

COMPREHENSIVE VIEW
SOCIAL SERVICES

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AND THE SOCIAL-POLITICAL SIGNIFICANCE OF THEIR SUPPORT

OLGA BOČÁKOVÁ - TOMÁŠ HABÁNIK - DARINA KUBÍČKOVÁ

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(Chapters in the scientific monograph)

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INTRODUCTION

In spite of the continual progress, in today's society there is a continuing and deepening tendency of various social risks, which consequences may have a negative impact on the individual, his family, or the whole community. Given these circumstances, there is an open space for the scope, mission, and the existence of a social services complex as an important tool of social policy.

The aim of chapters in the scientific monograph is to identify and analyse social phenomenons in the dimension of inovations, as well as interpretation of a complex view and solutions of particular problems. This area is also a challenge for inovative orientation in the field of social services, social policy and subsequent guarantee of inevitable conditions in order to meet fundamental living standards of human existence in society. Monograph is structured into three chapters and respective subchapters, while the particular subchapters analyse specific ways of help in the area of social services.

A significant part of the social policy are social services which are getting very demanded for several reasons. Social services may have a different character of their outcomes, different goals, methods, and functions, based on the desired outcome, set out by objects' demand of social policy, whether it is an individual, group, organization, institution, or a state.

Social services can be viewed from the perspective of the state, as a financially demanding activity or from the point of view of the client as a major activity which makes his living situations easier.

The present world often has to deal with certain negative phenomena in the global horizon. Poverty and extreme social exclusion represents one of the series of the most serious socio - pathological phenomena nowadays. Stated issue presents a comprehensive issue concerns all states not excluding European Union. Present contribution focuses on the theoretical analysis of the poverty and homelessness phenomenon in the territory of the European Union as well as taken steps focused on possible solutions of the given problematics.

Ol'ga Bočáková

1 TYPOLOGY OF SOCIAL SERVICES ON THE BASIS OF SPECIFIC GROUPS OF CLIENTS

In the chapter we deal with selected aspects of the social services in the area of social policy, which is necessary to flexibly adapt according to the specific needs of particular groups of clients.

1.1 A member of an ethnic minority as a client of social services

Slovak republic since its establishment belongs to a multi-ethnic state. On the basis of the data of the Statistical office of the Slovak republic from the census of population and housing in 2011, 80,7% of the population declare themselves to slovak nationality. It follows that almost every fifth inhabitant has declared himself to another as to the majority's nationality. 8.5% of the population represented by 458 467 citizens have declared to hungarian nationality. To be of roma nationality is registered 2% of citizens, i.e. 105 738 have declared to roma nationality. This data is with a high probability a misleading information since there are estimates of the number of Roma living in Slovakia, which say about three to four times more than above data. Its representation also have other nationalities: Russian – 0,6% (33 of 482 citizens), the Ukrainian – 0,1% (7 430 citizens), the German – 0,1% (4 690 people) and other ethnic minority group with smaller representation than e.g. Polish, Russian, bulgarian, croatian and the other (the Statistical office of the Slovak republic, 2017).

With the deepening of the globalisation and integration of the Slovak republic in the framework of the structures of the European union in the context of the simplification of inter-state movement of persons, it is highly likely that the number of members of other ethnic and national groups may increase, not only on the currently numerically under-represented minority group, but also the ethnic groups originating in the countries of the third world such as the Vietnamese or the Chinese, or the migrants from the warcountries such as Afghanistan, Syria, Libya. Migrants from countries that are affected by armed conflict have the right to request the Slovak republic for asylum. Jurašek defines asylum as

follows: *"The asylum we call the protection of the foreigner, who in the state of which he is a citizen of, has well-founded fears of persecution from racial, religious, or ethnic reasons, due to his tenure of certain political opinions, or membership in a particular social group and because of these fears he does not want to or cannot return to this state. Asylum may be granted also from the humane reasons, as well as for the purpose of family unification."* (Jurašek, 2016). Due to the sharply increasing number of migrants in the European union in recent years, it is not excluded that a certain number of migrants could be also received by Slovakia, whether for a short or medium term. The adoption of migrants on its territory, or the granting of asylum would for the Slovak republic mean an increased demand for social services by the migrants. In cases in which the clients of the social services member of an ethnic minority, it is necessary to take into account their linguistic, religious and cultural peculiarities. One of the growing issue of members of ethnic minorities is a problem with the communication in the official language. So the client is provided with the services according to his needs, it is necessary to ensure the interpreting services in case the client does not speak the official language. Primarily, these relate to the ethnic minority originating in third countries. In case a client is a citizen of majority ethnic and national minority for a long period of time, the interpreting services are not necessary. In such case to ensure an adequate linguistically equipped personnel in facilities should be sufficient. Undesired complications, in similar situations, can be avoided by increasing educational requirements in the area of language skills, recruited employees, or educating the existing staff. In Slovak conditions it is mostly the districts in the border region with Hungary, which is numerically represented by ethnic hungarians. In regions where there are members of the ruthenian, ukrainian and polish nationality, it is desirable that at least part of the staff in case that the client does not speak the English language is able to communicate with the client in his mother tongue. Specific ethnic group in Slovakia is a Roma ethnicity along with its specific attributes which we deal with in the following separate sub-chapter.

When accepting religious and cultural particularities of clients of different ethnicity it is necessary to put emphasis on the respect for human rights and freedoms, which concern e.g. the freedom of religion and a subsequent acceptance of their variety of religious orientation. For the facility of the social services it brings, e.g. the need to ensure a food that is in accordance with the dietary habits of the client, as well as an adequate clothing etc.

1.2 A member of the roma ethnic group as a client of social services

As mentioned in the previous sub-chapter 2.1 during the population census in 2011 2% of people, exactly 105 738. declared belonging to roma nationality. This data is, however, significantly undervalued, which is confirmed by the data in the Atlas of roma communities in Slovakia 2013. On its basis 402 840 Roma people live in Slovakia, which represents the total share of a 7.45 % (the Ministry of Interior of the Slovak republic, 2014). Rusnáková and Pollák write, that in addition to the concept of *the roma community*, which we refer to geographically defined settlement inhabited by Roma, the public can meet with the concept of *the roma marginalized community*, which they define as follows: "In this case these are the marginal areas that show the signs of poverty and social exclusion and are inhabited by Roma." (Rusnáková, Pollák in Oláh et al., 2016). The poverty affects the social standard of the roma community poverty in a fundamental way, which is in this community a very widespread and caused by a few factors: unemployment, alcoholism, drug addiction, high natality, usury etc. The persons often affected by the poverty get into a state of material need. Habánik specifies the material need as follows "The material need as a subsystem within the system of social assistance represents a condition when the income of a natural person is below the specified amounts of the subsistence minimum." (Habánik, 2016).

The rate of poverty, unemployment and the extent of representation of other socio-pathological phenomena in roma communities correlate with the degree of disability the social exclusion of individual communities. The life in social exclusion significantly reduces the chances of employment of a job applicant in case he shows the real interest. The fundamental problem, which limits the development and raising the standard of living of the roma communities located in social exclusion is a lack of education of their members. The situation of children and youth in relation to education is difficult and the absence of positive examples (representatives), when neither the parents or other family member or relative is not able to give the child an example to regularly visit school facilities and commitment to the preparation for teaching in free time. Poor or almost no education represent a significant complication in the application of the labour market. The subsequent unemployment and dependence on state social benefits is a reappearing cycle of each generation of roma communities located in social exclusion. The team of authors Matulay, Božik and Valach also consider as a significant aspect of social exclusion the roma language. They add: "On one hand it is an important part of the roma identity, on the

other hand, because of its complete difference from English it is an evident obstacle to inclusion."(Matulay, Božik, Valach, 2011). Additional stimuli, which contribute to the social exclusion of the Roma are referred by Šterbáková Fecková, which paraphrasing Kaleja: addiction to alcohol, lack of hygiene, incomplete family, poor health, unemployment, crime, poverty, different religion, language, culture and ethnic diversity (Kaleja, 2009 in Šterbáková Fecková, 2017).

A key starting point for social work in the roma community is its familiarity. It is essential that social workers who come in contact with the roma community are familiar with its problems, whether individual or in community, to know their living conditions, values, cultural traditions, views and attitudes of local social norms and the potential of the members of this community. The enforcement of anti-discrimination and anti-oppressive approaches are typical for social work in roma communities in central Europe in the 90's. Anti-oppressive approaches are applied through the principles, which are: justice, equality, participation and the concept of empowering (focus on helping clients to regain control over their life).

The basic anti-oppressive approaches applied in social work with minorities (not necessarily the roma community, but the most commonly applied) include: assimilating access, liberal pluralism, cultural pluralism, structuralism and perspectives of minorities (minority approaches). The three paradigms related to roma communities are touching the method and the objectives of the implementation of the social work in practice. One of them is the therapeutic paradigm, which puts the mental health and maturity of the clients as the main objective. Therapeutic paradigm understands social work as an individual therapeutic intervention, but it is necessary to mention that it does not take account the wider context of problems of the client. The reform paradigm reflects the social inequality in society and the existence of disadvantaged groups (including roma community). It focuses on the reforms that aims to increase the social standard of the involved persons, to support the process of socialization, to prevent socio-pathological phenomenon and in case of their occurrence to eliminate their effects. This paradigm is general and non-personalized character, which is its disadvantage. There is a lack of directness and a fair individual access. The third paradigm – counseling has a strong individual character, which focuses on the needs of the individual and solve them as unique cases. For this paradigm a systemic disadvantages minorities is irrelevant. The state deals with the issue of the roma community comprehensively, it is necessary that the solution went transparent and focused at the same time on several areas of social policy, from which directly or indirectly

determines the social standard and all-round level of quality of life of members of the marginalized roma communities. It is mainly about education policy, the policy of housing, employment policies, politics of health, prevention and wellness measures to promote anti-discrimination, fight against poverty and social exclusion.

When solving the problems of roma communities living in social exclusion it is necessary to take into account the cardinal phenomenon, which is the financial, economic and educational "failure" of these communities without exogenous support to increase their standard of living, educational level, housing standard, etc, without the aid of the majority of the population. Majority population has several options how to contribute to the development and to the social inclusion of the concerned roma communities.

The street social work and social counseling services can significantly help to roma communities in social exclusion. The priority of street social work should be the education and dissemination of educating and awareness. That one should have a wide character: it should inform about the negative consequences of alcoholism, drugs, gambling, or smoking; it should inform about the possibilities of birth control and the negative effects of early sexual life, or incest; should be given to financial literacy, directly in the areas in which these communities live, but first of all should to the participation of children and youth in the process of education in school facilities, and obtaining and acquiring the skills and habits of the unemployed roma.

The acquisition of an education, an getting a job, represent the way in which it is possible to provide yourself and your family a regular monthly income and then gradually increase the all-round standard of your life and ultimately, to fully socialize. Furthermore, it is necessary to focus from the point of view of social work on those areas and approaches in which the majority population of Slovakia in relation to socializing Roma reach sufficient results. By Matulay, Božik and Valach (2011), the major mistakes in the social work with Roma are the following:

- with Roma, we are working on individual base, and not like with the families or especially the community,
- we do not take into consideration the subethnic, social and educational differentiation of the Roma,
- similarly, despite all the declarations we address the anonymous class of cases, and not a particular family or community, which means a waste of financial resources accompanied by the minimum of the results.

In order to achieve the general improving of their standard of living and to help them to integrate fully into society, we have to constantly search for space and tools to improve and intensify the work with this community including social work and social services.

1.3 Homeless man as a client of social services

Poloňová, Mátel and Romanová (2011) state that homelessness belongs to the extreme forms of poverty, misery and is a manifestation of social exclusion. Furthermore they state a meaning of homelessness: *“In the narrowest meaning is understood as the complete absence of housing, in a wider context as an absence of reasonable and decent housing.”* Schavel adds that a person suffering from homelessness is affected by the loss of home, which is not understood the loss of a dwelling; a homeless can have a shelter, but this shelter does not create an appropriate environment for maintaining social relationships carried out in the home environment (Schavel, 2010).

According to Schwarzová long-term unemployed people, handicapped/disabled, seniors, people adapted to the life in institutions, members of ethnic minorities and migrants are people who are mostly at the risk of homelessness. (Schwarzová, 2005) Regarding the homeless people living in Slovakia, so Oláh states that, according to qualified estimates, in Slovakia there are 8 to 10 thousand homeless people, and of which about 5 thousand in the capital city Bratislava. (Oláh, 2016). An extreme poverty, misery, lack of hygiene and health standard represent for the majority of the public something to which it is necessary to avoid and never be in this situation. Nevertheless, there are exceptions, which are referred also by Halaksa: "despite the fact that the issues of homelessness is a persistent and constantly evolving, we have to realize that not every homeless means a real problem. Many of them became people without a home by his own will, and they are satisfied by this way of life, they are happy and do not want to change anything about it" (Halaksa, 2017). It means that not all homeless people are interested in the change of "lifestyle".

In terms of the possibilities of social inclusion Kadlečík (2013) distinguishes three groups of homeless people:

I., the first group include the persons who publicly declare, they do not have their own home. This group of homeless people is characterized by a very low standard of living.

The preconditions for the re-inclusion into society are low, which is also contributed by the period of life without home. These persons lost interest and motivation to integrate into society and to a large extent they identified themselves with their standard of living and lifestyle. From the point of view of social services, homeless people are clients in particular threshold category of social services.

II., the second group include homeless people who declare a degree of interest in integration into the society, they create simple shelters according to their possibilities, they are not so strongly visible "on the eyes" than homeless people in the first group. Their standard of living is low, but at the same time, that it is slightly higher than the standard of living for homeless people in the first group. From social services, they usually use shelters, or commercial hostels.

III., the third group include homeless people who show a high interest in integration into the society. This assumption is based on the fact that these people live without a home for only a short period or repeatedly for short period lose their roof above their head. These people seek to solve their unfavourable social situation through a job application, they are not so dependent and are able to economically manage their financial means. Their standard of living is the highest in comparison with the first and the second group of homeless people. The public may have an impression that they do not belong among the people without home, living "on the street." People belonging to the third group benefit from social services of a higher threshold, such as social housing.

In terms of gender the women are more vulnerable– homeless women.

Compared to men, women much more often and much easier become the target of sexual assault and harassment, physical attacks and verbal attacks. Oláh mentions that the women living on the street often resort to work in the sex-business. (Oláh, 2016). In the case of pregnancy, the life without a home is a huge risk not only for the mother but also for the child, who is threatened with serious consequences resulting from a very low standard of living of the mother. The system of social services in all three above mentioned groups of homeless people represents as by Habánik stated: a significant support tool focused on the solution, moderation, or prevention of the occurrence of not only homelessness, but also other crisis situations affecting the social sovereignty and independence of individuals, families, but also whole groups of the population (Habánik, 2017). Basic living needs of a person living without a home are often not fulfilled. Those are: drinking regime, diet, clothing, hygiene, medical care and a decent place to rest and sleep. The asylum housing which is divided to three categories help them to fulfill their

basic living needs. The first is *the short-term asylum accommodation*, characterized by a high number of clients in the facility, a lower standard of accommodation and retention of the client only for the necessary period of time long few days, and in exceptional cases several weeks, during which there is a time to overcome the most critical situations. *The medium-term asylum accommodation* is the characteristic by the client's stay for several weeks to months, during which s/he is led to acquire the self-reliance and habits necessary for a decent and dignified life. From the client, it is expected that s/he will be actively gaining habits of self-reliance and will try to reasonably integrate into the society. *The long-term asylum accommodation* provides (among all three categories of the asylum) accommodation of the highest standard of living. Its services are used by a client few months to a few years, with the emphasis on the acquisition of autonomy to the maximum extent possible; it is assumed that the client you will ensure a regular monthly income and partly will participate in the financing of their stay in the asylum facility. This type of asylum accommodation requires from the client a high degree of responsibility and effort on the full-fledged integration into the society. Long-term asylum accommodation creates the conditions for life as the most corresponding to the normal life, so the client adopts the necessary habits and responsibility and at the same time, the transition to independent functioning by the simplest way possible. In rare cases we can meet with *training and sheltered apartments*, which are a form of long-term asylum accommodation. Their advantage are the social interactions on multiple levels between the customer and the natural surrounding environment, the client is not in the insulation of certain equipment, and these apartments represent real environment set in a natural living space.

1.4 Unemployed as a client of social services

The definition of unemployment is provided by the International Labour Office in Geneva, which considers unemployed person only a job applicant, i.e. a citizen who is not in a working relationship, self-employed or is not constantly preparing for the future profession and officially requested the mediation of a suitable employment of the labour office in the place of his permanent residence (Kodymová, Kolářková, 2005).

We categorize the unemployment into two groups on the basis of the length of the period during which a natural person actively looking for a job, does not find that job:

short-term unemployment – represents a period shorter than one calendar year during which the job seeker tries to apply to the labour market;

long-term unemployment – arises in case where a jobseeker fails to apply to the labour market after a period of at least one calendar year. Long-term unemployment is affected by several factors, the most important ones are listed by Schavel, Laco and Čisecký:

- the lack of qualifications and little work experience, low self-esteem;
- the lack of interest and discrimination of certain groups of unemployed people by employers;
- the lack of interest in low paying jobs points by job seekers;
- the value orientation of certain groups of job seekers (e.g. they prefer to be unemployed and dependent on support from the state);
- the objective circumstances (place of residence, commuting) (Schavel et al., 2010).

On the basis of the causes of unemployment, we distinguish the following four types of unemployment:

frictional unemployment – arises when an employed person voluntarily gives up their job, quits job for different reasons, e.g.: they want to fully concentrate on searching for jobs with better working conditions, higher paying rate, with the possibility of career growth, with the possibility to work in field of study or due to a change of residence they are seeking employment in another region or in another state.

Among all the four types of unemployment on the basis of the causes of unemployment, the frictional unemployment has the shortest duration.

seasonal unemployment – belongs to the short-term unemployment and affects persons who work in industries and jobs that are not year-round needed.

It most frequently occurs in the winter season, for which is characteristic the phenomenon of the downturn and the stagnation in the industries and areas such as tourism, agriculture, construction, selected services etc.

structural unemployment – arises in cases where there is a mismatch in the relationship between the job offers by the employers and the demand for jobs by jobseekers. Most often there are times when employers require candidates to have qualifications, experience in the field or specific qualifications that unemployed persons do

not have. In the opposite format the situation is as follows: the job seeker wants to apply for a labour market to a certain working position or in a certain industry, but employers are not able to offer him such a job. In cases of structural unemployment an important role is played by the flexibility of the educational process, necessary for the educational institutions to be able to flexibly adapt study programmes to the needs of the labour market. Another important tool in the fight against structural unemployment is a retraining of job seekers.

cyclical unemployment – this type of unemployment is associated with changes in market and mixed economies, changes in economic and investment activities, and that in the macroeconomic dimensions. The period of economic crisis, recession, stagnation and overall economic decrease associates with an increase in registered unemployment, which is caused by the release of staff by employers. These persons then become the job seekers. With the period of economic growth and economic expansion, there is the decrease of the rate of registered unemployment.

Poloňová, Mátel and Romanová (2011) report that the unemployed belong to groups that are most at risk of poverty. The phenomenon of unemployment is associated with a higher chance of occurrence of socio-pathological phenomena. This issue reflects the political parties in their electoral programmes dedicated to solutions how to reduce the unemployment rate and create new jobs. The employment policy or the issue of unemployment and its solution are part of the electoral programs of all political parties in Slovakia (Bočáková, Kubičková, Vavruš, 2016).

Social services provided to the unemployed have to be linked to each other and create a mutually positive interaction, to result in a strong and effective assistance to the unemployed person. The complex of such services should include at least the following features:

social work in locations – this means the active search for socially excluded who are located in the labour-social exclusion, the unemployed, it is necessary to motivate and orient them on the labour market, furthermore, they should be involved in various projects and activities, it might help to community work and cooperation in defining the needs of the unemployed person, the planning and subsequent implementation of appropriate measures;

counseling - in the framework of the employment public service – this advice may have the character of basic or ongoing, individual or group, the benefit can be from the

branch locations of information centres of labour offices located in areas with high rates of registered unemployment, e.g. in community centres;

preparing for employment – it highlights the need for orientation of the client to the labour market, intermediation of job or working experience, it also includes training of social, business and communication skills (Kodymová, Koláčková, 2005).

The unemployment rate in Slovakia reached in the month of March 2017 8,04%. The total unemployment rate is calculated from the total number of job seekers that reached 9,45% (The Central Office of Labour, Social Affairs and Family, 2017) →this number includes the jobseekers who are taking graduation practice program me and are temporarily unable to work, family caregivers, those who carry out the smaller municipal services, volunteer activities or undergoing training and preparing for the needs of the labour market (retraining).

Registered unemployment rate varies in individual regions of Slovakia. From the point of view of the regional subdivision, the unemployment rate is the highest in Prešov, Košice and Banská Bystrica region in which exceeds 12%. On the contrary, the lowest unemployment rates have the regions of Trnava, Bratislava and Trenčín, in which unemployment is below 5%. The table 1 shows the extent of registered unemployment according to the regional division.

Table 1 The registered unemployment rate according to the regional division

seq.	region	the rate of registered unemployment in 03/2017
1.	Prešov region	13,06%
2.	Košice region	12,61%
3.	Banská Bystrica region	12,14%
4.	Žilina region	6,38%
5.	Nitrian region	6,10%
6.	Trenčín region	4,86%
7.	Bratislava region	3,85%
8.	Trnava region	3,66%

Source: The Central Office of Labour, Social Affairs and Family, 2017

In order to ensure the protection of the law (objective or subjective), the State has a variety of legal remedies. These, of course, apply to all areas of law, including the social security law governing the conditions for the award of various types of social security benefits (Šramel, 2016).

There is even greater difference in the level of the rate of registered unemployment between the regional division and the district division. In Bratislava V and I, Trenčín, Nové Mesto nad Váhom, Ilava, and Malacky the unemployment rate does not reach 4%, so in the districts of Rimavská Sobota, Revúca and Rožňava rate of registered unemployment exceeds the 20,5%. The data on unemployment in the districts with the lowest and the highest rate of unemployment is presented in table 2.

Table 2 Districts with lowest and the highest rate of registered unemployment by the March 2017

seq.	districts with the lowest rate of registered unemployment		seq.	districts with the highest rate of registered unemployment	
1.	Piešťany	2,74%	1.	Rimavská Sobota	24,65%
2.	Trnava	2,80%	2.	Revúca	21,83%
3.	Galanta	2,88%	3.	Rožňava	20,59%
4.	Hlohovec	2,93%	4.	Kežmarok	19,81%
5.	Bratislava V	3,14%	5.	Svidník	17,64%
6.	Trenčín	3,44%	6.	Vranov nad Topľou	17,19%
7.	Bratislava I	3,64%	7.	Poltár	17,02%
8.	Nové Mesto nad Váhom	3,68%	8.	Trebišov	16,83%
9.	Ilava	3,85%	9.	Sobrance	16,43%
10.	Malacky	3,89%	10.	Bardejov	16,20%

Source: The Office of Labour, Social Affairs and Family 2017

The pillars of the relationship of social work to the unemployed are the stages indicated by Tkáč: evidence, social diagnostics, the design of possible variants of further procedure for their inclusion into the work or into business activities, into the educational process, or finding a suitable job in a foreign country (Tkáč, 2016). About the placement on the labour market are working well. Similarly the jobseekers, who are in some way disadvantaged, e.g. candidates with disabilities, the exposed group are people aged over 50 years, graduates of secondary schools and colleges, women after parental leave with several children, and more specific, less numerous group of applicants.) are

trying to get a job. In these groups there are more increased rate of unemployment. All groups of disadvantaged unemployed people have a chance to make use of the possibility to the competent office of labour to ask about preparing an individual action plan. This document contains information about the customer education, completed courses, certificates, and the certificates, to terminate the acquired practice, skills and knowledge with this document also contains a time schedule, during which the ongoing processes of increasing the preconditions for a successful placement on the labour market. Data are regularly updated and evaluated. In practice, this may look as follows: jobseeker specialist recommends re-training in the form of a course, since there is no demand for the discipline or education, which an applicant graduated, after the successful completion of retraining the possibilities will change to what the document itself also reacts and their attention shifts from re-training to active search for jobs. The advantage of this plan is that it has individual character and takes into account the family and private circumstances of the client (e.g. a woman with five children is not willing to commute to work daily more than one hour, and so she is offered a job at the place of residence, labour migration of such a candidate is limited).

In general, the activities of the office labour on the agenda of the employment is in conjunction with the Ministry of labour, social affairs and family of the Slovak republic with the focus on two main aspects, on the improvement of the skills of potential participants of the labour market and the creation of new jobs. In addition to the active measures with the aim of increasing employment and reducing the rate of registered unemployment there is also a passive policy of unemployment, that is the payment of unemployment benefits to the applicant who was in the last three years prior to applicant's registration for employment insured in unemployment at least two years, (730 days). The presumption of entitlement to unemployment benefit is dependent on the period of participation in the unemployment insurance. The benefit is paid after a period of six months, if the entitlement to unemployment benefits was established by satisfying the conditions of insurance in unemployment at least 730 days in the last three years prior to inclusion in the register of jobseekers and a period of four months if at least 730 days in the last four years (Social insurance, 2017). The actual offices of labour, social affairs and family, where the unemployed are registered are not the only institutions that work with unemployed and provide them support and assistance in a different form. Information and advisory services are provided by the labour offices for the purpose of understanding of the

applicant about the employment possibilities, not only in Slovakia but also in other countries of the European Union or outside of it.

This expert counseling provides advice, information and assistance in the selection of re-training, it includes an introduction to specific job offers, information on the programmes of active measures on the labour market, activities, about the opportunities of participation in the created partnerships in order to support the development of employment within the territorial jurisdiction of the authority, or advice on entitlement to welfare benefits from the state.

Information and advisory services are not only provided to job seekers, but also employers, who are looking for suitable candidates to fill vacant job positions in their companies and at their workplaces.

The support and job search assistance is provided to registered job seekers by the central office of labour, social affairs and family, district offices of labour, social affairs and family, agency, temporary employment agencies, supported employment, but also by legal and natural persons who provide the applicants with the employment, they provide them expert advisory services, carry out active measures on the labour market or carry out the intermediation of employment for payment.

The unemployed are registered at the labour offices, in particular, because the state cover their health insurance for the period during which they are actively looking for a job. Its minimum amount for the year 2017 is 61,81€ per month for all individuals except the groups people with disabilities 41% and more, in the minimum amount of 30,90€ (Health Insurance Company Dôvera, 2017).

1.5 Mentally ill person as a client of social services

High workload, hectic and unhealthy lifestyle, high unemployment and divorce rate, stress, psychical exhaustion, victimization, death of a close person and a lot of other factors significantly increase the number of mentally ill people. Part of mental disorders can be triggered, developed and discovered during patient's life for example after being exposed to a lot of pressure or a negative experience, but certain group of patients is already born with genetic predisposition to these disorders. The latter escalates their instability and make patients susceptible to get mentally ill. Mental disorders have a broad scale of seriousness. It varies from the most severe cases of suicidal patients to very

random problems such as insomnia, which decrease a patient's comfort but is not immediately dangerous to life.

As the scale of mental disorders is very broad, basic division based on given diagnosis is necessary:

- F00 - F09 Organic, including symptomatic, mental disorders,
- F10 - F19 Mental and behavioural disorders triggered by the influence of psychoactive substances,
- F20 - F29 Schizophrenia, schizotypal and delusional disorders,
- F30 - F39 Mood (affective) disorders,
- F40 - F49 Neurotic, stress-related and somatoform disorders,
- F50 - F59 Behavioural syndromes associated with physiological disturbances and physical factors,
- F60 - F69 Disorders of adult personality and behaviour,
- F70 - F79 Mental retardation (mental delay),
- F80 - F89 Disorders of psychological development,
- F90 - F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence,
- F99 - Unspecified mental disorder (Mahrová, Venglářová, 2008).

Not only psychiatrist and psychologist, but also social worker plays an important role during the therapy and a subsequent convalescence. As a qualified member of the team, social worker can provide patient or client an all-round professional care. Firstly, the physician determines method and place of treatment based on patient's diagnosis. According to Matousek, institutional care in psychiatric facility is inevitable for patients who are not able to provide themselves the basic needs and for those who are dangerous to themselves (suicidal tendencies) or to their surroundings (violent, aggressive behaviour) (Matoušek, 2007). The commitment to psychiatric institution is often inevitable for people suffering from these serious mental disorders. In less serious cases, it is possible to treat patient in a directive day-care centre or by an ambulatory care, if necessary. The most common forms of treatment are pharmacotherapy and psychotherapy. However, in very serious cases these are not possible to carry out individually without hospitalization or commitment of a patient to the psychiatric ward. Irreplaceable in the process of a full adjustment of the patient into the society and life, with the least possible discomfort occurring, is a role of social rehabilitation. According to Bražinová, social rehabilitation is

executed through various activities such as community workshops including art workshops, social consultancy, social prevention, psychotherapy, family social therapy, community work and influence, work therapy, art therapy, sheltered housing, sheltered employment or personal assistance (Bražinová, 2017).

Of the role of a social worker in the context of problems of mentally ill patients Vondrka mentions that *“People with mental disorders should be offered a comprehensive system of services. The role of a social worker is to integrate clients into this system, help them choose the scope of services based on their particular needs, navigate patients through the system and co-operate with clients in the area of specific social work procedures. It is necessary to realize, that also people coming with other problem or disease can suffer from mental disorder. For example, the most common concurrent phenomenon of an unemployment, aging or a corporal defect is depression and above average usage of alcohol“* (Vondrka, 2008).

It is necessary to apply particularities and needs of a specific community, and adapt them apart from other factors also to locality or region in cases, where the social worker actively works with the community. At the same time there are cases, where the change of treatment locality or placement of a patient depending on one's sojourn is absolutely required. It is so for example in situations of patients drying out from psychotropic and intoxicating substances, where it is important to completely prevent client from the contact with individuals possibly negatively affecting the success of a treatment and recuperation of patient (for example contact with dealers of such substances).

1.6 Disabled person as a client of social services

According to Koláčková and Kodymová, the World Health Organization stipulated the common understanding of a well-known term impairment as a complex of problems related to body functions and body structure. These problems might be causing activity limitations, as well as participation restrictions, terms usually describing broad spectrum of consequences, namely social consequences (Koláčková, Kodymová, 2005).

People with disabilities can use several types of facilities. One of those is the sheltered housing. That is represented by residential form of housing providing meals or household help. Upbringing, educative and activation activities are carried out in day-care and week-care facilities. Challenged people living on their own can use the service of

support consisting of assistance and household help. The day-care centers offer help with education, upbringing, meal plan, hygienic needs and with keeping the contact with social life. The most common form of social service used in the form of stay in home conditions is the caregiving service, most often used by handicapped and seniors. Caregiver is assisting clients with all the necessary activities depending on client's condition, such as with dressing, bathing, doing laundry, cooking, cleaning, doing ironing, shopping, etc. Another option of the social service carried out at home is the lightening service, conceived in the form of caregiver's assistance during particular hours so the relative generally responsible for the care is lightened of the responsibilities. Services of personal assistance, under which activities impossible to be carried out by handicapped are taken care of by caregiver, are mainly offered by private institutions. Even though the part of handicapped people is limited from seeking any type of job opportunities, they still can and want to work and be included to the job market. Supported employment through the social activation services can be helpful in such cases. These consist in the cooperation of a client and an assistant, for example in helping with commuting, creating appropriate work conditions, work activities in the beginning and later on with only difficult situations in need of attention. This is a way how handicapped can use their professional potential in a considerable extent.

All European Union member states are obliged to respect many obligations. Those are countries adopting also by an acceptance of binding documents. The main goal of the document Strategy of the EU „Europe 2020” (adopted also by the Slovak Republic), is also an integration of the handicapped to the economic interaction in the maximal possible extent. Document is focusing on eight socio-economical areas of being of the handicapped. Those areas are:

- **barrier-free environment** – ensuring barrier-free Access to products and services, including assistance tools for disabled people;
- **integration** – maximal extent of socialization in all aspects of life in the way that handicapped are able to integrate and be involved in societal processes;
- **equality** – consisting of elimination of any possible discrimination on the base of disability;
- **employment** – creating the conditions for the fulfilment on the job market also for the handicapped;

- **education and professional training** – representing the support in primary to lifelong education for children, pupils, students, adults as well as seniors with disabilities;
- **social protection** – representing the provision of respectable living conditions for the handicapped;
- **health** – standing for the provision of an equal access to the health care for handicapped and non-handicapped;
- **external relations** – representing the help in securing the rights of handicapped within external relations of the EU. (Europe, 2020).

These are eight main areas on which the social policy of the state has to focus in relation to the handicapped. The main interest of the state should be the creation of such societal conditions, where handicapped would be confronted with the least possible amount of obstacles and barriers in different areas and forms. In the ideal situation, handicapped would not be restricted at all, but this status is primarily ruled out by high financial costs of creating such conditions.

1.7 Hearing or visually impaired as a client of social services

A total loss or distinctive weakening of sensory perception, if it is either visual or hearing impairment, limit the individual in the ability to fully live. Depending on the extent of the impairment, ability to adopt to conditions (new or changed conditions) and the range and availability of social services, we are able to determine the quality of life and extent of restrictions caused by (total or partial) loss of sight or ability to hear. The role of social services is to create such conditions for client, that the restrictions affecting one's life are minimal. (Tarciová, Beňo, Capíková, 2014)

Hearing impairment represents the hearing disorder affecting one's development depending on the stage, scope and hearing loss intensity as well as the length of hearing impairment. There are several possible ways how to categorize people with hearing impairment. The most basic classification is the one using the extent of hearing loss as the main criterion and divides hearing impairments into three following groups:

- hard of hearing,
- hearing loss,

- deafness.

According to the World Health Organisation, hearing impairment can be classified into several categories. More information can be found on socionet.sk:

- total loss of hearing,
- profound hearing impairment (nad 91dB),
- severe hearing impairment (71-91dB),
- moderately severe hearing impairment (56-71dB),
- moderate hearing impairment (41-55dB),
- mild hearing impairment (26-40dB) (www.socionet.sk).

Tarcsiová (2014) classifies hearing impairment based on age of people when losing the ability to hear:

- hearing impaired by born or affected in early stage of growth,
- hearing impaired affected in the school age,
- hearing impaired affected in the productive age,
- hearing impaired affected in the post-productive age.

According to Šmídová, it is possible to specify several affected areas in one's life depending on restrictions caused by the hearing loss:

- communication barrier (disrupted speech development, limited ability to understand others),
- the sense of direction deficit (spatial orientation is limited to the scope of a visual field),
- mental load,
- limited social relations network,
- negative effect on the cogitate development,
- the loss of security function of hearing (Šmídová, 2016).

The legislation regulating form, extent and conditions of specialized social consultancy is constituted by the Act No. 448/2008 Coll. Social services and revision of the Act No. 455/1991 Coll. the Trade entrepreneurship (Trade Act) as amended. According to §16, the professional services offered to hearing impaired people are: specialized social consultancy, social rehabilitation, interpreting, provision of interpreting services and personal assistance. As Marák stipulates, social consultancy specialized for people with hearing impairment is offered by five providers, all private. They offer their services in Bratislava, the capital of Slovakia and in Trnava, Nitra, Žilina and Humenné. The exact

number of special pedagogical centers able to help children with hearing impairment is 61 (Marák, 2017).

The lack of interpreters is the factor making lots of common activities more difficult for hearing impaired people. Repková and Brichtová tipulates interpreting services to be enacted in the Act No. 448/2008 Coll. The Social services §44 as the clause stating that interpreting service is provided by sign language, articulatory or tactile interpreting. Sign language interpreting is according to paragraph three offered to a person no table to hear at all or affected with severe double-sided hard of hearing and using the sign language i show this person communicate. Articulatory interpreting is provided to a person no table to hear at all or affected with severe double-sided hard of hearing after or before learning to speak and is not able to use the forms of communication of hearing impaired, mainly the sign language or sign Slovak language. Tactile interpreting is provided to a person being both deaf and blind as well as with congenital or acquired damage of two sensorial organs, which makes the communication with society in need of a specific communication system bounded to hearing and visual loss degree (Repková, Brichtová, 2012).

Visual impairment represents severe impact on everyone's quality of life. Caused by the visual perception absence, the visually impaired people lose or are no table to interact socially in such extent as people with a full sight. Person affected by a complete or partial loss of sight is in a great disadvantage in finding a job, acquiring oneself well in the job market, subsequently securing a stable income, not having enough opportunities for career self-realization and therefor being financially dependent on state and relatives. The loss of career interactions negatively affects one's social interactions by loosing important part of contacts. It also negatively affects the opportunity to establish new social contacts with people and neighborhood during the spare time. Visually impaired people find themselves in a very complicated situation also in finding and meeting potential life partners. The problem of finding a life partner escalates to a problem of having a family which can leave the affected person with an impression of not living the life fully when not having children, husband/wife, grandchildren, etc. Sight problems represent handicap also in the education process. Not only education process, but also access to information outside the educative process is necessary to adapt for people with complete or partial loss of sight. Important part of education, contact with authorities and general access to information are the materials printed in Braille system of writing enabling blind people to learn and get information. Crucial are also audio files and support tools, whose content can be delivered by a different means of sensory perception except of sight, such as sense of

hearing and touch. Everyday contact with people and neighborhood can be made easier for people with partial loss of sight also by making notices, symbols or documents written in bigger and more distinguishable signs easier to read. People affected by vision problems can be divided based on the extent of these problems to various groups according to Šmidová citing the division by the World Health Organization:

- **blind people** – people with complete loss of sight,
- **practically blind people** – people with preserved residue of sight so they can sense the light and shape of objects, but not even potential correction cannot enable them to use sight well,
- **purblind people** – even with severely affected sight, purblind people are still able to do common activities, but they cannot do a job requiring full sight,
- **people suffering from the binocular sight disorder** – the sight is broken and creating problems in space perception. It is a functional balance and physiological co-operation of the right and the left eye disorder (Šmidová, 2016).

In case of people suffering from sight problems, the social prevention is not focused on preventing the damage or loss of sight, but on prevention of social consequences caused by the loss of sight. Social help for visually impaired is legislatively addressed by the Act No. 195/1998 Coll. The social help. The provider of social help is the Slovak Blind and Partially Sighted Union. Their sphere of activity is all around Slovakia and services offered not only for incoming but also in home patients. Services are free of charge. As Hóková (2017) stated at the National Council for persons with disabilities (NROZP) official website, the blind and purblind people can use the service of social rehabilitation in Slovakia. This service focuses on the gain and development of knowledge, skills, capabilities and habits necessary to overcome the consequences and effects caused by loss of sight in order to enhance self-reliance and independence of the visually impaired person. Social rehabilitation of blind and purblind people consists of:

- training of spacial orientation, independent move, white cane using techniques, moving and orientation in interiors as well as exteriors, spacial analysis using preserved senses, the practice of walking with the guide and techniques of safe walk without the use of a white cane;

- self-service training, the ability to do common household chores as well as personal hygiene training;
- training of the communication skills, how to write a signature and how to use Braille system of writing, work with the keyboard as well as work with special notebooks and specially adapted computers;
- training to recognize money;
- training of the visual work using optical and compensatory tools;
- preparation for the future co-operation with guide dogs and help the guide dogs owners;
- fittings and adjustments of the client's home with the attention to ensuring security and barrier free environment, in case of purblind people provision of the sufficient light and process of learning to be able to orientate well in that particular environment (Hóková, 2017).

1.8 Paid sexual services providers as clients of social services

Providing sexual services in return for profit or benefits is phenomenon accompanying humanity since forever. The end to this phenomenon was never in any of the participating parties' best interest. Neither the sexual services providers did not want to lose the income source, neither people creating demand for these services weren't interested in ending this phenomenon. Prostitution has its place in the society apart from its socio-economical degree of development, therefore it is impossible to expect the ending in the most developed countries in the world in foreseeable future. It is however possible to predict that earning an income by offering sexual services will be lower in the most developed countries as the assumption of finding „another job“ is higher than in less developed countries. Despite this it is necessary to note that providing sexual services in return for money is convenient for particular groups of people and they would not change it even in case of a real chance to change the „working status“.

According to Kuchárová, we can classify forms of prostitution based on the criterion of the person providing sexual services to:

- female prostitution**—the most common type of prostitution,
- male prostitution**—presently having rising trend,

- **children prostitution**—rising up significantly in recent years (Kuchárová, 2011).

Based on the legality criterion prostitution can be divided to:

- **public** (legal) –happening in particular facilities such as house of prostitution, erotic massage salons, etc.
- **non-public** (illegal) –sexual services provider actively search for clients, the prostitution is happening in private apartments, hotel room, cars, etc.

Schavel states the prostitution category based on the place where it is happening to:

- **street prostitution** (highway) –it is the most problematic form of prostitution, since providers belonging to this category are characteristic to be less intellectually blessed, they are usually poorly educated, being addicts or mentally retarded...
- **bar prostitution** –sexual services are offered in erotic massage salons and in strip clubs, this form of prostitution is usually provided by force as it is most often connected to the sex trafficking, violence, blackmailing and other organized criminal offense,
- **escort, private prostitution** –characteristic by a small and rather stable range of clients, offered in privacy and mostly for solvent clients,
- **hotel prostitution** –services are provided by individuals usually speaking some world language and with certain social manners, the range of clients is unstable and comprised mostly of foreigners. This type of prostitution is usually beneficial for more people (receptionists, taxi drivers),
- **lady companions** –it is the most !prestigious“form of prostitution. Mostly lady prostitutes are accompanying business owners and managers on their business trips or social events, their services are expensive,
- **internet prostitution** –it is a specific and the newest form of prostitution (Mátl, Schavel, 2011).

According to Schavel (2010), prostitution is accompanied by following socio-pathological phenomenons:

- sexual deviation,
- pornography,
- addictions,
- behavioral disorders,

- violence and abuse committed on women and children (including all forms of violence: physical, emotional, psychical, sexual, economical and social) (Schavel, 2010).

Individuals offering sexual services for money are exposed to high risk of being infected by venereal diseases and infections. Malinová emphasizes the need and importance of prevention. She states two forms of prevention, first being the method based on preventing infection to enter the body, which includes safe sex. As useful method of social work in the area of prevention is presented the streetwork. That should be informative and through staff implemented in the streets, by highways or in the clubs. Distribution of materials about safe sex, condoms and lubricant gels should be included. Second form of prevention is the organism defensiveness improvement and not only through a healthy eating habits, conditioning, supply of vitamins and so on, but mainly in the context that in the case of individuals offering sexual services, the emphasis should be focused on diagnostics and treatment of venereal diseases (Malinová, 2005).

One of the goals of social work with sexual services providers is a damage reduction caused by „work categorization“ of this group. Except of prevention from sexual transmissible and venereal diseases mentioned above it is necessary to apply prevention also from criminality. Crimes can be committed on people offering sexual services (such as other people are keeping them from ending their commitment to sex business, they are forced to offer sexual service, etc.) or can be committed by these people (for example by committing crime offenses of theft with the aim to have financial resources subsequently used on drugs, intentional transmission of venereal diseases, etc.). Social work in regards of sexual services providers should be focused also on the help with diagnostics and the treatment of addictions highly prevalent in this group of individuals. It is mainly drug addiction, addictive gaming and alcohol addiction. It means that the work of a social worker should be focused on treatment procurement, information spreading and attempts to make these people undergone the examination and follow the treatment. Another option how to help is offering the possibilities to prevent loss of the most fundamental social status, therefor help them in practice by assisting in processing new personal papers. If they were not in possession of them, help them to understand the importance of having a health care insurance, from which they can draw benefits in the form of financially non-demanding diagnostics, treatment and health care. In case the affected person does not have worthy place to live, try to provide one and the highest possible care should be focused on the client being it a pregnant woman or a mother.

Women and children offering sexual services can easily become victims of sex traffickers. They are at high risk of kidnapping, raping, forced to drug use, being blackmailed, frightened and robbed. Especially complicated are the cases when sexual services providers leave abroad, voluntarily or by force. Most of the times they confiscate their papers so they cannot leave back home or anywhere at all, and are forbid of free movement while losing their personal freedom. They are forced to prostitution by many means of violence at the same time and their situation in abroad is complicated by the absence of social contacts with people who could potentially help them (mostly the family, relatives, friends or acquaintances) and last but not the least the language barrier is complicating situation for the victims as well.

Slovak Republic offers the victims of human trafficking protection and support if they are Slovak citizens or citizens of any other nation. The scope of help and provided services is stated by the Act of the Ministry of Interior of the Slovak Republic No. 47/2008 about the provision of programme of support and protection for victims of human trafficking. In case of victims from another states the Act codifies the elimination of language barrier, legalization of the sojourn in Slovakia, enabling the residency permit as well as returning to country of origin. Victims originally not coming from Slovakia are allowed to have complex health care until the departure to their country of origin. In case the victim decides to co-operate with law enforcement authorities, complex care during the whole period of a legal process regarding the mater is provided. Based on the Programme for victims of human trafficking support and protection, the Slovak citizen is provided with following:

- isolation from criminal environment,
- help with voluntary return to the Slovak Republic,
- opportunity of anonymous housing, if it is the wish of a victim,
- 90 days period of crisis care and in case victim decides to co-operate with law enforcement authorities also a complex care during the whole period of a legal process,
- financial support, social support, psychosocial consultancy, psychotherapeutic services, legal consulting, health care,
- retraining courses,
- 90 days period of reintegration,
- possibility to be included in the programe for witness protection under the Act No. 256/1998 Coll. the witness protection as amended and

- possibility for financial indemnification under the Act No. 215/2006 Coll. the indemnification of victims of violent crime offenses in the version of Act No. 79/2008 Coll. (Ministry of Interior of the Slovak Republic, 2011).

1.9 Drug addict as a client of social services

Nešpor stipulates the international diseases classification defining the addiction syndrome as a group of *“physiological, behavioral and cognitive phenomenons“*, additionally elaborated for the allegation that the usage of a particular substance or group of substances is prioritized over any other behavior and the main characteristic of the addiction syndrome alongside substance addictions is a desire to take psychoactive substance (Nešpor, 2007). When using the term **drug**, we will be focusing on the definition of Schavel stating: *“in the pharmaceutical way of speaking, the term drug represents general marking for all substances including medicine, by which the change of consciousness status, mood, stimulation or suppression of psychical or somatic functions, as well as arouse of the psychosomatic experiences such as illusions, hallucinations, pseudohallucinations and such can be evoked“* (Schavel et al., 2010). Based on the international disease classification, drug addiction is considered to be mental disorder and behavioral changes caused by its usage. Addictions are divided into following groups:

- F 10.2 alcohol addiction;
- F 11.2 opioid addiction (heroin);
- F 12.2 cannabinoid addiction (marihuana, hashish);
- F 13.2 sedatives and hypnotics dependence (blunts);
- F 14.2 cocaine addiction;
- F 15.2 excitant dependence (methamphetamine);
- F 16.2 psychostimulant addiction (LSD, psilocybe);
- F 17.2 nicotine addiction;
- F 18.2 organic solvents addiction (toluol, acetone);
- F 19.2 dependence on multiple usage of various psychoactive substances (Nešpor, 2007).

Drug addiction belongs to common socio-pathological societal phenomenons that have exceptionally negative impact not only on the drug user but also on the family,

relatives and acquaintances. More and more young people have drug experiences currently, especially high-school and college students, youth without social background, but also young people finding themselves in a social exclusion or exposed to a negative stress situation (death in a family, placement in a foster home). Drug addiction is frequently a side-effect of other addiction or hazardous behaviour. Most often it is an alcohol addiction, illegal narcotics addiction, gaming addiction, it is also a frequent side-effect of criminal behavior, prostitution, suicidal behaviour, etc. Reasons behind the decision young person make to take a drug are diverse, this risky behaviour has several sources. Behaviour as such is a social construct that do not necessarily have enumeratively defined forms. At the same time it is also valid that we can identify these forms of behaviour as threatening to dependent (or also to one's family) as those, causing danger in health, psychological and social sphere. Places to deal drugs among young people are most often easily accessible, such as bars, night clubs, clubs, disco clubs and concerts of particular music genres. Especially young people use to gather at places like this. Generally it is though possible to apply reasons leading to drug addiction on all age categories, while is it necessary to realize that particularly young people are those endangered by drug addiction in the highest extent. Middle aged and even older adults are addicted to drugs for similar reasons as young generation (some stress situations causing this hazardous behaviour, such as divorce or job loss might be different though).

Socio-therapeutical activity playing a crucial part is a component of social prevention (it is provided on the basis of Act No. 195/1998 Coll. of the social help). Institutional care is according to Okruhlica provided mainly by the psychiatric wards of health care facilities. Treatment is provided through an inpatient care in the length of maximum three months and when treating non-substance addiction, the treatment is seven weeks long (Okruhlica, 1998). Kubičková and Máťoš illustrate the special care of addicted on an example of the Professional Institute of Psychiatric Treatment in PrednáHora. This particular facility focuses on the treatment of hard drug addicts. Individual, as well as group therapy, art therapy, music therapy, asertivity training, various relaxing techniques as well as techniques to manage stressful situations are all provided during the therapy (Kubičková, Máťoš, 2016). Drug addiction, or to be more precise the drug acquisition is a financial burden and with the length of drug usage the financial difficulties are even more serious as the drug volume need is rising as well. In order to be able to buy drugs, the addicts spend not only all their savings but they leave themselves into a huge debt either owing money to relatives and nonbank subject as well. When drug addict is not able to

work due to drug usage or the employer learns about the addiction of an employee, it leads to a job loss, which subsequently leads to an income decrease and the loss of work interactions and habits. In order for the drug addicts to be able to care of themselves after the treatment provided in a specialized institution, and mainly to be able to find a job and have a regular income, they are preparing for this process in various facilities (medical institution) along with the treatment. The preparation is provided through an occupational therapy, which is an innovative care method to restore and enhance the repeated learning of functional skills that can help drug addicts to be fully active in a job search and to be able to work after finding an employment.

The client can use the techniques of this therapy also in the spare time and by other than job related activities. Housing situation can be solved by for example sheltered housing, asylum or crisis center or other such social service facilities. Kubičková and Mát'oš consider socio-therapeutical process as: *“Inevitable and very prosperous part of socio-therapeutical process is also a drug addictions rehabilitation. It is a long-term process of changes and corrections. Those consist of disposal of health, social and personal consequences in order for the positive aspects to prevail in life and treatment as well. The process itself is lengthy and is based on various social, health and other activities.”* (Kubičková, Mát'oš, 2016). Drug addicts who refuse to seek for a help in specialized institutions are able to use also streetwork in order to get help. Streetwork staff is actively in search for drug addicts (outside the towns, in abandoned buildings, etc.) and trying to help whenever possible. This help resides in the distribution of an informative materials warning about health and other risks connected to drug usage, inform where and how help can be provided and include also other important and useful advices. Staffer accompany client during various duties (such as in the hospital, ambulances, to the police station, authorities) as well as streetwork staff provide clients with important information regarding their addiction and options to solve their situation. Clients are also provided with medical material aiming to protect addicts from transmission of diseases such as hepatitis C, HIV and others. Špaleková and Halenárová state that except of syringe the sterile equipment of streetworkers include following medical material: alcoholic and dry tampons for disinfection of the punctured spot, filters to clean the dirt when drug is inserted into the syringe, distilled water to mix drug dilution and clean the syringe, ascorbin –the vitamin C used instead of acidulous water, plasters, bandages and condoms (Špaleková, Halenárová, 2017). This material provided to clients is free of charge.

1.10 The victim of a domestic violence as a client of social services

Domestic violence phenomenon has been examined only for a short period of time which makes it more difficult to establish terminological uniformity. This is confirmed also by Mátel who also classifies three forms how to name the violence:

- **based on the location where it was committed:** “*violence in a family*“, or “*domestic violence*“;
- **based on the victim subject** considering family status and specific characteristics: “*elder abuse and neglect*“, “*partnership abuse*“, “*violence against physically disabled people*“, “*violence against mentally disabled people*“, “*child abuse*“;
- **classification of the victim subject by gender:** “*violence against women*“, “*violence against men*“(Mátel, 2011).

Domestic violence represents all form of abuse: psychical, physical, sexual, social and economical, but also serious threats to use any of these forms of abuse. Čírtková and Vitoušová consider regular occurrence, long-lasting abuse, escalation and almost everyday presence of domestic violence as its characteristic signs. It is a coercive attitude of one person against another person, or more individuals, in order to have power over them. Domestic violence can have various forms including: abrasive insults, repeated criticism, humiliation, insults, mockery, infringing of self-confidence, restriction of personal freedom, economic blackmailing, threats of physical harm and attacks alone. Domestic violence begins with attacks against dignity, continues with attacks against health and culminates in situation when life is threatened (Čírtková, Vitoušová, 2005). Victims of domestic violence end up with consequences such as loss of the sense of security, physical injuries and severe long-lasting and even lifelong effects on psychical health, usually leading to neurotic and psychosomatic disorders, various phobic disorders and impossibility to establish partnership or any other relationship due to inability to trust the other person, culminating into critical suicidal situations. There are five forms of domestic violence. **Physical violence** represents every action creating physical harm on victim’s body. Physical attacks can have diverse intensity and it is usually valid that this type of violence escalates on intensity by the time and culminates in life threatening situations. The victim has to search for medical attention after severe attacks. A lot of victims end up with long-lasting to lifelong health consequences after being physically attacked. **Sexual violence** includes all activities related to sexual intercourse that are forced

on the victim without the consent. There is a high chance that the victim will be not only exposed to sexual, but also to physical violence. The most frequent victims of sexual violence are young women. There are also repeated cases of sexual violent attacks against minors, girls as well as boys, which are examples of pedophilia. Victims of sexual violence often suffer from psychical problems and they have to consult their mental health with a psychiatrist. One of the consequences is a mental inability to have full-valued partnership and sexual life. **Social violence** is based on suppression of personal freedom of the victim. Victim is forced to suppress the social interactions in several areas: working area, education, victim is kept from contact with relatives, family and friends, often including non-voluntary restrain from contact with another men (when the aggressor is a man), victim is forbid to meet specific people and the meetings are under close attention of an agresor. This form of violence includes also household restrains, such as prohibition to follow mass medium, monitoring and wiretapping of phone calls, private messages check on the mobile phone, regular check of e-mail communication, etc. The main aim of such restrains is to socially isolate the victim, have absolute power over victim's activities and enforce total obedience and subordination. **Economic violence** is often accompanying other form of violence, such as physical violence. Its forms of display vary: restrain from using own salary, restrain from having an access to common financial resources, restrain from being active on job market with the aim to have own income, victim is left with a non-adequate allowance, victims are forced to hand in finances to aggressor, but in some cases it can simultaneously even lead to a situation of property theft, damage or disposal. The main motive of the aggressor when economically abusing is to make the victim financially dependent, secure financial resources for own benefit or to intensify another form of abuse such as to suppress the victim from access to finances which leads to the inability for social self-realization. This intensifies social violence, of which the economic violence is a common side-effect. **Psychical violence** is to be considered as a form of violence that includes also emotional violence (in special literature we can observe that this form of violence is sometimes presented separately). This form of violence includes keeping and fixturing victim in fear, anxiety, danger and uncertainty. Aggressor often disparage and presents the victim as incapable, disparages victim's self-confidence, belittle victim's qualities, emotionally blackmail the victim and arouse the sense of guilt. The aim of the aggressor is to maximally depress, isolate and threaten the victim, present his power and domination over the victim, suppress victim in activities and enforce the gratitude and indebtedness. Verbal attacks are presented not only in privacy but also in public, which is

used as a torture practice and victim is forbid to look for a help. Victims of psychical violence are bearing several consequences of agresor's behavior such as mental problems leading to a necessity to look for a help of a specialist: psychiatrist, psychoterapeutical specialist or psychologist. The assumption of the victim committing suicide is rapidly rising, as well as occurrence of depression, phobic disorders, anxiety, various stress disorders, alcohol, medicine and even drug addiction and mental disorder occurrences are common too.

Crisis intervention can be divided for two types based on the form and those are distance and presence type. **Distance form** is carried out via telephone contact (crisis helpline for the victims of domestic violence), e-mail contact (electronic communication with a specialist) or through websites reachable to victims in order to find useful information (www.prohuman.sk, www.aliانciazien.wordpress.com, etc.). **Presence form** is characteristic for its personal contact of the victim and specialist. Professional help can be provided in various forms: ambulatory form (crisis advisory centre); institutional form (carried out in various social institutions such as sheltered housing facility, crisis centres, etc.); field form represented by field social help directly in client's home or environment where currently residing.

The fundamental principles of crisis intervention can be found in the work of Matel, who stipulates three principles:

- **fast accessibility** – the aim is to offer quick help without any delay (for example through helpline for victims of domestic violence, non-stop operating crisis centres);
- **easy reachability** – the aim is to create functional network of crisis centres and hotlines;
- **continual care** – offered by crisis centres or emergency housing facilities operating non-stop and with the possibility to use service of emergency accommodation, as well as social help and advisory.

In order to get stronger, feeling understood and helped, the victims of domestic violence are in need of practical and mental support. Čírtková and Vítoušová state three areas of help to the victims of abuse:

- **material help:** provision of sheltered housing, help with childcare and Access to public services;
- **mental support:** offering advices (long-term and short-term), enhancing determination, organizing meetings to encourage self-respect and self-

confidence, help through groups of mutual support, providing childcare courses in case of need;

- **legal help:** it is a help concerning children and custody, trust, financial and social support (Čírtková, Vitoušová, 2005).

The most widespread subject of domestic violence is a partnership violence, **violence against women** (girlfriend, common-law wife, ex-wife living in the same household). Woman affected by domestic violence seeking for a change go through three stages: first phase is the primary phase, during which the violence can prevail or the threat of violence is still imminent, second phase is a secondary phase and simultaneously the stage when victim is planning to leave the household where residing with partner and the third phase is a tertiary phase when woman actually leaves her partner (the source of violence), becomes independent and she escapes to live in a household without the presence of her partner –agresor, social services centre for abused women or other social facility providing also housing (at least temporarily).

The most important landmark for the victim of violence is the moment of becoming aware of the fact that the one is being the victim of domestic abuse. Psychically broken and self-blaming victim suddenly realizes the fact of being „trapped“ in the power of a destructive person. In that exact moment of realizing and accepting the truth one needs to make a decision what to do, act by it and break the ties which connect victim to the agresor. Victim needs to change oneself, put oneself together and overcome many obstacles. Self changing work in order to regain self-confidence and act and think freely takes time (Poncet-Bonissol, 2012). It is possible to expect approach for a help only after victim realizes that is being a victim.

Mátel examines the prevention of violence against women when he stipulates that the need for discussion about the violence committed on women and contribution to public knowledge of these problems through partial media campaign and presentations in available print and electronic medium, as well as periodicals or regional newspapers, is crucial in the area of primary prevention. In the area of secondary prevention, the need to create and distribute informative materials for women endangered by domestic violence as well as to staff of assisting professions (for example health care personnel) is essential. As a part of secondary and tertiary prevention, various programmes are examined. Those are for example self-defense techniques and preventive advisory activities for women who wish to return to their partner –agresor, after the crisis intervention, specialized counseling or temporary sojourn in crisis or emergency housing center. Women most often yearn for

end of the violence, but at the same time do not want to lose the relationship. Social workers can help women in this situation through various trainings of assertive behaviour, self-defense techniques, how enhance the self-confidence, motivate them to be perceptive to signals of rising danger, as well as to teach them how to recognize the scope of the violence impact on children and help them create crisis plan (Mátel, 2010).

As mentioned above, crisis intervention offers help also in distance form, such as through helplines, that are carriers of an easy access principle; expansion of mobile phones enabled victims to have quick help. These hotlines represent easily accessible help and consultancy for victims of violence wherever they call from. Their big advantage is that they offer consultancy and help anonymously and free of charge. It means that the victim is not obliged to introduce oneself and is able to talk about problems freely and without any hesitation. As the service is free of charge, it doesn't cause any financial burden for the victim. A helpline of such a kind is National domestic violence helpline for women. Klimentová elaborates more on the helpline: *“This helpline is offering woman a safe space and mainly the support when experiencing problems with violence. With the consent of a woman, the victim of violence, it offers contact for specialized institutions of social services dealing with problems of violence.”* This helpline is functioning since 2015 and the main aim is to *“offer crisis consultancy and orientation, consolidation in the issue. It is used as a contact for women in need of clarifying any confusion and doubts in the process of violence.”* (Klimentová, 2017)

1.11 Senior as a client of social services

Aging and **senescence** are terms closely related to senior. These terms are explained by Kamadováas following: *“Aging (senility) is a process, senescence (senia) is a period (stage) and outcome of this process.”* Several forms of aging are mentioned. First form of aging is **biological aging**, characteristic by an involution of structure of particular organs and the system of organs, by its physiological functions, worsening of texture gas change, adaptative and regulative function disorder, decrease in efficiency of an immune system and decrease of sensory perception. Regarding **psychological aging**, the main characteristic signs include personality change, recognition capacities reduction, the slow down of psychomotor pace, memory malfunction, reduced ability to concentrate, etc. The third form of aging is **social aging**, defined as the period of adaptation to retirement, social

status as well as a life programme change, acceptance of consequences caused by a disease and particular stages of adjustment (Kamanová, 2016).

In the advanced countries of today, the number of people unable to take care of themselves due to their high age (Béřešová, Baníková, 2011). Slovak society, including political elite, is facing various challenges that have to be confronted in the context of social policy in relation to seniors. The long-term trend is aging of population. It practically means increased expenditure for state, since the number of people in productive age is decreasing and the number of people in post-productive age is on the contrary increasing. State is therefor authorizing taxes and payments based on decreasing tax payers, but the number of pension receivers is increasing. At the same time, the average longevity is getting longer, meaning that average period of receiving pension is getting longer too. For the state to guarantee pay offs of all forms of pension in an anticipated amount, it needs to enter the system of rules regarding pension pay off. To do so, the functionality and sustainability of the pension system has to be guaranteed. This system needs to be adjusted flexibly to new trends (by making conditions for early pension pay offs more strict, increasing the retirement age, etc.). It is also necessary to realize, that the pressure on the closest family to be solidar to elder is on decline and that pressure is redirected on society, especially state aparatus. Public expect for state to take care of old people and people in an unfavourable health condition. This change of strain aim is caused by socio-economic change of the country model, regulation of the market economy, priority evaluation of majority of citizens as well as by globalization. To get a better imagine the following example is appropriate: while in socialistic system until 1989, it was common that more generations of one family lived under one roof or in the same microregion, which was a great way to take care of a senior by help of relatives, in current capitalistic system when free movement of people without boundaries is established, relatives cannot take care of a senior and provide him care and guardianship as necessary since they either live and work far away from the senior or do not have time to provide appropriate care due to busy schedule and career.

State is subsequently object of a social policy, expected to create quality and accessible health care in social service facilities of various kinds which are in high demand due to rising number of seniors within the general population.

Jeřábek mentions three aspects that are necessary to be met in order to provide a better care for seniors, considering the whole society as a benchmark:

1.) Improve the possibilities for seniors so they can stay in their household as long as they can, with the help of a family and social services.

2.) Intensify help for the families taking care of their relatives –seniors.

3.) Keep the power to make decisions up to a senior (or the family) in all important matters and restrain from transferring them on societal unit or state apparatus (Jeřábek, 2013).

Beblavý elaborates another aspect of aging: *"Aging has become perceived as a separate part of life, when the elder doesn't have to work and is acknowledged to have rest."* (Beblavý, 2009). Citizen turning certain age can make a decision if to use the opportunity to leave on early retirement, while lower pension or necessity to work (doing business) until turning the regular retirement age need to be taken into consideration. Current professional orientation, namely working status and financial sources, have fundamental impact on this decision. Various groups of potential recipients are interested in leaving for an early retirement. Certain group of elders is financially stable and not necessarily reliant on job and income, therefore subsequently satisfied with lower pension or no pension at all. Applicants who lost their job in higher age or are not fully able to work due to health concerns are though majority group of those interested in leaving for an early retirement. Requirements for the claim to leave on an early retirement are specified by Social insurance company: *"The claim to leave on an early retirement can arise not earlier than from the day of filling out the application for an early retirement, while the period of its desired granting till turning the actual retirement age, no more than two years must be missing."* (Social insurance company, 2017). According to Social insurance company, the claim for the payment of an early pension perishes, if the applicant is entitled to get an income compensation while on temporary sick leave or having a claim to sick benefit. The retirement age was last updated on January 1, 2017. The retirement age is currently set on turning 62 years of age and 76 days. This age requirement doesn't apply to selected early retirement applicants who are specified by Social insurance company as follows: it doesn't apply to policyholders born before December 31, 1954; women born before December 31, 1961 who are subjects to regulations of retirement age reduction depending on children and policyholders born and who are granted claim for an early retirement depending on work off years in an occupation classified under work category I. or functions of category I. or II. (Social insurance company, 2017). Based on the

regulations adopted on December 31, 2016, the retirement age of these groups of applicants is set on 62 years of age. In order to live out the retirement in dignity, an appropriate income is required for an elder. Depending on the income, another options how to rise the standard of living in a desired way (more expensive medicine with less side-effects, above standard private care, active aging, etc.) are available as well. Increased demands and need can be financed from savings, however only limited number of seniors have these available. Significant number of seniors have only small or limited capital sources, which are not sufficient for covering long-term period living standard demanding higher financial spending. Important and regular income of a senior is a pension. In the retirement policy, four types of retirement system, divided into so called pillars, can be distinguish:

Zero pillar represents social help and a minimal income guarantee. Its aim is to provide minimal living standards to every citizen in retirement age. This pillas combines three aspects: public, continuos (mandatory) and equal.

First pillar has public, continuos and mandatory character. In the conditions of the Slovak republic, this pillar is a credit one, in particular countries, this pillar is equal. All citizens in productive age are involved in this first pillar. State is considered as an institution providing all citizens retirement savings. Fundamental disadvantage of the first pillar is its rigidity against changing demographic changes.

Second pillar has a character of mandatory, private, credit and capitalization retirement pillar (countries of particular exceptions exist). Financial resources of the second pillar are managed by private asset management companies, which is minimizing political influence on the amount of future pensions. The advantage of the second pillar is the risk allocation among state aparatus and the financial market. Its disadvantage for a state is the loss of financial capacity, which would be otherwise used for current pension payments. Second pillar doesn't automatically represent guarantee of higher revenues, those are dependent on the character of particular pension funds that saver decides to enter. The second pillar is available to be used by Slovak nationals since 2005.

Third pillar has voluntary, private, credit and capitalization character. It represents voluntary extension above mandatory systems in full extent. Svaer receives financial means from this pillar only by turning a particular age, which makes third pillar long-term financial investment. Attractiveness of this pillar can be raised by a state, for example by tax benefits in the form of allowable items. Citizen are simultaneously motivated by a state to save for a pension in a sufficient time advance.

Social work with seniors is followed by several specific problems that need to be addressed:

- ♣ Fundamental precondition to a relationship of a social worker and senior in need of social services and consultancy is mutual trust and understanding. Social worker must work with client in a way so the client has the feeling of understanding, respect and certainty. If senior has a family, it is necessary for a social worker to build a relationship based on trust and understanding with family members as well.
- ♣ Social worker regularly working with seniors must be sufficiently qualified to satisfy not only needs directly specified by a senior, but also to provide necessary care for a senior in a situation when seniors are not able to communicate and express their needs due to communication problems (for example patients suffering from Alzheimer's disease, Parkinson's disease or other diagnosis).
- ♣ It is impossible to scientifically delineate borders between social work and health care of a senior. Rising age, worsened health and decreasing self-sufficiency are closely related to social services, therefore coaction of social and health care of a senior is desired. Health care personnel, caretakers and social workers must coordinate in such way to maximize benefit resulting from this cooperation for senior and constantly rising standards of provided services. They should be exceptionally perceptive to senior and inform each other of any changes in behaviour and health condition of a senior. This way is to prevent advanced or incorrect diagnosis. For example Mátéffy points out that depression is usually not recognized in somatically ill old patients and even patient alone might not be aware of it. Therefore the depression appears atypically when affecting seniors: memory deterioration, anxiety, anger or increased irritation (Mátéffy, 2008). Also Suchá confirms, that predisposition to anxious reactions and depression is increased in old age and further examines that seniors gradually lose numerous sources of happiness and satisfaction of life. They retire, lose contacts with friends, relatives, lose the sense of societal recognition and satisfaction, as well as work satisfaction. (Suchá, 2016). All these aspects influence mental well-being and psychological health of a senior, which has minimally the same importance as the physical health.

- ♣ Social changes mean decreased burden and health risk to a senior. Especially difficult are the moments of death of a loved one, institutional care admittance, residence changes, retirement and overall decrease of interactions with other people and society.
- ♣ Demand for workers qualified in both health care and social services prevail in society. The system of higher education majors is need of an enlargement for the programme specialized on training of social-health care worker in order to satisfy the needs of job market. Graduates as such would be disposed of theoretical and practical knowledges, that would make them predestined to provide universal quality and qualified care of a person, as a client and patient at the same time.

1.12 Dying person as a client of social services

This is the period of focusing on consumption, beauty and joy, but looking away from sad and tragic moments. Death plays natural part in life of every person. Lay public connects death especially with an old age. Death though doesn't inevitably affects only elders due to aging, but also children, youth and adult in productive age due to life threatening and incurable diagnosis. Not only extremely unfavourable health condition of a patient or client, but also psychological and ethical attributes of particular life threatening situations are closely related to death. Death is also a subject of scientific discipline study called thanatology. Thanatology is named after Greek god of death called Thanatos. Interdisciplinary orientation is characteristic for this scientific discipline. Along medicine, psychology and other scientific majors, it is a subject of social work research.

From the health care point of view, we approach person as a patient with particular diagnosis. In case of dying people, it is supposed that this diagnosis is affecting quality of their life, cause them pain and is also source of suffering, physical or psychical, but most frequently both at the same time even though in a different scale. Quality of life of common people has different characteristics and quality signs than quality of life of dying people. It is highly likely that in particular cases occurrence of improved health for a longer period of time will not happen often for dying people and impossibility of cure will be more likely. Miscoinová (2000) states, that for dying people, the quality of life is connected with providing such conditions, that enable them spend their last weeks and

days in a favourite, primarily home environment without physical and psychical pain and suffering. Along physical pain, also psychical pain leading to diagnosis diffuse of a mental disease, plays a negative role. Those are mostly anxiety disorders, depressions and so on, while suicidal attempts are not uncommon either. In such cases it is necessary to broad health care of a patient also for professionals from the area of psychiatry, psychology or psychotherapy, if patient's condition requires that. Ondrušová states that characteristics of adaptation to sadness and loss differ only in details when examining various authors. Generally, it is valid to say that every person go through sadness and loss similarly: first comes the shock and refusal, followed by adaptation and finally acceptance of the situation. Differences affect individual characteristics of a person and situation as well. Individual and human approach to every dying person is necessary (Ondrušová, 2016).

Every dying person, without any reference to place of spending last phase of life, has several needs, that can be divided as following:

- ♣ **biological needs** – they originate in human nature and relate with physiological needs of a person. These needs are necessary to be modified in a way to answer current needs of dying person. In practice, it means for example hydration in such way for dying person to be able to accept it. Also food intake, hygienic standards and such fundamental need as breathing need to be addressed in this way.
- ♣ **psychological and mental needs** – lead off the position of a dying person which is characteristic by the fear of death, pain escalation and from „leaving“itself. Spiritual needs are closely related to psychological ones, therefor mentioned together. Every person sees this phase of life individually. It is necessary to create such conditions for dying person that will reduce negative impact on psychical and mental health of the patient. That can be done by offering comfort, support, understanding and empathy especially from those who are closest to dying person, such family and those with close emotional bonds. Also a doctor –specialist, such such psychiatrist diagnosing way of help (treatment), either by form of therapy or medication treatment can help a dying person. It is though necessary to point out that every person represents an individual case and therefor it is important to perceive individual particularities effecting the way of living out this difficult period. Especially for religious people it is important to have a contact with the representative of particular religious organization

which a dying person acknowledges. In the conditions of Slovak republic, especially contact with the representative of Roman Catholic and Evangelic church is prevalent. Clergymen are able to give internal hope to a dying person, help them to forgive, repent their sins, accept the situation and lift up the spirit.

- ♣ **social needs** – lead of the need for certain social contact. It is mostly of an effort of a dying person to spend as much time as possible with family and while the condition and situation allows it, in a familiar environment. In case it is impossible to transfer a dying person to a familiar environment, it is necessary for the relatives to maximize time period spent together in a health care or social service facility. The presence of loving people enables dying person to „forget“ the suffering and might help to induce positive thinking. If dying person doesn't have family and relatives or those who are not taking any care of him, it is important for the particular institution staff, where one is located to at least partly compensate the care.
- ♣ **needs to calm the pain** – related to calming the pain in a maximal possible effort to ensure the impact of pain on the quality of dying person's life is in the least possible extent. By reducing the pain, not only physical pain, but also psychological, spiritual and social pain is necessary to focus on.

The death of a patient is currently the biggest failure in the medicine. In regard to the fact, that patients with certain diagnosis are not treatable and being able to reduce unfavourable health condition development, new medicine field was created. This field is called **palliative medicine**. Its aim is to relieve patient from a pain and help to increase the living standards. According to Svatošová, the significance of palliative medicine is as follows: *“Even though the prognosis related to some diagnosis stays unfavourable and fatal, it is possible to qualitatively increase the life of patients suffering from such illnesses. Most of physical symptoms are able to be removed or controlled to such extent they are bearable.”* (Svatošová, 2005). Palliative care interventions are most commonly applied on patients dying in agony.

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Legislation:

Act No. 195/1998 Coll. of the Social help

Act no 448/2008 Coll. on Social services

Darina Kubíčková

2 SOCIAL SERVICES

We live in a time characterized by an extremely dynamic development. This development is a multifaceted and touches all spheres of human existence. Along with scientific and technological development, increasing demands of the society on the standard of living of individuals in the overall context of the processes of globalization reached not only by our society but the entire western civilization leads us to a situation of facing new challenges and trends. The changes are the concern of social policy, that if wants to be effective, has to flexibly adapt to the changing conditions (Yeates, 2002).

2.1 The definition of social services

Social policy can be characterized as a part of public policy, while at the same time it consists of a number of areas, namely dimensions such as housing policy, employment, education, etc. (Vargas-Hernandez et. al., 2011).

A significant part of the social policy are social services which are getting very demanded for several reasons. Social services may have a different character of their outcomes, different goals, methods, and functions, based on the desired outcome, set out by objects' demand of social policy, whether it is an individual, group, organization, institution, or a state. In order to entirely understand the importance of social services, it is necessary that we specify and define this term precisely (Krebs, 2010).

Matoušek (2001) draws attention to the different meaning of the term social services in the anglo-saxon perception compared to the importance of social services in our environment. He states: "In the anglo-saxon concept, everything that provides benefits to those who have the problem is referred as social services. Our (Czech and Slovak) legislation indicates only the services, i.e. activities done by someone for someone, not the control and benefits."

The same author mentions in his other writing: *“Social services are provided to socially disadvantaged people in order to improve their quality of life, to integrate them into the society in the maximum extent possible, or to protect the society from the risks whose carriers are these people”* (Matoušek, 2007).

Definition of social services presented by Oláh and Roháč (2010), who define social services as follows:

“a) professional activity; b) service activity; c, another activity or d) a complex of these activities aimed at: the prevention of formation of unfavourable social situation, the solution of unfavourable social situation or mitigation of unfavourable social situation, the situation of the individual, family or the community, to maintenance of recovery, or the development of skills of individual to lead a self-determined life and to support its integration into the society, to ensure the necessary conditions for satisfying basic living needs of the individual, the solution to the crisis of the social situation of individual and families and prevention of social exclusion of individuals and families.”

Bočáková, Kubičková and Vavruš (2016), when dealing with social services they offer the definition which speaks about the social services as the application tool of social policy, which is depicted by a wide range of services, designed for various target groups of the population.

Dávideková (2014) indicates, i.a, that social services as a focus of social assistance are subordinated to the system of social protection in the country. The objectives of the national priorities for the development of social services include in particular ensuring the right of citizens to social services, improving the quality and availability of social services with emphasis on the development of skills of social services, or the development of missing social services in the different autonomous communities and municipalities.

In the following dealing with the concept of social services we will stem from the above definitions. On the basis of these definitions we know that the social services represent a wide range of activities and processes with different focus and objectives.

With the concept of social services, there is a close link to the concept of **unfavourable social situation**. According to Habánik (2016) the term is connected with the appearance and persisting various social events (risks) that cannot, whether individuals, families or whole communities overcome through their own options and abilities, or with the help of your close social surroundings. The term unfavourable social situation is also clarified in the Act no 448/2008 Coll., referring it as a threat of a natural person's exclusion

or limitation of its ability to socially integrate and independently solve their problems, and this:

- a) due to the fact that the individual does not have the secured necessary conditions for satisfying his basic living needs,
- b) because of their living habits or way of life,
- c) because of the severe disability or adverse health condition,
- d) because of reaching the required age for entitlement to a retirement pension under a special regulation,
- e) because of the performance of caring for physical persons with severe disabilities,
- f) because of the threat by the behaviour of other natural persons or
- g) because of becoming a victim of human trafficking.

The negative impact of unfavourable social situations in which clients find themselves are removed and modified by social work, which Brnula et al. (2015) characterize as a part of the complex of the social sciences. **Social work** as a profession promotes social change, problem solving in human relationships, as well as the empowerment and liberation of people to improve their well-being. Using theories of human behaviour and social systems, interferes with social work where there are people interacting with the environment. The principles of human rights and social justice are the most fundamental. In practice, it focuses on the barriers, inequality and injustice. It responds to crises and uncommon occasions, as well as to everyday personal problems of clients and social problems (Mátel, Schavel, et al., 2014).

When working with clients we can make use of several methods and procedures mentioned by the authors Slovák and Vereš (2009): information, distribution, clarification, ventilation, encouragement, interpretation, training, relaxation techniques, modeling, role-playing, confrontation, reflection, abreaction, persuasion, paradoxical intention and the role of the advisor.

Social services are part of the state social policy, while the concept of **social policy** is defined as follows: "*Social policy as a science deals with the study of social policy as a practical activity, therefore there is an analysis of processes of policies formation and implementation. It deals with inequalities and their distribution in society. At the same time it focuses on the political processes, institutions and activities affected by these inequalities*" (Duková, 2013).

When the concept of social protection, often mentioned in connection with the social sphere offers us the following definition by Tomeš (2010): *"The term social protection includes all of the system - the obligatory and facultative. It is a concept collectively referring to the system of social security and the system of social care and services."* He further adds that a distinction is made between three types of social protection:

- preventive social protection,
- therapeutic and social protection,
- rehabilitation and integration social protection (Tomeš, 2010).

One of the levels at which the social services are implemented **is the community** along with the concept of a community work. According to Slovák and Vereš (2009) the term a community refers to:

- the category of disadvantaged –unorganized group of people who need help,
- the community of interests - organized association of interests, expressing its interests and works on them,
- the service community—an organized link of professionals (organizations dealing with the provision of aid) and members of the community who are able to participate in the implementation and supporting actions,
- the village –understood as a social space where the relationships between service providers and disadvantaged, who are able to determine their requirements and assist in their implementation are created.

The concept of **community work** indicates a method of social work and a philosophical concept, which is based on other political and philosophical base than social work. Meanwhile the social and community work may be the part of (and often are) the same system of social services, the difference lies in the philosophical orientation and a practical concept. At the community level several social services are provided:

- **professional activities**(may be performed separately):
 - social counseling: basic and specialized,
 - social rehabilitation,
 - stimulation of comprehensive development of the child with disability;
- **social services to support families with children:**
 - facility of temporary child care,
 - services of early intervention

- assistance with personal child care and support for reconciliation of family and working life;
- **social services of crisis intervention:**
 - the street social service of crisis intervention,
 - low-threshold social service for children and the family,
 - facility emergency housing,
 - low-threshold day centre,
 - community centre
 - integration centre
 - home at the halfway point,
 - dormitory,
 - shelter (Repková, 2016).

2.2 Social services classification

Social services can be classified on the basis of several criteria. From the point of view of the founder we distinguish whether they are state social service, i.e. public or non-public, non-state facilities providing social services. In case of public providers, the founder may be the city, the village and also higher territorial unit. Non-public providers may have the character of e.g. church's legal persons, civil associations, non-profit organization and etc. (Oláh, Iglárová, 2015). However, it is necessary to emphasize, that all non-public providers have to meet the legal required criteria in order to provide social services.

On the basis of the criterion of the period during which the service is provided, we distinguish: social services with continuing care (e.g. residential unit) and social services with the care for a certain period of time (e.g. children in a day centre).

According to the nature of the output of services we classify these social services: care, therapeutic, rehabilitative, interventional and preventive. According to the place of implementation: the apartment –so at the client's home (the street social service), in the centre (day centre) or in the facility (institution).

Another possible criterion for classification is the criterion of the way of social services implementation, namely: the representation (e.g. by a certain institution), realization (e.g. cleaning of rooms or household) or by providing information (including

the necessary things and devices e.g. prosthetic devices) (Act no 448/2008 Coll. on Social services).

2.3 The process of decentralization of social services

The concept of decentralization is understood as the transfer of competences from the central authority (e.g. central government) to the lower level of the vertical system structure. Most often it is a decentralization in the direction from the government and central bodies of public administration to the higher territorial units, which can be seen as a kind of intermediate level between the municipalities and the cities and the state or towards the cities and villages. By the process of decentralization, the individual competences are getting closer to the individual and groups, which allows a more efficient, and a more flexible implementation of the provision of social services (Cangár, Krupa, 2015).

At the same time, this process of social services more targeted at the local level, which can integrate closer to the area of the individual, or group, whose members are potential clients of a particular social service.

However, it has to be noted that the village and the town might not necessarily be the part of vertical structure, which is the lowest. The decentralization can also occur away from the towns and villages, e.g, towards the families and the communities. Such decentralization reinforces the importance of family, family ties, ties within a community, and also family-oriented, non-public providers of social services.

The decentralization of the public administration including social services also occurred in Slovakia. The process of decentralization of public administration was carried out in the years 2003 to 2006. The priority of this process was to strengthen the status of local self-government with a view to more effectively meet the needs and requirements of the population in the context of social services. The legislative framework for the government functioning in the area of social services in Slovakia, creates the Act no. 448/2008 Coll. Social services (Repková, 2016).

Cangár and Krupa (2015) believe that the aim in the transformation and deinstitutionalization of social services is to provide their recipients beneficiaries—the beneficiaries of social services, the quality of the portfolio of social services, contingent process of their inclusion into the natural environment of the community. The real subject of these processes focuses on the planned and professional process of changes in the field

of institutionalized social service facilities, and that result should be the support of community social services. For the purposes of the provision of social services, the towns for the villages are also considered.

The municipalities play an important role in the provision of social services. They act as guarantors of providing the social services to dependent persons and they also act in the roles of founders and providers of the abovementioned services. In the scientific publication written by Dávideková (2014) we learn that the municipalities are key actors in the field of social services, who carry out the obligatory and facultative competences in the field of social services in the context of their original scope.

On the basis of the current legislation, the municipalities have the following competences: creation of social services ensuring the necessary conditions for satisfying basic living needs with equipment such as: low-threshold day centre for children and families, facilities for seniors, dormitory, day centre, homeless shelter, emergency housing facility, home at the halfway point, the rehabilitation centre, the integration centre, etc. Higher territorial units provide services of the basic social counseling and interpreting services. Dávideková (2014) adds that municipalities and higher territorial units carry out a large number of significant tasks that are related to social services. Including:

- conceptual and analytical activity
- decision-making activity,
- assessment activity,
- registration activity,
- counseling activity,
- evidence and control activities,
- financial activity,
- legal activity,
- evidence and statistical activity,
- street social work
- establishment and formation of new social service facilities.

In accordance with the stated piece of knowledge, it is necessary to point out the need of responsibility assumption in villages and towns in Slovakia, as well as participation on community plans and field workers network creation in villages, towns and Non-governmental organizations with the aim to solve the unfavourable social situation in selected target groups (such as disabled seniors, homeless people, drug addicts, Roma people, etc.). A serious deficiency is represented by human resources.

2.4 Social counseling

The objective of social counseling is to perform a professional activity which helps to alleviate or completely eliminate the negative effects of socio-pathological phenomenon of the natural person, group or community experiencing an unfavourable social situation. It allows you to achieve and fulfill the social needs of the clients, who are located in unfavourable conditions or are exposed to negative social influence. It also helps to remove the social stigmas. It completes the full, spiritual and socially meaningful life.

The counseling is particularly successful in conditions with a sufficient representation of the social factors and opportunities that facilitate the development of the personality of each client, and also where the social criteria are the minimum and the conditions in which the crucial role is not played by gender, family background, age, sexual orientation, worship, nationality, and nationality. Depending on the level at which the counseling is carried out we distinguish:

- **basic social counseling** - includes the assessment the issue nature of the physical persons, families or communities, provides the basic information on how to resolve the problem and, where appropriate, the recommendation of and intermediation of other professional assistance;
- **specialized social counseling**—identifies causes of the occurrence, nature and scale of the problems of a natural person, family or community, and provides them with specific professional help (Oláh, Roháč, 2010).

According to the place of **implementation** we divide social counseling as follows:

- street social counseling,
- residence social counseling,
- ambulatory social counseling.

According to the criterion of **the method of contact** with the client there are the following forms of social counseling:

- personal (contact) social counseling,
- telephone (emergency) counseling,
- internet (web) counseling,
- written social counseling,
- mas media social counseling.

On the basis of **the structural-institutional securing** we classify the following types of social counseling:

- social counseling guaranteed by the state,
- social counseling carried out by the public administration,
- non-governmental social counseling,
- commercial social counseling.

Each type of social counseling in its final stage is specialized for a particular group of clients for which certain common characters are applied. Mostly these are the complex of personality, traits, features and manifestations associated with the impact of adverse social, health and economic situation.

Szabová-Šírová (2012) states that depending on what group of clients are the primary individual advisory services for, we divide:

- **social counseling for parents and their children, for families with children** – in this group of clients the counseling works especially with the children and with their parents or by persons who have been entrusted to the care. Parents are consulted. The issues related to their miscarrying when educating the children are consulted with parents along with their inability to fulfill all the basic requirements for a healthy and fulfilling development of the child, a lack of parental support and emotional ties. It can also be linked with the influence of the unfavourable economic situation on the standard of living and the needs of the child. The children themselves get in contact with social counseling in case of being exposed to conflicts and dysfunctions in family, when the negative social manifestations and behaviour as a truancy, community nonconformity etc. Part of this kind of counseling is also an aid in managing complicated adaptive behaviour of children, when excessive egocentric behaviour in the school environment, in asocial and antisocial behaviour. A specific group of counseling are incomplete families struggling with a lonely parent in the upbringing and care of the child and in the case of a child seeking assistance in dealing with the situation associated with the absence of one of the parents. It is also aimed for parents whose child or children are at that time placed in the social residential facility. The aim of this counseling is to remove the obstacles that prevent the return of the child from the social residential facility in the home environment.
- **social counseling for single mothers** – this counseling is intended for a specific group of clients who are in a state of pregnancy and are not ready for

motherhood because of the various reasons. This may include the counseling for *potential mothers*, who live in a social exclusion and their pregnancy is the result of their promiscuous life; women who became pregnant inadvertently and unexpectedly; women who want to fulfill their parent role, but they are in a situation where the marriage does not strike for a number of reasons, there is no possibility of a permanent relationship or you they are not certain whether their skills can create adequate, the necessary conditions for newborn's life, or because of the unwillingness of a partner (possibly due to nonacceptance of man by woman) to be in a relationship who would have create the child-family background, or for other reasons they consider whether they keep a child or get an abortion. A specific sub-group of clients are *lesbian-oriented women* who seek to become another mothers as a natural biological way and then raise a child alone or with their partner. Counseling is intended as from its stems from its definition even for *mothers*, whom the child are already born, they rise it, look after it, and are in an unfavourable social situation. The effort of an expert providing counseling to these groups of women is not to get an abortion, to keep the child after the birth and take care it, to help women with children in adverse housing situation to help find housing (e.g. asylum house), to help women in an unfavourable economic situation to ensure a steady income (e.g. a petition to the court for adjustment of the level of maintenance obligations of the father, a petition to the court for determination of paternity, the demand for the available social benefits, etc.), women also get a help with the ability to cope with certain negative social manifestations of the other members of the society against it and its child (e.g. in the social environment religious rural population).

- **social counseling for substitute family care** – the social adviser works with clients who already have or are considering the option to get a child into substitute family care. He explains the potential parent the steps in the process of adopting a child, informing them of their needs, which is necessary for the child to ensure his arrival into the home, trying to prepare them for the performance of the parental role, but at the same time also highlights the problems that can such a situation brings. Parents to whom the child was approved to their foster family care are advised how to overcome the different obstacles in the education and care of the child, least but not least how to overcome obstacles bureaucratic nature

(communication with authorities, information about the possibilities of drawing social benefits).

- **divorce and post-divorce counseling** – clients of this consultancy are the persons in the matrimonial band that are considering submitting an application to the court in the matter of divorce. The expert tries to point out the consequences resulting from the divorce, if possible, he attempts such a client to rethink his opinion in the matter of the application for divorce of the marriage (this does not apply in cases when there is a serious socio-pathological phenomenon, which causes the malfunction of the marriage such as gambling, drug addiction, promiscuity, etc.). Clients who decided to get divorced advises how to overcome a divorce period with the minimum of negative consequences for their child or children. These clients are offered with an expert advice in matters related to divorce, he helps to find a legal representative, he consults with them housing, financial, social and family situation at the time after the dissolution of the marriage.

A group of clients, who learned about the divorce intention, the spouses are helped to cope with this situation, and seeks to use all available resources to the marriage reconstruction. Clients who are in post-divorce period are tried to help to deal with the new social and family conditions, they are informed about the claims (e.g. maintenance payments to the wife at the time after the divorce). The expert is trying to soften the negative impacts of divorce on the client in several perspectives (emotional, partner, family, economic, social...).

- **social counseling for battered women and abused persons** – in this case the clients are children and adults who have been victims of physical, psychological, sexual or economic violence. In addition to the diagnosis, there is a focus attention on the prevention of the continuation of violence. The expert is looking for ways to provide the client with the appropriate professional help, which may have different nature of the output: it solves his housing question (e.g. in the form of asylum housing), health formalities (e.g. search for a psychologist), helping with the material equipment (e.g. clothing from charitable organizations), helping the victim with the legal particulars (lodging a criminal complaint against the attacker at the police force of the Slovak republic, a medical appointment, which will elaborate the current medical documentation that can be subsequently used as

evidence in legal proceedings, filing a petition to the court in the divorce of the marriage...) etc.

- **social counseling for older clients** – the clients of this consultancy are retired people and in post-productive age, who are provided with the information assistance with their social security, in search of the appropriate ways of settlement with the unfavorable health and social situation, people are accompanied in the different institutions, they are clearly explained with the consequences of their socio-legal proceedings, the expert actively looks for and presents opportunities to use the necessary services in various types of residences. Counseling may not always actively search for the client, but it may request its services within a social residences, in which it is located (e.g. facilities for elderly).

- **special counseling** – is a part of a social guidance intended for social or medically disadvantaged people. In addition to the social workers, other participants according to the needs of individual clients, consist of other professionals, such as lawyers, doctors, special pedagogues, psychologists etc. The aim of the special advisory is to minimize the social stigmas resulting from adverse social or health situation of the client. Working with a client in a way so the client is able to ask for a help, to know accept and train the skills that would help him not be so dependent on someone's assistance. Counseling includes work with the family and with the immediate social surroundings of the client to whom it is explained how to properly approach to the individual, how to perceive and how to cope with the situation in which he found himself.

- **resocialization social counseling** – this type of counseling is designed for persons already placed in the facilities or those who will be placed in the facility on the enforcement of prison sentences and persons upon release from such a facility. The client is provided with the counseling on how to by the best and fastest way deal with the real situation and the fundamental changes which passed his life style when taking on the performance of the punishment. Those clients who are freedom released go through adapting phase related to returning to their original or inclusion into the new social environment. Counseling in these cases focuses on the prevention of the occurrence of recurrences.

- **professional (career) counseling** – the focus of this counseling is to help the persons who lost the job; the aim of counseling is to minimize the negative impacts of unemployment on the client and his family and help him with the re-

inclusion in the labour market. The expert helps the client to orientate on the labour market, to familiarize with the possibilities of finding a job, he advises him in the handling of social benefits, he can keep him the company when visiting the offices and institutions. If the client is long-term unemployed, the expert focuses on the client's work habits, gained the necessary motivation and gradually to be fully integrated into the working environment. In cases where it is an indispensable condition of inclusion on the labour market, re-training, the expert helps the client with the selection of the appropriate re-training. The counseling is also used by clients who are for their specific conditions difficult to get an employment (mothers with many children, disabled people, the unemployed of the poor regions, etc.).

- **social counseling for addicted** – the content of the counseling lies in the work with persons addicted primarily to drugs and/or alcohol, with gamblers, but also with a relatively new group of addicts –with workaholics and with the families of these clients. If addicted person has not looked for a professional medical advice, so the counseling is focused on it, in order to obtain the motivation to do so. Clients will become familiar with the possibilities of how to deal with the consequences of addiction, with means to prevent the recurrence of. He offers them the incentive and the way how to implement changes to their existing lifestyle, the value scale and moral beliefs. Furthermore he offers the possibility of in prevention events and programmes. The relatives and family of addicted people are explained the circumstances of the battle with the addiction and with the change in their perception of the drug addict who seeks a remedy.

- **counseling for self-help groups** – is the result of an active effort of the citizens not only the beneficiaries of the outcomes of the social policy of the state, but also to attend and participate in the civic-protective activities in the social sphere. We distinguish two types of counseling, self-help groups, lay and volunteer counseling.

- **counseling of mutual help** – is provided by the laypeople's advisors who are dedicated to clients whose situation requires a deeper professional intervention. The counseling takes place through the exchange of information, experience and practical skill, is based on emotional support and its an important part of the discussion and empathic listening. Part of the counseling of the mutual aid is a peer counseling.

- **pastoral counseling** – it consists of cooperation between social counseling and a religious or spiritual support, pointing to the client. Moral and value compass of the leadership of this counseling are the values of faith, religion and ecumenical beliefs. It is provided, for example, dying and its provider is a spiritual representative of a particular church.
- **social counseling for socially disadvantaged people** – the beneficiaries of the counseling are the specific groups of clients that are in an unfavourable social situation. In conditions of the Slovak republic it is primarily associated with the Roma people experiencing social exclusion, who are the largest group of beneficiaries of this consultancy in Slovakia. Other groups are homeless people, persons providing paid sexual services, refugees, immigrants and other less numerous groups. This type of counseling is characteristic by the link with other types of counseling, e.g. when working with persons without a home we apply the parallel and social counseling in the field of addiction (when the client is diagnosed with an addiction) or when working with Roma people in a social exclusion, we will use the employee counseling (Gabura, 2005).

In the book titled Social counseling by Gabura (2005) we learn about the counseling characteristics:

- **the interdisciplinary and complex character** – the theory and practice involve the multiple scientific disciplines and professionals (social work, medicine, psychology...);
- **the multisphere and multiconsumer character** – the counseling helps a wide spectrum of applicants for assistance, creates a network of consulting services and is a tool to make social processes in various sectors more effective (health, social affairs and family, education);
- **the professional character** – the counseling is carried out on a professional basis, theoretically and practically adopted by experts at a top level, the professionalisation reflects the quality level of provided services (although it cannot be clearly claimed that only a professional can be a good adviser);
- **the institutional character** – the counseling is organized and carried out in special institutions, that run their activities based on the authorization, it may be solely counseling facilities, or facilities where the counseling is only one of the professional activities, the only exception is the street counseling;

- **the biodromal character** – the counseling system should be continuous and should serve in crisis situations in all phases of life and individual counseling systems of the age target groups should be related;
- **the educative-formative character** – the counseling can be understood as a part of wider ranging education because education is every human exposure, each process of learning, socialization, and comprehensive development of personality, the formative nature of is contained in the result to assist the client in self-development, in a decision-making itself and an intensive search of different variants of optimal solutions;
- **the personal character** – the aim of the counseling is a matured man in his entirety even though sometimes the advisor achieves this goal by acting on the individual personality and the specific situation;
- **the internal differentiation** – in the framework of counseling there are multiple specializations, organized according to problem areas, types of activities and institutions, that carry out the counseling. The processes of integration with the aim of a unified and comprehensive system of consulting services is also useful.

According to Žiaková et al. (2011) the counseling as the process representing the process of working with the client is very often applied in the context of social work, with the intention of search for the optimum solution of the customer's problem. In this context, it is important to give attention not only to an attitude of social worker (social advisor), but also to the four basic capabilities of the approaches in the counseling:

- **a dynamic approach** represents the approach based on the principle of condition of current behaviour by past, as well as on the use of the principle of causality. It moves to the fore the effort of the adviser on the reorganization of the client's personality, on the basis of the resolution process of intrapsycho conflict;
- **a behavioral approach**, main idea applies on the assumption that the process behaviour represents the outcome of learned, or, non-learned. This approach is based on the educating, using the techniques of learning;
- **an experiential approach** moves to the fore the perception of humans as active beings having the potential for its further growth. This approach focuses on achieving higher levels of consciousness, in the sense of awareness of one's own predisposition and abilities of man, as well as how to use them. The experiential approach is applied within the systems of social counseling;

- **an electric approach** in its framework, there is a linking of individual counseling approaches. This approach can be considered as characteristic for the application of social counseling under the conditions of the Slovak republic, due to the fact that in our territory it is not yet possible to state the existence of the tradition of one school in spite of the gradual and continued development, training of social workers and the use of a one approach.

In this context, it is also important to differentiate between counseling used also in the context of other helping professions and social counseling, which is characteristic for the execution and implementation of social work. Gabura (2005) believes that in counseling represents a crucial role in counseling is establishing and the level of the first contact which determines the further progress of working with the client.

In the framework of the social counseling there are different groups of clients consisting of spontaneous clients (looking for counseling services on the basis of their own prompting and interest, being aware of the necessity of cooperation with the social adviser, in order to solve their problems), clients who are seeking help based on the recommendation of parents, partners or other authorities (a visit is often preceded by visit of the client's partner, which provides social counsel, the portfolio of fundamental information. However, in this context it is important that the social adviser does not create a picture of the client before meeting him for the first time), as well as clients who are advised to the social counseling on the basis of the regulation of a variety of facilities or institutions (e.g. school facilities, labour offices, social papers of municipal/urban authorities, etc.), that send the social adviser all the necessary and relevant data about the client (telephone or written information).

In this context, however, it is also important that acquired information do not affect the social adviser when create the image about the client.

There are **areas** that might use the social counseling. Some of them are presented by Gabura (2005).

- when experiencing problems with competences in the social relationships,
- when there is a lack of social skills,
- when there are problems in relations to formal institutions and organizations,
- when there are difficulties with handling the social transitions,
- when there are issues related to the performance of social roles,

- when there are the interpersonal and intra-conflicts in the different social relations,
- when experiencing the reactive anxiety,
- when there is a social insufficiency,
- when experiencing the problems with social adaptation,
- when there are issues associated with social pathology,
- an effort to change a lifestyle and life processes and in other specific cases also the social being of the client.

An important part of each counseling and each case is a diagnostics. Normally, it is implemented at the very beginning of working with the client. In order to correctly diagnose a situation in which the client is procedures, we can use several steps and methods:

- observation,
- documents and materials analysis,
- diagnostics using objects,
- activity diagnostics,
- standardized diagnostics,
- non-standardized diagnostics
- differential diagnosis,
- conversation with the client on the diagnosis.

In terms of the first contact it is extremely important to define the following aspects:

- active listening to the client,
- to seek for the causes of the problem without any self-assessment
- to talk less than the client,
- clarification of the problem to social counsel by the client
- to leave a space for the client to discover important things,
- to examine the verbal, but also nonverbal expressions of the client,
- to create a space for heteroanamnesis (Gabura, 2005).

The basic and important principles in the application of social counseling in practice according to Schavel with Oláh (2010) include:

- the acceptance of other persons without the need that social advisor identifies with them,
- the motivation of clients to achieve the identified objectives,

- individualization and respect the authenticity of the client,
- to assist the client to find a solution,
- a preference for cooperation with clients and colleagues,
- creating space for the scope of the client (independence by the client),
- creating a positive atmosphere based on the basis of trust and relationship,
- setting a reasonable pace of work (depending on the client),
- the interpretation of the requirements of the client and to determine the appropriate procedure.

Social counseling is provided by a social worker in the field of health, which is closely linked with the social services, since the health dimension of the care of a client is one of the key pillars of the services provided. Sirotiaková (2010) adds that a social worker working in the health sector, and providing social counseling is focused on the legislation of social security that consists of three pillars:

I. pillar: social insurance (the basis of the social security system, dividing into sickness, pension, accident, and guarantee insurance as well as unemployment insurance. Individuals, or family members are financially secured in connection with the occurrence of different life events, which can be predictable, and against which it is possible to insure),

II. pillar: state social contribution (the most popular are the principles of participation and solidarity, with the main focus in the financial support of families, as well as the security of families at the time of formation of unfavourable social situation),

III. pillar: social support (presents a set of legislative and organisational measures, aimed at promotion of citizens, who depend on the aid, in order to prevent social exclusion of citizen) (Bočáková, 2015).

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PhDr. Tomáš Habánik

3 DIMENSIONS OF POVERTY AND HOMELESSNESS IN THE EUROPEAN UNION

Matter of poverty, social exclusion and homelessness presents significant and constant burden for every society. These social phenomena arise as a product of various social risks, threatening the social sovereignty of individuals, groups of people, and society as a whole. Within this context it is redundant whether it is developed or developing country. In order to solve, alleviate and minimize the consequences of selected social phenomena, the field of social service system opens as an important instrument of social policy for each advanced state. Within the European Union, however, it is possible to meet different views of social policy on the subject under discussion. The European Union as an important global player on the field of political and economic spectrum declares its basic values, among which we include also a right for every person to live a dignified life. Poverty and homelessness as a result of absolute poverty and an extreme form of social exclusion represents a challenge, the EU faces at the threshold of the third millennium.

3.1 Poverty and its Dimensions in the European Union

Poverty as socio - pathological phenomenon accompanies society all the time while it cannot be considered as the only issue of materiel insufficiency, or living a life in undignified and inadequate conditions according to Alcock (2012). Spiritual and moral deprivation occurs, when an individual feels despair, apathy or deprivation, which sign under a loss of further motivation as well as inability to participate on the creation of values. Bočáková and Dudžáková (2015) deal with a phenomenon of poverty as a different and many level character, where it is necessary to examine poverty as an issue of definition in the first place. We cannot consider poverty for only insufficient income from the resources, because due to its multi-dimensional level it is reflected also in another form as for example complications with living, health state or family break up.

Žilová (2005) adds that under the poverty we may also understand such a social phenomenon, which reflects continuously as an increasing issue inside of the society without

taking in mind if we deal with poor or rich countries, beginning with the most developed ones.

Stanek (2011) in this connection points out that the dimensions of the poverty themselves are on the one hand overlap each other, however on the other hand they correlate in a different manner. Among the individual dimensions he includes:

- a) *Economic ability* – ability focused on creation of income and following consumption, ability to create and achieve activities;
- b) *Human ability* – ability which in significant level influence life and social status of the individual in society by beginning the achieved degree of education, attitude towards the basic life needs and social opportunities;
- c) *Protective skills* – skills of the individuals enabling to cope with economical and external shocks, which in great measure influence emergence and deepening of poverty (economical crisis, war conflicts, growth of social tension). The importance of these capabilities is particularly important in the context of uncertainty and the sense of danger that is detrimental to poverty, as well as their interconnection with other dimensions of poverty;
- d) *Political skills* – the abilities to present publicly and freely the political views in society as well as to respect and tolerate them. This context depends on the political and societal conditions and the political establishment of the particular country;
- e) *Sociocultural skills* – They state about the abilities by which individuals can gain recognition and acceptance of their person in the community. These abilities are delivered in the form of the presented social status, dignity or other cultural conditions that affect the creation of society.

Krebs (2010) subsequently puts the following concepts of poverty into perspective:

- *Subjective concept* – represents a situation where people themselves feel to be subjectively poor or not, and this is based on an assessment of one's own life situation of an individual or household. This concept fails accurately denounce regarding the issue of poverty because some individuals may feel poor, but they are not, and vice versa;
- *Objective concept* - this concept defines and characterizes the issue of poverty through the specific socio-economic indicators that determine the setting up and acceptance of poverty, whether most often by the state or by a chosen authority, taking into account the macroeconomic context. Poverty is a specific social construct with political and normative connotations. The concept is expressed in two levels:

- 1) *Absolute poverty* – the core is based on the idea of not achieving the minimum standard of living that guarantees the individual a physiological survival. In this context, poverty is associated with an inadequate satisfaction of basic physiological needs, which can also be described as universal minima, where we include food, housing or clothing, and which fulfill a biological and cultural function;
- 2) *Relative Poverty* - a situation where some individuals or groups of people living in a society are unable to meet their life needs to the extent that the rest of society. In this context, economic indicators are used to analyze what percentage of the country's population is at the poverty line, or how many people become poor (Habánik, 2015).

Mareš with Sirovátka (2008) further state the close link between poverty and social exclusion. Poverty is one of the concepts of social exclusion. In this case, a socially excluded individual suffers not only from material shortcomings but also from insufficient participation in the opportunities that society offers to its members.

In connection with social exclusion Percy-Smith (2000) also gives attention to the individual dimensions of social exclusion:

- a) *Economical* – absence of employment, long-term unemployment linked to the loss of working habits, inadequate family income, the rise of income poverty;
- b) *Individual* – inadequate qualifications and skills to enter the labour market, lack of self-confidence, poor health (physical and mental health);
- c) *Comunitional* – devastation of nature and the environment, poor social service, inaccessibility of the social services system, failure of the system of support services;
- d) *Political* – inadequate application of political rights or their clamping, low electoral participation, weakening of community activities, lack of trust in political institutions;
- e) *Dimensional* – its existence occurs in marginalized areas characterized by features such as poverty, insufficient infrastructure and the development of transport networks, minimal access to social services, high levels of crime and unemployment;
- f) *Social* – the rise, persistence and exacerbation of social problems in families, family breakdown, unwanted pregnancy in youngsters, the rise of crime, the emergence of homelessness and drug addiction;
- g) *Group* – the process of concentration of characteristics in particular groups, which are defined on the basis of age, health status or ethnic minorities.

In this context the issue of poverty, social exclusion and from this derived loss of the home becomes a definite and global challenge for the 21st century. Given socio-pathologic phenomena represent equally one of the most important challenges also for the European

Union (EU), which is nowadays considered to be for the main patron of the social solidarity and justice in the world. The Europe itself represents an important global political and economic subject, which is not only representative of the multinational level of the governance, but also a subject striving for consolidation of its position of the global player (Brhlíková, 2008).

A political organization of the EU might seem as a certain paradox, since it is not a federative union neither a typical international organisation with a legal subjectivity in the international field according to Potůček and coll. (2007). In this connection we may cogitate about a closer unidentifiable political subject. From the perspective of the basic principles of the EU is though significant to point out, that it put a strong emphasis on solving social questions on the territory of member states already back in the historical phases of its development (forerunner was the EEC - European Economic Community), through which created space for searching and implementing mutual procedure at creating a model of social politics on common European level. The European Union has undergone process of looking for solutions on common European level, it was building or obtaining its own capital with added value (Čemez, 2014).

Kraatz (2015) states, that forerunner of the EU – the European Economic Community under the battle against poverty accepted multiannual plans¹, which were later substituted in a form of recommendations, presented via Council of Ministers of the EU, paying attention and emphasis on the effectivity and flexibility of the systems of the social protections in individual member states, as well as ensuring sufficient financial resources used for financing of the social aid in these states.

Already under the application of multiannual plans focused on the fight against the poverty was according to Okáli and coll. (2004) necessary in order of more complete solution of this matter on common European level, where member states should accede to defining basic features of the poverty at national or transnational level:

- a) Poverty is understood and designated as multi-dimensional phenomenon which to a significant extent, influences on total atmosphere of the society. This negative phenomenon signs under the constant increase of the financial resources within the public expenditures of the states where are the governments, either pursuant to

¹ First pilot project focused on combat against poverty and social exclusion was applied already in 1975, while other projects within the EEC were accepted and realised since 1994. During this period a significant deficit occurred consisting in non existence of legal base of a term social exclusion.

existing legislation or recommendation from the EU compulsory to look for and spend financial resources needed for maintaining systems of the social protection;

- b) Among groups mostly threatened by poverty and social exclusion might be included unemployed people, seniors, people with mental or physical disability, incomplete families or families with higher number of children and also all people whose income cannot satisfy all physiological needs or these needs are satisfied only in a minimal rate;
- c) Poverty is directly linked with the other negative phenomena such as unemployment, because long-term unemployment is the primary factor of the poverty and later also social exclusion or other socio-pathological phenomena (prostitution, drug addiction, the loss of home).

Brhlíková (2008) adds that among basic targets of the European social politics nowadays also belongs the focus and support in questions of employment, improving life and working conditions, development of human resources, which are necessary to provide permanently high employment, social dialogue but also key area stays also providing adequate social protection. According to Krebs (2010) there exist basic and most important principles on the basis which are built basic columns of the social politics. It deals about principles of participation, social justice, social solidarity a subsidiarity. Poverty and social exclusion by its nature and importance contributes to defining and implementation of the European model of the social politics which via ratification of different contracts continuously evolved and created.

Significant turn from in matter has become by accepting Amsterdam Treaty from 1997 through which the EU proceeded into defining the term social exclusion and fill out this term in sooner defined term poverty. At the same time defining the social exclusion as one of the main aims. Importance of these steps has subsequently showed in starting processes for accepting more complex solutions and suggestions, which would strengthen the process of the social protection of the most threatened groups of the inhabitants (Treaty of Amsterdam, 1997). European Commission simultaneously in order to support mutual cooperation accede in 2000 the creation of the Council for social protection.

At the turn of the third millennium the European Union agreed to accept a few ambitious documents pursuant to Pešek (2005). Among such documents we might consider the Lisbon Strategy accepted in 2000. Amongst its main aims belonged achieving progress in the field of economy, education, social matters, but also protection of the natural sources in time horizon of ten years (until 2010). Altogether we might consider for basic fields of the

Lisbon Strategy three key fields, or we called them pillars – economic, ecological and social. Via this strategy European Union set creation of the most competitive economy worldwide and achieving the position of the key player in this field. The important task was played by ambitious plan focused on open and coordinated cooperation of member states of the EU within mutual procedure in fight against the poverty and social exclusion, while the basic pillars of the mentioned coordination were should have been built on the principals of the open method of coordination (OMK). Given coordination should have represent combination not only presented initiatives from the EU at solving of this matter but also National action plans focused on fight against poverty and social exclusion which were within the scope of the member states. Despite the fact mentioned plans were in the scope of national governments, European Union could analyse reached progress via these plans in the field of social protection or warn on weaknesses with the aim of their correction (Kraatz, 2015).

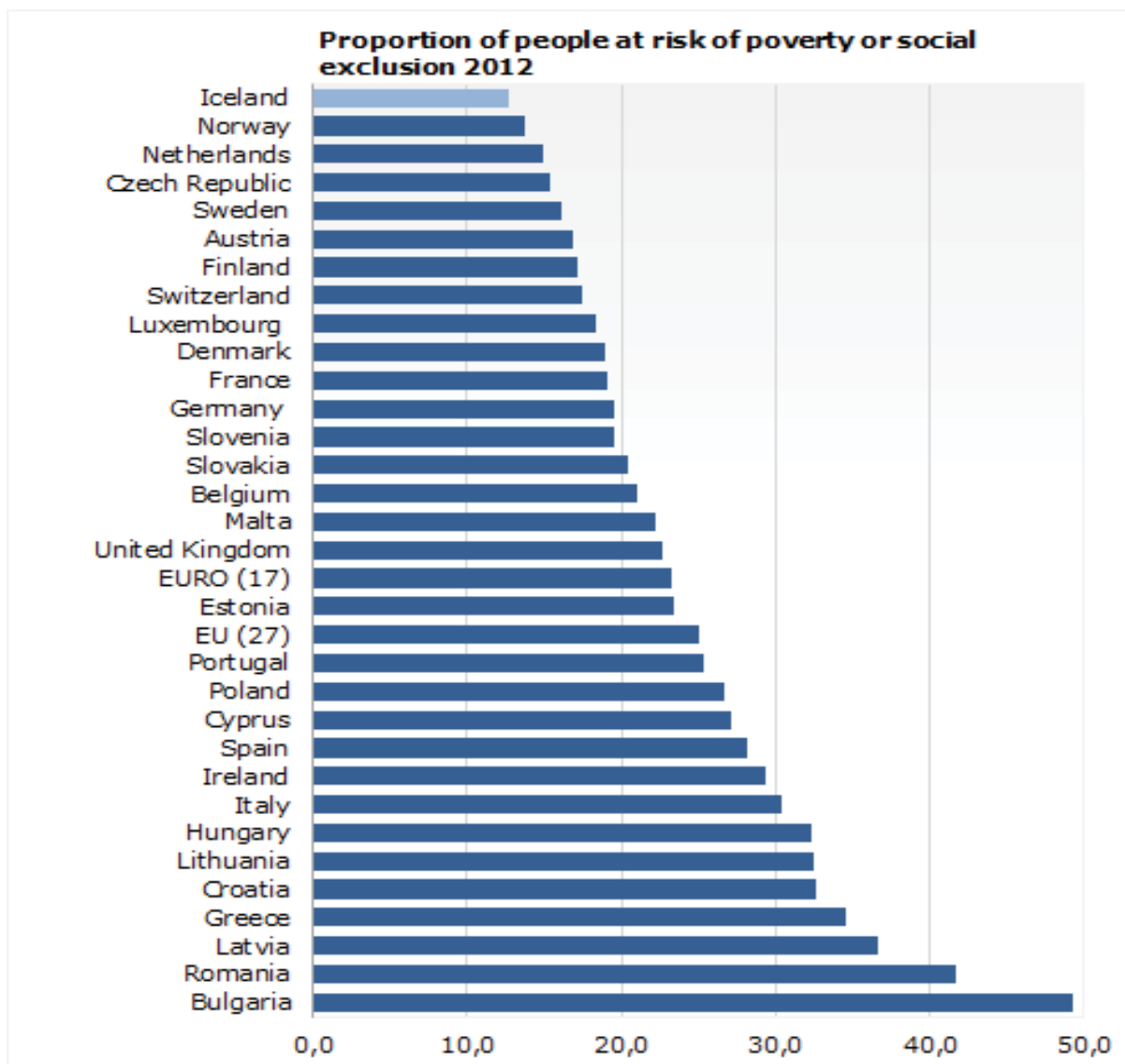
Ambitious plans of the Lisbon Strategy and striving to reach the most advance economy and society of the world under planning period though met the serious problem pursuant to Pešek (2005) – suggested plans were too ambitious according to which the European Council in 2005 decided that in the connection the European Union focus mainly on the economic growth and employment, however fight against poverty and social exclusion stayed one of the main priorities of the European Union. Proof was the acceptance of the agreement via which member states propose since 2006 for the European Commission *National Report on strategies of the social protection and social inclusion* (Krebs, 2010). Influence on total economic and social situation in the EU had also a break of economic crisis and resulting recession, which applied breaks in significant degree to the economic growth and economic development in all the European Union, while contributing to overall deterioration of the social situation in member states. It resulted in downscaling of industrial production, collective redundancies, growth of unemployment, raising the expenses on the system of social protection, as well as growth of social tension in society. Despite the fact the EU managed to develop effective cooperation and coordination among member states in a field of social politics, economic crisis has significantly influenced a loss of hardly reachable economic and social progress at its territory (European Commission, 2010). As a consequence of the worsening the situation the European Union announced year 2010 for *the European Year for combating poverty and social exclusion*. The aim was to increase not only awareness on this matter, but also to start a process I order to build further partnerships and obtain strong mandate in a fight against poverty. Among main principles we may indicate following fields (European Commission, 2008):

- a) *Recognition of rights* – people living in poverty or facing social exclusion have the same rights accepting basic human rights which guarantee them a decent life and active participation in the life of society. Within the European Year for combating poverty and social exclusion has increased awareness on real situation of the persons living in the zone of poverty as well as approaching vulnerable groups of the inhabitants or support and searching for support how to improve their access to social, economic and cultural rights or adequate access to services;
- b) *Shared responsibility and participation* – strengthening participation and public participation in connection with strategies and measures dealing with fields of the social protection, and at the same time highlighting collective and individual responsibility within the fight against poverty and social exclusion and also at the same time also importance of the support and participating at voluntary activities;
- c) *Social cohesion* – effort to put forward more cohesive society, which basics will be built on improving awareness of the public and advantages of permanent removing poverty from society. Given field focuses besides cohesion on the same access to the opportunities or striving to enable sustainable development and solidarity;
- d) *Commitment and concrete actions* – continuous emphasising of the political commitment of the European Union and member states in interest of removing poverty and social exclusion on the multinational, national and regional level. In this connection it relates to importance of the open method of coordination (OMC) within the social protection and social inclusion as focus on political attention and participation in mobilisation of all players in interest of permanent solution of this matter.

Bočáková and Lincényi (2014) emphasis that European social model with existing and developed system of social protection must support a process of transformation of the economics to the economics based on knowledge. In this direction there is opening space for investment into the human capital as the biggest warranty in fight against poverty and social exclusion. As the most threatened groups which need to be paid more attention are people with low qualification, disabled people, members of ethnic minorities (mainly Roma population), women, graduates without adequate practice or older people and people before retirement. Declaration the European Year for combating poverty and social exclusion from the side of the EU has its reasons. It was dealt mainly according to warning numbers, according to which there are threatened by poverty in European Union more than 115 million inhabitants (more than half is women), and from those almost 25 million are children. In this

connection you can notice continuously increase of the number of inhabitants threatened by material deprivation as well as increasing number of people living in the street roofless. Difficult material deprivation affects 40 million population of the EU. Homelessness as last and visible expression of the poverty represents equally alarming problem, while Brusel is concerned on data of the European Commission dealing in 4.1 million people on the territory of the European Union, which live permanently without home. In this connection we deal with growing tendency of not only individuals – homeless people, but also growing number of families losing their natural home (European Commission, 2012).

Graph 1 Proportion of poverty in individual European countries



Source: http://europa.eu/rapid/press-release_IP-12-1141_sk.htm

As possible solution the European Commission which represents executive body of the EU presented not only for the European, but also world public new and more ambitious plan which adopted name *Strategy Europe 2020 – Strategy for intelligent and sustainable growth supporting integration*. Aims of stated document were supposed to result in pursuant to Benešova (2010) and transfer not only within higher productivity and employment, but also social coherence. Basics of this strategy relied on supporting pillars of previous Lisbon Strategy, while among aims there belonged ambition to remove weaknesses of its predecessor. Europe 2020 has already faced under accepting and implementing, and nowadays faces selected, key importance which influences the nature itself of the whole European Union. Among given challenges we can include consequences of the economic crises, ageing of the population, threatening of the natural sources, but also an important area dealing with poverty and social exclusion, when the EU draws attention on continuously growing gap between the rich and the poor in their insides presenting also alarming differences among the individual regions. Given planning period was accepted in the long term context for period of ten years. Important step to success of this strategy was essential to make cooperation among member states and European institutions more effective and more intense, but also support mutual cooperation and synergy of other players on the European, national and regional level (Fischer, Gran, Hacker, 2010).

Given document represented scenario for complete environmental, economic and social renewal of the European Union. Scope or in other words scope of the strategy consist of three basic pillars among which we include intelligent, *inclusive and sustainable growth*. In this connection there is the interlinkages of the fields which means they are mutual connection to the are contiguous and complement to one another. European Union set achieving the following objectives.

- 1) *Unemployment* – plan of the Union is to achieve 75% employment of the inhabitants in age range 20-64 years;
- 2) *Research and development* – increase of the private and public investing into the science, research and development up to the height of 3% GDP;
- 3) *Education* – on the one hand to reach state minimum of 40% population of the EU in age range of 30-34 years reached university education, and on the other hand to lower share of early school leaving under the level of 10%;
- 4) *Energy* – effort to lower emissions of the greenhouse gases in value of 20%, the same to reach mentioned level in the fields of using the energy as well as producing the energy from renewable, recycled sources;

- 5) *Poverty* – to reach decrease of number of people which are threatened by poverty and social exclusion in 20 million (European Commission, 2010).

In interaction with an application of the strategy the members of the European

Parliament opt in approval process to the creation of the *Fond of the European Aid for the most deprived persons*² (FEAD), via which the European Union provides aid for the member states in cases they deal in providing and ensuring necessary material assistance for most deprived persons. In this context is providing of the material aid connected with measures focused on the process of the social inclusion including counselling or other forms of support directed to the process of prevention before poverty or a trying to get out of it (European Commission, 2012). In spite of fact that strategy Europe 2020 contains seven main initiatives in further part of the text we are going to focus mainly on the initiative which focuses within the strategy on the matter of poverty and social exclusion. We talk about the *European platform against poverty and social exclusion*.

According to Kraatz (2015) mentioned platform falls back on the European Year for combating poverty and social exclusion, while it equally focuses on already mentioned ambitions of the European Union more at promoting closer and more effective cooperation within the exercising shared European social politics. By this we could reach within the combat against poverty and social exclusion join all key tools on the national and European level. Platform represents new phase of the coordination in a field of social cohesion and social protection while prevention before poverty and social exclusion consider to be an important step which will become the result of mutual combination of the innovative aid within the systems of the social protection, altogether with wide spectra of the politics within the social politics. Field of platform reflects in five following fields:

- a) More effective and flexible use of the financial resources from the side of the European Union, allocated for the processes and strategy of the social inclusion. In this direction the European social fund³ (ESF) is gaining more importance which according to the decision of the European Commission will be entitled to use 20% of the financial resources for the fight against poverty and social exclusion;

² In planned period of 2014-2020 was allocated sum of 3.8 billion eur for the activity of the fund, which should be divided among 4 millions of people living in different member states of the European Union.

³ European social fund represents main tool of the European Union in the process of active combat against poverty as well as social inclusion or employment. Under ESF happens direct financing of various programs which should support employment in member states and therefore help to prevent poverty and social exclusion.

- b) Reassessment, setting and implementation of the suitable measures dealing with the whole political spectrum and which involve individual types of the social politics;
- c) Support of the processes of better coordination and cooperation of the policies among the member states of the European Union which managed to start and strengthen not only via the Open method of coordination, involving field of the social protection and social inclusion but also the Committee for social protection;
- d) Cooperation based on valuable partnership with citizen society which would reach more effective changes and processes in the field of reforms of social politics. In this direction it is considered a participation of the persons threatened by poverty or social exclusion for the key factor in the process of the implementing the strategies focused on the social inclusion;
- e) Effort of support and presentation of the credible evidence not only on positives but also negatives of the innovations in wider spectrum of the social politics even before it get into the wider application and implementation of these innovations (European Commission – European platform...).

3.2 Homelessness as a multidimensional society problem

The right of housing is an ethical foundation of the principles of justice within a modern society. Bratt, Stone a Hartman (2006) state, that other aspects and areas are mutually intertwined from the housing availability in a human life. This includes the right to personal security, the right to adequate education, job offer, economic security, health and personal safety as well as the development of social interactions with other members living in society. However, a significant deficit in this context is that many people still do not have available housing, or live in places we call risky.

Homelessness, as a multidimensional social problem, is nowadays a particularly serious and socio-cultural phenomenon. This negative phenomenon greatly affects the thinking, behavior and other behavior of a person affected by homelessness. Loss of home in this context represents far-reaching consequences for individuals, and in practice there is often interconnection with other sociopathological phenomena such as crime, various types of addiction or prostitution (Hradecký, 2008). Against this background, it can be said that homelessness is the form of an extreme form of social exclusion, the manifestations and

consequences of which are sensitively affecting the whole society (Fitzpatrick, Bramley, Johnsen, 2012).

Poloňová, Mátel and Romanová (2011) also characterize homelessness as a disorder of social functioning, when people are being created in society of people that can not adequately reflect on the requirements of the social environment. Homeless people are therefore people who have failed and who have no or very limited access to housing, education, health or social care or employment.

The emergence of homelessness Matoušek and coll. (2010) determine by five dimensions of emergence:

- a) *Cultural exclusion* – the absence of participation in the production and application of cultural values that are used and accepted in society;
- b) *Material exclusion* – Insufficient security of basic physiological needs due to lack of funds;
- c) *Work exclusion* – losing a job and subsequent long-term unemployment, lack of income, inability to move to the labour market;
- d) *Social exclusion* – interruption of social ties and interpersonal relationships, acceptance of a new identity of a person living on the street;
- e) *Health Care* – street people have more complicated approach to health care; poor hygiene can pose a serious risk to the other members of society as a result of the spread of infectious diseases.

From the basic typology we distinguish following groups of homeless people:

- *Visible Homeless People* – this includes persons who openly report the status of the homeless, whether by their behavior or lifestyle. People from this group are commonly seen in places where there is an increased concentration of people, such as car parks in front of shopping centers, bus and railway stations. At the same time, it is also about clients who use support of the social services for the given population group. From the research point of view, only this group can be studied and monitored;
- *Hidden Homeless People* – this group of people refuses to become a client of the social services provided and therefore has no interest in the provided range of social services. Hidden homeless people also refuse to communicate with the authorities, they resolve the issue of housing through various places where ordinary people do not stay (channels, squats, cottages);
- *Potential Homeless People* – the range of people at risk of potential homelessness is wide because they are people who have housing, but the risk of home loss is still very topical.

Among those people we can include people living on the poverty line in rented or otherwise detrimental homes, but also those who are released from custody or those who leave their foster homes after they reach the age of majority. It is precisely in the case of groups of persons released from custody and leaving the foster's homes that it is a frequent sign of unwanted acceptance of homelessness due to the absence of family backgrounds as well as of their inability and incompetence to take care of themselves (Hradecká, Hradecký, 1996).

In the case of homelessness, it is also important to pay attention to its breakdown in terms of duration. Beňová (2008) in this direction distinguishes:

- *Short-term homelessness* – represents a short-term loss of home within a few days to several weeks or months. In this case, we are talking about a sudden change in the life of an individual, while trying to reintegrate socially is a motivational incentive not to panic or stress. In this process, there is key role in support of a family, acquaintances, friends and social workers in the early stages of homelessness;
- *Long-term homelessness* – we deal with a street stay in the range of several months to years, with no rarity or cases of lifelong homelessness. For people in this long-term perspective, a loss of vision, goals and expectations for life, as well as survival from day to day, are typical. Assistance from social workers is often ineffective, as they are no longer interested in their reintegration into society as a result of apathy and frustration or are no longer aware of possible suggestions to improve their situation.

Fitzpatrick, Kemp and Klinker (2000) state that in Western Europe during the second half of the twentieth century the public could meet with two theoretical concepts about the emergence of homelessness in society - these were the causes of structural (failure of a state) and individual (the responsibility of the individual). An important fact, however, was that both theoretical concepts and homeless debate in society were presented not only by state representatives but also by social workers working in the field with homeless people as well as by non-governmental organizations working In the third sector. This expert exchange of views was able to draw the attention of the public who subsequently started to get interested in this issue, influencing the ways in which social work was carried out against this target population.

3.3 Europe 2020 and matter of homelessness at the European level

Great attention within strategy Europe 2020 is devoted to the matter of the homelessness, where is necessary to state that despite the fact this document encourages member states to bigger activity at looking for solutions and preventing raise of the homelessness, the main task still stays in hands of the national governments. European parliament the same in its resolution focuses on the importance of the prevention, searching for affordable housing, cross-border homelessness as well as scope and quality of provided social services for people without home. Great and growing issue in this direction however stays inconsistency among member states and different attitude in solution to this matter as well as growing number of people without home migrating to Europe for the better life (Culhane, Byrne, 2010).

European federation of the national organisations working with homeless (FEANTSA), which represents the most important international player focusing on homelessness as well as opportunities focused on searching for solutions of the given matter introduced already within the European Year for combating poverty and social exclusion information campaign called *Ending Homelessness*, where presented in front of the European public opinion explaining that homelessness is complicated process, which necessarily requires mutual cooperation and coordination focused on searching long term and effective solutions with short-time effect. Whereas in this connection points out, that also in the European Union happened certain progress at solving this matter (existence and acceptance of some national and regional strategies in last years), there still exist countries, which significantly lagging behind the process of searching and implementation of the access focused on solving of the homelessness. As proof there are attempts in searching of the systematic solutions finding worthy settings also within the institution of the EU might state that homelessness has been the first time categorised by this term in *Report on social protection and social inclusion*, published in 2005 (www.feantsa.org).

European Parliament (EP) as a body participating at accepting legislation focused on a few measures focused on the matter of homelessness. For an important document we may consider accepting the provision which calls for accepting the shared, European strategy focused on solving matter of the homelessness (Homelessness is a real issue in the Union ..., 2014). Fitzpatrick (2010) states that within mutual report, which was presented by the European Commission and Council of social inclusion for 2010 has appeared a clear challenge for member states in order to focus its attention on these fields:

- a) Prevention represents the most efficient and cheapest way in the fight against extreme social exclusion. In these connection it is necessary to create space for measures through which the number of executions and possession orders will minimized as well as searching the possibilities for person, whose stay at one institution finished could get substituted accommodation;
- b) Stimulation the processes in the field of management where among key aspects belong not only main public officials disposing political power, among which belong key aspects not only main public officials having political power with efficient managing competences, but also active participation of all important players and agreement with arranged process of proposed strategy;
- c) Support of the access focused on presenting model „*housing first*“, which would represent key aspect of stabile living for persons which consider this field as completely essential and life priority;
- d) Consecutive enlarging of the spectrum of services for this target group focused not only on widening the option of temporary or crises accommodation but also for searching and accepting political decisions on the base of which people can get additional and stable accommodation.

Having regard to the declaration of the European Year for combating poverty and social exclusion *European Consensus Conference on homelessness* of the European level was held in 2010. Consensus Conference took place on 9th and 10th December 2010 in Brussels, from initiative of the Belgium Chairmanship within the Council of the European Union, in cooperation with FEANTSA and European Commission. Consensus conferences also represent specific tool which main sense is in progressing in chosen and difficult questions within which can be searched deficits at the European level. Main aim of the consensus conferences is in mutual understanding of existing issues as well as in searching for and elaboration of complex politics.

Conference draws attention to different not existing till now legal definitions of the homelessness in member states, different and imbalanced development of the reports and data collection as well as insufficient exchange of the information among the member states. Results of the European Consensus Conference are presented in a form of six key questions, while the main intention happened creation of solid basis which would represent intense and sustained progress in a process of the social inclusion of people without home on the territory of the whole European Union. Supporting and main documents related to this conference are strategy Europa 2020 and European platform against poverty and social exclusion (Culhane,

Byrne, 2010). Scope, presented questions and evaluation of the Jury participating at the European Consensus Conference:

- 1) *What does homelessness mean?* Panel of judges agreed on fact homelessness represents more complicated and complex process as a consequence of different reasons causing a loss of home which may result in sleeping or surviving in the street. In this direction they emerge to an opinion to accept uniform European typology of the homelessness and exclusion from home (ETHOS) according to FEANTSA, which introduced given typology to the public already in 2005 as mutual frame definition of the homelessness;
- 2) *Is eliminating homelessness realistic aim?* In this direction participants of the conference agreed in that eliminating is not only possible but also essential. In this connection basic pillars can be built according to which a complex strategy of the European Union for the homelessness matter would be elaborated. Live without home is considered to be an absence in applying the basic human rights what is unacceptable at the territory of the European Union. Issue of losing home resulting in people living in the streets will be present in society all the time, but in this direction there will play an important task acceptance of the continuous preventive and intervention measures coming from national and regional strategies focused on combating the homelessness as well as providing such range of available services for homeless people via which we reached long term solutions;
- 3) *Is attitude based on providing accommodation the most effective way of prevention and combat against homelessness?* Members of the jury are supporters of the opinion from gradual transition from shelters and other forms of accommodation as main way of homelessness solution up to applying approaches based on providing permanent accommodation. Great importance here has a principle of prevention as well as searching for available procedures in order to let person who is in danger of losing its home stay in its home natural environment;
- 4) *How to increase meaningful participation of the people without home at creating new policies in the field of homelessness?* This part is focused on continuous shift from approaches according to which the person who is homeless is marked as just passive beneficiary of the aid and gradual transition to such approaches which declare and put emphasis on its rights and independence. In this connection it is essential to let homeless people express and apply their own ideas at decisions which directly concern

them but also important tasks have also processes ensuring removal of the obstacles protecting participation of homeless people in the process of creation of the policies;

- 5) *To what extent should people have access to services for homeless people regardless their legal status and citizenship?* Given question deals mainly to the reachability of the services for homeless who come mainly from migrants and residents of the countries originally living out of the territory of the European Union facing often obstacles as consequence of their legal or administrative status. Given matter starts to resonate in the territory of the EU more often as consequence of the massive migration into the European Union from Africa and Asia. Recommendation of the jury is being presented in the way every person has right to respect and apply basic human rights regardless its legal or administrative status. In this connection there is put in advance specific responsibility of the policies within the migration process. Equally it is essential to focus higher and urgent attention to drawing up European study on relationships among homelessness and migration while in connection with free movement of persons within the European Union;
- 6) *What should be included in strategy of the European Union for homelessness?* In interaction with launching project Strategy Europe 2020 and European platform against poverty and social exclusion stays essential and important formulation of the complex strategy of the European strategy for homelessness which would in to a significant degree participate at development of national and regional strategies in individual member states and make the combat against homelessness more intense. Regarding this it is essential to apply united and mutual approach enabling untied and mutual connection through which mutual connection of all important fields happens dealing with homelessness (housing policy, health policy etc.). This suggested strategic frame of the European Union at the same time challenges member states to set terms within which they commit themselves to eliminate long term homelessness as well as keeping homeless people in the streets of cities. Ambitions focuses attention to the questions of prevention, support of sufficient and quality services for homeless people, access to financially affordable dwelling or support to keep the housing. National or regional strategies should at the same time at seeking solutions take into account changing characteristics of the homeless population. Essential stays the support, monitoring and coordination of creation of these individual strategies in

member states⁴, while strategic frame of the European Union will play key role in these processes as well as exchange of knowledge and programs of mutual studies among nations, as well as the sustainability of the relationships at possibilities of financing from the resources of the European Union or a try for equal representation of the matter dealing with homelessness in such politic regions which are immediately connected (European Consensus Conference on Homelessness, 2010).

3.4 Models of Homelessness Solution of Nowadays

The European Union tries to react in connection with the ongoing issue of the homelessness. In this connection the Committee of the regions submitted in June 2014 at the annual meeting the Documentation of the Commission for Economic and Social Policy (ECOS) covering proposal of the *European strategy in the homelessness topic*, consisting of 36 points. Primary base of the chosen topic is the acceptance of the homelessness as an extreme form of the social exclusion, representing a serious global issue of nowadays, which solution is possible only with the efficient cooperation of more parties. Presented proposal stated at the same time at various attitudes towards solving the homelessness also among the member states of the EU, which consequences are shown in cumulating of the homelessness with other negative social phenomena as well as the growth of the number of people (and whole families), losing home, or being threatened by the loss of the home. In this connection there is a possibility to state chosen points of the suggested documentation:

- Acceptance of the right for a decent housing as one of the basic need of the person;
- Providing emergency or temporary housing at the adequate level corresponding to the real state of the local and regional level;
- Creation of the strategy for solving the issue of the homelessness not only on national but also regional and local level;
- Directing of the investment into the search of long term and efficient solutions;

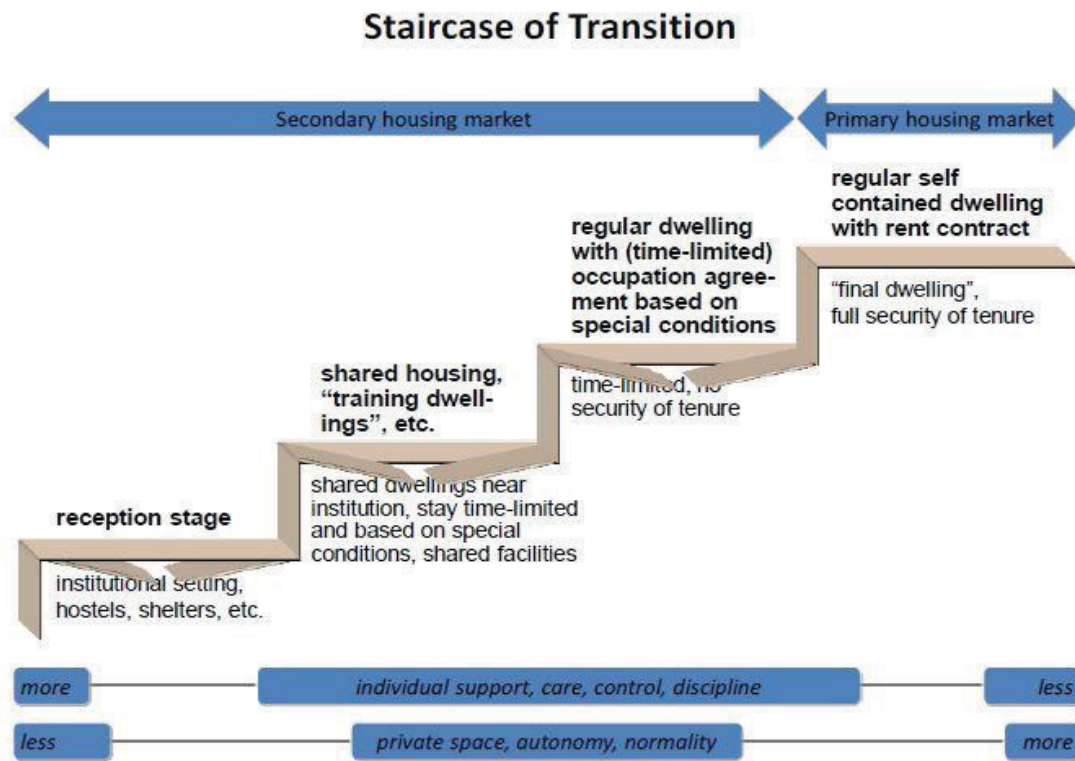
⁴ As an example of different approach of the government to the issue of homelessness we may compare states of formal federation – Czech and Slovak Republic. While Czech Republic elaborated and accepted a document Conception of prevention and solutions of the homelessness issue in the ČR until 2020 and also proceeded in 2011 complete census of people living without home, steps mentioned are missing in Slovakia (Habánik, 2016).

- A call for member states to use European Funds in interest of the social inclusion of the homeless;
- Support and meaning of the prevention to the loss of home;
- Cooperation and connection among health and social systems.
- Creation and guarantee of the financially accessible accommodation for people with low income
- Support of the system of the social housing as a model of financially accessible and sustainable accommodation (a model Housing first), representing the basic step for solution of the homelessness (Proposal of the point of view – European strategy in the field of homelessness, 2014).

Nowadays, it is possible to see two different ways focused on solution of the homelessness in the member states of the European Union. In the connection to it we can also point out at differences among the individual member states from the point of application of the various attitudes in interest to solve this issue. The first way represents traditional and long term model of existing social services for target group of people without home characteristic by a multi level scale of provided services, starting with use of low threshold character of the social services at the beginning up to the use of services of the higher threshold with final target to obtain financially affordable and sustainable living.

However, this model of the solution is pursuant to Marek, Strnad and Hotovcova (2013) is not efficient enough, what they determine by inability of the big amount of clients to overcome multilevel level of the social services or as a consequence of the insufficient capacities of the financially affordable housing in some countries.

Graph 2 Existing model of the multi-level measures of the provided social services for people without housing



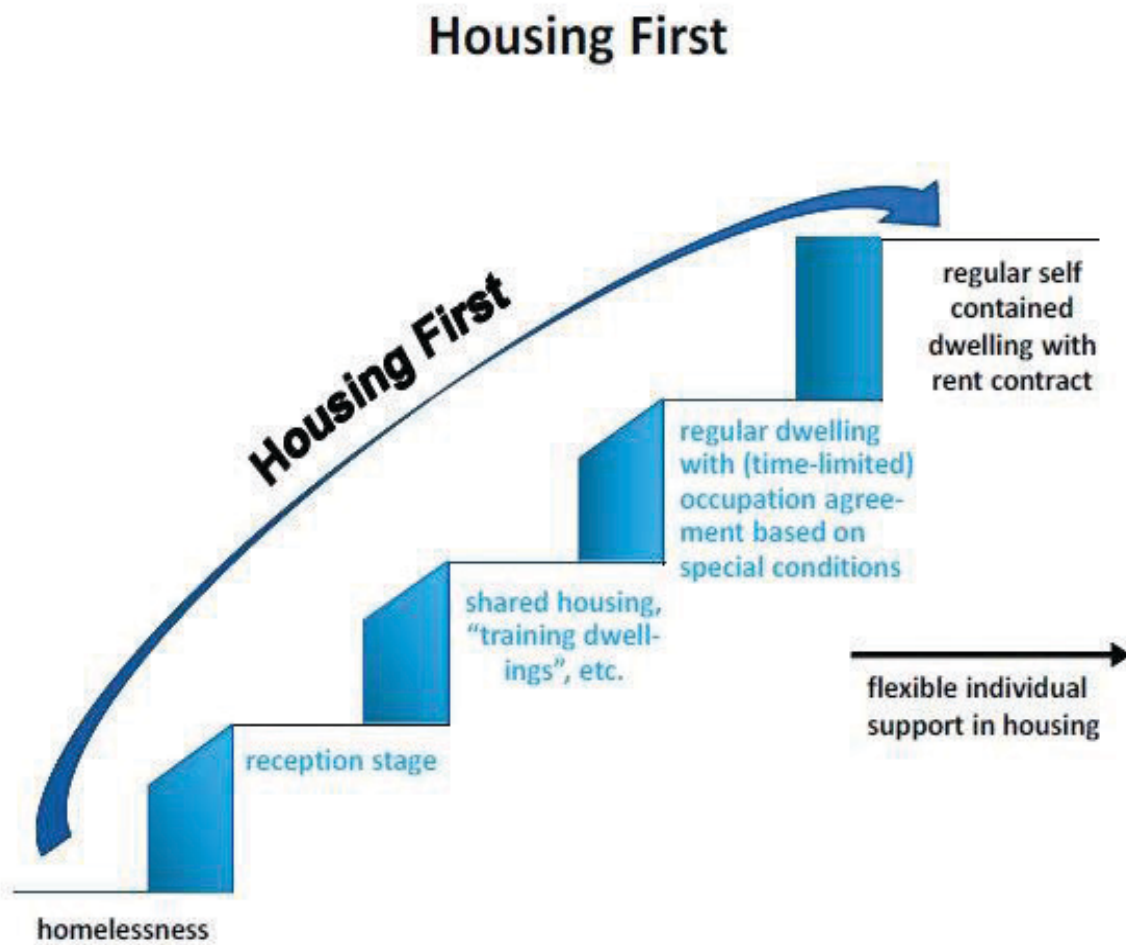
Adapted from Sahlin 1998

Source: Busch-Geertsema, 2013

Attitude Housing first

Busch-Geertsema (2016) states that attitude Housing first (HF) represents nowadays an option towards the long term used model of existing social services for people without home. Attitudes Housing first were originally created in the USA, but as the time went they were adopted and used in some countries of the EU. Despite the fact the primary target of the attitudes Housing first states providing immediate financially affordable and sustainable housing for people living without home or who are threaten by losing home, Bredherton and Pleace (2013) state at the same time certain differences within basic explanation of the definition Housing first in individual strategies focused on solution of homelessness. Despite some diversities though all these strategies declare interest to minimize the number of people living without home and sleeping rough.

Graph 3 Model Housing first as an alternative to the existing model of the social services



Source: Busch-Geertsema, 2013

In the connection Busch-Geertsema (2013) draws attention that will help of the European Committee was realized in time horizon of the August 2011 up to July 2013 pilot project of the attitudes Housing first, as new model of the solution of the Homelessness in the EU. Mentioned project was realized in five different cities (Amsterdam, Budapest, Glasgow, Copenhagen and Lisbon), while it was focused on flexibility and accessibility of the immediate housing for people who live without home or are threaten by the loss of home.

Table 3 Results of the pilot project Housing first in five different European cities

	Amsterdam	Budapest	Glasgow	Copenhagen	Lisbon
Total number of service users housed	165	90	16	80	74
Unclear cases (departure into different facility, providing accommodation, death,..)	23	na	2	16	6
Basis for calculation of housing retention	142	na	14	64	68
Positive results (sustaining the stable housing)	97,20%	less than 50%	92,90%	93,80%	79,40%
Negative results (voluntary departure back to the street, prison sentence,...)	2,80%	na	7,10%	6,30%	20,60%

Source: Busch-Geertsema, 2013, own processing

According to the achieved results we may state that in the four cities (Amsterdam, Glasgow, Copenhagen and Lisbon) has been shown a high rate of the ability to sustain affordable housing with exception of Budapest, where the results were considerably lower. However, this state was conditional by structure and set system of the social protection in Hungary, which is not able to reflect on incurred social risks in a full as well as difference from the point of set targets within this project which focused in Budapest on a move of people living rough into the various types of the accommodation. According to the overall statement we may state positive result of this pilot project, which showed that housing represents key tool for the process of the social inclusion of the individual or group of people.

Bretherton and Pleace (2015) also state, that positive results of such model can be found in many other countries of the EU, whilst as an example is stated a territory of the Great Britain, argument, that attitude of the HF provided a new view on so far applicable solutions in the matter of homelessness. The results of the project are linked to the results in four European cities within the pilot project and documented the same percentage of the

success at lowering the long-term and repetitive homelessness. Affordability and sustainability to keep housing positively influences the improvement of the conditions for repetitive inclusion into society as well as a range of other factors (health state, renew of social links, communication with family, etc.). In this connection this process can positively influence further life of the individual, which can subsequently after social inclusion participate actively on possibilities offered by society (European Commission, 2016).

3.5 FEANTSA – The European Federation of National Associations working with homeless people

Process of social exclusion causes absence of the approach to a few individuals to source and opportunities which society offers. It causes putting them on the periphery of the society, where it is not enables in consequence of absolute poverty an approach to average employment, education, but also restricted participation or impossibility to participate at decisions dealing with life in society (FEANTSA, 2007). As we already mentioned, the European Union and its predecessor the European Economic Community put a great effort in fight against poverty and social exclusion in long term context. Matter of homelessness has been put off for long time and it was not paid sufficient attention neither from member states nor from European institutions. Particular this deficit caused that in 1989 was established *European federation of national associations working with homeless people*, which uses in practice shorter name *FEANTSA*. This federation represents important European nongovernmental organization which focuses its fight against mitigation of the poverty and social exclusion as well as homelessness arising from them. It became gradually an important organisation covering the part of social sphere which emphasis on homelessness and seeking possible solutions all around the Europe.

Aim of the FEANTSA became data collection on homelessness as last form of social exclusion their further analysis and also providing results for acceptance and application of the strategies elaborated on national, regional level in effort to eliminate homelessness and to find effective way to fight it at the same time. Data collection and their analysis can contribute to pan-European solution of homelessness at significant level mainly in the following fields:

- a. Prevention against homelessness;
- b. Addressing and reducing causes;

- c. Decrease of the level of homelessness;
- d. Minimisation of negative impacts on persons living in the street as well as their family members;
- e. Procedures via which it is possible to provide permanent and stable living for persons who do not want to live without home.

Nowadays FEANTSA - European Federation of National Organisations working with the Homeless consists of more than 130 member organisations, which take actions not only in the territory of the EU, but also in other European countries which are not members of the EU. Regarding this we may deal in organizations working on national or regional level, which may be marked as providers of various spectrum of the services (e.g. in the field of living or social support). Important task is played by narrow cooperation of these organisations which are at certain levels under the FEANTSA with bodies of public authorities as well as close cooperation with the institutions of the European Union (www.feantsa.org). FEANTSA has been committed to public understanding of the homelessness as a complex process in broader approach involving within the wider typology not only people without roof, but also persons without the flat or other persons who live in unsecured environment or have non-compliant forms of living. In connection to the fact there exact many informal definitions of the homelessness, although no complex definition, FEANTSA decided to introduce a new concept of definition in 2005 which has a title *European typology of homelessness and exclusion in the field of housing* (ETHOS). Given conception aimed to better understanding of the homelessness as a phenomena and creating united and mutual access to understanding the homelessness not only at national but also at pan European level. Thanks to data collection and their constant analysis have national governments and their European institutions overview on development of homelessness in member states of the EU, what contributes to us of these typology at the level of national governments at seeking and accepting decisions dealing with strategy of homelessness solutions (Hradecký, 2007).

Illustration 1 Typology of homelessness according to ETHOS

	Operational Category	Living Situation	Generic Definition	
Conceptual Category	ROOFLESS	1 People Living Rough	1.1 Public space or external space Living in the streets or public spaces, without a shelter that can be defined as living quarters	
		2 People in emergency accommodation	2.1 Night shelter People with no usual place of residence who make use of overnight shelter, low threshold shelter	
	HOUSELESS	3 People in accommodation for the homeless	3.1 Homeless hostel	Where the period of stay is intended to be short term
			3.2 Temporary Accommodation	
			3.3 Transitional supported accommodation	
	4 People in Women's Shelter	4.1 Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term	
	5 People in accommodation for immigrants	5.1 Temporary accommodation / reception centres	Immigrants in reception or short term accommodation due to their immigrant status	
		5.2 Migrant workers accommodation		
	6 People due to be released from institutions	6.1 Penal institutions	No housing available prior to release	
		6.2 Medical institutions (*)	Stay longer than needed due to lack of housing	
		6.3 Children's institutions / homes	No housing identified (e.g by 18th birthday)	
	7 People receiving longer-term support (due to homelessness)	7.1 Residential care for older homeless people	Long stay accommodation with care for formerly homeless people (normally more than one year)	
		7.2 Supported accommodation for formerly homeless people		
INSECURE	8 People living in insecure accommodation	8.1 Temporarily with family/friends	Living in conventional housing but not the usual or place of residence due to lack of housing	
		8.2 No legal (sub)tenancy	Occupation of dwelling with no legal tenancy illegal occupation of a dwelling	
		8.3 Illegal occupation of land	Occupation of land with no legal rights	
	9 People living under threat of eviction	9.1 Legal orders enforced (rented)	Where orders for eviction are operative	
		9.2 Re-possession orders (owned)	Where mortgagor has legal order to re-possess	
	10 People living under threat of violence	10.1 Police recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence	
INADEQUATE	11 People living in temporary / non-conventional structures	11.1 Mobile homes	Not intended as place of usual residence	
		11.2 Non-conventional building	Makeshift shelter, shack or shanty	
		11.3 Temporary structure	Semi-permanent structure hut or cabin	
	12 People living in unfit housing	12.1 Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations	
	13 People living in extreme overcrowding	13.1 Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms	

Note: Short stay is defined as normally less than one year; Long stay is defined as more than one year.
This definition is compatible with Census definitions as recommended by the UNECE/EUROSTAT report (2006)

(*) Includes drug rehabilitation institutions, psychiatric hospitals etc.

Source: <http://www.feantsa.org>.

European federation of national associations working with homeless obliges at its basic level to the following points:

- 1) Realisation of the researches and data collections, which will help the more complete understanding on raise, extent, causes and possibilities to solve homelessness, relevant public notifying on homelessness as well as complex matter;

- 2) Support of the exchange of information, experience and verified procedures and strategies among member organisations under the FEANTSA;
- 3) Close link and ongoing communication with the institutions of the EU, national governments and regional authority with aim to apply suitable measures focused on fights against homelessness (www.feantsa.org).

Significant task of achieving set aims are being fulfilled by the *European Observatory on Homelessness*, which primary task consist on conducting the research dealing with homelessness. Based on these results we may reach to discovering suitable procedures at implementing permanent solutions. In connection to this it is important to remind also different approach of the individual national governments at carrying out the elimination of this matter in these countries (European Observatory on Homelessness).

Member organisations under the FEANTSA reminded its activity to the European public also during the European Year for combating poverty and social exclusion in 2010, when was carried out the information campaign emphasising homelessness which as an extreme case of social exclusion should be permanently deleted. From the initiative of the FEANTSA there was also in 2012 established an interesting project, which was named „*Housing Rights Watch*“. In this project it was a creation of the European network consisting of the activists, academics, or other nongovernmental organisations from the area of the whole European Union, which declared its interest and commitment in a process of support, protection and exercising the right for living for all members of the EU. The project itself represents opinion which deals with the fact the poverty is not a crime, but it is necessary to find adequate and responsible solution of the poverty and loss of home (Housing Rights Watch).

For solution it is impossible to consider a criminalization of the people without home as it is according to Bence and Tessa Udvarhelyi (2013) for example in Hungary which regularly gets into the argument with the European institution, pointing on authoritative model of the government of the prime minister Viktor Orbán. Regarding to this there were in Hungary accepted the first legislation measures considering homelessness as a criminal offence. Government defends this act by attempting homeless from the streets and public areas into the shelters and dorms which get financial aid form the government. Despite the resolutions of the government this attempt doubts the guarantee of the human rights for chosen group of the people and just deepens given matter and prejudice towards people without home.

In spite of the fact of the European Union started a new key project Europe 2020 in the process of combat against poverty and social exclusion, this trend started to have opposite tendency caused by ongoing economic crises? Mentioned tendency caused growth of the number of inhabitants of the EU living in poverty. Neither the strategy Europe 2020 could stop deepening of the poverty at the territory of the European Union, nor ongoing growth of the number of people who became a subject of the social exclusion (FEANTSA calls on European Council..., 2013). FEANTSA therefore in this direction considers the homelessness for an urgent social challenge which must be concerned urgently by the European Union. The result of the activities was the conference in Italian Bergam which was held in October 2014. At this conference the participants consulted existing issues, forms of existing solutions as well as possibility of the innovations of some solutions. By the Bergam declaration from this conference the FEANTSA the European Union and member states were invited to more effective procedures in the following points:

- a) The EU altogether with member states have to support a fight against homelessness via using structural funds;
- b) The EU and member states have to focus on data collections on matter of homelessness as well as inform on effective strategy focused on solution;
- c) The EU and member states must consider legal aspect of the homelessness;
- d) The EU and member states should focus on proposing and launching project of integrated action plan at all levels of the politics in connection with solving the growth of homelessness and a number of moving out form flats;
- e) The EU and member states should respect that nobody choses poverty or homelessness voluntarily, and therefore the socially expelled people should not be a subject of criminal prosecution;
- f) It is necessary to focus also on solutions in a field of growing share of migrants from the EU among people without home. New tendencies in migrating politics must increase and guarantee safety for all citizens of the EU, who undergo a process of migration into the other member state with regard on keeping right of free movement of people of the European Union;
- g) Bigger support of persons threatened with eviction. Prevention as an approach to housing players an important role including certified program Housing first – the first housing which will serve for restricting and minimising the homelessness (feantsa.org, Bergamo declaration, 2014).

3.6 Recommendation for practise

In connection with matter of poverty, social exclusion and homelessness is the strategy Europe 2020 considered to be an important document, through which the European Union declares an interest for more effective cooperation among all important players on European, national and regional level. Important task in this context has mainly an initiative European platform against poverty and social exclusion, which forms part of the mentioned strategy. In terms of the combat against poverty we appreciate decision of the European committee on the allocation of the financial resources from the European Social Fund for the combat against poverty, the same as the establishment of the Fund of the European Aid for the deprived persons.

On the other hand despite the ambitious plans, poverty and from it arising extreme social exclusion (homelessness) constantly rising from the following reasons – some member states have constantly serious problem with high unemployment (especially young people), what subsequently depends on respect of the sustainability of social protection systems in growing volume of the financial resources. Enormous migration from Middle East and Africa contributes to growing the poverty among immigrants when many of them stay living in the street. In this regard it is necessary to accept consensus in a question of mutual migration politics of the EU. We consider the question of homelessness for insoluble unless all member states accept to creation of the national or regional strategy of the solution of this phenomena which will be substantiated by a legal annex in legislation process. Active approach from the side of the European Union in the process and mutual cooperation with the European Federation of the national organisations working with homeless, we consider for important aspect, which can be reached only in long time horizon.

Strategy of the European Union for homelessness will be therefore directly connected on the existence of the national and regional strategies. In this way we must point out on different approach of the member states. Existing services providing for the people without home without existing legal definition therefore represents only temporary but not permanent solution. From this point the primary solution stays in hands of the national states, which have to besides legal definition of homelessness focus on research or process of bigger support of available services and also creation of such conditions within prevention which would avoid violent eviction of the persons from their natural environment.

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RESUME

The social policy should be directed on all citizens in need of a help due to unfavourable social situation, especially concerning handicapped citizens.

The social services represent in modern society an important role in the context of applied social policy. In this respect there is an application of the different forms, types of social services, with regard to the target group of clients to whom they are addressed, in the interest of solutions, mitigation or prevention of adverse social situation of the individuals, families and whole communities, with the aim of preventing social exclusion, as well as support the process of their re-inclusion.

Poverty and homelessness which represent serious and undesirable phenomena in society represent serious and actual challenge in the third millennium also for the European Union. The relevance of these socio-pathological phenomena is obvious since they existed in the society already in its historical aspects. The European Union as a grant of the social settlement and social justice consider the right for decent life in adequate conditions as key attributes for all its inhabitants. From this point of view is aware of the relevance of poverty, social exclusion and homelessness and therefore undergone already during its existence series of measures focused on seeking the solutions. Solutions in this context must be built on the high quality data collection, their further analysis as well as mutual cooperation and coordination among member states which main provider and coordinator will be the European Union.

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Act No. 195/1998 Coll. of the social help

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OF THEIR SUPPORT**

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