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Editorial

Dear readers,

You are holding in your hands the first issue of the journal Health & Humanity, created with the ambition to bridge three fields that are closely and inseparably interconnected in today's world—healthcare, social sciences, and the humanities. Our aim is to provide a professional yet open space for scholarly discussion, critical thinking, and interdisciplinary dialogue on topics that shape the quality of human life in its biological, psychological, social, and cultural dimensions.

Health can no longer be understood merely as the absence of disease. It is the result of a complex interaction of medical knowledge, social determinants of health, psychological factors, and cultural and societal values. Likewise, the social sciences and humanities play an increasingly important role in understanding healthcare practice, contributing to a holistic view of the patient as a unique individual rather than merely a bearer of a diagnosis.
The journal Health & Humanity aims to publish original scientific studies, review articles, case reports, analytical contributions, and practice-based reflections that transcend disciplinary boundaries. We believe that an interdisciplinary approach is a key tool for gaining a deeper understanding of the complex challenges faced by contemporary society—from population ageing and mental health, to social inequalities, and the ethical questions of modern medicine and public policy.

The significance and contribution of the journal to science and practice lies primarily in its ability to connect theoretical knowledge with its practical application. For the scientific community, it provides a platform for presenting research findings that reflect real-world health and social problems in their full complexity. At the same time, it fosters the development of new interdisciplinary approaches and methodological frameworks that go beyond the traditional boundaries of individual disciplines.

This first issue marks a symbolic beginning of this journey. It presents a diverse range of perspectives from authors in both academic and practical settings and opens discussions that are not only professionally relevant but also profoundly human.

We extend our sincere gratitude to all authors, reviewers, and collaborators who contributed to the preparation of this issue. We also thank you, the readers, for joining this scholarly conversation. We hope that Health & Humanity will become a stable platform connecting science with practice, knowledge with humanity, and individual disciplines into a meaningful whole.

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Health & Humanity

Comparison of the Needs of Social Services Provided to Seniors in Home Care and in Social Service Facilities from the Perspective of Families in the District of Skalica

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Abstract
The article examines the needs of social services provided to older adults in home care and residential facilities from the perspective of families in the district of Skalica. The quantitative research, conducted through an online questionnaire, analyses family perceptions, preferences and expectations regarding current and future service provision. Statistical evaluation using the Chi-square test identifies differences in how home-based and institutional care are perceived. The findings serve as a basis for recommendations aimed at improving the accessibility and quality of social services for older adults in the Skalica district.

Keywords: social services, older adults, home care, residential care facilities, family, informal care, deinstitutionalisation

Introduction

"Human life unfolds from birth until the moment of death through specific developmental stages. Each stage has its own principles and characteristics that influence the quality, manner, and scope of our lives, and we must adapt to and take them into account in a fairly fundamental way. Every developmental period provides us with certain opportunities, while at the same time limiting us in certain respects." (Malíková, 2020, p. 13).

The process of deinstitutionalization, as one of the main trends in the field of social services, introduces new guidelines concerning the capacity of social service facilities, the individualization of care, and support for seniors remaining in their natural environment. As a result of these changes, a shift can be observed in the behavior and decision-making of seniors

and their families, with admission to residential social service facilities often postponed until an older age or perceived as a last resort. Consequently, care provided in the home environment is becoming increasingly important and is emerging as a significant component of the social services system.The main aim of this paper is to analyse the current needs in the provision of social services for seniors in home care and in social service facilities from the perspective of families in the Skalica district and to identify their expectations for the future. Attention is focused on evaluating the accessibility and quality of individual forms of care, as well as the factors influencing family members' decisions when selecting a specific type of service. Particular emphasis is placed on the socio-economic characteristics of families and their level of awareness regarding social assistance opportunities.

The findings of the research may serve as a basis for more effective planning and optimization of social services at the regional level. Their application may contribute to the development of services that better reflect the real needs of seniors and their families, while also supporting the advancement of social work in the context of an ageing population.

The following hypotheses were established:

H1: Family members with lower education (elementary or secondary education without a high school diploma) evaluate the quality of senior care more positively than family members with higher education (secondary school with a high school diploma and university education).
H2: Family members with lower incomes (up to 2000 euros) prefer care for the elderly in the home environment more significantly than families with higher incomes (over 2000 euros).

Theoretical and Legislative Basis

"The process of population ageing represents one of the most significant social transformation challenges of the 21st century and is the result of a combination of declining fertility and increasing life expectancy" (Šprocha – Ďurček, 2019, p. 7). The increase in average life expectancy combined with declining birth rates leads to a growing number of elderly people, thereby increasing demands on the availability, quality, and diversity of care services. Social services for seniors are thus becoming one of the key areas of social policy that requires systematic planning and continuous adaptation to the changing needs of this target group.

An important actor in the senior care system is the family, which represents the fundamental pillar of informal care. Family members participate in providing daily assistance, emotional support, and often the coordination of formal social services. Their attitudes, experiences, and socio-economic situation have a significant impact on decisions regarding whether care will be provided in the home environment or in a social service facility. For this reason, the family's perspective is essential for a comprehensive understanding of the functioning of the social services system for seniors.

In the Skalica district, similarly to other regions of the Slovak Republic, specific regional conditions influence the availability and use of social services. These include mainly the

demographic structure of the population, the capacity of service providers, as well as the social and economic characteristics of families. In this context, the family acts not only as a recipient or intermediary of care, but also as an evaluator of its quality, accessibility, and adequacy. Understanding family preferences and expectations makes it possible to better comprehend the current state of social service provision and to identify areas requiring improvement.

Social services represent a systematically organized set of professional activities and interventions aimed at responding to adverse social situations affecting individuals or groups of the population. In the context of working with older adults, they are primarily oriented toward supporting dignity, preserving autonomy, strengthening social ties, and preventing social exclusion. At the same time, social services fulfil an important stabilizing function within the state's social policy, as they contribute to maintaining quality of life and promoting the social inclusion of service recipients (Bundzelová et al., 2023).

In the conditions of the Slovak Republic, the field of social services is legislatively regulated by Act No. 448/2008 Coll. on Social Services and on Amendments to Act No. 455/1991 Coll. on Trade Licensing, as amended. This legal regulation constitutes the basic framework for the provision of social services and defines their content, objectives, forms, and conditions of implementation (Vallová a Mrváň, 2023).

According to Act No. 448/2008 Coll., "A social service is a professional activity, service activity, or another activity, or a set of such activities, aimed at preventing the emergence of an adverse social situation, resolving an adverse social situation, or mitigating its consequences for an individual, family, group of persons, or community" (Act No. 448/2008 Coll. on Social Services, Section 2, Paragraph 1).

Social services are also aimed at supporting the independence of individuals, developing their ability to lead an independent life, and promoting their social inclusion. An inseparable part of social services is also the provision of basic living needs, crisis intervention, prevention of social exclusion, and childcare in cases where the family situation requires it (Act No. 448/2008 Coll. on Social Services).

The legislative framework differentiates social services according to target groups, which include seniors, persons with disabilities, families with children, and individuals in adverse social situations. The primary objective of these services is to support social inclusion, preserve human dignity, and strengthen the independence of service recipients (Act No. 448/2008 Coll., Section 12; Stachoň, 2017).

In accordance with applicable legislation and professional theory, social services can be classified according to the form and spatial framework of their provision. In this context, we distinguish outpatient services, provided within specialized facilities that recipients attend, and field services, which are delivered directly in the client's natural social environment. The third form consists of residential services, which provide comprehensive care combined with accommodation in social service facilities. In addition to the spatial aspect, another key criterion is the nature of the service provider. Social services may also be categorized according to the

nature of the activities provided. These include, for example, personal assistance services, home nursing care, social counselling, the activities of day-care centres and community centres, as well as crisis intervention services provided in crisis centres (Act No. 448/2008 Coll.). These services respond to the diverse needs of clients and contribute to improving their quality of life.

Methodology

The main objective of the conducted quantitative research is to analyse the needs of social services provided to seniors in home care and in social service facilities from the perspective of families in the Skalica district.

The purpose of the research is to identify differences in the perception of the quality of senior care, the accessibility of social services, and the expectations of family members depending on the form of care provided. The research is based on the assumption that the form of care provision (home environment versus residential care) significantly influences the subjective assessment of seniors' quality of life, the level of family satisfaction with services, as well as the economic and organizational burden placed on households. In this context, the family is understood as a key actor within the senior care system, as it plays an important role in decisions regarding the use of social services, the provision of informal care, and the coordination of formal services.

Particular attention is devoted to the socio-economic characteristics of families, especially income level and educational attainment, which may influence preferences regarding the form of care and the level of awareness of available services. The economic accessibility of services represents an important determinant of their utilization, as confirmed by international analyses in the field of long-term care (OECD, 2020).

Partial Research Objectives

In line with the main research objective, the following partial objectives were established:

- To determine how family members of seniors evaluate the quality of social services provided to seniors in the home care between field and residential forms of service provision. It will also provide a basis for assessing whether the form of care affects the subjective perception of dignity, safety and satisfaction of the senior.

- To examine the relationship between the family's income situation and the preference for the form of care for the senior.

This objective is based on the assumption that the economic situation of the household can determine the decision to remain a senior in the home environment or to place him in a social service facility. The results will allow us to assess the extent to which the choice of the form of care is influenced by the family's financial capabilities.

The research implicitly verifies the assumption that the quality of life of a senior is the result of the interaction between the individual health status, family background and the availability of formal services. A comparison of home and residential care will allow us to identify whether there are statistically significant differences in the perception of the quality of life and family satisfaction depending on the organizational form of care. At the same time, it is assumed that socio-economic factors, especially household income, will show a correlation with the preferred type of care. The results may point to potential barriers to access to services and the degree of economic conditionality of family decision-making.

In the European context, the trend is to strengthen community and outreach care with the aim of enabling seniors to remain in their natural environment for as long as possible (OECD, 2020). However, compared to some Western European countries, the level of development of outreach services in Slovakia is regionally uneven, which may influence family decision-making.

A comparative perspective therefore allows us to interpret the research results not only at the local level of the Skalica district, but also in the broader context of the development of long-term care in Europe. The identified findings may point to the need to strengthen the availability of community services, improve family awareness, and more effectively integrate social and health care.

Given the nature of the set objectives, quantitative research was chosen, which allows analyzing the relationships between selected variables and verifying hypotheses using statistical methods. A questionnaire survey consisting of closed questions was used as the main method of data collection. The questionnaire was divided into thematic areas focused on:

- assessment of the quality of care for seniors,
- preference for the form of care,
- awareness of social services,
- socio-demographic characteristics of respondents.

The questionnaire was created using the Google Forms platform. Respondents were informed about anonymity, voluntary participation and data processing exclusively for the purposes of the diploma thesis. Data collection was carried out using an online questionnaire. After the collection was completed, incomplete or incorrectly filled out questionnaires were excluded from the set. Only responses that met the criteria for statistical processing were included in the final analysis. The research was conducted in accordance with the ethical principles of social research. The participation of the respondents was voluntary and anonymous. The respondents were informed about the purpose of the research and the method of data processing. The obtained data were used exclusively for the scientific purposes of the thesis.

Results

Following the descriptive analysis presented in the previous subsection, we proceed to the statistical verification of the established hypotheses. The aim of this part of the work is to identify the existence of statistically significant relationships between the selected variables and

to assess whether the differences found are not random. The mathematical and statistical method of the Chi-square test of independence was used to test the dependencies between nominal and ordinal variables. This test allows us to verify whether there is a statistically significant relationship between the two monitored variables at the selected significance level. The statistical significance level was set at $\alpha = 0.05$. If the calculated value of the test statistic exceeded the critical value, or if the p-value was lower than 0.05, the null hypothesis was rejected and the alternative hypothesis accepted. Otherwise, it was not possible to reject the null hypothesis. Hypothesis verification is carried out gradually in accordance with the set research objectives.

Verification of Hypotheses H1

H1: Family members with lower education (elementary or secondary education without a high school diploma) evaluate the quality of senior care more positively than family members with higher education (secondary school with a high school diploma and university education).

Table 1 Relationship between the Highest Education Level and the Perception of the Quality of Senior Care (actual frequencies, n = 755)

	Quality of care for seniors				
Highest education achieved	Very good	Rather good	Neither good not bad	Rather bad	Very bad
Elementary	0	1	0	1	1
Secondary school without high school leaving	5	9	8	78	24
Secondary school with high school leaving	115	118	70	55	1
University level I.	4	5	5	38	1
University llevel II. and III.	25	102	60	27	2

Source: own research

Table 2 Relationship between Highest Education Level and Perception of Quality of Care for Seniors (expected frequencies with independence of characteristics, n = 755)

	Quality of care for seniors				
Highest education achieved	Very good	Rather good	Neither good not bad	Rather bad	Very bad
Elementary	0,59	0,93	0,57	0,79	0,12
Secondary school without high school leaving	24,47	38,60	23,49	32,68	4,76
Secondary school with high school leaving	70,85	111,74	68,00	94,62	13,79
University level I.	10,46	16,50	10,04	13,97	2,04
University llevel II. and III.	42,63	67,23	40,91	56,93	8,30

Source: own research

Testing Results

Calculated value of the test criterion: G=364.168

Critical value for a given number of degrees of freedom: χ_(0ⓜ,95)^2=26.296

Since: 364.168>26.296

Given the results of hypothesis testing, we reject hypothesis H01 and accept hypothesis H1.

Testing Conclusion

At the 5% significance level, the null hypothesis was rejected. This means that there is a statistically significant relationship between the perception of the quality of senior care and the highest level of education of family members. The respondent's education therefore significantly influences the way in which he or she evaluates the quality of senior care. Analysis of the differences between actual and expected frequencies indicates significant deviations, especially in the groups of respondents with secondary education without a high school diploma and respondents with higher education. In some categories of the assessment of the quality of care, the observed frequencies differ significantly from the values that would be expected if the characteristics were independent.

The result shows that the educational level of family members significantly influences their assessment of the quality of care for seniors. Education may be related to different levels of awareness, demands, critical evaluation of services, as well as different expectations towards the social care system. From the point of view of the research objective, it can be stated that education represents a significant factor shaping the perception of the quality of care, which

has implications for the planning of social services and for communication with families of seniors.

Verification of Hypotheses H2

H2: Family members with lower incomes (up to 2000 euros) prefer care for the elderly in the home environment more significantly than families with higher incomes (over 2000 euros).

Table 3 Relationship between Household Income and Oreferred Placement of the Elderly (actual frequencies, n = 755)

	Senior Placement		
Household Income	Home care	Institutional care	Don´t know
do 1 000 €	15	3	2
1 001 – 2 000 €	124	39	11
2 001 – 2 500 €	85	122	58
2 501 – 3 000 €	53	173	34
nad 3 000 €	17	9	10

Source: own research

Table 4 Relationship between Household Income and Preferred Placement of Seniors (expected frequencies, n = 755)

	Senior Placement		
Household Income	Home care	**Household Income**	Home care
do 1 000 €	7,79	9,17	3,05
1 001 – 2 000 €	67,76	79,74	26,50
2 001 – 2 500 €	103,19	121,44	40,36
2 501 – 3 000 €	101,25	119,15	39,60
nad 3 000 €	14,02	16,50	5,48

Source: own research

Testing Results

Calculated value of the test criterion: G=154.557

Critical value of the chi-square test at df = 8 and α = 0.05: χ_0.95^2 (8)=15.507

Since: 154.557>15.507

Given the results of the hypothesis testing, we proceed to reject the hypothesis H02 and accept the hypothesis H2.

Conclusion of the Testing

At the 5% significance level, the null hypothesis was rejected. This means that there is a statistically significant relationship between the household's income situation and the preferred placement of the senior. The family's income situation therefore significantly influences the decision on the form of care for the senior. The results indicate that the economic possibilities of the household represent an important factor in the choice between home care and the

placement of the senior in a social service facility. From a practical point of view, it can be stated that the financial availability of services plays a significant role in the family's decision-making processes, which is also confirmed by theoretical assumptions pointing to the economic conditionality of access to long-term care.

Discussion

Hypothesis H1

From the point of view of the application level of social work and social service management, several practical implications arise from the above findings. Strengthening the transparency of social service provision is considered a priority. Transparency should be implemented through accessible and understandable information about procedures, rights and obligations, family participation options and quality assurance mechanisms. Such openness can contribute to preventing misunderstandings, reducing communication tensions and strengthening trust between the family and the provider.

Equally important is the systematic support of communication between service workers and family members of the senior. Communication processes should be regular, based on partnership and enable the family to understand professional decisions, planned interventions and care goals. In practice, a clear explanation of procedures and a joint determination of family expectations in line with realistic service options appear to be effective. Regularly assessing family satisfaction is also justified, and evaluating the results with regard to education and other socio-economic characteristics is considered beneficial. A differentiated view allows for more precise identification of which aspects of the service are problematic for specific groups of families, and for targeted measures to be set in the areas of communication, organization, or individualization.

The introduction of participatory elements into practice is considered key, especially in the area of individual planning. Involving the family in planning and evaluating the care provided strengthens the sense of co-responsibility, increases the transparency of decision-making, and can contribute to higher satisfaction with the service provided. Last but not least, it is necessary to consistently apply quality standards, especially in the areas of protecting rights, respecting dignity, and supporting the autonomy of seniors. Higher-educated families are often more sensitive to deficiencies in professionalism, communication, or an individualized approach, so it is desirable to systematically strengthen the expertise of staff and create organizational conditions that support high-quality work with families.

The findings also confirm that the quality of social services should not be reduced to the formal fulfillment of legislative requirements, but should also be assessed through the experience and expectations of the family. The educational structure of family members is an important determinant that influences their evaluation criteria, and therefore the need for a differentiated, transparent and participatory-oriented approach should be reflected in regional planning and management of services.

Hypothesis H2

From the point of view of the application level of social work and social policy, several important recommendations can be formulated based on the above findings. We consider the systematic strengthening of financial support mechanisms for low-income households to be a priority. This primarily concerns the adequate setting of care allowances, the expansion of subsidies for field services and the creation of mechanisms that will allow for the reduction of payments for residential services for economically disadvantaged families.

The aim of these measures should be to eliminate financial barriers that limit access to formal services. Equally important is the simplification of administrative procedures associated with applications for social services and financial contributions. Administrative complexity may represent another obstacle that reduces the use of available support instruments.

We also consider it justified to systematically strengthen support for families providing long-term informal care. This support may include not only financial compensation, but also the development of relief services, counseling programs and preventive interventions aimed at protecting the mental health of informal caregivers. Transparent communication about the economic costs of individual forms of care is also an important aspect. Providing clear and understandable information can help realistic planning and qualified decision-making by the family. At the same time, it seems necessary to develop accessible field and community services that allow for a flexible combination of forms of care. A combined model can reduce both the financial and personal burden on the family while supporting the senior to remain in their natural environment. The findings thus point to the need for a coordinated approach that links economic instruments of social policy, the availability of services and family support. If equitable access to an appropriate form of care is to be ensured, it is essential to minimize the impact of financial limits on decisions about the most appropriate support for the senior.

Conclusion

The research results confirmed that the family plays a decisive role in choosing the form of care for the elderly. Decision-making is not determined exclusively by the health status of the elderly, but is the result of a complex interaction of several factors – in particular the economic possibilities of the household, the level of education of family members, the level of awareness of available services and the subjective assessment of the quality of care.

The research results also showed that the financing of social services is perceived by families as the most significant problem of the current system of care for the elderly. The economic complexity of care represents a significant burden, which can lead to postponing the decision to place the elderly in a social service facility or to prolonging home care, even at the cost of an increased burden on family members. This aspect is also confirmed by international professional literature, which points to the growing costs of long-term care and the need for systemic solutions ensuring its financial sustainability.

The research also showed that although a significant part of the respondents evaluate the quality of care positively, approximately a third express a critical attitude, especially in the areas of accessibility, financing and information. This ambivalence points to the existence of reserves in the social services system, which require systematic solutions at the level of regional planning and national social policy.

In conclusion, it can be stated that an effective system of care for seniors must be built on the principles of accessibility, quality, financial sustainability and respect for the dignity of seniors. The key element of this system is the family, which, despite the professionalization of social services, remains an irreplaceable pillar of care. The future development of social services should be directed towards a balanced integration of home and institutional care, systematic support for informal caregivers and strengthening cooperation between the public and non-public sectors. Only a comprehensive, coordinated and value-oriented approach can ensure that the social services system is able to adequately respond to the challenges of an aging population and meet the needs of seniors and their families in the conditions of a changing society.

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