NEW POSSIBILITIES OF SOCIAL WORK IN THE 21ST CENTURY

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Abstract: The present study aims to map some critical aspects of social work in the 21st century, especially when participants in the old social assistance system are facing difficulties in the old system. Integration or reintegration of individuals back into society often becomes discriminatory. It is outdated and not accessible to everyone in need. This unresolved issue has been discussed as a large number of patients cannot be discharged from the hospital simply because they have nowhere to go or their home environment is unsatisfactory. Even the idea of providing comprehensive care to patients in a hospital setting is not possible. There are few professionals in hospitals. In the hospital, even if sufficient care is provided, the reintegration of the patients into the society or their families is not possible, which would mean the success of this therapy. This situation can be solved by using a multidisciplinary approach, as the biological, psychological, and social aspects must be considered to solve it. The study deal with the most important tasks in the context of social care in selected areas.

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Introduction

Social work has not yet received its well-deserved position in society. Despite emerging theoretical considerations about achieving better results in social care, rigid opinions and professional "jealousy" from other professions, especially medical disciplines, are still encountered. It is well-known that social work receives recognition from society, mostly during crises when society expects social workers to offer solutions beyond their competencies. However, each crisis reveals other problems, especially certain changes in social conditioning, which have long been an issue. Most changes are brought by major societal changes affecting the performance of social workers and the methods of social work that would be effective in a given situation. This situation is exacerbated by current geopolitical, anthropogenic, and natural influences, which are beyond the control. Various emerging studies set national priorities for developing social services, such as for the years 2015-2020 and 2021-2030, about how and where these services should be directed. Discussions are taking place on the human rights paradigm of social services, the primary orientation towards unique needs in various types of unfavorable, pathological situations, and on the demographic context of the development of social services. Ensuring the availability of social services as per the needs of the community, supporting the transition from institutional care to community care, and supporting the development and improvement of the quality of social services remain a priority (MPSVaR SR, 2014).

There is a lot of discussion on quality, with the prime focus on the effectiveness of social work and the services provided. However, social professions, as well as other helping professions, can contribute effectively in solving social crises only if their role and mission in the society are clearly defined.

Originally, social work was more practice-oriented than technical, managerial problem-solving. Recent events, however, foreshadow the expansion of this profession. According to some experts, this was observed at the turn of the century (Lorenz, 2001); the growing interest in social work instead of services can in practice, be seen more in the areas of achieving social control of the services provided.

Social work as a profession is constantly evolving. According to Hamburger (2000), most of the efforts in Europe were made to standardise the ideological concept of social work, as ideas about the professional practice varied widely. The aim was to improve the social status of social work and to make it among respected professions like medicine. It has not been achieved in the last 20 years. Europe is witnessing differences in what is understood by field social work and what competencies must be acquired to practice social work. There are countries in the EU where a few weeks of training is sufficient before practicing social work, while in others, formal university education must be acquired. Consequently, various discriminatory solutions within the EU have developed. The rivalry between social work and social pedagogy can also be observed, even though both are ideologically similar.

Innovative Methods of Social Work

There is a growing discussion in the professional circles about extramural forms of providing social services because the medical system alone can hardly take care of social problems of the patients.

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Most of the challenges in the social care have long been raised by the elderly, displaced from their actual social environment during illness. In some wards, up to 50% of the beds are occupied by patients who do not need medical help but are there only because they have nowhere to go or their home environment is unsatisfactory. The admission of such individuals in the hospital wards fails to ensure their integration and reintegration into society. The system has failed to prevent the elderly from being admitted in such facilities without adequate care. This practice further raises the question of a violation of human rights or the patients' rights. At the same time, these people can experience enormous mental stress, which is not a medical condition but a vulnerability to stress (Zubin & Spring,1977).

It is problematic to deal with this issue in Slovakia because there is no evidence of the duration these people spend in different departments and the reasons for their stay. Therefore, the preliminary information for the study were obtained from international studies, where a comprehensive system is already functioning and relevant information is available.

Reintegration Programs - Return to The Work Process

One of the priorities is to develop comprehensive social services in line with the individual needs of the beneficiaries. This issue has been discussed for decades, and the results are implemented gradually. Mosher and Burti (1989), in their book "Community Psychiatry", described the most comprehensive system of care. They also systematically described the services offered. According to them, social services are divided into four main groups: outpatient, in-patient, and day services and reintegration programs.

They stated that this program should have a crisis team service available 24 hours. It should be a multidisciplinary team, a network of available professionals, where the patient/client is at the center of the team. This team starts working at the client's request and with his or her consent. Research findings suggests that the mobile crisis intervention teams in some hospitals have reduced the number of hospitalised patients by up to 50%. The mobile crisis team brings various benefits. In addition to the fact that there is no hospitalisation, the patients are not separated from their social environment. Comprehensive care takes place at the client's natural home environment, where other members of the household are also involved. No labeling takes place.

Multidisciplinary teams are operating under different systems around the world. At present, such a team does not exist in Slovakia, even though this is not a new practice. During a crisis, their services are replaced by the services of police and the fire and rescue department.

According to Mosher and Burti (1989), 4-5 people should work in such a team, including a psychiatrist, doctor, nurse, social worker, psychologist, and other experts from the helping professions. The team members should include both male and female members, one such trip can take up to 4-5 hours.

Case management is a more intimate relationship between a client and an expert through various phases of crisis assistance.

Mueser et al. (1998) logically described different models of social work.

The *Broker Service Model* is the simplest individual model, where different tasks are mediated between institutions within management services. In Slovakia this service is provided through basic social counseling by assigning the clients as per their specific needs.

For *clinical crisis management*, it is important to plan the course, reception, evaluation, and planning, based on the specific situation involving available social resources and cooperation from the family and hospital. It is not just crisis intervention but case monitoring (Kanter et al., 1989).

Another such model is the *Assertive Community Treatment Model* (ACT). It is based on a teamwork of a psychiatrist, a nurse, and a social worker. With few staff members, more services can be provided as the team bears the responsibility. Services are also not timebound.

The Intensive Case Management Model (ICM), as described by Surles and McGurrin (1987) explain that the essence of this concept lies in the active participation of the clients. It further can prevent intensive services so that it is possible to use much more expensive services later.

Strengths Model was developed in response to the identified weaknesses of previous systems because little attention was paid to the strengths of patients/clients. At the same time, too much emphasis was

put on their weaknesses. The clients decide the interventions, and the services are provided at clients natural environment rather than in the hospital.

The Rehabilitation model emphasises the goals and desires of the clients. According to Antony (1993), it is most important to map the clients' abilities to help them achieve their personal and social goals.

However, the situation in the Slovak Republic is very different, and outdated models are still in use, where the client or patient is actually "guarded" in various departments of the hospital. Therefore, case management was not required before deinstitutionalisation. At present, however, deinstitutionalisation is also stagnating.

Transitional Facilities - Residential

Some residential services function as small boarding houses. It is primarily a temporary stay and many people stay there for a predetermined period. They can live independently and support each other, sometimes with the help of the staff. In Europe, such facilities are offered to people who cannot stay in their social environment, but do not need any other institutional care. Such facilities are for the homeless and for abused mothers. Such residential facilities aim at reintegrating residents into their social environment to live independently.

Sheltered Housing: Such facilities are part of many programs. It can be a family house and apartments. Flats can also be used for social assistance, but the occupancy in these flats has significantly declined.

Daily Programs: Most of these programs function as sanitary facilities. It is based of the concept of Clubhouse program that originated in New York. It is a shared housing facility where the residents jointly decide everything in home meetings.

Reintegration into the work process through sheltered workshops: After the initial success, the number of sheltered workshops in the country did not expand at , due to – among other reasons –very complicated legislation. The law is subject to change this year.

In the Slovak Republic, these services are covered under the law. Act 448/2008 Coll., § 21 states that "social rehabilitation is a professional activity to support the independence and self-sufficiency of a natural person by developing and training skills or strengthening habits in self-service, household care and basic social activities with maximum use of natural resources in the family and community. In addition to these activities, there are some supported programs for reintegration into the labour market. Above all, it is an effort to maintain a job on a regular basis.

In the following paragraphs, Act 448/2008 Coll. defines the help of another natural person, which includes training in spatial orientation, independent movement, and various preventive activities. This activity also includes occupational therapy in § 23 and preventive activities in § 23a, 23b.

In Slovakia, the term rehabilitation is associated with physical rehabilitation in the field of healthcare. The main consideration is to ensure that people in need can live more independently, and the reasons for deteriorating their living conditions are not that important. In this study, several theoretical concepts have been identified, but no practical considerations have been gained to support the needy. According to the findings of the study, despite the theoretical considerations for a holistic view of the human being, medicine and social work still function as a service model. Instead of "treating the whole", only the parts are repaired.

Social work should respect the uniqueness and independence of a human, regardless of the problem. Social rehabilitation is a professional activity based on valid legislation, should include:

- Field social crisis intervention service
- Integration centers
- Low-threshold social service for children and family
- Early intervention service
- Supported housing facilities
- Facilities for the elderly
- Nursing care facilities
- Rehabilitation centers
- Social services home

- Specialised facilities
- Day care hospital
- support for independent living

Conclusion

From the above discussion, it can be said that the clients' stay in a hospital or any other social services facilities in the absence of other options, even when it would be possible to return them to work and to ensure a higher quality of life. Experts emphasise that all these services are offered minimally, ignoring the client's independence, and adapted to the needs and preferences of the clients. Effectiveness and development in this area are possible only when these diverse services are available to each everyone in the society on continuous bases. Even though some programs are similar to those working abroad, it is clear that the support system in the Slovak Republic is ripened for a comprehensive reform requiring strong political support. The social assistance system in this form can no longer work. A consensus must be reached on the future directions as the number of people seeking social assistance is growing yearly.

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