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Social Rehabilitation in the Structure of Social Welfare Institutions in Slovakia

Summary

The basic definition of the provision of social services in nursing homes is based on a holistic approach to clients. The paper identifies and compares the provision of social services in individual regions of the Slovak Republic. The provision of social services on the basis of founding competences in Slovakia was also presented. In the final part of the work, the possible methods and techniques of social rehabilitation in social service homes and the specificity of the professional practice of a social worker were indicated.

Keywords: social rehabilitation, social work, social care services, disability, occupational therapy

Introduction

Social rehabilitation is one of the most important means of integrating people with disabilities. It provides them not only with individual pleasure, support and self-realization, but also better integration into a small or larger group of people, whether with a similar or the same disability, or into the group of people who are without a disability.

Social care services

The social services home is primarily a home for the mentally, physically, sensory or multiple disabled. It represents a set of services that focus on promoting self-sufficiency and ensuring conditions for recipients of a dignified life. The target group are people who, for health or other reasons, are not able to manage their living needs in their own environment and in their situation, there is no possibility of a solution with the help of the family¹.

Act no. 448/2008 Coll. on social services defines a social services home as “a place where a social service is provided by a weekly residential social service or an outpatient social service to a natural person until retirement age, if this natural person is:

¹ L. Novosad, *Poradenství pro osoby se zdravotním a sociálním znevýhodněním*, Praha, Portál, 2009

- dependent on the assistance of another natural person and his degree of dependency is at least V according to Annex no. 3 of the Social Services Act.
- blind or practically blind and its degree of dependency is at least III according to Annex no. 3 of the Social Services Act².

The home of social services provides:

- assistance in reliance on the assistance of another natural person – is focused on self-service tasks, in dealing with official matters, accompanying examinations and others,
- social counseling – this is assistance in an unfavorable social situation, which is provided at the level of basic or specialized social counseling,
- social rehabilitation – an activity aimed at promoting independence, self-sufficiency and independence associated with the training of skills or the activation of skills and the strengthening of habits,
- accommodation – this is accommodation in a living room or part of it with accessories, the use of common areas and the provision of material services associated with accommodation or the provision of shelter for the purpose of overnight stay,
- meals – the provision of meals in accordance with the principles of healthy nutrition and taking into account the age and state of health of persons by diet,
- cleaning – providing cleaning in accordance with the hygienic needs of the clients,
- laundry – the provision of laundry and clean linen to the recipient,
- ironing and maintenance of linen and clothing – provision and maintenance of linen and clothing clean,
- personal equipment – we mean clothing, footwear, hygiene items, school supplies and other personal items³.

The social services home also ensures the development of work skills. Under the development of work skills we understand the acquisition of work habits and skills of the recipient in the performance of work activities in order to renew the development but also to maintain skills under professional guidance. The home of social services also provides hobby activities, which means cultural activities, sports activities, recreational activities, social activities and these activities are focused on the development of skills and abilities of the recipient⁴.

From the point of view of social services, it is generally important to address the impacts of various negative phenomena in a person's life in the context of their social inclusion, which is also an essential part of the functioning of facilities of this type and their mission.

² Zákon č. 448/2008 Z. z. o sociálních službách v znení neskorších predpisov, § 38

³ Zákon č. 448/2008 Z. z. o sociálních službách v znení neskorších predpisov, § 15- § 23

⁴ Zákon č. 448/2008 Z. z. o sociálních službách v znení neskorších predpisov, § 15- § 23

In its 24-hour activity according to the Act N. 448/2008 about Social Services, the social services centres creates conditions for the education and safekeeping of valuables. Education creates conditions for the education of the recipient of social services according to a special regulation. In the case of safekeeping of valuables, the recipient may, if necessary, retain valuables on the basis of a contract⁵.

A social service may be provided in the social services centre:

- on an outpatient basis – it is provided to a person who attends, is accompanied or is transported to the place of provision of social services. Outpatient social service is provided in the social services home for at least eight hours of outpatient operation during the working day⁶,
- field form – “this service can also be provided through field programs, the aim of which is to prevent the social exclusion of persons, families and communities who are in an unfavorable social situation”⁷,
- weekly residential form – this service is not provided during non-working days, public holidays and other other non-working days,
- residential year-round form – this form of providing social services is provided throughout the year. The recipient is provided with a year-round service with housing and also with all services,
- in another form – the social service is provided by telephone using telecommunication technologies⁸.

The social services centre provides recipients with many more alternatives to apply them and engage in various activities that are useful to them from multiple perspectives. The Act N. 448/2008 on Social Services states in § 15 paragraph 3: “a provider of social services, this also applies to social services provided in other types of facilities such as social services homes, does not have to, but may perform, provide or create conditions for other activities that this the law does not regulate, but they increase the quality of offered social services. Here we can include various types of therapies such as art therapy, music therapy, animotherapy and the like”⁹.

From 01.01.2014 it is not possible to provide social services in the institutional form as a year-round residential service for newly registered providers. Social service homes set up before that date may provide a year-round residential service. Social services in the centre of social services are also provided to children, but at the same time they must be provided with education. Education is no longer provided to persons who are of legal age. If a service is provided in a social services centre to the client who has used this type of service

⁵ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 15- § 23

⁶ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 13

⁷ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 13

⁸ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 13

⁹ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 15

before reaching retirement age, this service is still provided. Social service is provided for a maximum of 40 clients of social service in one building of the facility¹⁰.

The social service in the social services centre may be provided for a definite or indefinite period of time, which is agreed in the Contract on the provision of social services. The Social Services Act defines the number of clients in a social services centre per employee. We present the numerical expression in Table 1.

Table 1. Maximum number of social service recipients per employee and minimum percentage of professional employees in the total number of employees¹¹

Type of social services facility		Maximum number of social service clients per employee	Percentage share of professional employees in the total number of employees
Centre of social services, in which the social service is provided to an adult natural person	Year-round residential social service	2,0	60%
	Weekly residential social service	2,3	60%
	Outpatient residential social service	3,0	60%
A social services centre in which social services are provided to a child	Year-round residential social service	1,7	60%
	Weekly residential social service	2,0	60%
	Outpatient residential social service	3,0	60%

Based on documents from the Central Register of Social Service Providers, we compared and graphically illustrated the provision of social services in social service homes in all regions of the Slovak Republic (Table 2).

Services in a social services centre may be provided by a non-public provider, a city or municipality established or founded by a city or municipality or a higher territorial unit. In the case of non-public providers, a higher territorial unit co-finances¹².

¹⁰ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 38

¹¹ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov

¹² *Centrálny register poskytovateľov sociálnych služieb*, <https://www.employment.gov.sk/sk/centralny-register-poskytovatelov-socialnych-sluzieb>, [access date: 20.07.20]

Table 2. Social services providing by instituional form in the regions of the Slovak Republic¹³

Region	Private provider	City/town	Established or founded by the city/municipality	Higher territorial unit
<i>Banská Bystrica region</i>	19	2	3	56
<i>Bratislava region</i>	22	-	1	35
<i>Košice region</i>	31	-	1	21
<i>Nitra region</i>	21	1	3	35
<i>Prešov region</i>	28	1	-	40
<i>Trenčín region</i>	21	1	5	33
<i>Trnava region</i>	10	-	11	32
<i>Žilina region</i>	9	2	4	62

It can be seen from the table that the largest number of social service centres is established by a higher territorial unit, except for the Košice Region, where a larger number is with non-public providers. As we can see from the table, but also from the graph, most social service centres are in the Žilina region and the least in the Košice and Trnava regions.

The social services centre plays a very important role for people with learning disabilities due to the provision of all basic services that he would not be able to manage without help. Caring for a person with special need or disability is currently many times difficult. We often find that while working in a social services centres, workers take care of a larger number of clients with learning disabilities. Each of them has its own specifics with regard to the diversity of the type, type or degree of learning disability. For example, it can have different effects on speech, motor skills, will, sensitivity, behavior, and other areas, because the degree of brain damage associated with the cause of the mental disability depends on many factors. The diversity of these factors means that every person with a learning disability is one of a kind, specific and exceptional, and therefore there are not two identical people with a learning disability in the world. Each client is different and requires a different approach, and on the basis of these facts, the social worker should also

¹³ *Centrálny register poskytovateľov sociálnych služieb*, <https://www.employment.gov.sk/sk/centralny-register-poskytovatelov-socialnych-sluzieb>, [access date: 20.07.20]

have certain preconditions, acquired or innate, for the performance of this profession¹⁴.

Strategy plan in social care services regarding Covid-19 epidemic

Regulation of the Chief Hygienist of the Slovak Republic regarding the disease Covid-19 caused by coronavirus SARS-CoV-2 was reported by the Public Health Office of the Slovak Republic and updated (ninth update) on 08.09.2020 Num. OE/791/108782/2020 Covid-19 characterized as follows:

Acute respiratory syndrome is caused by the coronavirus SARS-CoV-2 of the family Coronaviridae, which belongs to the beta-coronaviruses, which also include the coronaviruses SARS-CoV and MERS-CoV. Genomic sequencing shows that SARS-CoV-2 is closely related to beta-coronaviruses detected in bats (88% sequence identity), but different from SARS-CoV (79% sequence identification)¹⁵. They show a genetic difference, which is transmitted from person to person. The person may be infectious 48 hours before the onset of symptoms and the incubation time is 2 to 14 days.

The SARS and MERS viruses were driven by extremely widespread events in which individuals directly infected an unreasonably high number of contacts. The SARS-CoV-2 coronavirus 2019 epidemic caused by the Chinese market in Wuhan, where exotic animals were sold for consumption. Based on genetic relatedness to other beta-coronaviruses, SARS-CoV-2 probably has a zoonotic reservoir. However, the exact source of SARS-CoV-2 that originally infected humans remains unconfirmed¹⁶.

The effects of the new coronavirus are not only medical and psychological in relation to individuals, but above all the economic, economic and global impacts that have negatively determined politics, the labor market and foreign trade.

In terms of providing social services, the coronavirus has brought new approaches to care for the elderly, pandemic and quarantine measures, action plans and crisis strategies, and society has become more interested in those who rely on social services and the declaration of an emergency in the first wave of Covid-19. Initiatives have also been set up to help the elderly – with purchases, procurement of medicines, drapes or increased care and hygiene. However,

¹⁴ A. Kuraňová, B. Arabášová, *Kompetencie sociálnych pracovníkov v zariadeniach sociálnych služieb pre klientov s mentálnym postihnutím*. [In:] *Kvantitatívne a kvalitatívne výskumné stratégie. Zborník príspevkov z V. doktorandskej konferencie konanej 28. Októbra 2014 v Prešove*. Eds. B. Balogová, L. Barteková, A. Jašková, Prešov, Prešovská Univerzita v Prešove, Filozofická fakulta, Inštitút edukológie a sociálnej práce, 2014, p. 155

¹⁵ M. J. Loeffelholz, Y. W. Tang, *Laboratory diagnosis of emerging human coronavirus infections – the state of the art*. *Emerg Microbes Infect.* 2020;9(1), pp. 747-756

¹⁶ According to the Public Health Office of the Slovak Republic Strategy plan Num. OE/791/108782/2020

Covid-19 also brought many negative factors that contributed to the spread of psychosocial impacts on the quality of life of seniors.

On September 29, 2020, the Pandemic Plan of the Ministry of Labor, Social Affairs and Family of the Slovak Republic was approved, of which Annex no. 18 are also Pandemic traffic lights monitoring the system for epidemiological risks of Covid-19 in social services as follows:

1. traffic light for outpatient social services.
2. traffic light for residential social services.
3. traffic light for the performance of field social work in the Roma community.
4. traffic light for residential crisis intervention and support for families with children.
5. traffic light for dormitories.
6. traffic light for outpatient social crisis intervention services.
7. traffic light for laundries.
8. traffic light for personal hygiene centers.
9. traffic light for dining room.
10. traffic light for childcare facilities up to three years of age.
11. traffic light for field social services.
12. traffic light for social services in project activities.

The crisis plan in social services consists of standard and preventive procedures, which contains a number of internal documents that regulate the following basic areas:

1. Covid-19 Contact form – contains information about the senior's diseases, information about the contacts with which the senior came into contact, some questions are filled in by medical staff, especially in connection with the use of protective equipment, history and treatment of clients with Covid-19/without Covid-19.
2. Internal document – Crisis plan (in the management of activities aimed at preventing the emergence and spread of Covid-19 or other communicable diseases), which contains:
 - Description of the initial situation, how to identify the problem, description of the problem or potential risk, risk elimination management, contains a description of specific risks in relation to Covid-19 and proposal measures with expected solution time, including record of control and signatures of responsible people¹⁷.

¹⁷ Pursuant to § 5 par. 3 of Regulation 269/2020 Coll. for the implementation of certain economic mobilization measures in connection with the declaration of a state of emergency to ensure the resolution of the second wave of Covid-19 coronavirus

3. The Procedure for Resolving a Coronavirus Event, which contains¹⁸:
 - First phase: First phase/time: Provision of a room for staff in crisis mode and assignment of clients.
 - Provision of a room for clients with suspicion or confirmation to COVID-19 – responsible head nurse.
 - Second phase: Entry and communication of the professional with the client in home isolation/quarantine.
 - Third phase: Monitoring, health assessment and testing – in accordance with Government Decree 77/2020 Coll. to implement certain economic mobilization measures.
 - Phase Four: Testing.
 - Procedure in case of illness of other persons.
 - Infrastructure, material security, risk management, PPE.
4. List of business tel. numbers of regional hygienists and GTSÚ.
5. Record: Prevention and disinfection measures with products containing at least 60% ethanol – contains a record of the performance of preventive measures to prevent the spread of coronavirus.
6. List of items brought by the employee to remain in crisis service.
7. Internal document of professional activity: Monitoring of symptoms in a client with suspicion of an infectious disease of the upper respiratory tract (influenza, Covid-19) carried out within the nursing process – temperature measurement, monitoring of symptoms, stool, orientation, etc.
8. Internal document – List of activities in the provision of social services during an emergency situation of coronavirus spread: the aim is to identify the activities that will be carried out during the emergency situation of coronavirus spread and which will not be performed by individual staff of the facility. Justification: The crisis strategy is a series of pre-planned activities to anticipate, mitigate and eliminate the crisis in order to achieve lasting protection, security and financial stability of the facility.
9. Plan for reprofiling of beds in the facility – The document is used for the internal crisis team (ICT), which in accordance with this plan will determine the transfer of clients suspected of having the disease to Covid-19 or clients to whom RÚVZ has imposed domestic isolation.
10. Procedure for temporary abandonment of the facility – The aim of the document is to ensure a uniform procedure for accompanying a client in an emergency situation during a declared pandemic in Slovakia and limited movement of persons. This procedure applies to those clients who have been ordered for an examination or other medical procedure in a specialist outpa-

¹⁸ Pursuant to § 5 par. 3 of Regulation 269/2020 Coll. for the implementation of certain economic mobilization measures in connection with the declaration of a state of emergency to ensure the resolution of the second wave of Covid-19 coronavirus

tient clinic or hospital.

11. Management of the client's admission to social services facilities and facilities of social and legal protection of children and social guardianship in connection with the increased risk of the spread of the Covid virus 19.
12. Emergency record – contains the emergency procedure for Covid-19, which contains information: Date and time of the incident, Physiological functions and state of consciousness, Brief description of the situation, Measures used, consequences and information that the persons were notified/contacted.
13. The Covid-19 Case Report, which contains:
 - Patient information.
 - Clinical data and anamnesis, symptoms.
 - Basic medical history of the patient.
 - Exposure information: International and local travel within 14 days of first symptoms.
 - Participation in mass gatherings such as a concert, match, cinema, theater within 14 days of the onset of symptoms.
 - Stay in medical facilities for up to 14 days before the onset of symptoms.
 - Close contact with people with COVID-19 within 14 days before the onset of the first symptoms.
 - Laboratory and epidemiological details.
 - Clinical course/complications.
 - Results, Secondary bacterial infections, further details.
14. The internal document – Crisis Plan (in the management of activities aimed at preventing the emergence and spread of Covid-19, or other communicable diseases) – contains a crisis procedure and a plan of 17 pages. This contingency plan is binding for the coordination of emergency response activities through the internal crisis team (ICT) and is binding on all ICT members.

On 8 May 2020, the Regulation of the Government of the Slovak Republic no. 116/2020 Z. z. on certain measures in the field of social services in the event of an emergency, state of emergency or state of emergency declared in connection with the Covid-19 disease, which was sent to all founders and the Special Explanatory Memorandum on behalf of the Head of Department.

Regulation no. 271/2020 Z. z. supplementing the Regulation of the Government of the Slovak Republic no. 103/2020 Coll. on certain measures in the field of subsidies within the competence of the Ministry of Labor, Social Affairs and Family of the Slovak Republic in times of emergency, emergency or state of emergency declared in connection with Covid-19 determines the phases in which individual measures will be applied and adapting the crisis plan.

This guideline, in accordance with the Pandemic Plan for a Pandemic Event in the Slovak Republic, issued by the Ministry of Health of the Slovak Republic, regulates the recommendations in the form of a traffic light, in four phases:

1. Green phase – the situation is under control, there is no suspicion of Covid-19 infection in the facility.
2. Orange phase – the situation is deteriorating, there has been a senior or employee in the facility with a suspected and/or confirmed case of one client and/or employee with Covid-19.
3. Red phase – the situation is critical, the facility is infected with a confirmed test two or more clients, respectively employees and the facility is closing.
4. Gray phase – state before the epidemic, standard operation of the device.

Social rehabilitation

According to J. Votava, rehabilitation is a set of activities of a multidisciplinary nature, aimed at mitigating, preventing or eliminating the harmful consequences of disability or weakening of people, especially in favor of their optimal socialization. We speak of rehabilitation when the consequences of an illness or disability cannot be solved only by medical means and the condition is long-term to permanent, treatment cannot completely eliminate it¹⁹.

Rehabilitation care mainly concerns four areas. The psychological area is focused on creating a positive relationship with oneself and one's disability and mental balance in general. The technical area consists in research, development of production and maintenance of prosthetic devices, which help to overcome difficulties in disorders of movement, locomotion, etc. The legal area includes the development of legal norms that enable people to live a full life in accordance with the Declaration of Human Rights. The economic field contains a set of measures needed to meet the basic needs of everyday life²⁰.

„Comprehensive rehabilitation within the framework of medical, social, pedagogical and occupational rehabilitation represents above all the observance and protection of fundamental rights and freedoms in relation to the rights of people with disabilities. In order for rights and freedoms to apply to disabled people, a legal framework for their protection is essential. Respect for fundamental human rights and freedoms is regulated in the Charter of Fundamental Rights and Freedoms, to which the Slovak Republic acceded in 1991 under the Constitutional Act č. 23/1991 Coll. The Constitution of the Slovak Republic also provides special protection for the disabled people“²¹.

¹⁹ J. Votava, *Ucelená rehabilitace osob se zdravotním postižením*. Praha, Karlova Univerzita v Praze, Karolinium, 2005, p. 14

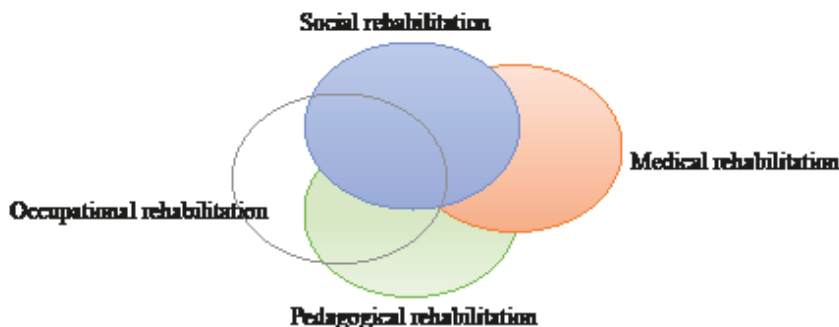
²⁰ A. Juhásová, A. Šmiehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, pp. 10-11

²¹ M. Kečkéšová, V. Kusin, *Sociálna rehabilitácia – súčasť komplexnej rehabilitácie*. [In:] *Inovácie v teórii a praxi výchovnej a komplexnej rehabilitácie osôb so zdravotným postihnutím. Zborník príspevkov z medzinárodnej vedeckej konferencie konanej dňa 20. novembra 2014*, Ed. P. Krajčí, M. Lezo, M. Fuchsová, Bratislava, UK v Bratislave, 2014, p. 104

Comprehensive rehabilitation is a comprehensive and interconnected process, which can be divided into four areas:

- medical rehabilitation,
- social rehabilitation,
- pedagogical rehabilitation,
- occupational rehabilitation²².

Figure 1. Comprehensive rehabilitation²³



O. Matousek et al. The term medical rehabilitation understands surgical remediation, drug treatment, self-service training, etc. By social rehabilitation we mean material and existential security, legislative protection of a person with a disability, his integration into society, etc. We pay more attention to social rehabilitation in this chapter, because it is an important part of our work. Pedagogical rehabilitation focuses on education and training, vocational training, and the development of self-sufficiency, abilities and skills. We include compensation, individual educational plans, reeducation, etc. Occupational rehabilitation refers to employment, which may include vocational training, job market research, career counseling, job protection, etc.²⁴.

According to Act no. 448/2008 Coll. on social services: “professional activity to support the independence, self-sufficiency, self-sufficiency of a natural person by developing and practicing skills or activating skills and strengthening habits in self-service, home care and basic social activities with maximum

²² B. Horváthová, M. Mašatová, J. Patriková, *Sociálna rehabilitácia ako významná súčasť v rámci integrácie klientov (liečebné, sociálne, pedagogické a pracovné prostriedky)*. [In:] *Aspekty komplexnej starostlivosti o zdravotne znevýhodnené deti a mladistvých v podmienkach DSS s ambulantnou starostlivosťou*. Odborný materiál pre študentov príbuzných odborov a dobrovoľníkov v zariadení DSS SČK, ÚzS Košice – mesto. Eds. M. Repejová, M. Vatra, E. Dudová et al., Košice, Slovenský červený kríž, 2014, p. 61

²³ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 10

²⁴ O. Matoušek, P. Kodymová, J. Koláčková, *Sociálné práce v praxi: špecifika rôznych cieľových skupín a práce s nimi*. Praha: Portál, 2010, p. 93

use of natural resources in the family and community. If a natural person is dependent on the help of another natural person, social rehabilitation is mainly training in the use of the aid, training in housework, training in spatial orientation and independent movement, teaching Braille writing and reading and social communication²⁵.

“We characterize the social rehabilitation of people with learning disabilities as the training of social skills, the acquisition of social communication skills, self-defense and self-employment in the life of an individual with disability in the process of strengthening his abilities for independent living²⁶.”

According to E. Kollárová, it is an essential task in social rehabilitation that the affected individual achieves as much independence as possible, independence from the help of other people, i. from. control of self-service tasks, housework, ability to use means of transport, shopping and recalling various matters²⁷.

Social rehabilitation is understood as a set of society’s measures to ensure a dignified and maximally possible valuable life for people with disabilities. An important role in social rehabilitation is played by family factors, personality factors, the community in which the person lives. The subjective ability to actively carry out the long-term rehabilitation process and to use the opportunity to learn to work with the offered elements within the rehabilitation process is important²⁸.

Focus of social rehabilitation

The focus of social rehabilitation can be summarized in the following theses:

- is a process of learning to live with disorders or lack of functions, prevention and overcoming disadvantages, the process of developing preserved potential,
- has the character of a lifelong process and cannot be institutionalized only in facilities with a closed cycle of operation,
- the recipients of the social service themselves must take an active part in it in the form of cooperation,
- it should mostly be implemented in a group form and assume a certain degree of cooperation of the intact public,

²⁵ Zákon č. 448/2008 Z. z. o sociálnych službách v znení neskorších predpisov, § 21

²⁶ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 108

²⁷ E. Kollárová, *Základy somatopédie*. Bratislava, Vydavateľstvo UK, 2006, p. 46

²⁸ B. Horváthová, M. Mašatová, J. Patriková, *Sociálna rehabilitácia ako významná súčasť v rámci integrácie klientov (liečebné, sociálne, pedagogické a pracovné prostriedky)*. [In:] *Aspekty komplexnej starostlivosti o zdravotne znevýhodnené deti a mladistvých v podmienkach DSS s ambulatnou starostlivosťou. Odborný materiál pre študentov príbuzných odborov a dobrovoľníkov v zaradení DSS SČK, ÚzS Košice – mesto*. Eds. M. Repejová, M. Vatra, E. Dudová et al., Košice, Slovenský červený kríž, 2014, p. 63

- very closely related to medical, pedagogical and occupational rehabilitation, in practice they overlap,
- the effectiveness of social rehabilitation is conditioned by external environmental conditions²⁹.

The basic principles of social rehabilitation include:

- orientation to the needs of the clients – the needs are created by the recipient based on the impact of his environment, previous life experiences, available options, etc. During his life he creates a hierarchy of needs, which gradually changes due to life situations.
- orientation towards the recipient as an individual – we mean to focus on the recipient and approach his needs individually using existing methods, forms and procedures in social rehabilitation.
- orientation to preserve the sovereignty of the beneficiary and support its competencies – the beneficiary is able to make decisions, take responsibility. The competences are retained by the recipient and allow him to strengthen self-confidence and self-sufficiency.
- orientation on the image of the social recipient - the recipient is a person who needs the help of an expert, t. j. a social worker who helps him to solve his problems³⁰.

The goal of social rehabilitation is to achieve the highest possible degree of social integration. We can talk about active tools and services that have the effect of reducing the level of dependence of a person resulting from his disability and handicap. In social rehabilitation, we mean self-service training, training in the use of compensatory aids, training in special communication skills, training in spatial orientation and independent movement, training in social communication, social contacts and counseling itself³¹.

„Social rehabilitation focuses mainly on the following areas:

- independence, independence from the help of others – control of self-service work, housework, ability to remember one's personal affairs,
- communication – it is about mastering various types of alternative communication such as sign language, MAKATON system, computers, etc.
- good social behavior focused on building a positive relationship and trust“.

²⁹ J. Jesenský, *Uvedení do rehabilitace zdravotně postižených*. Praha, Karlova Univerzita v Praze Karolinum, 1995, p. 37

³⁰ J. Levická, *Na ceste za klientom. Metódy, formy a prístupy v sociálnej práci*. Trnava, Edícia ProSocio, 2006, pp. 147-150

³¹ B. Horváthová, M. Mašatová, J. Patriková, *Sociálna rehabilitácia ako významná súčasť v rámci integrácie klientov (liečebné, sociálne, pedagogické a pracovné prostriedky)*. [In:] *Aspekty komplexnej starostlivosti o zdravotne znevýhodnené deti a mladistvých v podmienkach DSS s ambulatnou starostlivosťou. Odborný materiál pre študentov príbuzných odborov a dobrovoľníkov v zaradení DSS SČK, ÚzS Košice – mesto*. Eds. M. Repejová, M. Vatra, E. Dudová et al., Košice, Slovenský červený kríž, 2014, p. 63

„Experts working in local government and social services emphasize that social rehabilitation can be carried out:

- outpatient – in the home environment, including sheltered housing, in day centers, in social and occupational rehabilitation centers within community services, and
- institutional – in rehabilitation centers, in social service homes“³².

According to D. Moravcová, it is necessary to create suitable conditions for successful social rehabilitation, which highlight the following important areas:

- “get to know the recipient,
- prepare the recipient for rehabilitation, get acquainted with the procedures that we will use,
- and what effect they will have for the recipient,
- gain the recipient’s trust by acting calmly and decisively,
- get the recipient to cooperate in a calm and friendly atmosphere,
- maintain the beneficiary’s cooperation and activity by positively influencing the beneficiary“³³.

It is important to talk about preventive, current and subsequent rehabilitation care from the time organization of social rehabilitation. For preventive rehabilitation care, it is important to prevent the occurrence of errors or disorders in the form of preventive work or a healthy lifestyle. Current rehabilitation care begins after the emergence of a social problem situation, the aim of which is to mitigate or even eliminate the impact on the recipient. Subsequent rehabilitation care means a set of services that follow the current rehabilitation care and for some recipients we can say that they grow into lifelong care³⁴.

„As part of the provision of social services, the provider of social services is obliged to provide professional activities in the home of social services, which include social rehabilitation. Social rehabilitation as a professional activity and other professional activities, such as specialized counseling and stimulation of the development of a child with a disability, may be performed by a social service provider on the basis of accreditation, which is decided by the Ministry of Labor, Social Affairs and Family of the Slovak Republic. The Ministry of Labor, Social Affairs and Family of the Slovak Republic also grants accreditation to

³² B. Horváthová, M. Mašatová, J. Patriková, *Sociálna rehabilitácia ako významná súčasť v rámci integrácie klientov (liečebné, sociálne, pedagogické a pracovné prostriedky)*. [In:] *Aspekty komplexnej starostlivosti o zdravotne znevýhodnené deti a mladistvých v podmienkach DSS s ambulatnou starostlivosťou. Odborný materiál pre študentov príbuzných odborov a dobrovoľníkov v zariadení DSS SČK, ÚzS Košice – mesto*. Eds. M. Repejová, M. Vatra, E. Dudová et al., Košice, Slovenský červený kríž, 2014, p. 63

³³ D. Moravcová, *Zrakové terapie slabozrakých a pacientů s nízkym vizem*. Praha, TRITON, 2004, pp. 40-41

³⁴ J. Levická, *Metódy sociálnej práce*. Trnava, VeV, 2002, p. 97

non-public providers who provide social services without the right to profit or for profit“³⁵.

„The recipient does not pay compensation to the provider for social rehabilitation, except for the provider who provides social services for the purpose of profit“³⁶. Financing of social rehabilitation falls within the competence of municipalities and self-governing regions. In accordance with §75 Act. No. on the Social Services Act, municipalities and self-governing regions are obliged to provide financial contributions for the operation of a social service, as well as a contribution for a natural person's dependence on another natural person to a non-public provider, if this provider does not provide rehabilitation activities³⁷. „The obligation of the municipality and the self-governing region to provide contributions is conditioned by the request of the said self-governing entities for the provision of the above types of social services to a non-public provider designated by the recipient, if this service cannot be provided by the municipality or self-governing region”³⁸.

„A social worker, social work assistant, special pedagogue or a natural person with a complete secondary education who has completed an accredited training course in the field of social rehabilitation in the scope of 150 hours is a social rehabilitation instructor for the purposes of this Act. No. 448/2008“³⁹.

The aim of the work of a social rehabilitation instructor in a social services home is:

- assist in maintaining the optimal level of mental and emotional competence of the beneficiary,
- involve the beneficiary in integrated programs in a group of other beneficiaries and the wider community,
- cooperation of the recipient's family members in activities related to social rehabilitation,
- planning, implementation and evaluation of a social rehabilitation program,
- ensuring the organization of the recipient's life with the main focus on his needs and work,

³⁵ M. Kečkéšová, V. Kusin, *Sociálna rehabilitácia – súčasť komplexnej rehabilitácie*. [In:] *Inovácie v teórii a praxi výchovnej a komplexnej rehabilitácie osôb so zdravotným postihnutím. Zborník príspevkov z medzinárodnej vedeckej konferencie konanej dňa 20. novembra 2014*. Eds. P. Krajčí, M. Lezo, M. Fuchsová, Bratislava, IRIS, 2014, p. 107

³⁶ Zákon č. 448/2008 Z. z. o sociálnych službách, §72

³⁷ Zákon č. 448/2008 Z. z. o sociálnych službách, § 75

³⁸ M. Kečkéšová, V. Kusin, *Sociálna rehabilitácia – súčasť komplexnej rehabilitácie*. [In:] *Inovácie v teórii a praxi výchovnej a komplexnej rehabilitácie osôb so zdravotným postihnutím. Zborník príspevkov z medzinárodnej vedeckej konferencie konanej dňa 20. novembra 2014*. Eds. P. Krajčí, M. Lezo, M. Fuchsová, Bratislava, IRIS, 2014, p. 107

³⁹ Zákon č. 448/2008 Zákon o sociálnych službách v znení neskorších predpisov, § 84

- elaboration of individual plans of social rehabilitation of the recipient,
- records of professional records from the process of social rehabilitation itself,
- close co-operation with the beneficiary, family members, and
- helps the receiver to use the receiver's memory and imagination⁴⁰.

Providing social rehabilitation as an important tool in improving the quality of life of individuals with disabilities offers new inspirations and decisions for people with disabilities themselves. It helps them to reflect their requirements and needs in fulfilling and quality provision of social services in accordance with the disability of the clients depended on the social service⁴¹.

Methods and techniques of social rehabilitation in the practice of a social worker

P. Tománek⁴² highlights that family and social support plays key role in the process of living independence and supporting the good quality of life of the vulnerable who are beneficiaries of social care services the most.

“The use and selection of appropriate methods and techniques in social work and especially in working with beneficiaries requires a unique approach and procedure. When choosing individual methods, knowledge is important and therefore high demands are placed on the work of a social worker. The creators of the method of social work are the ways in which we can achieve a specific theoretical and practical goal than how to achieve true knowledge through specific principles, the ways in which new scientific knowledge is acquired, classified and explained. It is a deliberate, purposeful, conscious approach in social work⁴³.”

Within social rehabilitation, according to M. Nová, “techniques need to be adapted to age, current physical and mental condition, number of clients, time and space options that we have at our disposal. It is also necessary to take into account the fact what we want to achieve with the used technique. In essence, techniques have a therapeutic significance⁴⁴.”

⁴⁰ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 225

⁴¹ M. Kečkéšová, V. Kusin, *Sociálna rehabilitácia – súčasť komplexnej rehabilitácie*. [In:] *Inovácie v teórii a praxi výchovnej a komplexnej rehabilitácie osôb so zdravotným postihnutím. Zborník príspevkov z medzinárodnej vedeckej konferencie konanej dňa 20. novembra 2014*. Eds. P. Krajčí, M. Lezo, M. Fuchsová, Bratislava, IRIS, 2014, p. 108

⁴² P. Tománek, *Fragmenty slova – fragmenty výchovy*. [In:] „Testimonium fidei“, 2018, Vol. 6, N. 1, pp. 40-48

⁴³ Š. Strieženeč, *Teória a metodológia sociálnej práce*. Trnava, Tripsoft, 2006, p. 114

⁴⁴ M. Nová, *Metody sociální práce se seniory*. [In:] *Gerentologie pro sociální práci*. Eds. J. Ondrušová, B. Krahulcová, Praha, Karolinum, 2020, p. 122

Methods and techniques of social rehabilitation are divided into three categories:

1. *Methods and techniques of education and reeducation* – are based on the longevity and specificity of the individual approach. Methods and techniques of education and reeducation are focused on training self-care, social competencies and communication skills. A suitable form is education in the form of regularly recurring intervals or residential activities.

The basic methods and techniques of education and reeducation can be included⁴⁵:

- Easy-to-read texts – for people with learning disabilities, play an important role in integrating into society. These people are often unable to understand information or only misunderstand it and interpret it incorrectly. People with learning disabilities should receive valuable information that is appropriate to their needs⁴⁶.
- Self-advocacy – is a type of support that allows people with disabilities to prevent problems in personal and public life. Self-defense touches on everyday decisions, expressing one's opinions and requirements, education in the field of social and legal issues⁴⁷.
- Social prevention – the aim is to prevent and prevent the occurrence, recurrence or deepening of disorders of physical, mental and social development of people with learning disabilities. Forms of social prevention can be a form of search activity or through mainstreaming. Search activity means establishing contacts with other people. Under the term mainstreaming we understand the involvement of the problems of people with learning disabilities in policy planning at various levels – municipality, region, state⁴⁸.

2. *Method and technique of compensation* – this method is aimed at removing social barriers in the field of supported decision-making. Belongs here:

- Supported decision-making – in this method, a person with a learning disability has full legal capacity. A social worker helps such a person with decisions in all areas of life. It is important for the social worker to notice the will of the person being supported and to protect them from fraudu-

⁴⁵ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, pp. 115-116

⁴⁶ A. Žilková, *Lahko čitateľné texty*. Bratislava: ZPMP, 2011, s. 1, http://www.zpmpvsr.sk/index.php?option=com_content&task=blogcategory&id=43&Itemid=225, [access date: 18.07.20]

⁴⁷ A. Žilková, *Lahko čitateľné texty*. Bratislava: ZPMP, 2011, s. 1, http://www.zpmpvsr.sk/index.php?option=com_content&task=blogcategory&id=43&Itemid=225, [access date: 18.07.20]

⁴⁸ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 117

lent practices. This method is new and brings a newer approach to people with learning disabilities⁴⁹.

3. **Methods and techniques of acceptance** – the difference of people with learning disabilities is reflected in their perception, understanding and experience of progress in their inner and outer world. These methods mediate the acceptance and understanding of myself as I am, as well as the acceptance and understanding of excellence by the majority society⁵⁰.

These methods and techniques include:

- *Social counseling* – provides information on the procedures resulting from the social support of the state, which is mediated to persons in difficult social situations. According to A. Juhášová, A. Šmehilová and P. Ajdari, social counseling focuses on determining the extent and nature of social need. Social counseling offers help in solving social problems, activates the recipient in terms of finding effective solutions⁵¹.

We can talk about social counseling as an established system of professional counseling, which works with the same recipient within the framework of its individual development. Social counseling aimed at people with disabilities should provide basic information on benefits, services, professional assistance, assistance in contact with the authorities and support it in promoting its rights and interests⁵².

- *Art therapy* – is understood as the use of aesthetics in therapy, most often in the form of art activities. It is used by many types of recipients. Art therapy is a method that does not limit the mental age of the clients and it is useful even for people without disabilities. The individual form is also an individual form, but also a group form. The preferred technique in the process of therapy for people with learning disabilities is focused on pottery clay, due to its wide art therapeutic potential⁵³.
- *Drama therapy* – “is focused on self-acceptance and acceptance of people with learning disabilities is a complex of approaches and methods in which originally dramatic means are used for personal growth, emotional healing, correction of unwanted attitudes and sleep. As in previous approaches, the choice of techniques as well as the clients for the drama therapy

⁴⁹ I. Mišová, *Rozvoj centier komplexných služieb komunitného charakteru zameraný na poskytovanie informačnej, poradenskej a vzdelávacej činnosti*. [In:] *Práca ako kľúčový faktor inklúzií*. Zborník z celoslovenskej konferencie s medzinárodnou účasťou, I. Mišová, J. Brnová, M. Fečíková, et al. Bratislava: ZPMP, 2006, p. 36

⁵⁰ I. Mišová, Z. Stavrovská, *Podporované rozhodovanie*. Bratislava, ZPMP v SR, 2009, p. 3

⁵¹ A. Juhášová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 126

⁵² O. Matoušek, *Slovník sociální práce*, Praha: Portál, 2008, p. 200

⁵³ A. Juhášová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 126

program is important⁵⁴. Dramatic games and exercises aimed at developing speech and thinking are suitable, as well as games aimed at correcting certain behaviors. The goal of drama therapy is to provide the recipient with an insight into themselves and their thinking and behavior⁵⁵.

- *Occupational therapy* – in the social rehabilitation of people with learning disabilities, work is a necessary part of acquiring new skills and abilities. Many times in the process of social rehabilitation we encounter fitness ergotherapy, which allows mentally handicapped people to perform hobby activities in the company of other people. Popular techniques are handicrafts, garden work, etc. The goal of occupational therapy is to maximally develop and support the health of each person and to be based on their own needs and the requirements of the environment. Occupational therapy is of great importance for people with learning disabilities in practicing normal daily activities towards self-sufficiency and independent living⁵⁶.
- *Music therapy* – is a very common method when working with people with learning disabilities. Music therapy is a treatment method using music as a therapeutic agent. Music therapy is the borderline between medicine, psychology and the art of music. In addition to the artistic dimension, music also creates a space for self-expression through creative and musical methods. Music therapy is the use of music or musical elements (melody, sound, harmony) for a individual or group to develop relationships, communication, self-expression and other therapeutic intentions. The aim of music therapy is to develop the potential or restore the functions of the recipient in order to achieve better intrapersonal or interpersonal integration as well as a higher quality of life through prevention or rehabilitation⁵⁷.
- *Psychotherapy* – is a special type of psychological intervention affecting the mental life, behavior of a person, interpersonal relationships and bodily processes. In psychotherapy, it is necessary to choose methods for these clients that take into account the mental abilities of the recipient. One of the most common topics in psychotherapy is self-acceptance and training in effective forms of behavior. Among the recommended directions of psychotherapy we can include behavioral therapy, logotherapy focused on the process of oriented psychotherapy, etc.⁵⁸.

⁵⁴ G. Mahrová, M. Venglářová, M. Čadková-Svejkovská, et al., *Sociální práce s lidmi s duševním onemocněním*. Praha, Grada, 2008, p. 119

⁵⁵ K. Majzlanová, *Dramatická výchova vo výchove mentálne postihnutých detí*. Trenčín, PTK Echo, 1993, p. 41

⁵⁶ M. Krivošíková, *Úvod do ergoterapie*. Praha, Grada Publishing, 2011, pp. 13-19

⁵⁷ J. Kantor, M. Lipský, J. Weber, *Základy muzikoterapie*. Praha, Grada Publishing, 2009, p. 27

⁵⁸ J. Vymetal, et al., *Obecná psychoterapie*. Praha, Grada Publishing, 2004, pp. 21-23

- *Animotherapy* – “is defined as an activity with the help of animals, a social activity in which the natural contact of man and animal is aimed at improving the quality of life of the recipient or contact the natural development of his social abilities. Animotherapy can be realized in the form of breeding small domestic animals or livestock. People with learning disabilities in contact with animals build a relationship plane with the living being, carry out the practice of responsibility for the care of the living creature⁵⁹.
- *Leisure activities* – can take the form of hobby groups, discussions, games, day trips or holiday stays organized either by family members or by the facility in which the person is located. The most important element in leisure activities is the game itself, which encourages creativity, cooperation and communication. Many times, these activities are enriched with cultural and sporting events associated with the presentation of products or performances in public⁶⁰.

Social rehabilitation interventions

A social worker who performs social rehabilitation participates in meetings and sessions with people with learning disabilities. Meetings are focused on discussion, offer problems and many times help us to find solutions. In order for the work at the meetings of the social worker and the recipient to be effective, it is necessary to follow simple principles:

- use plain text with the support of images and photographs,
- wait for a response and not interrupt anyone,
- use a larger font,
- realize that people with learning disabilities should have the same chance to take risks and make mistakes as everyone else,
- it is appropriate to bring the idea of meaningfulness to the meeting,
- speak simply without technical words and jargon,
- realize that one’s own life experiences are likely to be very different from the experiences of the people she supports,
- clarify supporting texts,
- create realistic goals,
- create a suitable atmosphere of acceptance⁶¹.

⁵⁹ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 130

⁶⁰ A. Juhásová, A. Šmehilová, P. Ajdariová, *Sociálna rehabilitácia ľudí so zdravotným postihnutím*. Nitra, Vydavateľstvo Michala Vaška, 2012, p. 130

⁶¹ I. Mišová, *Sociálna rehabilitácia pre ľudí s mentálnym postihnutím* <http://www.nrozp.sk/index.php/soc-rehabilitacia/mentalne-postihnutie/97-socialna-rehabilitacia-ludi-s-mentalnym-postihnutim>, [access date: 25.07.20]

Appropriate forms of social rehabilitation intervention can include education in the form of regularly recurring group meetings, which are performed in an outpatient form. The residential form provides seminars, camps, residential activities. We can apply these methods in social rehabilitation interventions in practice:

- „*Games* – their great advantage is that they can unite the group. They are fun and minimize tension. They have their own rules, they encourage self-control and cooperation, verbal and appropriate physical contact. An appropriately chosen game can support people with learning disabilities in understanding such abstract concepts as trust and cooperation. Games also have a positive effect on the social behavior of people with learning disabilities and are motivating.
- *Discussions* – A discussion requires the expression of more than one point of view. It requires that the discussants be prepared to express a different opinion than someone else’s and then be able to respond to different statements than theirs. The group will learn to think more thoughtfully, cooperate and reflect on their own and other people’s feelings, opinions, experiences. The most common are round and panel discussions. They can be implemented within the whole group, but also in smaller groups. The key is to choose a topic of interest to the participants of the meeting and its appropriate presentation. The principle is the acceptance of all opinions, or even the opportunity not to express yourself⁶².
- „*Brainstorming* – Spitting thoughts as fast as possible without thinking about their value is one of the last activating methods to start a group discussion. Brainstorming is mainly about a lot of ideas, getting creative, original ideas. This activity gives everyone the opportunity to express themselves. The analysis of individual ideas takes place only after all ideas have been exhausted. In people with learning disabilities, it is necessary to train this technique for a longer period of time, because sometimes its freedom causes the production of a large amount of information unrelated to the topic⁶³.
- Touch activities – Touches are also a communication channel. They can make people happier and they can work miracles. Handshake is one of the most common forms of contact in social contact. Touches need to be handled very carefully and the personal space of each participant is valued.

⁶² I. Mišová, *Sociálna rehabilitácia pre ľudí s mentálnym postihnutím* <http://www.nrozp.sk/index.php/soc-rehabilitacia/mentalne-postihnutie/97-socialna-rehabilitacia-ludi-s-mentalnym-postihnutim>, [access date: 25.07.20]

⁶³ I. Mišová, *Sociálna rehabilitácia pre ľudí s mentálnym postihnutím* <http://www.nrozp.sk/index.php/soc-rehabilitacia/mentalne-postihnutie/97-socialna-rehabilitacia-ludi-s-mentalnym-postihnutim>, [access date: 25.07.20]

However, touches can come closer and create positive, friendly emotional bonds between participants⁶⁴.

- *Interview and listening* are among the oldest social rehabilitation interventions that provide a general picture of the recipient's problems. The interview provides information that we would not have obtained by other methods, and therefore this form is considered the basic and most important method of social rehabilitation. Thanks to the interview, we obtain information about the current state of problems, anamnesis, way of life, information about the environment in which the recipient lives. The information obtained through the interview allows us to understand the recipient's problems, how he has the opportunity and motivation to solve them. The aim of the interview is to evaluate the information and determine the next step in solving the recipient's problem. The basic condition for the interview is to create a pleasant atmosphere and a positive interpersonal relationship with the social worker. The social worker should find out important information about the beneficiary before starting to interview him. Phases of the communication process, communication environment, communication pitfalls, feedback, communication channels, signal and communication disorders come into the attention of social rehabilitation⁶⁵.
- *Role-playing* is another auxiliary training technique in social rehabilitation. The beneficiary exercises competencies directly in a particular model situation or in vivo (i.e., in a real life situation). The beneficiary plays different situations or uses a mutual exchange of roles. Role-playing may remind us of psychodrama, but unlike psychodrama, it has different theoretical and rational starting points⁶⁶. „Role-playing allows you to express even those hidden feelings, consult the problem, exercise empathy, try new behaviors, show social problems and the dynamics of group interaction. It also emphasizes the importance of nonverbal emotional responses. However, for some it may be difficult to step out of your role and play another role, as this technique requires a certain amount of imagination. However, even for people with learning disabilities, this activity is available and is popularly used in practice“⁶⁷.

⁶⁴ M. Mandelik, J. Bramueková, D. Patková, R. Kuková, *Inštruktor sociálnej rehabilitácie*. CD. Prešov, VaV Akademy, 2012, p. 129

⁶⁵ J. Levická, *Na ceste za klientom. Metódy, formy a prístupy v sociálnej práci*. Trnava, Edícia ProSocio, 2006, pp. 161-162

⁶⁶ M. Schavel, M. Olah, *Sociálne poradenstvo a komunikácia*. Bratislava, BEKI DESIGN, s.r.o., 2008, p. 124

⁶⁷ I. Mišová, *Sociálna rehabilitácia pre ľudí s mentálnym postihnutím* <http://www.nrozp.sk/index.php/soc-rehabilitacia/mentalne-postihnutie/97-socialna-rehabilitacia-ludi-s-mentalnym-postihnutim>, [access date: 25.07.20]

- Relaxation techniques – in social rehabilitation, relaxation formed with the capacities of meetings is used with popularity. The aim of relaxation techniques is the reflection of impressions, experiences, self-knowledge or induction of a pleasant atmosphere, relaxation, but also concentration itself. Relaxation must be led by a social worker, who should have the necessary professional qualifications and experience. Its implementation in a group requires longer-term training and tolerance towards those who are not able to fully comply with all instructions⁶⁸.

Conclusion

Social rehabilitation has a great influence on the quality of social service provision in social service homes. We can also talk about an irreplaceable role, which is an important part of the life of clients with physical or psychical disabilities. Social rehabilitation brings new aspects into the lives of clients, which help them in (re)adaptation, compensation in integration into a small community of their friends or close relatives, but also into society as a whole. As it is a set of activities that support the independence, independence and self-sufficiency of recipients in social service homes, we can also talk about activating the abilities, skills and strengthening the habits of these clients. Many times, repeated rehabilitation methods and techniques become such a part of the client's life that the process of rehabilitation itself is less important than the feeling and especially the joy of performing individual activities.

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⁶⁸ I. Mišová, *Sociálna rehabilitácia pre ľudí s mentálnym postihnutím* <http://www.nrozp.sk/index.php/soc-rehabilitacia/mentalne-postihnutie/97-socialna-rehabilitacia-ludi-s-mentalnym-postihnutim>, [access date: 25.07.20]

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