number of established social care facilities differs and changes from one year to another, a negative example is the daily care centres. The daily care centre within the scope of the nationwide has 256 providers and in the case of a non-public provider only 4 facilities of this type.

We observe the opposite trend in residual care and street work, where the private sector is dominant, which often replaces the role of the state in providing care for the vulnerable people and not only the elderly. The highest number of non-public providers is in the Prešov Region, followed by the Košice Region and the Trenčín Region in the last place (Table 2).

Table 2 Non-public providers of social services in concrete Slovak districts in 2019

Social services	Number / Region <sup>3</sup>								Total
	ZA	TN	BB	BA	KE	NR	PO	TT	
Non-public providers									
Daily senior centre	5	6	9	5	47	11	71	10	164
Senior care centre	28	36	28	22	34	49	50	29	276
Social care home	7	15	22	18	32	19	27	8	148
Nursing care	48	20	33	23	54	59	58	31	326
Low-threshold centre	3	1	7	3	4	3	2	1	24
Specialized care centre	5	10	4	21	20	31	30	9	130

Source: Centrálny register poskytovateľov sociálnych služieb, status up to 1. 9. 2019

Comparing social care centres run by public providers, the numbers are different, in the first place is the Žilina region, followed by the Banská Bystrica region and in the third place is the Trnava region with set of social services in the districts (Table 3).

Table 3 Public state providers of social services in Slovak districts in 2019

Social services	Number / Region <sup>4</sup>								Total
	ZA	TN	BB	BA	KE	NR	PO	TT	
Public provider									
Daily care centre	28	26	32	44	33	23	46	24	256
Senior daily care centre	6	2	1	7	4	12	27	4	63
Senior care centre	41	17	46	21	14	29	19	35	222
Social care home	69	38	58	36	20	38	42	41	342
Nursing care	190	148	136	39	135	106	112	88	954
Low-threshold centre	1	1	1	0	3	2	0	1	9
Specialized care centre	42	23	13	9	9	34	14	14	158

Source: Centrálny register poskytovateľov sociálnych služieb, status up to 1. 9. 2019

<sup>3</sup> Pozn. ZA-Zilina, TN-Trenčín, BB\_Banská Bystrica, BA-Bratislava, KE-Košice, NR-Nitra, PO-Prešov, TT-Trnava, SK-Slovakia

<sup>4</sup> Pozn. ZA-Zilina, TN-Trenčín, BB-Banská Bystrica, BA-Bratislava, KE-Košice, NR-Nitra, PO-Prešov, TT-Trnava, SK-Slovakia

The fundamental problem is the instability of social service conditions and frequent changes in laws, which are dangerous, even threatening, for church social service providers. As they are not backed by local governments or strong financial groups that could help if necessary, any unexpected change in the law is a threat to the provision of social services [Ďurana 2017].

The following characteristics are typical for social service operators, which are churches [Ďurana 2017]:

- Facilities have a smaller user capacity and individualisation of services for a lower number of clients in the facilities prevails,
- Average financial burden of clients with self-financing compared to state entities,
- Differential remuneration of staff in non-public service facilities, as well as frequent staff turnover in this area,
- Unstable funding and lack of capacity to ensure sustainability are used by individual donations from people who feel the need to support the social service of church providers,
- The unequal position of public and non-public social service providers in the funding system, while preventing the right to choose facilities for potential users, thus promoting public sector dominance,
- Focus on a specific type of clients requiring mainly social care, nursing care and humanitarian aid,
- Creating tools to increase competitiveness and apply quality standards in the provision of social services.
- Defending Christian values and linking social care with spiritual philosophy.

### 3. SOCIAL SERVICES IN SLOVAKIA IN LEGISLATIVE FRAMEWORK

The current legislation on social system (from 2008 to November 2020) uses the term “social services”, in contrast to the previous

legislation used in 1998–2007, in accordance with Act no. 195/1998 Coll. on social assistance used the term “social assistance” aimed primarily at addressing social care and material deprivation.

The system of social care and social policy can be divided into the following basic pillars:

**1. Informal care**, which is supported by two basic instruments in accordance with Act no. 447/2008 Coll. On financial benefits for the compensation of severe disability:

- Cash care allowance – the degree of dependence on the social assistance of another person is on the V. or VI. level according to a special legislative regulation.
- Cash care allowance for personal assistance – the entitled person is a natural person with a severe disability who relies on personal social assistance, at the earliest from the age of 6 until the age of 65.

**2. Formal care** – in the social services system, it is provided by social service providers who are registered in the Register of Social Service Providers. The register is always kept by the territorially relevant higher territorial unit (hereinafter referred to as the “VÚC”). Public and non-public social care providers operate in Slovakia. Social services are provided:

- a) on an outpatient basis (the recipient of the social service visits the facility daily but returns to his / her family environment, such as day hospitals),
- b) environment (the service is provided to the recipient in a natural environment),
- c) residential (mostly long-term social and health care provided by a sanitary facility outside the recipient’s home for an indefinite period) or
- d) in another form according to the unfavourable social situation and the environment in which the natural person resides (for example, interpretation, mediation, telecommunications services).

### 3. Financial contributions to compensate for severe disability

– provide with the intention of compensating a wide range of consequences that disability brings and at the same time aim to support the independence and autonomy of such a recipient and are provided in accordance with Act 447/2008 Coll.

**4. Cash allowance for custody** in accordance with Act no. 447/2008 Coll. is € 369.36 per month for the care of one person with a severe disability and € 492.34 per month for the care of two or more people with a severe disability, unless otherwise provided by this Act. Table 4 shows a comparison of cash contributions in the period 2017-2019.

Table 4 Comparison of the number of recipients of cash care allowance for the years 2017–2019

<b>Financial support for nursing care</b>	2017 N	2018 N	2019 N	2019 €
Nursing care – whole day 1 person	28616	30 361	66194	21 446 6804
All-day more people	873	987	4285	8 967 826
Partial care 1 person	1518	1318	1628	7 234 973
Partial care more people	35	22	50	160 477
Multiple care more people	44	32	106	272 645

Source: Annual Report UPSVR 2018 a 2019<sup>5</sup>

Table 5 presents a summary of annual reports on what types of social services are provided, comparing the period from 2018 to 2019. We divide social service homes (SSH) according to the typology of clients into children and adults who suffer from combined or specific types of disabilities. We have the largest number of SSH for children and adults with mental and behavioural disorders (69: 535), while in comparison we can see that the number of SSH increased slightly in 2019, while the number of SSH for children decreased slightly.

<sup>5</sup> Výročné správy > ÚPSVaR (gov.sk) [available: 23.1.2021]

In terms of the number of social care facilities for the elderly, the number increased by an average of 1016 centres, which means that in 2019 there were more of them compared to 2018. In 2018 we registered 18 rehabilitation centres and in 2019 there were 45 more centres. Similarly, the number of specialized care facilities increased up to 134 in 2019. On the contrary, the number of supported housing/independent sheltered houses fell by almost half.

Table 5 Summary of the year-report of provided social services<sup>6</sup>

Number of citizens included in the waiting list for care providers in selected social services facilities			Number of clients	
			31.12. 2018	31.12. 2019
Type of social care facilities/centres				
<b>A</b>			<b>1</b>	<b>1</b>
Social care homes	Children	Physical disability	4	10
		Mental disability	64	62
		Physical disability and mental disorders	79	69
	Adults	Physical disability	91	84
		Learning impairment disability and mental disorders	510	535
		Visually impaired	12	22
		Disability combination	988	949
	Senior care Centre			5 654
Centrum of independent living – sheltered living			101	59
Rehabilitation Centre			17	62
Specialized care centre			2 123	2257

Source: Statistical report MPSVR SR, 2019

The total capacity of all providers of social services for citizens who depend on social assistance of others and for the elderly is 51,037 places,

<sup>6</sup> Ročný výkaz o vybraných druhoch sociálnych služieb (V(MPSVR SR) 10-01) - MPSVR SR (gov.sk) [available: 23.1.2021]

of which 19,068 places in the social care facilities for the elderly in 2019. Annual report of public providers shows that it offers about half more places. than in the case of non-public providers. In the public sector, this number is at the level of 30,051, and in the private sector there are about 20,986 places. Social care facilities for the elderly offer 10,470 places in the public sphere, while the private sector makes up 8,598 places (Statistics Employment Institute, 2019 and CRPSS)<sup>7</sup>.

## CONCLUSION

*Social services* are one of the forms of social assistance for people in an negative social situation, social prevention, social rehabilitation and re-integration, For these reasons, The Act No. 448/2008 on Social Services introduced the obligation of the social service provider to meet the conditions of the quality of the provided social service according to Annex No. 2 (up to 01.01.2021), which specifies in detail the criteria, standards and indicators of quality of social services provided into four areas (respect for fundamental human rights and freedoms, procedural conditions, personnel conditions, operating conditions). The introduction, fulfilment and evaluation of the quality conditions of the provided social service is one of the basic tools for increasing the quality of life of recipients of social services, their social inclusion and professional provision of social services with strengthening human rights dimension and orientation to the needs and interests of the vulnerable people who are receivers of social services.

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<sup>7</sup> Správy a stanoviská - Inštitút zamestnanosti (iz.sk) [available: 23.1.2021]

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