THE ANALYSIS OF SOCIAL SERVICES' STRUCTURE IN A SPECIFIC REGION AND ITS SIGNIFICANCE FOR HEALTH AND SOCIAL POLICY IN SLOVAKIA

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Abstract: Social services represent a tool of social policy as well as a dynamic social system. This article focuses on a heterogeneous structure of social service providers and it gives rise to a debate of a network optimization of social facilities in the Slovak regions in the context of demographic changes as well as morbidity of inhabitants, social dependency due to various reasons, etc. The Prešov Region had been chosen to analyze the structure of social service providers in order to evaluate an actual situation and particularities in an existing social model of a given region. The analysis' outputs showed inevitability of an access to deeply structured data and realization of multi-dimensional analyses that reflect demographic aspects, morbidity and social dependency of inhabitants in a given region.

Key words: long-term health care, nursing home care agencies, ageing population, social system, health system, social service providers

Introduction

Development of social services is determined both by economic situation in a country and by legal measurements (Man, et al., 2011; Ślusarczyk and Kot, 2012). In 2009, new Social Services Act has entered into force and it governs the system of social services as the first complex law in the Slovak history. It brought many significant changes that influenced quality and quantity of social services system (Gavurová and Šoltés, 2013; Vajda and Vravec, 2011). It implements many new mechanisms and processes into social services, especially in the field of finances (Szabo et al., 2013), (Užík and Šoltés, 2009; Grabara et al. 2010), dependency assessment on social service, in the area of receivers' rights of the social services, evaluation of conditions of social services' provision, but also in the field of new types of social services' implementation, and community planning of their development. Social Services Act regulates legal relationships and conditions of social services' provision, whose primary aim is to support social incorporation of citizens and satisfy social needs of people from less favorable social backgrounds (Act No. 447/2008 Coll.), (Act No. 448/2008 Coll.). A state of social need of a person, family and community, where such a person, family or community occurs due to lack of fundamental life necessities that are necessary for

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its life habits, lifestyle, difficult health disability, or unfavorable health condition, due to reaching retirement age, a performance to nurse a person with a difficult health disability, a threat of other people's behaviors, or as a consequence of human trafficking that such a person experienced is considered as unfavorable social situation (Man, et al., 2011).

Social services structure

In Slovakia, the present structure of social services is predominantly influenced by demographic development. The nature of social policy is influenced by demographic development and some demographic indicators (newborn mortality, total mortality, natality rate, number of inhabitants and its development, age structure, etc.). Demand for health and social services in different regions is influenced by population morbidity, with its rate and structure, as well as with the availability of health services (Šoltés, 2011; Šoltés and Radoňak, 2012a, b). This demographic development and its regional disparities that are caused by historical aspects result in a formation of significant differentiations in the Regions' services in the social services. Significant decline of natality rate, low values of total fertility, the minimum age of marriage increased to 28 for men and 26 for women, and the fact that number and ratio of post-productive part of population prevailed over number and ratio of pre-productive part of population and many others were evident in the 90s in Slovakia.
The oldest population lives in the capital city and in the regions of Eastern Slovakia. The Slovak system of after-health care has been in decay for the last few years, including after-treatment and rehabilitation departments as well as health institutions for long-term illnesses. Similarly, there is an absence of a sufficient support of nursing home care in natural (home) environment of a patient. The centers of social services (CSS) only provide social services, and there is an absence of their interconnection with health care. It is necessary to build a system of effective and available nursing and rehabilitation care that would be interconnected with domiciliary and other services in order to help long-term and severely ill patients in their natural home environment. The agencies of nursing home care (ANHC) that have a form of health care facility provide a complex nursing home care and have a significant role in this whole process. At present, their significance increases. It is related to a new trend that presents a decrease of a number of hospitalization days in institutional health care facilities and replacement of bed environment in the hospitals by home environment. The Slovak issue is their insufficient support and financing. The Social Services Act divides social services into many groups depending on a type of unfavorable social situation, or a target group:

- social services of providing the necessary conditions to satisfy the fundamental life needs,
- social services of family support,

- social services of solving the unfavorable social situation due to handicap, unfavorable health condition, or retirement age,
- social services that use telecommunication technologies,
- support services.

A long-term issue of the whole social services sector is a field of statistical observation and reporting in terms of social services financing system and their analysis. In many research studies and research reports, there was observed that information system is not complete and that obtained statistical information is not reliable (Průša, 2007).

Methodology and database

We used the available database, "Providers of social services", (hereinafter PSS) in Slovakia to realize our analyses. It consisted of 3,518 items and 20 variables to 01.06.2014. We chose the following items: Social Services Form, Founder, Social Services Type, County of Social Services Provision, and Institution Capacity. MS Excel 2010 was used to process data (pivot tables and pivot diagrams). People older than 65 will be consider as the target group that needs help from other people. It will provide a solution of long-term health care (LHC) issue in our article. The LHC needs rapidly increase from 75 years old people and people of 85 represent the center of attention in social and health policy.

Social services and demographic characteristics analysis in the Prešov Region

The Prešov Region is situated in the north of the Eastern Slovakia. Its total area covers 8 993 km^2 and population density is 91.07 inhabitants /km^2. The Prešov Region has 13 counties and 666 municipalities (23 of them are towns). The basic characteristic of social provision in the Prešov Region is presented in the Table 1.

We use various demographic characteristics to measure the ageing process, such as ageing index, the average age of the population and so on. Due to the content, scope and limitations of the paper we present only the Ageing index, for its specific interpretive properties.

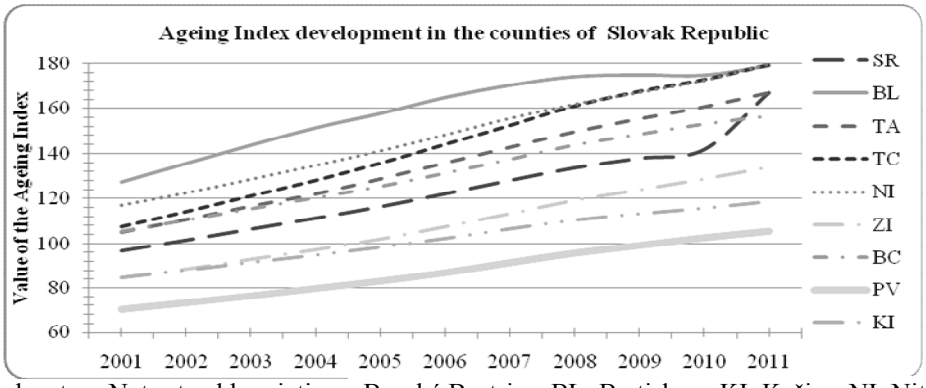
Ageing index and its significance

Many demographic indicators are used to measure the ageing process (Šoltés and Šoltés, 2014). We chose the ageing index and the average age of inhabitants in a given region. The ageing index may be calculated by various procedures (international procedures according to OECD, WHO and Eurostat, as well as national procedure according to Statistical Office of the SR).

Table 1. Chosen characteristics of social provision in the Prešov Region (www. slovak.statistics.sk)

No.	Item	2010	2011	2012
1.	Pension beneficiaries (persons). Types:	175 988	176 405	179 015
	• old-age	125 187	125 470	128 403
	• disability	33 408	36 601	37 736
	• widow's	40 529	40 485	40 178
	• widower's	5 110	5 330	5 472
	• orphan's	4 709	4 635	4 525
2.	Average monthly rate of solo paid pensions (Euros)	**317**	**322**	**333**
3.	Total social services facilities to 31.12.	**153**	**161**	**184**
4.	Total number of places in the social services facilities:	**5 558**	**5 817**	**6 005**
	• centers of social services for seniors,	**1 284**	**1 228**	**1 525**
	• centers of social services for adults,	**2 372**	**2 439**	**2 347**
	• centers of social services for children,	**212**	**222**	**220**
	• orphanages	**684**	**667**	**649**

We only focused on a calculation of ageing index according to the Slovak procedure and selected in the Prešov Region due to content and range limitation of the article. Ageing index according to the Slovak procedure (SO SR) presents number of people in post-productive age for people in pre-productive age. The post-productive age group includes men of 60 and more, and women of 55 and more according to the procedure of the SO SR (in comparison to the EU procedure, it includes people of 65 and more), and pre-productive age group includes people from 0-14. This leads to significant differences in the final values that were obtained by various procedures, which limits a comparison in these aspects. The Figure 1 evaluates development of ageing index in the individual Slovak Regions.



Explanatory Notes to abbreviations: Banská Bystrica, BL: Bratislava, KI: Košice, NI: Nitra, PV: Prešov, TA: Trnava, TC: Trenčín ZI: Žilina

Figure 1. Development of ageing index in the Slovak Regions in available years (own processing on the basis of the SO SR data

If we look at this situation also in the individual regions, we may observe some differences. The highest values of ageing index were recorded in the Nitra Region (179.7), in the Trenčín Region (179.5) and the Bratislava Region (179.1), while the highest year on year rate was in the Nitra Region (4.23 %) and in the Žilina Region (4.05 %) in 2011. The given tendencies of ageing index increase in the analyzed years in the individual regions show that **the lowest values are reached in the Prešov and Košice Regions.** A slight deviation from the Košice Region may be visible in the Žilina Region. Ageing index is the lowest in the regions of the Eastern Slovakia. It is necessary to pay attention to the fact that there is a high concentration of Roma people with extended families in these regions. The average age structure of citizens in the individual Slovak regions reaches the lowest level in the Prešov, Košice and Žilina Regions. These consequent facts represent the basis in formation of social and health policy in the context of citizens' ageing process in our country. The next chapter focuses on a detailed analysis of a structure of social services providers in the Prešov Region, which represents an important part in solving the issue of social policy in the context of global ageing and projected demographic changes.

Social Services Providers analysis in the Prešov Region

This subchapter provides partial outputs of analyzed Social Services Providers (SSP) structure in the Prešov Region according to given criteria. Table 2 declares the SSP structure according to a founder in the individual towns of the Prešov Region.

Table 2. PSS calculations in the Presov Self-Governing Region (PSGR) counties according to a founder

PSGR Counties	Private	Municipality/ Town	Legal person established by self-governing region	Legal person established by municipality/ town	**Total**
Bardejov **BJ**	43	5	4	8	**60**
Humenné **HE**	45	16	9		**70**
Kežmarok **KK**	40	12	6	2	**60**
Levoča **LE**	27	8	3		**38**
Medzilaborce **ML**	34	2	5	2	**43**
Poprad **PP**	46	31	3	6	**86**
Prešov **PO**	105	20	8	3	**136**
Sabinov **SB**	32	34	4		**70**
Snina **SV**	34	12	8		**54**
Stará Ľubovňa **SL**	31	8	4		**43**
Stropkov **SP**	26		3		**29**
Svidník **SV**	28	16	6		**50**
Vranov n/T **VT**	41	14	13	2	**70**

As the data in the Table 2 propose, the private SSP dominate in the total number of the SSP in the counties of the Prešov Region. This trend is a sign of many reactions of private subjects to significantly participate in social services provision in a given region and it may be visible in other regions. It is possible that it emerges from a very low rate of the SSP as legal persons formed by a town, or a municipality that is connected with a set and used model of social system in a given region. Figure 2 illustrates a diagram of individual SSP groups' representation rate according to founder in the counties of the Prešov Region. The Figure 2 also shows that private organizations have a significant place in providing the social services. Here also belong individual persons and legal persons of business or non-business character (e.g. associations, movements, clubs, foundations, interest groups, employers, entrepreneurs, etc.). However, the social basis (even if it is possible to make a profit via provision of services) lies in accessibility of services to citizens who have lack of means to buy such services, i.e. in providing of payment for such services from different sources.

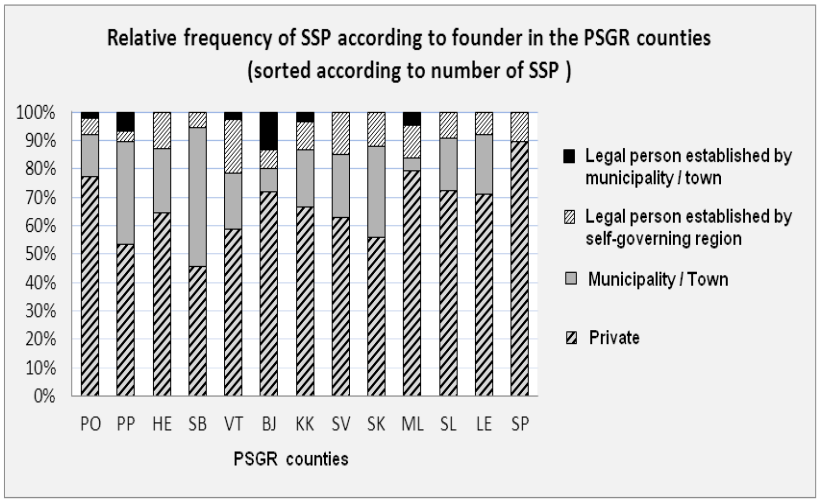


Figure 2. Percentage rate of SSP according to founder in the PSGR counties (sequenced according to number of SSP)

The form of social services provision in a given region also suggests a regulation of social policy of such a region. The prevailing forms are especially field, annual residence and outpatient. Each of them has its particularities which are presented in the Social Services Act (Act No 448/2008 Body of Laws of social services as amended) (Zákon č. 448/2008 Z.z.).

Outpatient social service is provided to people who commute, are accompanied, or are transported to the place, where such social services are provided. Facility may be such a place of social services provision.

Field social service is provided to people in their natural social environment, and it may be provided by means of social field programs in order to prevent a social exclusion of a person, family or community who are in an unfavorable social situation.
Residence social service is provided in case the accommodation is included. It could be annual or weekly social service.
Table 3 provides an overview of a number of SSP in the individual counties of PSGR according to a form of social service provision.

Table 3. SSP calculations in the counties of PSGR according to a form of social service provision

PSGR Counties	Residence -annual	Residence - weekly	Outpatient social service	Field social service	Other form	Total
Bardejov	16	2	23	19		**60**
Humenné	16	1	21	32		**70**
Kežmarok	15	1	18	22	4	**60**
Levoča	8		14	16		**38**
Medzilaborce	17		11	15		**43**
Poprad	22		37	26	1	**86**
Prešov	40	4	51	40	1	**136**
Sabinov	9	1	17	43		**70**
Snina	13		16	25		**54**
Stará Ľubovňa	6		15	21	1	**43**
Stropkov	4		12	13		**29**
Svidník	6	1	13	30		**50**
Vranov n/T.	11	4	27	27	1	**70**

Figure 3 illustrates a graphical representation of its percentage rates in the individual counties of the Prešov Region.

The provision of field social service or outpatient social service is preferred to residence social service. If field or outpatient social services are not suitable or useful and their provision does not properly solve unfavorable social situation of a person, the residence social service is provided. Weekly residence social service is preferred to annual from the point of view of preferences. A citizen has a right of choice in choosing the form of social service and this right must be met regardless of the given preferential rules.

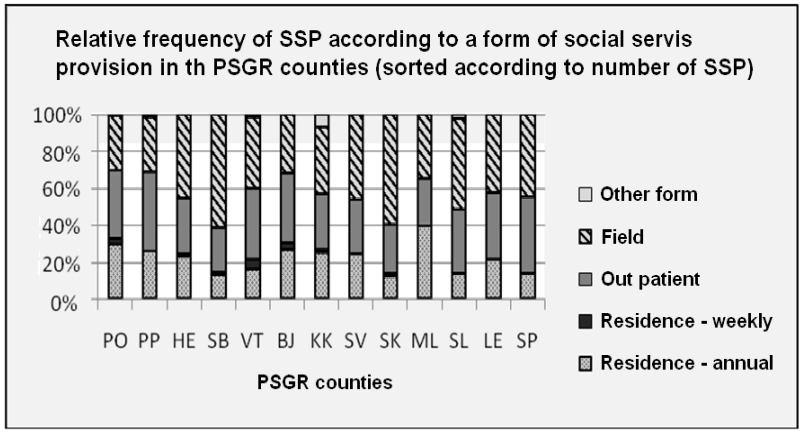


Figure 3. Percentage rate of SSP according to a form of social service provision in the PSGR counties (sequenced according to number of SSP)

Facilities' capacity vs. number of seniors in the PSGR Counties

The results of the SSP structure analysis are adequate to confront with capacities in the social service facilities in the context of seniors' number in the counties of the Prešov Region. Therefore, we chose the facilities that are directly for seniors (marked as Seniors' facilities) and also those that are for adults in need of other people, i.e. also seniors (marked as SSC – Social services centers, DS - Daily stationary unit, NSF – Nursing service facility, AHF – Assisted housing facility). Table 4 illustrates the given structure in the individual counties of the analyzed region.

Table 4. Capacity of social service facilities for seniors in the PSGR

PSGR Counties	Types of facilities that provide social services to seniors					
	Seniors' facilities	SSC	DS	NSF	AHF	Total
Prešov	**465**	457	192	34		**1148**
Poprad	**225**	224	10	66		**525**
Bardejov	**385**	195	32	29		**641**
Kežmarok	**158**	110	32	36		**336**
Humenné	**81**	214		26		**321**
Medzilaborce	**169**	174	58	4	8	**413**
Vranov n/T.	**121**	110	42		22	**295**
Sabinov	**173**	155	73			**401**
Levoča	**17**	258	10	2	11	**298**
Svidník	**30**	229				**259**
Snina	**67**	94	35		16	**212**

Stará Ľubovňa	**35**	144				**179**
Stropkov	**60**	94	15			**169**
Total	**1986**	**2458**	**499**	**197**	**57**	**5197**

As the Table 4 illustrates, the dominant position in a given SSP structure have Seniors' facilities and Social services homes according to given capacities in the SSP register. The main reason is that these facilities provide wider spectrum of social services, e.g. in case of daily stationary unit or nursing service facilities. The given fact is justifiable by a fact that social services homes as well as seniors' facilities are not strictly specialized in chosen types of diagnoses. They very often adapt to various and many types of diagnoses that are particular for specific age category. Such wider orientation of social services provision determines higher inquiry for social and health care as well as higher use of SSP capacities, or it may signalize their potential deficiency. SSP provide a wider scale of social services that are connected to various diagnoses in different age categories (e.g. Sclerosis Multiplex is significant for people between 20 – 40 years old and it requires daily care and other social services in later phases). The largest number of seniors per one bed is in Levoča (321), Stará Ľubovňa (228) and Svidník (198). It is also necessary to mention the actual condition on waiting lists, which signalizes inquiry for social services and subsequently to confront the determined state with a possibility of new SSP formations, which will eliminate this deficiency. However, it is only an aggregated data. Therefore, there is necessary an access to other data to interpret these data deeply.

Conclusion

Demographic processes in the Slovak regions are not homogeneous, they are in progress differently and with a different intensity, while their differentiation deepens from the point of demographic ageing view. Slovakia belongs among the youngest European countries and it will grow old by uneven age structure and as a consequence of a rapid decrease of birth rate, various morbidity rates, as well as life level in the future. Condition of social and health care of older people as well as health and social condition of dependent citizens in Slovakia is unsatisfactory. The higher the number of seniors, the higher the need of urgent solution for health service facility provision. In recent years, a system of subsequent health care, rehabilitation and after-treatment departments broke, as well as long-term medical institutions. Sufficient support of home nursing care is not provided in the natural patient's environment. In the social service homes, there absent an interconnection with health care. Accessibility of social services is presently influenced by decision-making of self-governing regions and municipalities. Therefore, it is necessary to support a development of departments for long-term ill patients, nursing care homes, hospices and mobile hospices, as well as facilities of SSC connected to the home nursing agencies. This requires a formation and

implementation of active social services model, which will reflect on actual and future needs of our inhabitants with regard to their potential health and social needs. Here, it is necessary to introduce a high-grade data base that is related as to SSP, so to a sound mapping of present health and social needs of our inhabitants with regard to their future needs. In Slovakia, there is an absence of a complex analysis that will focus on a specification of illnesses and identification of needs of disadvantaged people in health issues of various age categories with regard to their diagnoses and co-morbidities. In the future, the formation of health and social policy will be very difficult without these analyses, exact outputs, their interconnections and formations of needs on the basis of available sources.

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ANALIZA STRUKTURY USŁUG SOCJALNYCH W OKRESLONYM REGIONIE I JEJ ZNACZENIE DLA ZDROWIA I POLITYKI SOCJALNEJ NA SŁOWACJI

Streszczenie: Usługi socjalne stanowią narzędzie polityki socjalnej, a także dynamiczny system socjalny. Niniejszy artykuł skupia się na niejednorodnej strukturze dostawców usług socjalnych i daje podstawę do dyskusji o optymalizacji sieci placówek socjalnych w regionach Słowacji w kontekście zmian demograficznych, a także zachorowalności mieszkańców, zależności socjalnej z różnych przyczyn, etc. Region Preszów został wybrany do analizy struktury dostawców usług socjalnych w celu oceny rzeczywistej sytuacji i specyfiki w istniejącym modelu socjalnym danego regionu. Wyniki analizy wykazały nieuchronność dostępu do głęboko ustrukturyzowanych danych i realizacji wielowymiarowych analiz, które odzwierciedlają aspekty demograficzne, zachorowalność i zależność społeczną mieszkańców w danym regionie.

Słowa kluczowe: długoterminowa opieka zdrowotna, oddziały domowej opieki pielęgniarskiej, starzenie się społeczeństwa, system socjalny, system ochrony zdrowia, dostawcy usług społecznych

結構分析，社會服務，特別是區域及其意義衛生和社會政策在斯洛伐克

摘要：社會服務是社會政策的工具，以及一個動態的社會制度。本文主要討論社會服務提供者的異質結構，並提供了在斯洛伐克的人口變化和人口的發病率背景下的區域網絡優化社會制度的討論基礎上，根據各種社會原因等普雷紹夫州被選中來分析社會服務提供者的結構，以評估實際情況並在該地區現有的社會模式的特點。分析結果顯示，進入深度結構化數據的必然性和多維分析，反映人口，發病率和該地區居民的社會相關方面的執行情況。

關鍵字：長期醫療護理，家庭護理單元，人口老齡化，福利制度，醫療制度，社會服務提供者。