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Transformation of social services and long-term senior care provided by nongovernmental organisations in Slovakia

Abstract

Objectives. The aim of the study is to reflect historical development and to analyse changes in the provision of social services in Slovakia in the legislative framework based on social security, social assistance and social services.

Methods. Data collection was carried out using interviews with directors of facilities offering non-public social services provided by religious organisations. This part of the study analysed the changes in social services and their sustainability. The quantitative part of the study used chi-test to analyse changes in the form of the social services, the number of facilities, and changes in legislative framework. The total sample consisted of 41 managers in care centres. The data collection was held at the end of the year 2019.

Results. The research results demonstrated valuable data showing changes in social services due to many types of social law novelisation. The consequences of it include a rapid decrease in the number of low threshold social services, daily care centres for seniors, and an increased number of vulnerable people, including the elderly, over a 10-year period.

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Conclusion. Transformation of social services changed their form. It was a long development, nevertheless it failed to harmonize health and social care in Slovakia to meet the needs of sustainability of long-term care for dependent people to help other people.

Keywords

changes in social services, senior social care, historical development

Introduction

The most fundamental change within the amendment to Act no. 448/2008 Coll. on social services amended by Act No. 551/2010 Coll., on 1. March 2011, § 8. paragraphs 2 and 3, is that the position of the client in the process of providing or securing social services has been changed. The client was given “a real space for the enforceability of his right to choose a social service provider”.

The main changes in the process of transformation and decentralization in the period 2000–2010 were:

- Change of terminology in social services — social assistance turned into social services that are more complex and address needs of vulnerable people.
- Change in the status of a citizen as one of the subjects of the law—citizens — are not only passive recipients of social care services, but have their rights and responsibilities based on the principle of the holisms, individualism and self-help.
- Change in securing the rights and the obligations of the social service providers.
- New forms of services — new types of social services have been formed on the basis of street work, low threshold and methods of practical social work.
- Modernisation of social services supporting clients’ independence, adaptability, re-integration, skills – development and independent living.
- Different position of public and non-public social service providers and system of funding — principles of decentralisation of public administration has been applied.
- Change in staff qualification and professionalism — the document requiring the standards of the quality of social services provided by state and non-public social care providers and the standards for the professionalism of social work, and qualification standards for staff working in social services.

- Change in proving the quality of social services — control mechanism to increase the quality of the social care services on different levels, including Action plan.

While providing social services in a period of 2010–2017, non-public social service providers operate mainly facilities with smaller capacities, which on the one hand allows them to individualize services, on the other hand, these facilities get into financial difficulties. Instead of focusing on the service, the mission and the social help, for which they were established, they must focus only on their own existence and survival. “The financing of social services needs to be adjusted so that there are motivations in the sector to innovate services and increase their quality.”¹

Methods

The research study is focused on the process of forming social services in Slovakia with emphasis on the legislative framework in which social services are implemented in practice, social services affect the different areas of life of vulnerable groups and seniors who are depended on them.

The research problem is based on the following facts linked to research aims:

1. The emergence and formation of social services have been influenced by historical, political and social conditions and turbulence, which have positively and negatively affected the quality of life of many citizens, which we analyse in more depth in the research.
2. The legislative framework and amendments to laws change the most in the field of social services; by analysing them, we want to point out specific changes that have affected their provision in practice.
3. The development of social services is stagnating and the financing of social services in the future is unclear and unstable.

The main aim of the research is to map the development of social services and analyse the current situation of providing social services in selected facilities that provide a wide range of social services and activities for seniors.

In carrying out the research, we used both qualitative and quantitative research to capture the reality as comprehensively as possible. Qualitative research will allow us to look deeper into the researched reality and

¹ Cf. R. Ďurana, *How to determine the price of social services?*, Bratislava 2017, SOCIA, p. 2.

focus on hidden, unknown details in the provision of social services in the researched churches and religious societies, while the selection of participants can be made using the “snowball” method.

We used the snowball method for collecting research data and we involved social service managers in this study on the basis of the deliberate selection, taking into account the subject of research. In the process of collecting data, the answers were saturated, so it was not necessary to address all managers of social care facilities, because we managed to notice that the data were repeated in the statements, nothing new and significant with a large number of respondents occurred, so we considered the sample saturated.

The qualitative part of the research was focused on: analysing the process of transformation and historical development of social services in the concrete period including important milestones in the legislative framework and the frame of political or social situation. The tool of qualitative research was the structured interview conducted in person. The statements were recorded and further analysed by open coding, the statements were categorized and the individual categories underwent coding, which resulted in the research results, which are described in the Results section. The length of one interview lasted 45–60 minutes.

The content of the interviews consisted of questions that answered research questions in these dimensions:

Dimension 1: Changes in the social services

Q3: How have the social services been changed in the last 10 years period?

Dimension 2: Sustainability and the actual situation in social services

Q7: Are social care services sustainable, and how to achieve it?

Q8: How are social services provided now, and what is actually happening?

The sample

The sample consisted of 41 managers working in social services, between 40–55 years old, with the practical experience more than 10 years (82.93%) in the field of social care facilities as non-public providers in the region Nitra (31.71%), Trnava (17.07%) and Bratislava (26.83%).

Main research hypothesis

The latest changes in the laws in the social field have caused a significant reduction in the number of social services provided in special-purpose facilities under non-public providers in Slovakia.

Hypothesis 1: There is a significant difference in the number of social care services after the application of the amendment to Act No. 448/2008 Coll. on Social Services from (2009) provided by non-profit organisations/churches in Slovakia provided.

Hypothesis 2: There is a significant difference in the number of special-purpose facilities of non-public providers in Slovakia after the application of the amendment to Act No. 448/2008 Coll. on Social Services (2009).

Hypothesis 3: There is a significant difference in the number of social homes for seniors after the application of the amendment to Act No. 448/2008 Coll. on Social Services from (2009).

Independent variable indicators:

- Act 195/1995 Coll. on social assistance and its transition to the new Act 448/2008.
- Act No. 448/2008 Coll. on social services in their original form.
- Amended Act No. 448/2008 Coll. on social services.

Dependent variable indicators:

- Nursing services and social services in Social Care Facilities for seniors (institutional and daily care).

Results

Quantitative research results

PH1: After the application of the amendment to Act No. 448/2008 Coll. on Social Services from (2009), special-purpose facilities of churches in Slovakia provided a significantly lower number of care services than before the amendment.

Changes in the laws on social services affected the number of social services provided in special-purpose facilities of non-public providers in Slovakia. The level of significance $p = 0.012$ shows that there is a significant difference in the number of provided care services before and after the amendment of the law, and it is clear from the table 1 that the number of care services decreased after the amendment of the law.

At present, we are seeing an increasing interest of citizens in the care service, municipalities are more involved and creating conditions for the care of the elderly in households compared to 2009. On the other hand, research has shown a decline in care services provided by church organizations on average by 43%. The decline in non-public social service providers, which are church organizations, can be observed in the Nitra, Trnava and Bratislava regions.

Table 1. Number of care services decreased after the amendment of the law

	Slovak Catholic charity	ECAV	Reformed Christian church	Fraternal Spiritualist Church
Number of care services BEFORE the amendment of Act No. 448/2008	25	20	12	11
Number of care services AFTER the amendment of Act No. 448/2008	17	6	5	3

Note: $p = 0.012$

Source: Authors' own elaboration based on research.

PH2: After the application of the amendment to Act No. 448/2008 Coll. on Social Services from (2009), special-purpose facilities of non-public providers in Slovakia provided a significantly lower number of services in daily-care facilities than before its amendment.

The number of services in daily-care facilities differs significantly before and after the amendment of the law ($p = 0.006$), while in general there was a significant decrease in services in daily-care facilities compared to 2009, but before 2009 this number was much lower. The decline is almost double.

The results of the research showed that amendments and changes to the laws on social services had an impact on the number of social services provided in special-purpose church facilities in Slovakia. The level of significance $p = 0.006$ indicates that the number of services in daily-care facilities differs significantly before and after the amendment of the law. In general, we can see the significant decrease in daily care services, an example of which is the ECAV, whose number of day-care facilities has decreased by almost half compared to 2009 (Table 2).

Table 2. Number of daily-care facilities before and after novelisation of the law in 2009

	Slovak Catholic charity	ECAV	Reformed Christian church	Fraternal Spiritualist Church
Number of care services BEFORE the amendment of Act No. 448/2008	39	121	18	9
Number of care services AFTER the amendment of Act No. 448/2008	22	67	11	6

Note: $p = 0.006$

Source: Authors' own elaboration based on research.

The change in the number of social care services is also affected by the change in financing and the control mechanism of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. A total of 1208 social services facilities are currently operating in Slovakia, while the drawing of the subsidy amounts to almost 139 million € for 31,175 vulnerable people.

PH3: After the application of the amendment to Act No. 448/2008 Coll. on Social Services from (2009), non-public providers in Slovakia provided a significantly lower number of social service homes for seniors than before its amendment.

The results of the research showed that the number of facilities for the elderly increased significantly between 2009 and 2018, which may be due to the increasing number of seniors dependent on social services, the decline of outreach care and home care, thus increasing the workload of church organizations as providers social services (Table 3).

Table 3. Number of senior care facilities after the law novelisation

	Slovak Catholic charity	ECAV	Reformed Christian church	Fraternal Spiritualist Church
Number of care services BEFORE the amendment of Act No. 448/2008	12	206	10	9
Number of care services AFTER the amendment of Act No. 448/2008	21	293	19	12

Note: $p = 0.001$

Source: Authors' own elaboration based on research.

Demand for social services is increasing, which is also related to ageing and the increased number of providers of facilities for the elderly that replace home care, for this reason their increase is natural, although their funding and staffing are significantly underestimated, as confirmed by statistics, on average a decrease in income by more than 50%. Facilities for the elderly are currently struggling with existential problems, insufficient staff and their outflow abroad, with unstable financing and conditions in the development of social services, as the most frequently amended law is Act No. 448/2008 Coll. on social services among all legal regulations.

Changes in the forms of social services provided by non-public providers are most visible in the period 2002–2018, when significant changes and the process of deinstitutionalisation and transformation of social services were implemented in a practice. The results have shown that the largest difference in the number of day-care centres, which decreased on average

by 48.5%. On the contrary, there was an increase in facilities for the elderly by an average of 27.5%. The residence care service reported a decrease of 32.3% on average. Social service senior homes received an average of 30% less funding, which caused them to fall by an average of 21.4%.

Qualitative research results

Data within the qualitative research were collected by interviews with directors of social care centres in Slovakia, the data were collected in the end of the year 2019 from September to December. We reported the answers of participants in the sheets, recorded interviews, rewritten and then categorized and assigned individual codes to the obtained data by open coding and categorized them by the frequency of repetition of the statement. Open coding allowed us to analyse the statements in more depth and thus gain an overview of changes in the functioning, financing and forms of social services in practice. It is valuable information that will not only provide us with statistics, but also direct statements of management staff, who manage the impacts of the transformation of social services in the daily operation of social care facilities.

Dimension 1: Changes in social services

The results have shown the impact of amendments on the provision of social services and their development.

The study identified the most significant changes that affected the performance of services in practice and their development were equally mentioned legislative changes and amendments, as well as the method of financing social services and the creation of the document National priorities for social services development (number of statements 41) that set criteria, goals and priorities for the future development of services in Slovakia.

Secondly, the participants most frequently mentioned the process of transformation, decentralization and deinstitutionalisation, which represented a major impact on the further development of social services and the identification of the types and forms of their provision. Thirdly, it was the quality standards of social services and the registration of non-public social service providers, which they consider to be a step forward in ensuring the need for social and caring care for those who are dependent on the social services. They also considered the accreditation of the supervision program and its transfer to direct work in social services to be beneficial, which can support the professional growth of employees and the prevention of burnout.

Dimension 2: Sustainability and actual situation in social services

During the interviews, the participants identified three areas that they believe are important for the sustainability of social services, which are interrelated and interconnected: the social, economic and environmental aspects of sustainability. We analysed the dimensions of sustainability using open coding, from which we derived the following categories:

1. **Social sustainability** is consisted of:
 - a. Quantitative effects: Lack of employers in social services, fluctuation, feminisation of social services and old age of care givers;
 - b. Qualitative working aspects: Monotonous/ Mentally Straining Tasks – Dangerous/ Physically Straining Tasks – Losses in Position and Task Quality – Polarization of Qualification Level;
 - c. Ethical aspects: Ethical complications/ Responsibility Issues— Loss of Socially Valuable Services/ Contacts – Creation of Hostile Environments;
 - d. Equality: Decreasing Accessibility and Equal Opportunity – Lack of harmonisation of work and family.
5. **Economic sustainability** includes: multisource funding, anti – corruption measures and a healthy competitive environment, legislative framework and social laws at the different level in the social, health and nursing fields and demographic changes and social-economic prognosis.
6. **Ecological sustainability** includes: stability of social and political system and prevention of social pathology, implementation of Strategies on social services in regional and national level, community planning, cooperation bridges at regional and national level, the quality standards, ethical dilemmas, modernisation in providing social services.

Table 4. Dimensions of sustainability of social services

Social sustainability	Economic sustainability	Ecological sustainability
Qualitative working aspects	Multisource Funding	Stability of social and political system and prevention of social pathology
Quantitative effects	Anti - corruption measures and a healthy competitive environment	Implementation of Strategies on social services in regional and national level
Ethical aspects	Legislative framework and social laws at the different level in the social, health and nursing fields	Community planning, cooperation bridges at regional and national level

Social sustainability	Economic sustainability	Ecological sustainability
Equality	Demographic changes /challenges and social-economic prognosis	The quality standards, ethical dilemmas, modernisation in providing social services

Source: Authors' own elaboration based on the research.

The concept of National Priorities for the Development of Social Services is preparing for 2021, but due to the alarming state of some areas, it can be assumed that although the quality of social services may increase, it will not be enough to satisfy the needs of dependent citizens or families in the negative social situation and social services must be systematically and follow sustainability in the future.² Dempsey³ expressed that loss of socially valuable contact in services and the creation of hostile environments make a negative impact on the social sustainability of social services.

Discussion

According to Krajňáková “churches that established organizations specialized in the provision of social services after 1989 operated retirement homes, shelters for the homeless and for mothers with children, hospices. However, they had a certain advantage in that the church partners from abroad provided them with methodological procedures as well as material support.”⁴

In 1998, the first social law was created, in § 18, par. 9 Act No. 195/1998 Coll. On social assistance stated that care cannot be provided in a social services facility to a citizen who requires institutional care in a health care facility due disease. On the other hand, the social service facility may have used secondary working activities as one of the occupational therapies.

Act No. 195/1998 Coll. On social assistance § 1 regulated legal relations in the provision of social assistance, the aim of which is to alleviate or overcome with active participation of the citizen material deprivation or social deprivation, ensure basic living conditions of the citizen in the natural environment, prevent the causes, deepening or recurrence of disorders

² Cf. O. Buzala, *Ensuring the repeatability of quality in social services and its comparison*, [in:] A. Mátel, M. Kovařová, M. Štepanovská, *Social Services in the Region*. Proceedings of a scientific conference held in Skalica on 18.11.2010, Skalica 2010, pp. 20–25.

³ Cf. N. Dempsey (eds.), *The social dimension of sustainable development: Defining urban social sustainability*, “Sustainable Development” 2011, vol. 19, no. 5, pp. 289–300.

⁴ Cf. E. Krajňáková, *Transformation of social services in the condition of Slovak republic*, [in:] *Scientific Papers of the University of Pardubice, Series D*, Pardubice 2009, p. 122.

mental development, physical development and social development of the citizen and to ensure the integration of the citizen into society.⁵ The legislation adopted so far proved to be insufficient in practice, and new legislation had to be developed. The changes concerned a comprehensive process of transformation and decentralization. The system of social assistance completes the system of alternative sources of social identity and security of the citizen.⁶

The system for providing benefits has changed and a new method of assessing entitlement to social assistance benefits and its amount has been established. The amount of the social assistance benefit is graded in three levels, namely the level of “subsistence minimum”, living minimum and social minimum, depending on the reasons for which the citizen is in material need, level of help depended on the income of people in a need.⁷

The main priority of the transformation was for existing social services to change their focus towards better activation of users of social services than those to whom support and activation services are to be provided, while reducing their dependency to empower their potential for social integration and self-development. The main form of transformation is the systematic implementation of content changes in the provision of social services to the target group, in the change of financing, community planning and networking of public and non-public providers of the social service in Slovakia.

In 2003, the Government of the Slovak Republic also adopted the document National Priorities for the Development of Social Services, within these basic priorities has been approved in the following years:⁸

- 1) introduction of community planning for the development of social services;
- 2) transformation of existing social facilities with low quality of services;
- 3) consistent implementation of quality standards of social services and state control over by adhering to them;
- 4) ensuring systematic training of social services employees and professionalization through supervision and counselling.

It is interesting to compare the number of facilities in the process of transformation and decentralization. It is worth pointing out the number

⁵ Cf. J. Buchelová, B. Sopira et al., *Social Help*, Bratislava 1999, p. 9.

⁶ Cf. K. Repková, L. Brichtová, *Social Protection of the Elderly and People with Disabilities – Selected Aspects*, Bratislava 2009, p. 63.

⁷ Cf. J. Buchelová, B. Sopira et al., *Social Help*, Bratislava 1999, pp. 167–169.

⁸ Cf. S. Holúbková, R. Ďurana, *Courage for New Social Services*, Bratislava 2013, p. 34.

of social services facilities in 2001 before decentralization and after decentralization in 2004.

These data are described in Table 5 below, from which it is clear that after decentralization, the number of facilities in the state administration decreased and the number of non-public providers or founders under the jurisdiction of churches increased.

Table 5. Effects of decentralisation of social services

Provider Social Care Facilities	2001 BEFORE decentralisation	2004 ATER decentralisation
Church providers	54	69
Municipality public administration	25	142
Other providers from private sector	43	119
State – specialized institutions	—	79
Public state sector	—	305
VUC – regional	369	—
VUC – local	171	—

Source : Authors' own elaboration based on the research.

The Social Services Act No. 448/2008 Coll. declares the type of social service, the form of social service and the scope of social service provision is determined according to the negative social situation and the specific situation due senior age, disability or chronic disease.⁹ The scope of services is established on the basis of biological aspects, socio-psychological and sociological approach that help to understand human being behaviour and needs.¹⁰

Social services should be available also for the vulnerable groups of these seniors who are living in segregated communities as their needs are not accepted in the general.¹¹ In Slovakia there are also specific groups whom providing social services. Budayová recalls that there are many homeless people who do not belong to the Roma national minority, but are among them. Social

⁹ Cf. K. Repková, *Quality in the Context of the Transformation of Social Services*, Bratislava 2016, p. 241.

¹⁰ Cf. R. Rác, L. Ludvigh Cintulová, *The role of the social worker in working with the family in crisis in relation to the prevention of pathological behavior*, „International Review for Human and Natural Sciences” 2020, vol. 1, no. 4, p. 85.

¹¹ Cf. Z. Budayová, *Social Exclusion of the Roma Ethnic Group in the Interest of Social Work*, Warszawa 2017, p. 41.

exclusion is more than symbolic and the most of them refuse care services in residential institutions and they prefer street living.¹²

Based on the National Priorities for the Development of Social Services 2015–2020, new user groups of social services have been identified, with an emphasis on community social work and early crisis intervention aimed at solving problems in segregated communities that have not yet had legislative support. The new types of social services and professional activities include early intervention services, specify the provision of social services in supported housing in a flat or family house, and set an age limit for staying in this facility and in a facility for the elderly, limit the possibility of year-round residence social services. The conditions for the quality of social services and the system of their evaluation within the National Priorities (including in National Priorities for the Development of the Social Services 2015–2020) are regulated in detail. Based on demographic forecasts, it turns out that it will be necessary to create conditions for the development of social services in Slovakia based on the principles of efficiency, effectiveness and transparency, as the population ages significantly and the number of people dependent on social care has been increased. The number of elderly people has been expected to increase compared to the child population until 2030.

At the end of 2013, social services facilities had a total population of 43,845. 30,002 of them were disabled people (68.4%) and 24,910 people of retirement age (56.8%). The total number of places in social service homes (20,429) exceeded the total number of inhabitants (19,401) in these facilities by 5.03%.¹³

Residual care is still a prioritized form of social services together with the ambulant form and then street work is used to help vulnerable groups in their natural environment. There are about 280–300 social care centres with about 14,100 places for seniors. About 34,000 people over the age of 65 require domestic care and about 8,000 caregivers are employed by the municipalities according to statistics in 2013. Based on the system of formal social care services for the elderly, Slovakia runs the rudimentary model: nursing and social institutional care is primary provided and some deinstitutionalized forms of formal home care services complement home

¹² Cf. Z. Budayová, *Sociálne neprispôsobiví občania v intenciách sociálnej práce*, Ružomberok 2019, p. 34.

¹³ Cf. B. Šprocha, *Mortality and aging of the population of Slovakia. Forecast of future development in the context of the old-age pension system*, "Prognostic work Institute of Forecasting SAV" 2013, vol. 5, no. 2, pp. 2–7.

care and institutional care. The new form of social services is an early intervention that was not implemented before.¹⁴

Social services were decentralized from state bodies to the self-governing competence of higher territorial units and municipalities. Social services currently represent a very wide area of helping clients in various life situations.¹⁵ The demand for social services in our territory has been rising rapidly in recent years, which is probably also related to the overall demographic development of the population.¹⁶ It is necessary to perceive this process as a factor that can help the emergence of new social risks and crises. Therefore, the issue of social services and especially their quality should be given sufficient attention, particularly by their providers, which significantly facilitates the situation and overview for the recipients of these services, i.e. the clients themselves.¹⁷ The seniors need care not in the field of the nursing, food and accommodation, but it is the prevention that plays a key role in improving their quality of life to eliminate the consequences due to ageing.¹⁸

Our research highlights aspects that need to be in harmony to make social services sustainable, profit-making and achievable for the vulnerable: finance balance involving different financial sources from the state, public and non-profit sectors and individuals, social care receivers, modernisation of forms of social services solving community problems and needs, social policy regarding social, political and economic situation, equal conditions for public and non-public providers and market labour stability.

The social services have to respond to the new trends to improve their sustainability. One of the great tools is volunteering. Volunteering programmes are often used in the social care centres to improve the quality of social services, help nursing staff and also to create the space for the professional development of students in the field of social work to increase their practical skills and experiences.¹⁹

¹⁴ Cf. L. Ludvigh Cintulová, S. Buzalová, *Development of senior social services in the process of transformation and decentralisation and its present day forms in Slovakia*, "Kontakt / Journal of Nursing and Social Sciences Related to Health and Illness" 2021, vol. 23, no. 2, pp. 111–119.

¹⁵ Cf. K. Repková, *Social services. Promoting meaningful everyday life in a human rights perspective*, Bratislava 2017, p. 265.

¹⁶ Cf. K. Repková, *Quality in the context of the transformation of social services*, Bratislava 2016, p. 241.

¹⁷ Cf. M. Hromková, *Development of social services for people with disabilities – space for the citizens*, [in:] *Proceedings of the Conference Determinants of Social Development: The Social Economy as a Space for Supporting European Citizenship*, Trnava 2013.

¹⁸ Cf. J. Rottermund, E. Sauliez, A. Knapík, Myśliwiec A., Saulicz M., *Prevention of falls in the elderly with the use of preventive algorithm*, "Hygiena Public Health" 2015, vol. 50, no. 1, pp. 37–40.

¹⁹ Cf. L. Ludvigh Cintulová, Z. Budayová, M. Hamarova, *New trends in volunteering in Slovakia as a tool to personal, career and skills-development*, "International Review for Human and Natural

Conclusion

The research results have shown the most important aspects that determined the development of social services in a negative perspective: unstable legislative environment, persistent lack of financial resources for providing social services, increasing share of social exclusion and low capacity of facilities, the absent concept of social support and social security policy. increasing progress in the quality of life of citizens, insufficient inter-ministerial cooperation and high standards of service quality, which do not reflect the real needs of citizens, but are aimed at critical guidance of facilities that do not have insufficient financial, personnel or technical capacity to implement them in practice.

The results represent the most important aspects that determined the development of social services in positive perspectives: the expansion of the network of social services forms of assistance and types of social care facilities. Furthermore, there is the existence of several strategic documents and programs at the national level supporting the development of community services, social care services and the application of the principle of subsidiarity. The modern trends in the provision of social services at the national, regional and local levels are implemented in the social care of the vulnerable groups and seniors and there are more possibilities for multi-source funding. COVID-19 pandemic also affects public awareness about the importance of supporting social care services and their key role in the ageing population.

Conflict of interests

The authors declare no conflict of interests to report.

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Laws

- Act no. 448/2008 Coll. on social services and on the amendment of Act no. 455/1991 Coll. on Trade Licensing (Trade Licensing Act) as amended.
- Act no. 213/1997 Coll. on non - profit organizations providing services of general interest.
- Act No. 195/1998 Coll. on social assistance.
- Act no. 578/2004 Coll. On health care providers, health care workers, professional organizations in health care and on the amendment of certain laws.