

FOCUS GROUPS OF CLIENTS WITH SPECIFIC NEEDS IN THE FIELD OF SOCIAL SERVICES

ŠPECIFICKÉ CIEĽOVÉ SKUPINY KLIENTOV V OBLASTI SOCIÁLNYCH SLUŽIEB

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Abstract

The contribution focuses on selected aspects of social services in the area of social policy, which must be flexibly adapted to the specific needs of individual groups of disabled clients. Social services in the healthcare system constitute an integral part of comprehensive human care. We describe a mentally ill client of the social services, a disabled client of the social services. Furthermore, we do not omit hearing and visually impaired clients of the social services.

Keywords: Social services. Disability. Social services client. Visual impairment. Hearing impairment.

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

Social services for disabled person

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.

Social services for mentally ill person

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 soujourn 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).

Social services for hearing or visually impaired

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:

- *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 stipulates 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 not able to hear at all or affected with severe double-sided hard of hearing and using the sign language to show this person communicate. Articulatory interpreting is provided to a person not able 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 not able 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 therefore being financially dependent on state and relatives. The loss of career interactions negatively affects one's social interactions by losing 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, purblinded 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)*

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Recenzované: 15.2.2018

Prijaté do tlače: 12.4.2018