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This journal brings authentic experiences of social workers, doctors and teachers working for the International Scientific Group of Applied Preventive Medicine I-GAP Vienna in Austria, where they have been preparing students for the social practise over a number of years. Our goal is to create an appropriate studying programme for social workers. A programme which would help them to fully develop their knowledge, skills and qualification as the quality level in social work studying programmes is increasing along with the growing demand for social workers.

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Few words from the Editor-in-Chief

This journal brings authentic experiences of our social workers, doctors and teachers working for the International Scientific Group of Applied Preventive Medicine I-GAP Vienna in Austria, where we have been preparing students for the social practise over a number of years. Our goal is to create an appropriate studying programme for social workers, a programme which would help them to fully develop their knowledge, skills and qualification. The quality level in social work studying programme is increasing along with the growing demand for social workers.

Students want to grasp both: theoretical knowledge and also the practical models used in social work. And it is our obligation to present and help students understand the theory of social work as well as showing them how to use these theoretical findings in evaluating the current social situation, setting the right goals and planning their projects. This is a multidimensional process including integration on many levels. Students must respect client's individuality, value the social work and ethics. They must be attentive to their client's problems and do their best in applying their theoretical knowledge into practice.

It is a challenge to deliver all this to our students. That is also why we have decided to start publishing our journal. We prefer to use the term 'clinical social work' rather than social work even though the second term mentioned is more common. There is some tension in the profession of a social worker coming from the incongruity about the aim of the actual social work practice. The question is whether its mission is a global change of society or an individual change within families. What we can agree on, is that our commitment is to help people reducing and solving the problems which result from their unfortunate social conditions. We believe that it is not only our professional but also ethical responsibility to provide therapeutic help to individual and families whose lives have been marked with serious social difficulties.

Finding answers and solutions to these problems should be a part of a free and independent discussion forum within this journal. We would like to encourage you – social workers, students, teachers and all who are interested, to express your opinions and ideas by publishing in our journal. Also, there is an individual category for students' projects. In the past few years there have been a lot of talks about the language suitable for use in the field of the social work. According to Freud, a client may be understood as a patient and a therapist is to be seen as a doctor. Terminology used to describe the relationship between the two also depends on theoretical approach. Different theories use different vocabulary as you can see also on the pages of our journal.

Specialization of clinical social work programmes provides a wide range of education. We are determined to pass our knowledge to the students and train their skills so they can one day become professionals in the field of social work. Lately, we have been witnessing some crisis in the development of theories and methods used in clinical social work. All the contributions in this journal are expressing efforts to improve the current state. This issue of CWS Journal brings articles about social work, psychology and other social sciences.

Michal Oláh
Peter G. Fedor-Freybergh
Edition of journal

CRIMINAL AND OTHER ANTISOCIAL ACTIVITIES COMMITTED ON THE PREMISES OF SCHOOLS, SCHOOL FACILITIES AND INSTITUTIONS FOCUSED ON EXECUTING THE ACTIONS OF SOCIO-LEGAL PROTECTION OF MINORS AND SOCIAL GUARDIANSHIP

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Doc. JUDr. Jozef Čentéš, PhD. graduated from the Faculty of Law at Comenius University in Bratislava, the postgraduate study program, and after a successful habilitation proceedings he was appointed a docent at the scientific discipline of criminal law. At present he works at the General Prosecution of the Slovak Republic as a deputy of the criminal department director. In addition to this he is a university lecturer at the Faculty of Law of Comenius University in Bratislava. He acts as a member of several expert committees and advisory boards. He was a member of the recodification committee which prepared a Criminal Code bill. He publishes in professional journals regularly, he is an author of scientific monographs, the lead author of various specialized commentaries to the Criminal Law and Criminal Code. For his contribution to publishing he was awarded a Karok Planka Prize.

JUDr. Marta Kolcunová graduated from the Faculty of Law at Pavol Jozef Šafárik University in Košice. Since the graduation she acts as a prosecutor. At present she works at the criminal department of the General Prosecution of the Slovak Republic. She is dealing with the problem of the criminal activities of the juvenile and the criminal offences committed on children.

ABSTRACT

The article focuses on the occurance of antisocial activities committed on the premises of schools, school facilities and institutions focused on executing the actions of socio-legal protection of minors and social guardianship. The authors pay attention to the antisocial activities of adults, juveniles and the underage. Author's oppinions are supported by concrete examples from the application praxis. The closing part of the article generalizes the knowledge and leaves a proposal for future.

Key words:

Juvenile. Underage. Criminal offence. Criminal act. Act otherwise criminal. School. Eduacational facility. Institution focused on executing the actions of socio-legal protection of minors and social guardianship.

Introduction

Fighting crime is a long-term process, where the prosecution authorities have their own indispensable place. Various foreign and domestic signals of the unprecedented increase

of the socio-pathological phenomenons in schools, educational and other pedagogical institutions transforming into criminal activity led the General Prosecution of the Slovak Republic (hereinafter reffered to only as "the general prosecution") to use its departmental sources to complexly map the occurance of the antisocial activity in schools and related institutions for the period of time between years 2009 and 2010 and the effectivity of the adopted prosecutional actions. The acquired information processed in the form of an evaluation became an important source for seeking optimal actions in the area of primary and tertiary prevention realized by particular degrees of prosecution. They can, however, serve as a rather good information stimulus for other state authorities, organizations or legal companies dealing with the juvenile crime phenomenon and its elimination.

The objects of investigation of the recorded antisocial activity were

a) the premises of schools – a nursery school, an elementary school, a grammar school, a professional high school, a school for children and students with special educational and pedagogical needs, an art school, a language school, a police school and a school of fire protection.
b) school facilities
   - a school pedagogical-educational facilities – a school club, a school activity centre, a free time centre, a school dormitory, a school farm, a centre of the professional praxis,
   - special pedagogical facilities – a youth detention centre, a re-education centre, a medical-educational sanatorium,
   - school facilities of pedagogical counselling and prevention,
   - school special-purpose facilities – a nature school, school alimentation facilities, a centre of school services and
c) institutions focused on executing the actions of socio-legal protection of minors and social guardianship – a children's home, a children's home for the unaccompanied underage children, a crisis centre, a resocialisation centre for the drug-addicted, or other institutions established to execute the actions in accordance with this law.

The general prosecution directed its attention to

1. the criminal activities of the juvenile persons[1] (the persons from the reaching of the age of 14 up to the reaching of the age of 18) regardless of the subject against which the attack in the observed object was aimed (a teacher, an instructor, a school employee, a schoolmate, etc.)
2. the crime activities of adult persons regardless of the aggrieved person's age,
3. the acts otherwise criminal committed by persons criminally not liable (the persons before reaching the age of 14, with the sexual abuse before reaching the age of 15) and
4. the offences of the juvenile persons (the persons from the reaching of the age of 14 up to the reaching of the age of 18)

[1] Every criminal act committed on the premises of school, educational or pedagogical facility if they were enclosed was considered a criminal act committed on the premises of school, educational or pedagogical facility.

1. Statistical information on the antisocial activities in the observed objects

Year 2009

Region	*Criminal acts of the juvenile*	*Criminal acts of the adult*	*Acts otherwise criminal committed by the underage*	*Offences in the observed objects*
Bratislava	3	0	1	4
Trnava	17	0	8	16
Žilina	21	1	17	22
Nitra	10	2	26	20
Banská Bystrica	18	1	18	56
Košice	6	0	17	32
Trenčín	22	3	15	27
Prešov	17	3	9	21
Together	***114***	***10***	***111***	**198**

Year 2010

Region	*Criminal acts of the juvenile*	*Criminal acts of the adult*	*Acts otherwise criminal committed by the underage*	*Offences in the observed objects*
Bratislava	8	0	3	10
Trnava	6	1	8	26
Žilina	24	2	15	20
Nitra	13	1	20	11
Banská Bystrica	19	4	24	36
Košice	8	0	16	28
Trenčín	5	1	8	12
Prešov	17	0	7	3
Together	***100***	***9***	***101***	***146***

The acquired statistical information on the solved crimes confirmed that **the criminal acts of juvenile persons** in the observed objects account for an insignificant percentage. In 2009 the number of the juvenile who perpetrated any criminal activity in a shcool, an educational or a pedagogical facility was only 2.7 % out of the whole number of the juvenile which were prosecuted (4 286 persons)[2].

Similarly in 2010 (with 4 050 juvenile persons prosecuted) their percentage accounted only for 2.5 %. The indicated mild decrease of the prosecuted juveniles in the educational and pedagogical facilities in 2010 matches the general progress trend which is represented by the decreasing juvenile criminality in Slovakia from 2007.

There is a quantitatively different situation with the underage persons – of the total number of 1 441 as many as 8.14 % of them committed the criminal act in a school, an

[2] The stated statistical indicators are based on the Reports on the work of the General Prosecution of the Slovak Republic in years 2009 and 2010 published at www.genpro.gov.sk

educational or a pedagogical facility. In 2010 their share on the number of **acts otherwise criminal** (1 363) accounted for approximately 7 %.

The numbers provided by local authorities show that the amount of offences committed in the observed objects was significantly larger. In 2009 198 offences were perpetrated, half of which was committed in the regions of Banská Bystrica and Košice. Also in 2010 both these regions recorded the highest numbers of offenders, while the total number for the whole Slovak Republic was 146.

The criminal activity of adult persons occured in schools, educational and pedagogical facilities only very rarely.

2. Analysis of the recorded antisocial activities on the premises of schools, school facilities and institutions focused on executing the actions of socio-legal protection of minors and social guardianship

A. Criminal activities of juveniles

According to the statistical data in 2009 there were 114 juveniles prosecuted for a criminal act committed in a school, an educational or pedagogical facility and two juvenile persons perpetrated it in a summer camp. The year 2010 saw a mild decrease of the recorded criminality – there were only 100 juvenile persons prosecuted for the observed criminal activity.

The juvenile criminal activity was mostly perpetrated in **elementary schools**. The number of the juveniles prosecuted for criminal acts on premises of such objects was 62 in 2009 and 60 in 2010. The highest numbers of juveniles were recorded in the regions of Trnava (15) and Prešov (11) in 2009 and in the regions of Žilina (18) and Banská Bystrica (13) in 2010. Despite the fact that the quantity of elementary schools resulted in the juvenile criminal activity being rather spacially segmented, there were elementary schools with a higher amount of prosecuted juveniles. One of the elementary schools in Nitra can serve as an example – in 2010 there were 5 prosecuted juveniles here (in 2009 two offences were committed here and in 2010 one act otherwise criminal). In 2010 the criminal activities of three juveniles were recorded in schools for children and students with special educational and pedagogical needs. The most frquent criminal act perpetrated by a juvenile on the premises of elementary schools was **the criminal act of theft**. Almost half of the juveniles in 2009 (62 persons prosecuted for a criminal act committed in an elementary school) was brought charges against for this criminal act (27 juveniles), while in 2010 only 12 juveniles were prosecuted. A significant part consisted of breaking and entering during night.time, where the ones responsible were students of the aggrieved school. The damage inflicted were not of high financial amounts, since the juveniles were mostly interested in rather minor things. Breaking and entering causing higher damage was more of an exception. Juveniles committed the thefts even during the educational process. For example, during the morning hours three juveniles broke into four dressing-room lockers in an elementary school in the district of Revuca and stole some shoes and sweatpants. In several cases the juveniles were prosecuted for appropriating various items from pockets, desks or schoolmates' backpacks mostly during breaks, although they had already been dealt with for such behaviour in the last two years. The objects of such pickpocketing were mostly mobile phones. To sporadically acquire money or other items of interest juveniles used instant violence or threatening of its use. In 2009 two juvenile persons prosecuted for **the criminal act of robbery** and in 2010 robbery charges were pressed against four persons. For example, at an elementary school in Stará Ľubovňa two juveniles repeatedly beat thier schoolmates up to take their pens. Two juveniles at an elementary school in Ružomberok perpetrated extensive robbery activity by repeatedly searching through their

schoolmates' pockets and bags and appropriating thier money under a threat of beating when arriving or leaving for a training. Rather an often means of obtaining money, mobile phones or even transportation tickets was blackmailing the schoolmates. 8 juvenile persons were taken legal action against for **the criminal act of blackmailing** in 2009 and 10 persons were prosecuted in 2010. Blackmailing served both for material motives and bullying. Seven juveniles in 2009 and nine in 2010 were prosecuted for intentional **physical attacks** which caused bodily harm. The attacks mostly consisted of punches in face, kicking, pushing into dangerous places. One juvenile used a kitchen knife. At an elementary school in Skalica during a break a juvenile attacked a 13-year-old schoolmate on whom he inflicted a 3-cm-deep stab wound with necessary immediate treatment and consequent 15-day mediacation. A juvenile caused a careless unintetional knife wound during a physical education class at an elementary school in Banská Štiavnica. In a collision he unintetionally stabbed her in chest with a switchblade which was a part of his key ring – the girl suffered a stab wound of the left part of her chest with a 57-day treatment. Another severe injury, also caused by negligence, was inflicted in the sandpit of an elementary school in Záhorská Bystrica, where after being provoked a juvenile picked up an 8-year-old boy and threw him into the sandpit which cost the underage boy a ruptured spleen of the third degree and a brain concussion. Similarly, by kicking a schoolmate's chair down a juvenile from an elementary school in Snina caused her a compressive fracture of the eighth thoracic vertebra with the height reduction and the length of treatment as long as 105 days. Milder physical attacks against schoolmates were legally classified as **the criminal act of disorderly conduct**. In 2009 it was committed in elementary schools by 7 juvenile persons, in 2010 it was 5 persons. In 2010 even several verbal attacks connected with threatening to kill or inflict severe bodily harm were recorded. Three juveniles were prosecuted for **the criminal act of dangerous threatening**. In two cases the threats were aimed at teachers. During a break at an elementary school in Hlohovec a juvenile threatened a teacher to kill her. After evaluating the evidence situation the prosecutor classified his actions as an offence. On the other hand, a juvenile who at one of the elementary schools in the district of Revúca pounded on the door of the school's staffroom and threatened a teacher who opened them to shoot him dead was sentenced. Yet the juvenile was prosecuted for bullying and robbery too. Within the observed time period two juveniles were taken legal action against for the crime of **sexual exhibitionism**; one of them did it directly during class. In 2009 juveniles were prosecuted also for the criminal act of support and propagation of the groups aiming to suppress basic human rights and liberties (2 juveniles), for menacing the morality (1 juvenile) and for damaging somebody else's property (1 juvenile). Three juvenile persons were prosecuted for **drug possession and drug dealing**. A juvenile at an elementary school in the district of Senec gave a cigarette with content of marijuana to a 13-year-old boy who after smoking itwas not able to coordinate his own movement and had a distant look which lead into an immediate medical aid. In 2010 juveniles were pressed charges against even for the criminal act of spreading children pornography (1 juvenile) and for scaremongering (1 juvenile). Criminal activity in special elementary schools was perpetuated by three juvenile persons.

Nursery schools were solely objects of damege and burglary. In 2009 eight and in 2010 two juvenile persons were prosecuted for attacking a nursery school. One attack of an **art school** was recorded as well.

The second highest number of the recorded criminally prosecuted juveniles appeared in **professional high schools**. The criminal activity on the premises of these schools was committed by 23 juveniles in 2009 and 17 in 2010. The most juveniles were prosecuted in 2009 in the regions of Žilina and Banská Bystrica (both 6 persons) and in 2009 in the region of Prešov (7 persons). The high school with the biggest number of prosecuted juveniles was in Námestovo. As a result of a police precuation-security operation "The young and drugs" there

were four juveniles found possessing marijuana in a private high school in the region of Žilina; these were later sentenced for drug possession. During the two observed years the biggest quantity of high school juveniles was prosecuted for **drug possession and drug dealing**. Namely in 2009 there were 9 juveniles (four of whom came both from regions of Žilina and Trnava) prosecuted – one of these was a grammar school student possessing a plastic bag containing dried-up Psilocybe mushrooms. In 2010 four juveniles were prosecuted (three in the region of Žilina and one in the region of Trnava). On the other hand, the criminal proceedings for drug possession and drug dealing which lead to 10 to 14 juvenile students of a high school in Bratislava consuming cakes with an in-baked narcotic, as a result of which two of them needed to be hospitalized, was stopped as the subjective aspect of the prosecuted criminal act could not be proved to them. Property crimes were frequent as well. **The criminal act of theft** was the cause of prosecution for seven juveniles in 2009 and for one in 2010. High schools did not avoid the acts of sexual exhibitionism either (for example a juvenile masturbated in front of seven schoolmates in a dressing room of a professional high scool in Prievidza).

Besides the physical attacks and blackmailing, several other criminal acts were recorded - the act of supporting and propagating the groups aiming to suppress basic human rights and liberties (one case each year) and the act of forgery, altering and unauthorized fabrication of money and securities. In 2009 one juvenile person was taken legal action against for the act of forgery – this person fabricated several counterfeit banknotes using a multifunction device at home, and was even able to pay with one of them successfully in the buffet of a professional high school in Skalica. A physical attack of a juvenile from a professional high school in Spišská Nová Ves was of a more serious matter. After a confict erupted between him and his schoolmate in a physics class, the juvenile asked to go home and brought a baseball bat back to school with him to wait for the schoolmate with. Subsequently a fight burst and the schoolmate was caused an elbow fracture with at least one month treatment.

During the two obseved years rather frequent criminal activity was registered in **re-education centres**; in the other school facilities the juvenile criminal activity occured sporadically. Besides the act of physical attack, the acts of robbery, bullying, escapes from the re-education centres, and one attack on a public officer were recorded. A juvenile in a re-education centre in the district of Spišská Nová Ves repeatedly bullied another inmate forcing him to dance, and if having refused, he bet him, kicked him, forced him to lie down, to attack others and to buy him sweets. In a re-education centre in the district of Revúca a juvenile attacked a called police patrol with his fists while fulfilling the tasks of assistance during a medical intervention, which caused both police officers injuries needed to be treated for 5 and 8 days. From among the other school facilities school dormitories can be mentioned; the criminal activities of two juvenile persons were recorded – one of them committed a theft in a school dormitory in Banská Bystrica, and the other one perpetrated a bodily harm in a high school dormitory in Nové Zámky.

From among the institutions focused on executing the actions of socio-legal protection of minors and social guardianship in the years 2009 and 2010 juveniles were prosecuted solely for criminal activity committed in **children's homes**. Most of the juvenile children's home inmates in 2009 perpetrated an attack on the interests protected by the Criminal Code in children's homes (11 juveniles). The juveniles in children's homes tend to commit mostly the property (6 juveniles) and the sexually motivated criminal activities (4 juveniles). One juvenile person committed the criminal act of bodily harm, and one was prosecuted for the criminal act of dangerous threatening. The property and sexual criminal acts also dominated in 2010. As many as 6 juveniles committed a theft and two perpetrated sexual abuse.

B. Analysis of the criminal activities against persons under 18 on the premises of schools, school facilities, and institutions focused on executing the actions of socio-legal protection of minors and social guardianship

During the two observed years the the prosecution of **16 adult perpetrators** who committed any criminal activity on the premises of schools and institutions focused on executing the actions of socio-legal protection of minors and social guardianship was traced (8 persons both years).

In 2009 the criminal activity was perpetrated mostly by persons af the age close to the juvenile, as they themselves were student of observed high schools or inmates of the children's homes. In one case there was an 18-year-old drug dealer detected selling marijuana in front of a high school in Levice. From 34 to 83 single doses were found on him and in his vehicle by police. Besides the suspended prison sentence he was oblidged to provably apply for employment while in parole. Two parent assaults were recorded. In the headmaster's room of a special elementary school in the district of Prievidza the accused threatened to kill himself and the headmistress; after a police patrol arrived he continued with threats and even tried to produce a service gun oou of one police officer's holster. The second attack occured in an elementary school in Martin. The mother of one of the children attacked a 14-year-old underage boy, addressed him with invectives, and threatened him, as a result of which he suffered a post-traumatic headache. Two adult persons were prosecuted for sexual delicts, one for sexual abuse in a children's home in the district of Humenné, the other one for sexual abuse of female students of an elementary art school in the district of Brezno. The teacher from the second case was not yet lawfully sentenced for four sexual assaults against the underage, for which the court imposed a suspended prison sentence on him along with banning him from any pedagogical activity.

In 2010 as many as five adults perpetrated criminal activities on high school premises or in high school dormitories. Often those wer the schoolmates or apprentices who had already reached the age of 18. For example two high school students robbed two other students while visiting their room in a dormitory of a high school in Banská Štiavnica. Over the observed year the oldest perpetrator of criminal activities was 28 and he committed a property crime. During the schooling e broke into the lockers in a gym dressing-room of a grammar school in the district of Žiar nad Hronom and appropriated three mobile phones. A different 23-year-old together with a juvenile broke into a nursery school in the district of Žiar nad Hronom using a diamond glass-cutter. Several assaults happened in front of the entrances to schools or during the professional training in workrooms. For example, a 19-year-old man attacked a 14-year-old underage boy in front of a school in Levice when leaving; he aimed a gas-powered pistol at the boy, and the pistol went off when the boy tried to defend himself. The court refrained from imposing a summary sentence since the previous suspended prison sentence imposed on the perpetrator was considered enough of a protection for the society and of a correction for him. In 2010 no parents or teachers were recorded for any criminal act on the premises of schools, school and educational facilities, for which they would be lawfully sentenced.

C. Analysis of the acts otherwise criminal committed by persons criminally not liable on the premises of schools, school facilities, and institutions focused on executing the actions of socio-legal protection of minors and social guardianship

Having compared the statistical data it is obvious that the number of unlawful acts of so called underaged persons (persons criminally not liable due to their age) was almost matched the number of prosecuted juveniles in both observed years. As stated above, in 2009 there were 114 prosecuted juveniles while the same there were **111** persons under 14 recorded, all of whom committed an act otherwise criminal. Similarly in the next year the number of

prosecuted juveniles was rather equal to the number of persons under the age of 14 who committed an act otherwise criminal (100 prosecuted juveniles and **101** persons criminally not liable). Most of the acts otherwise criminal were perpetrated in the region of Nitra (46 both years altogether) and in the region of Banská Bystrica (42 both years altogether).

Unlike the charged juveniles the persons criminally not liable mostly committed violent acts (blackmailing, bodily harm, disorderly conduct, dangerous threatening). As many as 32 **acts of blackmailing** were recorded in 2009 and 29 in 2010. The number of detected **thefts** was smaller by one third (21 in 2009 and 11 in 2010). These were followed by actions with **bodily harm** as a result (16 in 2009 and 15 in 2010) and by **disorderly conduct** (16 in 2009 and 15 in 2010). Besides the typical blackmail actions (carrying out various services, offering food and money) acts like extorting money on account of "providing protection" or bullying appeared. For example at an elementary school in the district of Bardejov two 12-year-old boys during school breaks demanded absolute obedience from one of their female schoolmates – threatened to be beaten she was told to sit and stand in accordance with the directions, she was forbidden to leave class or to eat. Other two 12-year-old underage boys ordered a schoolmate to lick a blackboard with his tongue after having written on it, of course under the threat of beating. The next day he was demaned to clean their shoes the same way. Thefts focused mostly on obtaining money. Often valuable property was stolen.

A 13-year-old student appropriated a laptop computer with its accessories from an informatics class of a grammar school in the district of Čadca. To acquire what they wanted the underage often used violence. In 2009 six cases were rested, in which the act otherwise criminal qualified as robbery was committed by persons criminally not liable. For example a 13-year-old children's home inmate repeatedly appropriated money after having beaten or threatened to beat three of his schoolmates in a school in the district of Brezno. The acts of violent nature had usually more serious consequences than the ones of the accused juveniles. As many as five underage persons carried a knife at the time of their act to emphasize their power. An underage 12-year.old boy in an elementary school in the district of Malacky cut his schoolmate's left forearm with a sharpened aluminium cutlery knife after getting into a fight during a break, which caused two cut wounds each 5 cm long and requiring urgent medical assistance. The underage demonstrated their aggression even without weapons. During a break in an elementary school in the district of Piešťany two 12-year-old underage boys wanted to hang their classmate. They prepared two chairs in front of a blackboard, they forcibly stood the underage classmate on the chairs, they pulled a plastic bag with a cord over his head, pulled the cord upwards, and ordered another classmate to kick away the chairs. They stopped only after a intervention of an older student. The underage recorded some physical attacks via their mobile phones. In a different elementary school an underage boy assaulted his schoolmates to have it all recorded via a mobile phone by his friend. Later on they watched the recordings to their entertainment and ridiculed the victims. Various injuries of the underage occured while playing games (in one of the elementary schools in Martin a 10-year-old boy fell on ground while arm-wrestling and suffered an upper arm fracture) or as results of collisions of children. The underage often failed to be conscious of possible consequences of their actions. Serious bodily harms through negligence (mostly fractures) appeared as results of pushing or falling during physical conflicts. These were frequently triggered by quarrels during physical education classes. For example during a physical education class at an elementary school in Košice while playing football a 13-year-old underage boy kicked his classmate's back causing him a contusion and spraining of his middle-low back spine. The acts of disorderly conduct often contained sexual exhibitionism. This involved only boys who "showed off" in front of their schoolmates. An underage 13-year-old boy from an elementary school in Vranov nad Topľou regularly attracted the attention of girls, and he even masturbated during classes even when a teacher was present.

Surprisingly over the years 2009 – 2010 only one drug delict was recorded. In the building of an elementary school in the district of Brezno an underage boy had several leaves of Cannabis plant in the amount of 0.72 gram hidden in his book – this is equivalent at least to two one-time doses.

A significant number of delicts was committed on the premises of **elementary schools**. Elementary school witnessed 80 recorded delicts in 2009; in 2010 the number increased up to 91. Children delinquency was present also in **the schools for children and students with special educational and pedagogical needs**. It was observed mostly in the regions of eastern Slovakia, but it appeared in the regions of Bratislava and Trenčín as well. In 2009 six delicts were detected on the premises of special schools; in 2010 there were five delicts recorded. The attacks were of unambiguos nature – of property and violent character. Two students even assaulted thir pedagogues. In an elementary school in the district of Malacky a 13-year-old girl attacked her teacher – she threw a char at her and subsequently she stepped closer to her and started to pull her hair. Similarly a 12-year-old underage boy from a special elementary school in the district of Považská Bystrica assaulted an educational assistant whom he thursted inte her stomach and then threatened to kill. Several underage persons blackmailed their schoolmates in order to obtain any property benefit. One case of blackmailing was discovered in the dormitory of a special elementary school in Topoľčany, where a 9-year-old underage boy found a way to acquire sweets by threatening the other children.

In 2009 solely sexual delicts were perpetrated in children's homes. Most of them were actions of sexual nature. The youngest victim was a 3-year-old girl. In the afternoon two inmates in the clubroom of a children's house masturbated in front of this underage girl and asked her to touch and lick them with promise of sweets. The only delict recorded in 2010 was of violent nature.

D. Analysis of the offences committed on the premises of schools, school facilities, and institutions focused on executing the actions of socio-legal protection of minors and social guardianship

The obtained data show that the highest number of offences committed in schools, school and eduacational facilities in 2009 were dealt with in the regions of Banská Bystrica (63) and Košice (31). The year 2010 was similar. In the precinct of the Regional Prosecution in Banská Bystrica 36 offences were dealt with; the Regional Prosecution in Košice recorded 28 offences.

Both years were dominated by offences against civic coexistence, mostly according to § 49 paragraph 1 letter d/ of the offence law. These were followed by offences against property according to § 50 of offence law; delicts subordinated to any other state of facts of the offence law were rather rarely subjects of the administrative proceeding. For example a 16-year-old juvenile was fined for an offence in the section of the protection against alcoholism and other toxicomanias according to § 30 paragraph 1 letter a/. The offender served alcoholic beverages to two persons less than 18 years old on the way to children's home in the district of Ružomberok. The District administration in Galanta found a different juvenile guilty of an offence against the public order according to § 47 paragraph 1 letter h/ of the offence law since during the security operation of the district police department in a high school two weapons were found on him – a hunter knife and a so called butterfly knife. Both knives were confiscated and the administrative authority pronounced a reprimand. An adult student of a dormitory school in the district of Trebišov who urinated out of a first floor window under influence of alcohol was also found guilty of an offence against the public order according to § 47 paragraph 1 letter c/ of the offence law. An offence proceedings for a different offence against the order in administration according to § 46 of the offence law was

led against a juvenile from a grammar school in Stará Ľubovňa who consumed alcoholic beverages during school classes. In the juvenile's blood there was found 1,96 ‰ of alcohol.

The offences against civic coexistence according to § 49 of the offence law consisted mostly of threatening, invectives, attacking even with minor injuries, and other similar spiteful acts. The objects of theis attacking were mostly schoolmates. The year 2009, however, recorded 12 persons who cursed at and threatened their pedagogues – a teacher, headmaster, instructor, supervisor of professional training. For example a 17-year-old juvenile in the workroom of a high school in the district of Skalica threatened his supervisor to beat him, which he even later repeated in presence of his mother. A juvenile 15-year-old student of a special elementary school in Bánovce nad Bebravou repeatedly used vulgar invectives against her teacher during class. On the other hand, the offence proceedings were stopped against three students of an elementary school in the district of Lučenec because the administration authority did not believe the teachers' claims of vulgar invectives used by these students. All three of them were, however, reprimanded for an intentional damage of a school door. The year 2010 witnessed four attacks against pedagogues. A 15-year-old juvenile from one of the elementary schools in Senec threatened his class teacher that he would destroy him to his death. The threatening was preceded by a verbal conflict with the teacher during a class. Verbal threatening was often accompanied by violence, sometimes even right in the middle of the educational-pedagogical process. A juvenile was fined since she was hit her classmate repeatedly and cursed at him vulgarly during a physical education class. A student of an elemetary school in Nová Dubnica threw a school bag at his classmate, which caused her a head injury with a 7-day treatment. An immediate medical assistance was necessary when a 15-year-old student from an elementary school in Skalica held his classmate's throat and pushed him against wall until he lost consciousness and lifelessly fell on floor. Manifestation of racism or extremism, sexual attacs and blackmailing were also classified as offences against civic coexistence. Bullying appeared in various forms (an order to lick one's shoes, carrying out various minor services) and it utilized even the modern electronic means. A juvenile from the district of Nové Zámky was found guilty of electronic bullying – sending insults via SMS in a school dormitory. The violence committed by juveniles was often intentionally recorded via their mobile phones. Property delicts included mainly thefts of mobile phones, clothing, food, and damaging school and its appliances. One juvenile even appropriated a winning ticket and withdraw the prize. The most often objects of minor property thefts were usually schoolmates, in several cases even pedagogues. For example a juvenile repeatedly stole his children's home instructor's money. A different one took money from his supervisor's bag laid aside in a workroom of a high school in Martin. Several juveniles perpetrated an offence when they recharged the credit of their pay-phones using their schoolmates' mobile phones.

A significant number of offences was committed on the premises of schools – elemtary schools, special elementary schools and high schools. In 2009 even the offences which occured in re-education centres and children's houses were registered. Violent forms of behaviour were dominant. For example an inmate of a re-education centre in the district of Malacky threatened a pedagogue to kill him. In 2010 the behaviour of the inmates of three re-education centres and three childran's homes were dealt with by the administrative authorities.

In the region of Prešov two teachers were suspected of committing an offence. A teacher of an elemntary school in Humenné who threw a piece of chalk at one of his students during class, which cause her minor bodily harm, was found guilty of the offence against civic coexistence by the district administration of Humenné. In the other case a techer from an elementary school in Poprad sprained one student's hand; a police officer handed the offence over to the district administration of Poprad to be dealt with.

Conclusion

Schools, school and educational institutions indisputably play an vital role in the education and socialization of children and the young. School environment, in which a large number of children from various educational background meet each other, especially while in such an important development period of their lives, does not affect the forming of their values only in the possitive way, but can become a high-risk factor when committing various undesirable delicts.

The statistical indicators acquired from the department of prosecution confirm the presence if criminal and offence activities of the juvenile and delinquency of the underage in schools, school and educational institutions in Slovak Republic in years 2009 and 2010.

They indicate that **the number of offences** committed in the observed objects was **the highest** one, and that they were mostly offences against civic coexistence. These were usually of violent nature often connected with a minor bodily harm. **The number of criminal acts** committed by juveniles was **smaller by one third**. Unlike the offences, criminal acts were mainly of property character. It is necessary to individually highlight the group of the juveniles at the age of 14, which seems to be a critical age when aggressive actions tend to incre. After all, even the evaluating reportof the prosecution implies that the criminal activity of 14-year-old juveniles in Slovak Republic increased three times in 2010.[3]

The statistical information indicate that **the attacks of the underage persons** on the interests protected by the Criminal Code almost matched the number of prosecuted juveniles. The structure of underage delicts, however, differs rather significantly from theirs. Physical assaults, mostly against schoolmates, clearly dominated. Several underage persons verbally attacked even their teachers and instructors. The violent acts of the underage were rather more serious, which indicates diminution of their emotional literacy. The attacks, disturbances and bullying usually occured during school breaks, in bathrooms, dressing rooms and physical education classes. The findings also signal that the underage carry knives at school.

Taking into account the number of elementary schools (more than 2 250) in the Slovak Republic and the number of students who attend them (more than 413 000)[4], it is natural that the most of the antisocial activity was recorded in **elementary schools**. They are followed by professional high schools and children's homes. Children's homes witnessed mostly sexually motivated criminal acts.

The development of the antisocial activity in educational and pedagogical facilities can be fought not only by the authorities of prosecution but by various institutions too, especially schools. Yet it should not be forgotten that the responsibility to successfully prevent criminal activities of the juvenile and the underage persons criminally not liable is in the hands of anyone who can influence the behaviour of the young and children in any way.

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[3] The information from the Report on the work of the General Prosecution of the Slovak Republic in 2010 published at www.genpro.gov.sk

[4] The information from the statistical data accessible at www.uips.sk/static/rocenka.htlm.

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A SUR EY OF LEVEL OF SATISFACTION OF RELATIVES WITH NURSING AND SOCIAL CARE IN A SOCIAL SERVICES HOME IN THE SLOVAK REPUBLIC

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ABSTRACT

The survey was focused on the level of the satisfaction of the relatives of clients to whom the care was provided at selected social services homes. There were three hundred and fifty relatives of the clients placed at social services homes with daily, weekly and yearly stay, involved in the survey.According to the obtained information, it may be said that most of the relatives of the clients have been satisfied with the quality of health care provided by the medics; especially trust in expertise and quality of nursing processs was expressed. Sensitive and empathetic attitude of the personnel to the clients was rated just average. In addition to educational activity and physiotherapy, the clients may use educational-medical therapy, such as music therapy, canistherapy, ergotherapy and hippotherapy as well. None of the respondents has expressed there is a client visiting a social services home with fear, doubt.
Almost all of the respondents said they have no problems in communication with the employees of the social services homes.

Key words:

Social services homes. Quality of health care. Sensitive and empathetic attitude of the nurses. Nursing and social care.

Introduction

The social services home for adults is a medical and social institute offering the ambulant care (day-service) , but also the form as staing-there (for weeks,or year-time based services) social and welfare services . It is designed for men and women, e.g. family friendly institution..

The social services home is not medical institue only. In can be a part of public welfare system, depending on the Mistry of Work, social things and family.It is very difficult to work there, for physical and psychical reasons, too. People working there, except the high level of konwledge, are asked to be sensitive, empathetic in the relation to other people with some kind of handicap. The complex of the medical and social care is provided by medical and pedagogic employers. The quality od the care depends on good personal and material- and technical facilities of the workplac.. The individual method of the work is prefered, following the simulating programmes.

The survey target was formulated as: Is the quality of relatives-compliance with the medical, nurse- and social care, offered by social service homes at a good level?

Main target of the survey:

Evaluate the level of satisfaction of the relatives with the care offered by social services homes.

Particular targets of survey /goals/:

G1: Evaluate, if the relatives are satisfied with the level of medical care.

G2: Evaluate if the relatives are satisfied with offered educational –medical therapy.

G3: Evaluate which kind od services is needed by the relatives of the client of social services homes, looking at the clients needs. Or necessity.

G4 Evaluate, if are the relatives satisfied with the personal working in the social services home.

G5: Evaluate the deficitis concerning communication of the clients, their relatives and people working in th social services home.

Work hypotheses

Work hypothese **1:** We suppose the most of relatives of the client in social services home would be satisfied concerning the level of provided medical care.

Work hypothese **2:** We suppose the most of relatives of the client in social services home home would be satisfied with provided educational-medical care.

Work hypothese 3: We suppose the most of relatives of the client in social services home would be asking for services which are the employers of the social services home able to indemnify by personal and materil-technicxal facilities of the social services home.

Work hypothese 4: We suppose the most of relatives of the client in social services home would be satisfied with its staff.

Work hypothese 5: We suppose the most of relatives of the client in social services home wouldnť have an problem to communicate with the employersi in the social services home.

Basic group of respondents

Number of respondents:: 350 respondents – the relatives of the client situated in the social services home for day-time, week-time, year-time, were tabled into the basic group.

The time period of the survey: February 2009 till October 2010

Survey-places : Selected social services homes in the Slovak republic /the institutes asked us not to release their names concretely/.

Methods:

4 periods of the survey were established.:

I. period: The setting of the survey-targets,and the hypotheses. Selection of the respondents pattern. The **Pilot študy** – using method of dialogue and observation.

II. period: The self-constructed questionnaire based on the pilot-study results was established and verificated on 10% accidentally selected respondents – relatives of the client in social services homen staying there for day-, week-, or whole of the year-time stay. This questonnaire was validated.

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III. period: Distribution of 450 questionnaires, take-back ratio was 90%. Some of the questonnaires were not fiiled-in completely, so that had been the reason why we did stay on 350 350 respondents . The work table was used. The results are qiven as tables and graphs.

IV. period: Evaluation of the targets, work hypotheses, discussion and setting the recommendation for praxia odporučenia pre practice.

Demografic data

350 relatives of the client, who had been situated in the social services home for day-,week- or long lasting stay,took part in the survey.

The biggest group were the relatives aged 40 do 49 ,i.g.j.40%;.- 126 relatives e.g. 36% were aged 30 do 39. Next 56 persons aged 50 do 59 years took part as well,as. 16%. Relatives older than 60 were 8%.of the whole group.

Table 1 Age range of the parents

Age	N	%
30 -49	126	36
40- 49	140	40
50 – 59	56	16
60 – 69	28	8
N	350	100

Table 2 Education degree of the respondents

Education	n	%
Basic	**140**	40
apprentice	84	24
Secondary schol	84	24
University	42	12
N	350	100

Table 2 explains the percentage-evaluation of relatives according to the level of educational degree. 140 relatives have got basic education -. 40%; 84 relatives, t.j. 24% were aprrenticee, next 84 i.e.. 24% with secondary schol degree. 28 relatives have got the university degree, i.e. 12%.

Empirtic analysis results

Table 3 Satisfaction of parents with the acces of medical employers

Answer	n	%
Very satisfied	168	48
More satisfied	154	44
A bit unsatisfied	28	8
Very unsatisfied	-	-
N	350	100

Item l: We evaluated the level of satisfaction of family members with the acces of medical employers to their relative, who had been situated in the social services home. From 350 answers 168 family members were very satisfied (48%); 154 family members were more satisfied (44%) and 28 family members were more unsatisfied (8%) with the access to their relative. Nobody was very unsatisfied.

Table 4 Knowledges of the medical personell

Medical personell disposes good level of knowledges	n	%
Yes, sure	280	80
Yes, probably	56	16
Maybe not	14	4

Poor only	-	-
N	350	100

Item 2. The evaulation if the family memmbers of their relative, nowaday situated in social service home mean that medical employers dispose good medical level.j. 80%- 280 of them mean they are sure of the good level of knowledge, 56 family members probably yes (16%) and 14 people ment the medical personell maybe hadn´t disposed good level of medical knowledges – 4%. Nobody ment that medical personell had been on poor level only- 0%.

Table 5 Nursing care providing

social services home offers good quality of the care	n	%
Yes, sure	210	48
Yes, probably	126	36
Maybe not	14	4
Poor only	-	-
N	350	100

Item 3: Question was: Is the nursing care in the social sercices home good provided ? 210 relatives ment yes, in the social services home is the nursing care good provided, (48%).; 126 ment it is probably good, i.e.36%; 14 relatives ment the nursing care might be not so goodj. 4%. Nobody ment that the care is certainly poor.

Table 6 Exploatation of nursing care by clients of social care home

Does your relative enjoy the social services homes- care ?	n	%
Yes, sure	280	80
Yes, maybe	70	20
Probably no	-	-
No, he/she doesn´t	-	-
N	350	100

Item 4: we evaluated the enjoying of nursing care in the social services homes- by clientsi. 20 family members answered: sure, yes –i.e..80%; 5 members answered: maybe yes, i.e. 20%. Nobody says anything other.

Table 7 Is the medical team ready to help:

medicial personnel is ready, patient ,empathetic to clients	n	%
Yes, sure	140	40
Yes,maybe	84	24
May be not	98	28
No, sure	28	8
N	350	100

Item 5: We evaluated if are the medical employers enough ready, patient and empathetic to social services homes clients. 140 relatives answerer that medical employers are pacient,empathetic to clients-i.e 40%;, 84 % answered maybe yes- i.e.. 24%;. 98 relatives answered „maybe not“-. 28%;. 28 retelatives answered medical employers certainly hadn´t been patient, empathehtic, ready-i.e... 8%.

Table 8 Client´s anxiety and fear of social services home

Does the client go to social service home with anxiety and fear ?	n	%
Yes, sure	-	-
Yes, may be	28	8
May be not	154	44
No, sure	168	48
N	350	100

Item 6 was targeted to find,if the client could go to the socai service home with anxiety and fear. Nobody answered that the relative go to the social sercice home with anxiety and fear.i.e. 0%; 28 realtives answered maybe yes, ie. 8%; 154 relatives ment probably not,i.e.j. 44%; and 168 realtives are persuated their family memebr goes to the social service home without anxiety and fear i.e.. 48%.

Table 9 Informations about the health-status of the relative

Accuracy of given informations about the clinets health	n	%
Yes, sure	112	32
Yes, may be	154	44
May be not	70	20
No, sure	14	4
N	350	100

Item 7: We evaluated the accuracy of informations, given to family members about their relative. 112 relatives say they are well informated,i.e.32%; maybe good were given to 154 relatives, i.e.. 44%;, maybe not good information 70 of relations persons,obtained, i.e.. 20%; and 14 relatives consider they hadn ´t been well informated. 4%only.

Table 10 Satisfaction of the relatives with accces of social and pedagogic employers

Answer	n	%
Very satisfied	210	60%
Satisfied	84	24
Unsatisfied	56	16
Very unsatisfied	-	-
N	350	100

Item 8: We evaluated satisfaction of the relatives with accces of social and pedagogic employers to the client who is situated in the socail services home. 350 relatives were asked., 210 were very satisfied with the accces of social and pedagogic employers i-e. 60%; 84 erelatives were satisfied, i.e.. 24%; and 56 relatives were unsatisfied, i.e.. 16%. Nobody was very unsatisfied - j. 0%.

Tabule 11 Level of konwledges of the pedagogic employers

Pedagogic employers dispose good expret level	n	%
Yes, sure	21	94
Yes, may be	42	12
May be not	14	4
No, sure	-	100
N	350	

Item 9 was targeted to evaluate if the pedagogic employers do dispose good level of their knowledges. 294 relatives mean: certainly yes (84%;) 42 relatives ment maybe yes- i.e. 12%;

4 relatives think that pedagogic employers might not so good level , i.e.. 4%. Nobody tells sure they haven ´t good level ,i.e. 0%.

Table 12 Exploatation of fysiotherapy

The client attends the fysiotherapy	n	%
Yes, sure	140	40
Yes, may be	210	60
May be not	-	-
No, sure	-	-
N	350	100

Item 10: How many clients enjoy the fysiothersapy in the institute.(massage, sauna, swimming pool, body building machines)

Table 13 Taking part in cultural and society activities in th social services home.

The client takes part in such activities as are linked upon:	n	%
Yes, sure	252	72
Yes, may be	56	16
May be not	14	4
No, sure	28	8
N	350	100

Item 11: We evaluated how many clients do take part in upon-linked activities. 252 relatives answered the client sure takes part in such activities – i.e. 72%; 56 relatives answered maybe yes, i.e. 16%; 14 relatives ment probably their relative didnť take part in cultural activities, i.e. 4%. Finally, 8 relatives ment their relative certanly didn´t take partin any cultural or social activity – 8 %.

Table 14 taking part in cultural and socail activities out of the institute

Does the client take part in external cultural activity?	n	%
Yes, sure	140	40
Yes, may be	98	28
May be not	28	8
No, sure	84	24
N	350	100

The item 12 is to compare with item 11.

Table 15 Exploatation in medical –educational therapye

Answer	n	%
Yes, sure	224	64
Yes, may be	112	32
May be not	14	4
No, sure	-	-
N	350	100

Item 13 was targeted to finding, if the clients do enjoy medical. Educational therapies, if are they available in the institute. (musikotherapy canistherapy, ergotherapy). 224 relatives answered certainly yes: 64%; 112 relatives maybe yes:. 32%; 14 relatives fiiled in: maybe not i.e.j. 4%. Nobody answered the last question, 0%.

Table 16 The interes of hippotherapy in social serviceshome.

Exploatation of hippotherapy	n	%
Yes, sure	56	16%
Yes, may be	56	16%
May be not	126	36%
No, sure	112	32%
N	350	100

Item 14: Evaulation of the interes to use hippotherapy in the social services home.
112 people answered No,sure, i.e. 32%; 126 r people probably no- i.e. 36%; 56 people say they have interes at the level: yes, may be- i.e. j. 16%; 56 relatives had sure interes about hippotherapy in the social services home.for their family member. I.e.16%.

Table 17 Interest of to widen service with the experts workings

Answer	n	%
Psychologist	182	52
Speech therapist	84	24
Especial pedagogue	70	20
Therapeutic pedagogue	126	36
No, sure	14	4
N	350	100

Table 18 Creating of an individual plan of development with taking-in par of relatives

I take part in the creation of the development plan	n	%
Yes, sure	-	-
Yes, may be	56	16
May be not	196	56
No, sure	98	28
N	350	100

Item 16: Do the relatives take part in the creation of the individual development plan for their relative situated in the social service home?

Table 19 Number of experts in the social services home

Is the number of experts in social service home enough?	n	%
Yes, sure	126	36
Yes, may be	140	40
May be not	56	16
No, sure	28	8
N	350	100

Item 17: We evaluate the meaning of relatives, if the Number o f experts is enough for providing the services in the institute.126 relatives tell it is enough(36%). Maybe thats enough

is the meaning of next 140 relatives (40%). 56 relatives mean that there is nor enough people (16%). 28 relatives mean the number of experts is poor (8%).

Table 20 Announcement of unsatisfaction

I inform that the care is not satisfactory	n	%
Yes, sure	308	88
Yes, may be	28	8
May be not	14	4
No, sure	-	-
N	350	100

Item 18: We evaluate, if the relatives announce unsatisfaction with care have been provided. 308 asked relatives certainly had announced their unsatisfaction with care had been provided. It was 88%; 28 relatives pointed the answer as probably yes, i.e.. 8%; 14 relatives rather would not tell anything to the empolyers - 4%;. Nobody elected the possibity: sure no, i.e. 0%.

Table 21 Communication with the personell.

Having problems to comunicate with personell	n	%
Yes, sure	-	-
Yes, may be	-	-
May be not	28	8
No, sure	322	92
N		

Item 19: was concentrated to point, if the relatives could have problems with the communication with employers od the social services home. 350 respondents were asked. 322 among them pointed they have not any problem to communicate, it means 92%; Rest 8 % of them answered some problems may occur.

Table 22 The reason why to change the institute

The reason why to change institute	n	%
Big distance from the place of living	112	32
Poor financial situation	98	28
Family migration	70	20
Other reasons in the family	56	16
I never thought to change the institute	70	20
No good location of the institute	14	4
Others	42	12
N	350	100

The item 20 was based as opened question, if the relatives had ever considered to put their relative into another social service home. The relatives were there to write the reasons leading them to change the institute. They could point more possibilities. The most of them- 112 should give their relative to another institute because of long distance from their dwelling-place.(32%); 98 relatives should accept such advance because of poor financial situation-i.e. 28%; 70 relatives should solve the situation in case of migrating to another city, i.e.. 20%; Other familiar reasons lead to change of the institute 56 relatives, i.e. 16%;
70 relations tell they never consider to change the institute. I.e.. 20%; 147 relations pointed unsatisfactory location of the institute as the reason why to change it. Finally, 42 relatives did not mark any reason for changing the institue or wrote „other“ only, i.e. 12%.

Work hypotheses evaluation

Work hypothese 1: We suppose the most of relatives of the client in social services home would be satisfied concerning the level of provided medical care.

Hypothese was confirmed.
We verified them by items No 1,2,3,4,5,7. We can deduce the most of relatives is satisfied with the level of medical care have been provided.48% of asked respondents were very satisfied, 36 % more satisfied with the level of medical care. The exprtness was considered to be very good.in 80 %. Next items were targeted to evaluate Access of medical employers to their clients and it was valued more satisfactory. The work in the social srvice home is very difficult for psychical as well as physical reasons. It needs a lot of empathetic sensitivity. This part was valued on average. Nobody felt problems with fear and anxiety.
The analysis of another items showed that 32% relatives have got good informations concerning the status of their relatives situated at social services homes.

Work hypothese 2: We suppose the most of relatives of the client in social services home home would be satisfied with provided educational-medical care.
The hypothese was confirmed . It was valued by items No 6,8,9,11,12.
After doing the analysis we can set the most of relatives is satisfied with the educational – medical care, provided in the social services homes. The clients take part in various cultural activities helping them, in many occasions people with handicap, to integrate into the community.

Work hypothese 3: We suppose the most of relatives of the client in social services home would be asking for services which are the employers of the social services home able to indemnify by personal and materil-technicxal facilities of the social services home.

The hypothesis was confirmed.It was valued by items 10,13,14,15,16. We can set the clients enjoy educational-medicat therapy modalities like for example musikotherapy, canis-therapy, ergotherapy. But only 16% of asked relatives should be really interested in hippotherapy providing in the institute. We have confirmed enjoying of physiotherapy in lOO %. This kind of therapy can be offered individually according to degree of physical,sensual or mental disease.

Work hypothese 4: We suppose the most of relatives of the client in social services home would be satisfied with its staff.
The hypothesis was confirmed. We valued them by items 17,18
Only 8% of asked people dont agree. Rest of 92% are satisfied.
Work hypothese 5: We suppose the most of relatives of the client in social services home wouldnt' have an problem to communicate with the employers in the social services home.
The hypothese was confirmed. It was valued by item 19.
92 % of respondents have not any problem with communication to personell.

Reccomendations to practice

We reccomend due to results of the survey::
-give more informations to relatives about the health status of their relative,

-give to relatives more informations abou the alterantive therapuetical facilities and their curative influences,
- create the possibility to provide the services of psychologists, therapuetical pedagogic employers due to clients needs, event in the therapeutical groups – the client together with relative,
-co-operate with the relatives for creating of individual programmes of development similarlike the Memory company,
-allow spending time for the family members in the institue beeing independent of their relative.

Conclusion

It is very difficult to work with the seniors, in many cases with people with some kind of handicap in various spheres of their life.But You are getting more sincerely unselfish love, friendship and great caress of the heart. Since nobody can see it, the feeling you live you are no able to describe.

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NURSING HOME CARE IN SLOVAKIA

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ABSTRACT

New period development of nursing in Slovakia started with political and social changes our country. With changes in social system the condition for development of nursing improved. The key point of development of nursing practice was established such new form of nursing care that will meet the requirements of patients. One of the new form of nursing care in Slovakia was nursing home care.
Core. Home care provided by nurses can be defined as a component of comprehensive health care delivered in residence of the patient. Nursing home care in Slovakia is provided by nursing home care agencies. The first home care agencies were established as a part of hospital services. They were focused on providing care to those patients who were released from hospital, but needed nursing care. The nurses visits patients in their homes and provide nursing care based on doctor´s prescription. Patients needs are related with restoring, maintaining and promoting health. By maximising the level of independence, nurses can help clients function at the best level for preventing dependence.

Conclusion. Nursing home care is an integral component of health care delivery system and as a new frontier of health care will continue to involve new nursing responsibilities with new technologies and case management of chronically ill patients.

Key words:

Nursing home care. Nursing agencies.

Introduction

The development of nursing as an independent discipline was enhanced by the development attitudes toward health care. The original focus of nursing was basically biomedical, treating illness and ill people.
Today these different attitudes include great efforts to meet all individuals needs, not only biological needs but also mental, spiritual and social needs.
New period development of nursing in Slovakia started with political and social changes our country. With changes in social system the condition for development of nursing improved.
The change of traditional understanding of nursing started at the universities with new programs and also in practice.
The key point of development of nursing practice was establish such new form of nursing care that will meet the requirements of patients. One of the new form of nursing care in Slovakia was nursing home care.
Home care provided by nurses can be defined as a component of comprehensive health care delivered in residence of the patient. Nursing home care in Slovakia is provided by nursing home care agencies. The first home care agencies were esthablished as a part of hospital sesvices. They were focused on providing care to those patients who were released from hospital, but needed nursing care. During next year´s many privates home care agencies were

established by nurses. Currently we have in Slovakia 174 nursing home care agencies, they are a private a managed by the nurses.
The nurses visits patients in their homes and provide nursing care based on doctor´s prescribtion. Patients needs are related with restoring, maintaining and promoting health. By maximizing the level of independence, nurses can help clients function at the best level for preventing dependence. This assistance include teaching and linking clients with communitie service. Also preventing complications of chronically ill persons can help to minimize the effect of disability and illnes. Many complications of long term illness that result in disability are preventable with adequate health care interventions provided by nurses.

In the first years health care insurances were a barrier for nursing home care because they refused to pay this type of care. They don´t want to see nurses as a partner. They very slowly accepted new role of nursing in changed health care system.
Home care provided by nurses is planned and coordinated. Nurses very often visit patient in hospital before discharge.
In last year in Slovakia was changed system of financing in health care. We started with prospective payment and hospital managers need to think how provide quality care for patient in short time of hospitalization. This new system support earlier discharge patient from hospital and need to ensure care can be provided by nursing home care.
Another possibility for development of home care in Slovakia are nurses them selves. Nurses,who have experience and higher level nursing educastion as a diploma, baccalaureate or master degreel, very often looking for a new possibilities and types of practice.
In home care there a possibility to use more holistic approach and nursing model than medical – illness model of practice. In nursing home care agency providing health care nurses, physiotherapists, midwives. Trend the World Health Organization is to strength the role and status of midwives in primary care in continuous providing prenatal, intrapartum and postpartum care in physiological pregnancy, childbirth and the first weeks after birth (4)
Clients also need disributive nursing care that emphasizes health promotion and disease prevention activities. Unfortunately, these services are not reimbursable. As a number of older people increases, the need for at-home health promotion and education will flourish. The decrease in extend families and social support systems, migrants, the growinf of homeless people, trends toward greater consumer awareness and interest in self care also contribute to the need for home care that provide services in addition to the skilled nursing care valued by reimbursement system.
The reasons why home care is important are:

- aging population,
- increas number of patients with chronic illness,
- cost – effective means of providing care,
- respect the needs of individuals.
- support family trough the illness.

Nursing home care is an integral component of health care delivery system and as a new frontier of health care will continue to involve new nursing responsibilities with new technologies and case management of chronically ill patients. In future this type of nursing can be more and more field for holistic nursing practice.

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NURSING MANAGMENT PARTNERSHIP

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ABSTRACT

The Health Management Education Partnership Program between the University of Scranton and Trnava University, Matej Bel University and the Health Management School was funded under a cooperative agreement between The American International Health Alliance (AIHA) and the United States Agency for International Development (USAID). The health management programs at the three Slovak partner institutions cover a continuum of health management education, from continuing and in-service education for managers, through baccalaureate, masters, and doctoral degree programs.
Core. A special attention and emphasis was paid to nursing and nurses. Management skills are as important to nurse administrators as their clinical knowledge and skills. A Nursing Task Force was created from all CEE partnerships. The nurses could also present their activities at Annual Partnership Conference. The partners jointly developed a new nursing management short course to be piloted through this and two successive workshops. For sustained and better cooperation of nurses in CEE region AIHA organized conference in Riga, Latvia Nursing Associations Leadership and Organization for the 21st Century. Participants of the conference were nurses from partnerships and representatives of nursing associations from CEE countries. Cooperation in nursing management continued through The International Nursing Leadership Institute. The International Nursing Leadership Institute (INLI) is a yearlong learning experience in which NIS and CEE nurses can develop the skills and knowledge necessary to become successful leaders in today's health care environment.

Key words:

Nursing. Nursing management. Partnership.

Introduction

Partnership with University of Scranton provided a great number of sample activities on the level of partnership institutions, on national level in Slovak Republic and on international level among CEE countries. Management skills are as important to nurse administrators as their clinical knowledge and skills. Unfortunately, in nursing education in the past was lack of managerial expertise, and nurses who were interested in leadership and management had to turn to other disciplines. The bias was reflected in the dearth of writings on management in nursing literture and has been corrected only in the last decade (1). I would like to present activities of the Scranton – Slovakia partnership focused on nursing and nursing management.

The Health Management Education Partnership Program between the University of Scranton and Trnava University, Matej Bel University and the Health Management School was funded under a cooperative agreement between The American International Health Alliance (AIHA) and the United States Agency for International Development (USAID).

The American International Health Alliance esthablished and managed hospital partnerships among health care institution in the United States and their counterparts in the

Central and Eastern Europe (CEE) and New Independent States (NIS) of former Soviet Union.

AIHA's mission was to advance global health through volunteer-driven partnerships that mobilizes communities to better address healthcare priorities while improving productivity and in health care management for health providers throughout the Slovak Republic.

The health management programs at the three Slovak partner institutions cover a continuum of health management education, from continuing and in-service education for managers, through baccalaureate, masters, and doctoral degree programs.

The Scranton – Slovakia partnership assumes leadership with Slovakia in fostering the nation´s growth health management profession. The three partner institutions are coordinated through Trnava University with equal participation from each of the organizations.

An innovative Health Management Education Partnership was initiated to develop management education initiatives through the exchange of information and ideas. The model of partnership utilized several innovative educational initiatives and strategic project including professional journal, faculty development, professional development, curriculum development and modification, faculty-student exchange, development of educational materials and modules, development of conferences, workshops fieldworks experiences and study tours (2).

Partnership Objectives

Information Dissemination

- Establish a health management resource center in Slovakia at Trnava University.
- Develop and publish a national Journal of Health Management and Public Health (JHMPH) in Slovakia.
- Develop a series of International Health Care Symposiums to share health management information among CEE countries.
- Utilize videoconferencing capabilities developed by AIHA for use in CEE/HME partnerships.

Faculty and Student Development

- Identify and develop faculty with health management interests and capabilities to teach health management education, involving full-time faculty, part-time faculty and practicing professionals in the community.
- Provide professional activities, in addition to faculty development, that will expand health management knowledge, skills, and experiences for Slovakian partners.
- Exchange and facilitate health management knowledge and learning among Master in Health Administration students from the United States and Allied Health students from the Slovak Republic.

Nursing

- Provide access to the Nursing Resource Center (NRC) to provide faculty, students, and practitioners with a facility to support alternative forms of learning and continuing education.
- To exchange and facilitate nursing knowledge and curriculum development.

The partnership established a new professional publication, the Journal of Health Management and Public Health, first published in September 1996. The partners had also established an annual International Health Symposium for sharing health management knowledge, information, resources and scientific research both for professionals within Slovakia and from abroad.

Curriculum and course changes were approved and implemented at Trnava University and University of Matej Bel. Faculty of the University was exposed to new teaching methods and techniques including case method, problem solving, team teaching, and directed group discussion. The Nursing Resources Center was developed in Trnava University provided resources for faculty, students, and practitioners with facility to support alternative forms of learning and continuing education.

Health management faculty from the University of Scranton and the Association of University Programs in Health Administration conducted series of management training workshops in Stupava, Slovakia for perspective faculty from around the nation in September 1996. In October 1996 US and Slovak partners sponsored their first International Health Care symposium. The Symposium was held at University of Trnava and attended by 115 participants from Slovakia, Czech Republic and other European countries. The partners published the first issue of the Journal of Health Management and Public Health in October, 1996. In March 1997 the partnership sponsored first student exchange with ten health management students from the Slovakia partnership institution traveling to attend classes at the University Of Scranton, visit US health institutions and share research. In April 1997 University of Scranton students traveled to Slovak Republic to present health management concepts. Second Annual International Symposium in Banska Bystrica took place in October 1977, participants discussed and exchanged ideas on finance and quality. In Trnava the First Slovakia ACHE symposium was held. In November 1997 the Slovak students traveled to Scranton to tour Community health care partnership facilities. The students presented papers in Graduate Health Administration classes at the University of Scranton and participated in classroom discussion.

Prof. Daniel West with colleagues from University of Scranton organized the Health Management Training Workshop for Nursing Improvement from a March to April 1998. The partners jointly developed a new nursing management short cours to be piloted through this and two successive workshops. The aim of the workshop in healthcare management was to provide nurse managers with an understanding of health service management with specific application to nursing management. There had been a growing number of questions and concerns regarding implementation of nursing processes to practice in Slovakia. The issue of how to manage health sector reform in health service delivery and improve access and quality of care was of great importance. The workshop was designated to harmonize education and training processes in nursing with real world demand and current practice needs in health service organization. The attainment of specific knowledge, theory and skills were stressed with reference to current research and information on nursing management. Selected nurses interested in reinforcement of their knowledge and skills and those prepared to promptly implement small steps for their organizations were also involved in a special program.

Efforts were directed at improving nursing management performance in delivery of quality patient care.

Objectives: develop and implement a training program workshop to support nursing management needs given in the transformation process in Slovak Republic. Specific activities are designated to help participants utilize basic managerial knowledge, theory and skills to implement changes in nursing to provide high quality, cost effective services to patients in hospitals, clinics and other service delivery settings. Efforts are directed at improving nursing management performance in delivery of quality patient care. Three specific workshops

covered six month and 40 training topics. This workshop provided participant with health service management and nursing management theory, knowledge, skills and opportunities for research and application. At the termination of the workshop participants were able to:
- understand the role and process of management in health care organization,
- exhibit team building and communications skills to enhance work performance,
- develop skills in experiential using adult learning theory,
- identify and present a project for their institution based on strategic assessment and application of adult learning needs,
- appreciate uses of AUPHA curriculum modules,
- give presentations on their identified projects,
- develop a network of peers for colleague collaboration and cooperation,
- understand nursing management theory, concepts, ideas and application,
- share concepts, ideas and application with other nurses in their institutions,
- practice skills acquired between sessions,
- implement specific changes using management theory, knowledge and skills,
- assess and evaluate opportunities for change.

Participants were 27 nurses from different cities and regions of Slovak Republic.

- Leadership, organizational changes and system thinking
- Change management
- Team building
- Communication
- Environmental Assessment
- Introduction to Quality management
- Strategic planning
- Standards of care
- Job Descriptions and Performance Evaluation
- Information Management
- Marketing
- Patient Education
- Staff Education
- Continuum of Care
- Financial Management
- Quality Management
- Outcome Evaluation
- Human resource Management
- Negotiation Skills Training
- Conflict Management

The activities took place both on the level of individual partners and international level within CEE. Each year AIHA organized the annual conference for all the partnerships within CEE in which all partners´ activities along with the achieved goals and progress were presented so that all partners could share new experiences from hospital partnership, health management education partnerships, community health partnership.

A special attention and emphasis was paid to nursing and nurses. A Nursing Task Force was created from all CEE partnerships. The nurses could also present their activities at Annual Partnership Conference. Except from this AIHA organized Nursing Task Force Meeting Central and Eastern Europe used to be held prior to Annual Partnership Conference.

Skilled nursing professionals are a vital link to patient care and an essential component of any health system. However, in many developing and transforming countries, nurses face a number of professional barriers. Some of these include a lack of professional standards and

guidelines, absence of an independent nursing care structure based on critical thinking, systemic inability to engage in clinical or administrative decision-making processes, and a dearth of training and educational opportunities at all levels.

First meeting of European 7 nurses took place in Bratislava in October 1997. A smaller group of nurses representing five European countries-Croatia, Latvia, Romania, Hungary, and Slovakia participated in this meeting. A smaller group was chosen on the US side as well to facilitate meetings and planning. At this first meeting the nurses discussed possible activities and goals of the American International Health Alliance in connection with health care.

Teleconferences helped both communities to cooperate and communicate and to organize The Annual conference of the Nursing Task Force and Nursing Association Workshop. First teleconference took place between Bratislava, Slovakia and Washington, DC on December 1997, second teleconference was on February 1998. The teleconference was a new form of cooperation and new experience appreciated by the nurses.

In some CEE countries a regional or national nursing conference was held this year. These conferences were devoted to health care questions and problems which all the counties really faced. Partner nurses from US participated along with nurses from other European countries.

AIHA Slovak National Nursing Conference in March 4- 6 1998, Bratislava, had title Out - of Hospital Nursing. One of the new forms of nursing practice was nursing home care, provided through nursing home care agencies. The first home care agencies were established as a part of hospitals to provide care to those patient who were released from hospital, but needed more care (3). Subsequently many private nursing home care agencies were established, too. The agency nurses visit patients at home and provide medical care based on doctors recommendation. Nurses in agencies are providers of nursing care some of them are also owners of the agencies. This nursing practice would not only provide appropriate care for patient released from hospitals, but could focus on prevention, assessment of health care risk factors, and identification of risk groups in the community. To accomplish this there is a real need to establish new efficient nursing methods, which could be more flexible and meet more of the people´s needs (4).

For sustained and better cooperation of nurses in CEE region AIHA organized conference in Riga, Latvia **Nursing Associations Leadership and Organization for the 21st Century**, June 14 – 16 1998. Participants of the conference were nurses from partnerships and representatives of nursing associations from CEE countries.

AIHA for further support of nursing management education organize The International Nursing Leadership Institute (ILNI). International Nursing Leadership Institute tapped into a wide range of adult education methodologies to create an integrated learning experience that focuses on skills acquisition and professional development. First meeting of the International Nursing Leadership Institute was held in London, England June 18 – 25. 1999, second meeting ILNI was in Louisville, KY November 10 – 19 2001.

The International Nursing Leadership Institute (INLI) was a yearlong learning experience in which NIS and CEE nurses developed the skills and knowledge necessary to become successful leaders in today's health care environment. Institute faculty utilized varied teaching methodologies to created an integrated curriculum, graduating the participant into an ongoing community of colleagues and peers. Borrowing from several successful adult learning models, INLI provided a unique opportunity for future health care leaders to excel. Class I included 15 NIS and five CEE nurses. A goal of the INLI program is to develop a cadre of nurse faculty in the NIS and CEE countries. Several INLI graduates have achieved this goal by co-teaching, teaching, and facilitating sessions for subsequent classes.

Guest faculty had enhanced the learning process. Sigma Theta Tau International, an Organization committed to fostering excellence, scholarship, and leadership in nursing to improve health care worldwide, offered workshops to create the underlying infrastructure needed to professionalize nursing, with a focus on academic excellence and nursing research.

Objectives :

- Mastering leadership skills
- Promoting knowledgeable and skillful nurses
- Educating nurse-faculty
- Incorporating advanced technologies
- Improving nursing care outcomes

Directions

- Workshops and participation in study tours
- On-line conferences
- Distance learning
- Participation in the activities of international societies and associations, such as:

International Council of Nursing
Sigma Theta Tau International
School of Nursing in Louisville, KY

Curriculum covers the topic of:

Leadership Behavior and Competences
Influencing Policy Development
Negotiation and Conflict resolution
Group dynamics
Teamwork/Collaboration
Problem solving
System Thinking
Change Theory
Planning
Learning styles and Influence
Critical Thinking
Action Learning
Association Building

Classes were presented using experiential learning, interactive methodologies, dialog, and small group work. Experiential work focused activities on potential work in primary health care. The cooperation in partnerships has brought about the recognition of different work conditions of health care professionals, different systems of management and education of nurses and health/nursing care managers, problems associated with social transformation as well as health care systems transformation including their possible solutions. The cooperation also established contacts and working relations that persist even after the official termination of The Partnership Cooperation among the colleagues from USA and CEE.

Conclusion

The cooperation in partnerships has brought about the recognition of different work conditions of health care professionals, different systems of management and education of nurses and health/nursing care managers.

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MEN AS VICTIMS OF DOMESTIC VIOLENCE IN TRENČÍN SELF-GOVERNING REGION

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ABSTRACT

The presence of domestic violence in Slovak families is considered a serious socio-pathological phenomenon consequences of which deepen the malfunction of man-woman relationships and which creates preconditions for the development and continuation of severe family environment malfunctions with negative influence on the advancement of the democracy in Slovakia.
Schneider claims that *"according to experts domestic violence is, by far, the most spread form of aggression among people. People are much more likely to be attacked, hurt, abused or killed in their homes by thier family members than by anyone else in the society."* [1]. The most targeted group of domestic violence victims are usually women followed by children and senior family members. Yet even husbands and other male spouses, or men in general, tend to be the victims of domestic violence.
The fact that domestic violence is also committed on men motivated us to investigate the problem of violence in families where the victims of such treatment are those of male gender. The domestic violence committed on men seems to be a neglected topic when compared to the more explored problem of the violence committed on women. Such unconcern for the male victims of domestic violence stems from the belief that the violence is mostly committed by men.

Key words:

Violence in family. Domestic violence. Abused men. Research.

MEN AS DOMESTIC VIOLENCE VICTIMS

The problem of domestic violence is dealt with by both governmental and non-governmental institutions with rather permanent intensity. Domestic violence as a manifestation of human rights violation is focused on by governmental and non-governmental organisations as well as by a number of various programs and strategies. Despite the long-lasting efforts to reform the legislative environment, the standardization of the intervention procedures and the medial campaigns it turns out that the violence committed in family is still a pressing issue. It is a process which necessitates a coordinated intervention of the responsible authorities, the monitoring of the adherence to the arrangements and their

evaluation as well as the subsequent adoption of more efficient programs meant to prevent and eliminate domestic violence.

One of the integral part of the progress and in fact its precondition is permanent creation and updating of the knowledge about the violence committed on men, about its occurrence, the character of the violence, and the profiles of the victims and the abusers. The graduation thesis was meant to become a part of this knowledge database. The thesis, *Men as victims of domestic violence*, arose from the effort to provide the experts, responsible authorities and the public with the information about the current appearance of the violence committed on men and about the attitude of Trenčín self-governing region population towards this problem.

RESEARCH SAMPLE

According to Statistical Office of the Slovak Republic in 2010 there were 598 819 citizens living in Trenčín self-government region [2]. There were 305 508 female citizens and 293 311 male citizens. To determine the quota index of the number of respondents involved in the survey the official number from 2010 was used. Only the men over 18 were included. The sample set consisted of 242 men, which is 0.01 % of the basic set of the male adults living in Trenčín self-governing region. The survey quota attributes were: age, the highest reached education, marital status and the number of the town's citizens.

METHODOLOGY AND METHODS OF THE RESEARCH

Within the scope of the research project we used the quantitative research of the selective examination which included all men over 18 and with the permanent address in Trenčín self-governing region. Obtaining the information was based on gathering the data from an anonymous and structured questionnaire with specific questions covering men's experience with physical, economical, social, psychical and sexual violence committed by thier female spouses. The questionnaire consisted of 28 questions. For every committed act the frequency of its occurance was observed throughout the whole duration of the relationship. The following scale was used: never occured, occured once, occured repeatedly. The men's experience with domestic violence was observed through 32 acts which covered 5 basic types of domestic violence.

Methodologically it is not a representative research of the domestic violence in Trenčín self-governing region. It can be characterized as a monitoring research.

RESULTS OF THE SURVEY

According to the available information approximately 4 % of the men living in Slovak families is affected with domestic violence, which means it is almost every twentieth man [3]. This indication is considered a norm for the spread of domestic violence committed on men in Slovakia, even despite being only a secondary result of a research covering the problem of domestic violence committed on women. Our research brings rather more extensive findings of the presence of domestic violence committed on men by their intimate partners differentiated in terms of cohabitation, age, education, economical activity and particular forms of domestic violence.

The research findings analysis revealed three basic types of intimate relationships:

A non-violent partnership – the relationships which were the most similar to the non-violent relationship were included in this first type. The type, however, covers a relatively large scale of intimate relationships. The group includes the relationships where the female spouse never uses the observed behaviour on her partner, but it also includes the relationships where particular forms of psychical, social, economic and sexual violence happened only once. In this type of relationships none of the observed violent acts ever occured repeatedly.

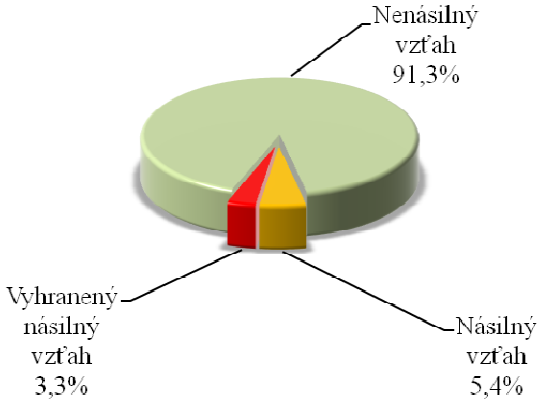
Such a relationship could thus be called *"from an ideal relationship to one failure"*. (the term was used by Bodnárová – Filadelfiová – Holubová. 2008) [4]. The name *non-violent relationship* needs to be understood in the context of the other two types and the fact that the borderline was set on a single appearance of physical violence and repeated appearance of some acts of psychical, sexual, social and economic violence.

A violent partnership – this type includes repeated violent acts: vulgar invectives and shouting, constant criticism, prohibitions and imperatives, continual control, rude and undignified behaviour, restraining of meeting other people, forbidding to talk to other women, humiliating in front of other people, restricting finance, withholding food, but even one-time acts as: slaps, punches, beating with consequences, threathening with a weapon, strangling(5).

A definite violent partnership – the third type includes violent acts which appeared repeatedly: no financial support for household and children, slaps and punches, beating with no consequences, elbowing, scuffling and hair pulling, enforcing sex, threathening to hurt or kill, beating with consequences, strangling, selling and demolishing one's property, threathening with a weapon, withholding food (6).

Graph no.1
The shares of non-violent and violent relationships by their types.

Non-violent relationship – 91.3 %
Violent relationship – 5.4 %
Definite violent relationship – 3.3 %



As graph no.1 shows the overwhelming majority of partner relationships can be characterized as non-violent relationships or relationships where violence does not appear, in some cases the violence occurs very rarely, mostly committed as a one-time violent act. 8.7 % of the men who participated in the survey lived in a violent relationship, which means such a social situation was confirmed for 21 men. 13 (5.4 %) of them lived in the second type of partnership - *the violent relationship*, while 8 men lived in the third type of partnership – *the definite violent relationship*.

The created typology allowed the examined men to be classified according to the structure of their answers on the frequency of particular violent acts. The partnerships which were the most similar to a non-violent relationship and the ones with zero presence of violence were grouped into the first type. The relationships characterized with repeated violent acts and with the presence of one-time physical acts were classed as the second type. The last type includes the relationships where several acts of psychical, economic, social, sexual and physical violence are repeatedly present.

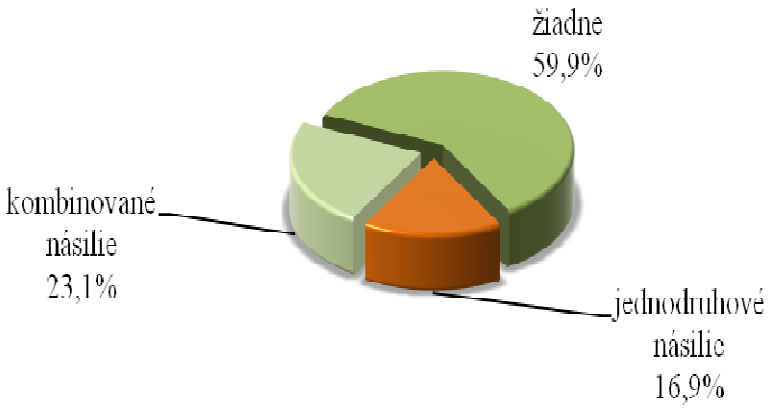
The types of combined violent relationships

As graph no.2 will show the violence committed by women was rather often of combined character – this had a share of 57,7 %. In this context one fact has to be mentioned – the psychical violence was present independently in a larger number of cases and it still dominated the means of violence used on men by their female partners. 27 men experienced only one type of psychical violence, and 21 men underwent more than one type of psychical violence combined with a different violent act. These two groups together represented the largest set of abused men (19.8 %).

Graph no.2

The shares of one-type and combined domestic violence committed on men by their female partners.

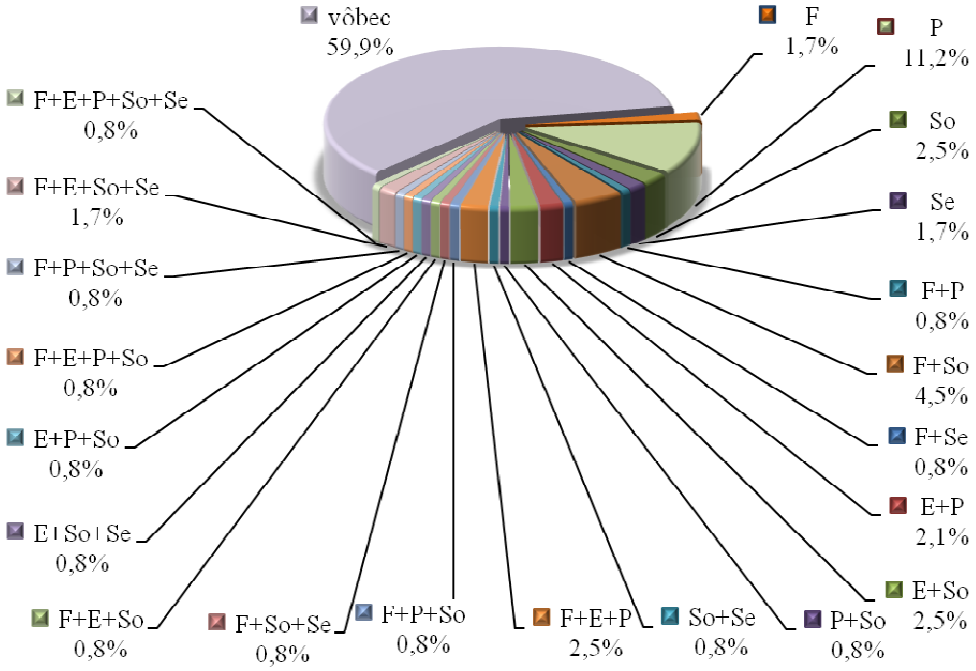
No violence – 59.9 %
One-type violence – 16.9 %
Combined violence – 23.1 %



Violence committed on men in Slovak families is characterized by the fact that in the majority of cases it is present in various forms symultaneously. The next graph demonstrates the overview of particular forms of violence used by the female partners independently or in a combined way. The survey recognized a total number of 160 violent acts which were either committed by a single-time aggression of the female partner or which were repeated several times. Observing the frequency of committing the acts of domestic violence, the repeated acts were discovered in 95 cases while the single-time acts were detected in 65 cases.

Graph no.3

The occurance of combined domestic violence committed on men by their female partners.



Explanatory notes: violence: F – physical, P – psychical, So – social, Se – sexual, E – economic

The one-type violence affected altogether 41 men, which represents 16.9 % of the sample set; a share of 23.1 % mirrors 56 men who experienced the combined forms of violence. 47 men (19.4 %) were affected by social violence, 37 men (15.3 %) underwent physical violence, 29 men (12.0 %) experienced economic violence and 18 men (7.4 %) were victims of sexual violence.

The findings stated above indicate that domestic violence has usually two froms. In the first case the one-time violence occurs mostly in a form of psychical, more rarely ín forms of social, physical or sexual violence. In the other case mostly the social violence is applied alongside with one or more other forms of domestic violence. There were two examples of men who experienced all the forms of domestic violence concurrently.

Conclusion

The violence committed on men is a social problem which affects various areas of their lives, and the intimate relationships are no exception here. The presented information indicates that Bútorová and Filadelfiová's claims of a 4 % group of abused men in Slovakia do not really correspond with the findings of our research according to which the group of men living in violent relationships extends up to 8.7 %.

First and foremost, it is essential to initiate a public discussion about the fact that in our society there are men who are experiencing domestic violence. It is necessary to inform the society about the extension of this social problem and to sensitize the public to receiving the messages of the extension of the domestic violence committed on men.

In practice we encounter the problems with acquiring relevant information about the occurance of domestic violence on men. At present in Slovakia there is no research available aiming to determine the extension of domestic violence committed on men. We suppose the

realization of a research focused on the occurance of domestic violence on men as its victims is the basic determinant of future progress in solving this social problem. A thorough preparation of the research is necessary to gain differentiated information about the real extension of domestic violence, about its forms, intensity, the length of a violent relationship, the triggers of the violent behaviour and the targeted groups of this behaviour. The research should also provide the zhe knowledge of men's behaviour after the act of domestic violence, of how men handle the domestic violence, how well they are informed about the organizations offering help, and what is the role of social workers in the actions provided to help the victims.

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TOWARDS THE SOCIAL AND LEGAL PROTECTION OF FOSTER CHILDREN IN RWANDA

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Rabarova, Lenka: I was born on 1st October 1980 v Trnava, Slovakia. In 1997/1998 I tool part in an exchange program in the USA where I lived and studied at a high school for 10 months. I graduated from Gymnazium Angely Merici in Trnava in may 2000. I was granted a degree master of law at Trnava university in Trnava, Slovakia in july 2005. Since march 2006 I have worked at humanitarian projects of Trnava university in Cambodia and two times in Kenya. I have also worked at humanitarian projects of School of Public Health and Social Work of St. Elizabeth in Burundi, Kenya, Vietnam, India and three times in Cambodia. I am in Cambodia at the moment. (7th August 2012).

ABSTRACT

The 1994 genocide against Tutsi and the war left Rwandan children the indelible consequences among which deprivation of the right to live and to enjoy family environment, special protection against abuse and exploitation. More seriously some of those vulnerable children still undergo sequels linked to poverty, lack of family bond, lack of access to education and health services that prevent them to enjoy their rights to the maximum level.
Up to present, a lot has been done to ensure the respect of children's rights in all government policies and politics. However, there are still gaps to cover as far as vulnerable children's rights are concerned, more especially the rights of foster children. Despite the current issue of these children under kinship care or spontaneous care, formal foster care and residential or institutionalized foster care, the government of Rwanda has not turned the back against them. As stated by the Head of State, Paul Kagame, there is a government political will to move toward the "one child, one family" being implemented to give the children the right to own a family and ensure that children are living comfortably in the families.

Key words:

Family. Vulnerable. Children.

In the implementation of this will, some families with humane heart have volunteered to foster some of the orphaned children living in centers. Other families already took the initiative to foster children of their relatives or friends who lost their lives during the tragedy that befell the country. However, a thorough analysis on the children living in foster care shows difficulties faced by these children in families that received them. Some of foster families exploit them and even deny them their rights; hence foster children need advocacy on special social and legal protection.

Guidelines governing foster care in Rwanda do not clearly specify the legal obligations of foster parents as opposed to an adoptive parent. More specifically instructions on informal foster care that mostly poses threats to the child's rights do not appear in the government guidelines. Consequently, some families fostering children informally hide behind this gap and mistreat children under their guardianship withholding them the right on education and access to health and worst the right on the property of their parents or legal entitlements. Another major hindrance is the poverty that may characterize some of the

families that have fostered children either informally or formally. Consequently, fostered children, failing to cope with such difficult life of deprivation of enjoyment of his/her rights choose to lead a vagrant life in the streets.

The purpose of this paper is to highlight the general situation of fostering in Rwanda. The paper puts much emphasis on how foster care should be perceived as opposed to adoption. The author shows different causes of foster care in Rwanda, conditions of foster children in Rwanda, challenges faced by these children, foster parents and state social and legal protection. At last, the author provides a way forward on how foster parents and the government of Rwanda should understand their obligations towards the protection of fostered children.

Defining foster care

Foster care is defined as situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care. (UN, 2009 Art. 28)

The Convention of the Rights of the Child states, in article 20, that foster child is:

A child temporarily or permanently deprived of his/her family environment, or in whose own best interests cannot be allowed to remain in that environment shall be entitled to special protection and assistance provided by the state. State parties shall, in accordance with their national laws, ensure alternative care for such a child.

Fostering is divided into two main categories namely formal and informal foster care. Formal fostering is an arrangement made by an intermediary whereby a child who is unable to live with his/her own family is placed with an individual or family with whom he or she has no blood ties, and with whom he or she has not previously lived. Spontaneous, or informal fostering, is a situation in which a child lives with an individual or family with whom he or she has no blood tie, but where no external agency or authority has been involved in making the arrangement.

Unlike adoption, foster care may be long term. Due to the different motivations behind fostering and adoption, adopters usually want to extend their family by offering full membership to unrelated child. Foster parents on the other hand are more likely to be motivated by a child living status, and intrinsic or extrinsic motivations behind integrating the child in the family.

Foster care is practiced in many different ways throughout the world, depending on underlying factors such as the needs of the child, the culture and the systems in place. Foster care underlies substitute parenting for children who cannot safely stay with their own families or who do not have families because of a number of reasons. The foster home provides the child with physical care such as clothing, food and shelter. The family also gives guidance, supervision and positive modeling as they integrate the foster child in the family.

Fostering in the Rwandan Context

In Rwandan, fostering has different forms. The form that is mainly dominant is informal foster care. This one is a private arrangement provided in a family environment, whereby the child is looked after an ongoing or indefinite basis by relatives, friends or by others in their individual capacities without the involvement of administrative or judicial authority or a duly accredited body.

In addition, we find formal foster care that consists of a care provided in a family environment, which has been ordered by an administrative or judicial authority, and all care provided in a residential environment including care in private facilities.

Considering the Rwandan context, fostering is not clearly defined legally. The fact that it appears in many instances akin to a form of de facto adoption, or a permanent care arrangement leads to many foster parents to exploiting and denying foster children their rights. For example, some of children without parental care were sometimes fostered by families for the perceived economic benefit of doing so or because families desired the agricultural or domestic labor that an additional child could provide. In these instances it is important to question whether the family environment is invariably the best context for all separated children and whether it always furthers the best interests of the child. As a result, then this answers the question why many children prefer to live in centers, or live in streets or in child-headed households within the community rather than living in foster families.

Causes of foster care in Rwanda

The genocide against Tutsi and the war has seriously affected many children by leaving them parentless and without care. Other underlying factors explaining the need of fostering in Rwanda include:
Lack of support to families/ extended families
Weak social welfare system (lack of effectively trained social workers)
Low Government priority on care and protection issues
Low status of children's voices
Gender Inequality
Abuse against girls and boys
Patriarchal culture
Discrimination on the grounds of gender, ethnicity, disability or HIV/AIDS status
HIV/AIDS epidemic
Poverty
Lack of access to basic services (health, education, social protection)
Unemployment
Migration
Family disintegration
Family stress
Alcoholism and drug use within the family
Domestic violence
Child abuse and neglect

All these sequels emanating from the war and the genocide against Tutsi caused the government of Rwanda to adopt measures in order to curb down the number of helpless children that lived in dire conditions by reintegrating them in families so as to ensure their social and legal protection.

Social protection of fostered children in Rwanda

Obligations of foster parents

By fostering, a family receives a child without expecting aid. It is not any family that affords receiving a child. There are certain conditions to be fulfilled by these Good Samaritan families before taking children from centers. These include socio economic abilities to cater

for the child's growth. They have also to ensure that the child is socially protected. By protection, foster families have the obligation to make sure that foster children are well treated physically and mentally. That is to say, the family has to ensure that:
The child is at ease in expressing itself,
The child is clean and has clothes
The child is polite and well-brought up
The child grows up well (as the child grows, one can say that the child eats well)
The child is not a vagabond
The child does not lose its culture
The child eats easily and does not isolate itself
The child is physically well
The child is well-integrated
The child approaches parents and other children without difficulties

Parents have also to ensure that there are no misunderstandings between the child and the family of origin for those who still have one or all parents. For the child to feel more comfortably, foster parents' own children should take care of the foster child. Besides, parents should cope with child's caprices and some unwelcoming behaviors by cultivating patience and accountability in that task of upbringing the foster child. Foster families have the obligations to protect children from difficult tasks, exploitation, loneliness, discrimination and family strife that can affect the child's emotional development.

Current situation

So far, Rwanda has set a draft policy on the integration of separated children in families and designed guidelines governing foster care in Rwanda. Those guidelines include sensitization, evaluation, preparation of children and families, endorsement of the fostering agreement and follow up.

With sensitization, the aim is to inform families on the conditions of children in centers and the importance of placing the child with no care in the family environment in accordance with the United Nations Child Rights Commission and the Rwandan culture.

In this first stage, the community animation is initiated. Causes underpinning children's life out of the family environment are explained to members of the community so that there may be potential families to receive them. It is explained that there are criteria, and an evaluation process. Interested families register with the head of the grassroots level and a copy of the list is sent to the centre. It is said that the child, under the responsibility of the director of the centre, must be prepared to leave the centre. To this end, prospective families visit the child in the centre. An agreement of engagement is then signed by the foster family, the local authorities, and the manager of the centre.

The second step in the reintegration process of vulnerable children without family care involves the interested families to register with the grassroots leaders. These authorities testify whether any family fulfils the requirements to foster the child or not. Here are the requirements relied upon to determine the ability of the family:
Individuals who want to receive a child must do it voluntarily and freely;
All family members must agree with the decision to foster a child;
The foster family must be self-sufficient, and capable of supporting the child;
The foster family must exhibit good morality;
The family must accept that the child agrees to be fostered;
Siblings should be fostered in the same family, as far as possible
The foster family must agree to let the child join his/her family (including the extended family) when it is found;

Single individuals are not accepted as foster families;
Foster families must accept the religious beliefs of the child;
Foster families must hold Rwandan nationality.

In this investigative process, local authorities and managers of the centers visit prospective families to conduct a social inquiry (individual interviews with each member of the family and neighbors) that determine if the family is eligible to receive a child. At this point a meeting with chosen foster families is organized to explain the fostering agreement.

The third step is the preparation of the child and the family. In this stage, children get explanations showing them the advantages of living in the family compared to living in a center or else place other than the family. They are told that foster parents are looking forward to receiving them. Once a foster family and some children have been identified, contacts can begin. Considering certain preferences of the family; some criteria should also be followed. The family should be informed of the health status of the child, food, sleeping habits and behavior. If the child is old enough to understand, she/he should be informed on the place where he/she will go, and the number of foster brothers or sisters. The child should be assured that there will be a follow-up.

One of the biggest setbacks in this stage is that some families seeking children to foster may bring the discriminative aspect and shun away children with disabilities and children who live with HIV/AIDS for example. Thus this restricts children to enjoy the right and social protection of living in a family. Therefore, children with disabilities are placed in specialized centers. Sensitization and education should be offered in regard to separated children with HIV, and it should not appear as a criterion for choice.

The fourth step consists of the endorsement of the fostering agreement that is held in the centre where authorities are invited. The family signs the fostering agreement together with the district mayor or the representative from the district level.

The last step is Follow-up. The objective of follow-up is to ensure that families are able to provide a good standard of care and to avoid the necessity of returning children to the centre. During follow-up, the representative should ensure that the material conditions are sufficient; the child eats, is clean, healthy, and participates in the domestic activities. School performance is monitored, and it is ascertained that a foster child lives in the same conditions as the other children in the family. During the first three months, it is recommended that monthly visits be conducted. During the second three months, two visits are recommended and during the third three months, one visit is recommended. After that, visits vary depending on the conditions of the child and the family. Other Government ministries are also responsible for follow-up – e.g. health and education. Information collected after visits are registered in the child's file. Training for foster families is another way to support foster families. Topics are: nutrition, hygiene, health, child development, income-generation activities, and other subjects identified by foster families.

Legal protection of foster children

The UN General Assembly of 20th November 2009 set the internal guidelines on alternative care for children without parental care. The Assembly approved that children who are deprived of their family environment have the right to alternative care, and special protection and assistance. Governments have social and legal obligations to provide appropriate and adequate measures to enable children enjoy the full range of rights even if they lack parental and family care. Providing support and protection to those children is not a charitable action but a legal obligation. (UN, 2004)

As highlighted in the declaration on social and legal principles relating to the protection and welfare of children with special reference to foster placement and adoption,

children need to grow up in the care and under the responsibility of their own parents and in "an atmosphere of affection, of moral and material security". (Preamble of 1986 UN declaration on foster care and adoption) This is in line with article 9 of the Convention of the Rights of Children, which states that children should not be separated from their parents unless such separation is in the best interests of the child. It is only when parental care is unavailable or inappropriate, that foster care, adoption or, if necessary, care in institutions should be considered.

Another important feature to mention from this declaration in its 16 article is that fostering is subject to a regular monitoring and evaluation on which basis the placement can be revoked.

The UN Guidelines for the Alternative care of children recognize the importance of the informal care as a form of alternative care placement. The UN requires the de facto responsibility of informal parents for the child. Under its paragraph 78, states are obliged to put at place special and appropriate measures to protect children in informal care, especially children in informal care provided by non-relatives, or by relatives previously unknown to the children or living far from the children's habitual place of residence.

The government of Rwanda value the children's rights more especially children under alternative care. The government fully understands that a child has the right to grow up in an atmosphere of happiness, love and understanding. They also embrace the rights of child to express an opinion and support them to have opportunities for attachment and for reasonably continuous relationships with parental figures as core fundamental right to their development, especially in the early years. The right of leisure, play and recreational activities appropriate to the age of the child. Stimulation is vital for the development of motor skills, intellectual capacity and social skills. Deprivation can have profound and long-term effects.

It is therefore that during the fostering process, emphasis is put on ensuring that the child is fully prepared to live an individual life in society. This is done for those parents wanting to reintegrate children from centers. The foster parent has to commit themselves of offering the right of protection from all forms of abuse and neglect and from sexual exploitation to the foster child. The Rwandan law put an emphasis on "the right to assistance to enable the child to fully assume his or her responsibilities within the community".

Fostering in Rwanda, though not clearly defined in the Rwandan laws, the government of Rwanda has introduced guidelines that govern it. Those guidelines have helped to unify practices in relation to selection of foster parents and matching children with them. However, in those guidelines, children living in centers are the ones that are referred to while talking about fostering in Rwanda. Children in kinship care who are facing various challenges including exploitation and mistreatment are not taken into consideration by these guidelines.

The efforts to establish these guidelines were made by the ministry of gender and family promotion that has sought to regularize fostering and ensure its good functioning. The documents used to design the draft proposed law that would govern fostering include the article 20 of the convention on the rights of the child, the law of the Rwandan Republic and from the Rwandan culture. The proposed law is divided in two parts, the first on the general conditions according to which a child can be fostered and the second on necessary conditions for fostering a child. The first part contains two articles, the first on having valid reasons for fostering a child and the second on the characteristics of a child to be fostered (young and without a family or somebody to look after him/her).

The second part of that proposed law states that fostering must be voluntary. Interested individuals must request in writing their wish to foster a child. The family will be accepted if the parent has reached majority age, is Rwandan, married or widow. Only after serious consideration, single or divorced individuals and those who are older than 60 years of age can be granted to foster a child from the center. In the last case, only one child will be placed and

he/she will be at least 12 years old. The family must be economically able to support the child, and morally respected. Both spouses and children who have attained the majority age will be consulted. Siblings should be fostered in the same family or in families living in the same area. Before accepting foster parents, the child, according to his/her level of understanding should give his/her opinion.

The same law states that:

A. Fostering begins on the day the contract is signed.
B. The foster child has the same rights and duties as those of natural children.
C. The child remains with his/her name but the foster family may add a name and for those children who do not have a name, it may be given at the time of the ceremony.
D. The foster child has the right to maintain his/her religion; foster parents will register a child's property, if any, and they will manage it as a parent would.
E. Foster parents represent the child in relation to others; a child can only be fostered by one family and the first contract must be annulled for a second family to foster a child.
F. The foster parents and siblings will have a relationship to the foster child similar to that of a natural family.
G. In case of death of the foster parent who has authority, parental authority goes to the spouse and then to the child who has attained the majority age. (K.Tolfree, 2003)

Part five describes the termination of fostering, and states that fostering ends when the child becomes an adult (majority age or acknowledgement that he/she is adult), or when the child dies, when his/her parents are found, or when the child is adopted.

Up to now the law has not been enforced in Rwandan legislation. It appears a provisional care arrangement; hence some of the children fostered undergo a number of difficulties related to the violence of their rights.

Although the Government Guidelines stress the importance of follow-up after the child is placed within the foster care, some foster children still experience difficulties. However, follow-up can encompass psycho-social support by social workers and also consider some form of material assistance. In reinforcing follow up foster children, there is a need to hold meetings with foster families and also to involve the community so that share the responsibility in the upbringing of foster children. In addition to psychosocial support, there is need to ensure fostered children's rights on property respected. In addition, in the follow up process, children who may have one or two parents have to be granted the right to maintain contact with them on a regular basis. Children should be granted the right to preserve their identity and to family reunification.

Factors affecting fostering in Rwanda

One of the biggest factors affecting fostering in Rwanda is that it is a new concept and which is not clearly different from guardianship and adoption. Thus, children become victims when they are deprived of the full right to education, health, and social protection. These rights are withheld due to the poverty that has characterized some families in Rwanda following the genocide against Tutsi and war that destroyed the social-economic planes of the country.

Lack of long term plans for the child's upbringing poses a serious issue for both parents and children when it comes to issues of marriage and inheritance. These issues may serve to create a greater obstacle in fostering boys and girls though other factors may lie behind this gender imbalance such as greed and exploitation. This situation aggravates for

children living in spontaneous fostering care and extended families who are unsure of their longer-term life in foster families.

The lack of a clear legal status on fostering places foster children in an ambiguous position in the event of the death of their foster parents.

Another factor that affects foster care is related to when the child commits a crime. If the foster child becomes bad and commits crimes, there are risks that the foster parents might sell their land to pay the debts.

Another serious issue is sexual exploitation. Young girls have problems in foster families especially when the members of the family, especially boys, want to take advantage of them and rape them.

Another serious issue is that foster parents do not reveal to the children that they are fostered. This raises serious issues in legal and psycho-social terms. Thus, the national guidelines can clearly determine mechanisms of revealing to the child that it is fostered.

Way forward

So far, the MINALOC and MIGEPROF have put in place the social protection policy that aims at reducing vulnerability in general and the vulnerability of the poor and marginalized people in particular, and to promote a sustainable economic and social development centered on good social risk management and good coordination of savings actions and protection of vulnerable groups. Orphans and other vulnerable children are identified in the policy as categories prone to vulnerability requiring support.

However, the existence of this policy is not sufficient if there are no mechanisms to enforce its implementation and also review it periodically to include some of the missing elements as related to the context and experience of Rwanda's history. Therefore, foster children in spontaneous and extended family care have to be taken into consideration since some of them do not enjoy fully their rights.

Ministries responsible to the children wellbeing should develop legislation, procedures and regulations in order to assure consistent and child rights focused programs and services in favor of orphans and other vulnerable children, foster children including. In addition to this, the ministries in charge should strengthen the community based support structures for the protection, prevention of separation, follow up and service provision.

There is also a need to strengthen the capacity of staff and organizations involved in service provision to orphans and other vulnerable children. To ensure social protection of foster children, there should also be the establishment of co-ordination mechanisms for all aspects pertaining to them in order to protect foster children's rights.

Still on the ensuring social protection for children, there should be a preventive strategy that can follow these approaches:

Material support to families, e.g. in the form of loans for micro-enterprise, support to set up work cooperatives etc., possibly coupled with vocational training.

The provision of day-care facilities – both to promote child development and to enable parents to work.

The provision of clubs or other facilities for children to receive social, cultural, educational and recreational opportunities.

Sexual health education and programmes designed to reduce unwanted pregnancies.

Resources targeting single mothers or other families who are likely to place their children in residential care: programmes might include training in child care, job training, counselling etc.

Educational support (e.g. the payment of school fees or the provision of school materials)for poor fostering families

Community awareness-raising and education – for example, in child rights and children's needs, and specifically in the importance of family- and community-based care.

Programs to assist and support parents caring for a child with a disability.

The situation of a child in a foster family should always be closely monitored through a community-based system. Research is needed on what happens to children placed in foster families.

Foster families have to be mobilized on the guidelines about rights of children and their obligations so that they know their roles and responsibilities in the upbringing foster children. A grass-roots level follow-up would have additional benefits such as the elimination or reduction in expectations of assistance, and the higher probability that both spontaneous and organized cases would be monitored.

To improve follow-up, there is a need for community education, training, and meetings among foster families and fostered children. Committees formed by already existing bodies such as social affairs, legal affairs, education have to be aware of the problems of foster children and play a proactive role in solving them. In order to avoid the foster child's exploitation, the situation of a child in a foster family should therefore always be closely monitored through community-based systems.

The government of Rwanda has to set mechanisms of advocacy and legal support for foster children. It has to be noted that in fostering legal responsibility for the child lies with the birth parents, and not with the fostering parents, hence, they do not have to withhold the fostered child the right on the property of their biological parents even when they may not be alive. Once, it is enforced legally children will have access to education, healthcare services and bright future.

Finally, as the article 10 of 1986 Declaration on Foster care and adoption requires, foster placement of children should be registered by law and states must gradually eliminate informal care by registering spontaneous and extended family foster care so as to monitor and evaluate standards of care. (UN, 1986) It is therefore that the government of Rwanda has to abide with this article and reduce a number of conflicts arising between the foster parent and the children incase some rights are denied to them. It is important that the government of Rwanda strengthens the existing guidelines on fostering placement by boosting it with an effective legislative framework, a trained child welfare workforce, sufficient numbers of foster carers, and prevention mechanisms for ensuring that children in kinship foster care are not exploited and abused.

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COMPARISON OF INCIDENCE OF MALIGNANT TUMOURS OF CHILDREN AND ADOLESCENTS IN THE CZECH REPUBLIC AND IN THE SLOVAK REPUBLIC

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ABSTRACT

This paper is dealing with comparison of time trend in incidence of malignant tumours for children and adolescents (i.e. men and women aged 0 – 19 years) in the Czech Republic with the data of the Slovak Republic for a monitored period from 1993 to 2006, resp. to 2008. The data acquired may be used to compare time trend in incidence, to plan medical care costs efficiently and to estimate incidence of tumours for children and adolescents in the following years predicatively for both of the countries.

Key words:

Incidence. Child-age tumours. Malignant neoplasm. Data comparison.

Introduction

The importance of epidemiology of malignant tumours has still increased. Interest of professional as well as laic public may be largely justified by increasing incidence of tumours, which makes that a significant social problem, including serious social and economic consequences. The Slovak Republic and the Czech Republic are not exemptions. Regarding the fact that both of the countries have National oncological files kept (NOR), which have been systematically administered in both of the countries since 1976 until now. This article presents results of comparison of epidemiological data of child-age malignant tumours reported in both of the countries.

Despite the fact that tumours afflicting children are quite rare, according to professional literature these represent just 1-3% of total number of tumours [1, 2 and 3] roughly speaking, and these take the second place in the order of causes of death for children under the age of 15. Tumours of children are serious, especially due to its difficult detection (incorrect differential diagnostics due to its rare incidence), complicated course, aggressive treatment accompanied with serious complications, and due to its unfavourable prognosis – when compared to other child-age diseases. Following traumas (injuries and wounds), these are the second most frequent cause of death for children.

Children's oncology is not an adult oncology applied to children, but it is an independent extension discipline with its specific issues. There is a significant difference, when compared to adults, in incidence of the individual tumour types and their organ localization. As for children, substantial majority of tumours consist of disease of hemoblastosis and hemoblastoma, tumours of nervous or mesenchymal tissue, and of immature cells of the germ layer; while 80% of tumours of adults are represented by carcinomas [1, 2 and 3].

METHODS

An observation epidemiologic study was applied for the thesis. Available data of the National Oncological Files of the Czech Republic and of the Slovak Republic, which has been published or free accessible at the website of the Institute of Health Information and Statistics of the Czech Republic and the Institute of Health Information and Statistics in Bratislava, was used as the data source.

The data acquired on incidence of malignant tumours are highly valid, as data included in both of files is re-verified, and correctness and completeness of the data is checked. And the data included in the National Oncological Files is re-verified with the files of deceased people, so the most up-to-date information is available with the delay of several years.

The article presents results collected and processed since 1993 until now (in the Czech Republic, data available until 2008 was used, and in the Slovak Republic, only data available until 2006 was used). Data on diseases caused by malignant tumours reported was used, and it was classified by gender, selected diagnoses, age groups and territory. All the information on incidence of the diseases caused by tumours was classified in four age groups (0 - 4 years, 5 - 9 years, 10 – 14 years and 15 - 19 years) and in diagnosis groups based on MKN-10 code (dg. C00 – D09). Data acquired for both of the countries for the monitored period was compared and evaluated. The data acquired was processed in the outputs of tables and charts which show time trend in incidence of tumours – absolute number of new reported diseases and relative numbers calculated per 100 000 men and women of the appropriate age group – i.e. frequency of newly appeared diseases within the specific population (CZ or SK) in a calendar year within the period monitored.

To compare data of malignant tumour incidence in the Czech Republic and in the Slovak Republic with the available data of other European countries, also global data of the GLOBOCAN 2008 database, which contains data of 184 world countries, was used in the conclusion of the thesis [12]. The last update of information was done in December 2011. When comparing data of gross incidence of the selected oncological diagnoses classified by MKN-10 with global data of the GLOBOCAN 2008 database, data for both genders (i.e. men and women together) aged 0 to 14 years was monitored [25].

RESULTS

The values indicated in absolute numbers are to be the essential indicators of tumour incidence within the population. The absolute numbers report number of newly detected tumour diseases in the period monitored within the population surveyed. In such a case, the absolute numbers indicate how many new malignant neoplasms are diagnosed based on MKN-10 (dg. C00 – D09) in the Slovak Republic and in the Czech Republic, yearly. Such characteristics are mainly suitable to define capacity needs for oncological care, and these are less suitable to compare various populations and to determine progress of time trends [25].

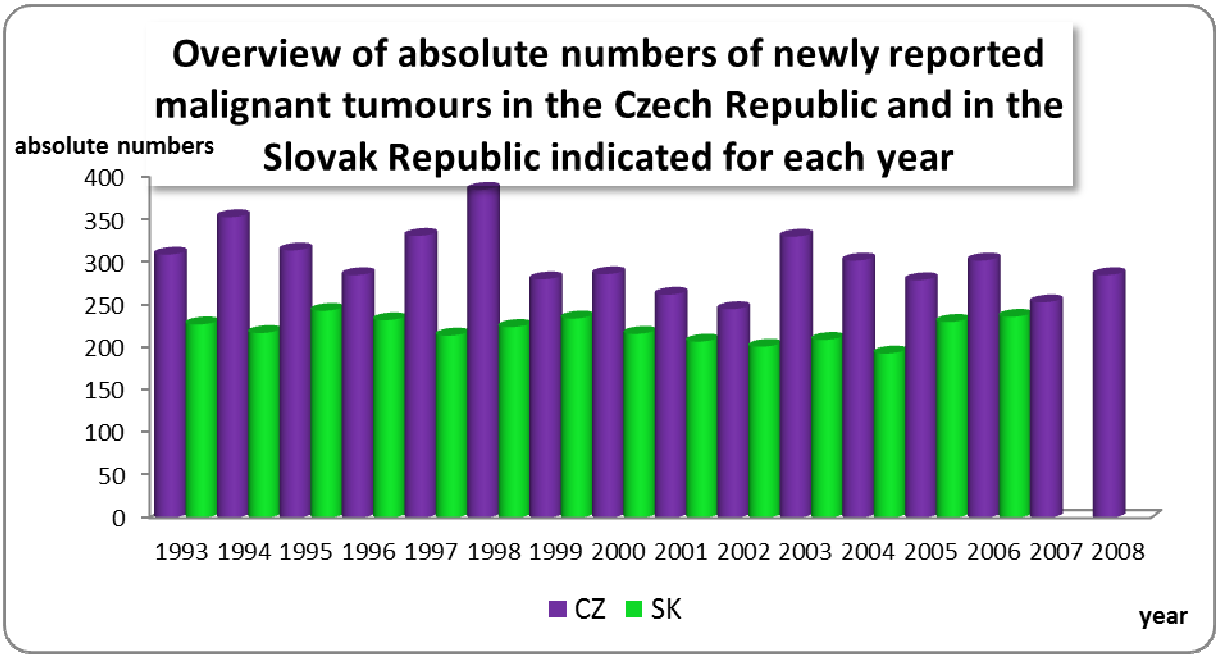


Chart no. 1 Overview of absolute numbers of newly reported malignant tumours in the Czech Republic and in the Slovak Republic indicated for each year.
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

Chart no. 1 shows time trend in the absolute numbers of cases of malignant neoplasms and in situ neoplasms (dg. C00 – C96 and D00 – D09 based on MKN-10) of the set to be monitored. This chart allows monitoring the dynamics of tumour incidence of children and adolescents in the course of each year within the period monitored in both of the countries at the same time. The chart no. 1 clearly shows how the absolute numbers of newly reported malignant neoplasms fluctuate in the course of the years. Despite the fact that the obligation of filling a report on neoplasm is directly implied by law, and the filled from of a Report of Neoplasm is obligatory issued by the medical centre which diagnoses the oncological disease, active cooperation of all the medical centres and their workers is crucial for generation of such valid data. Workers of all the medical centres who are involved in diagnostics and treatment must provide maximum support for quality and timeliness of the collection of data to be entered to the National Oncological Files, as even the discipline of reportability may affect individual numbers of new cases of disease in some extent [25].

Another group of two charts displays total absolute numbers of newly reported malignant neoplasms in both of the countries monitored within the individual groups of the set to be surveyed.

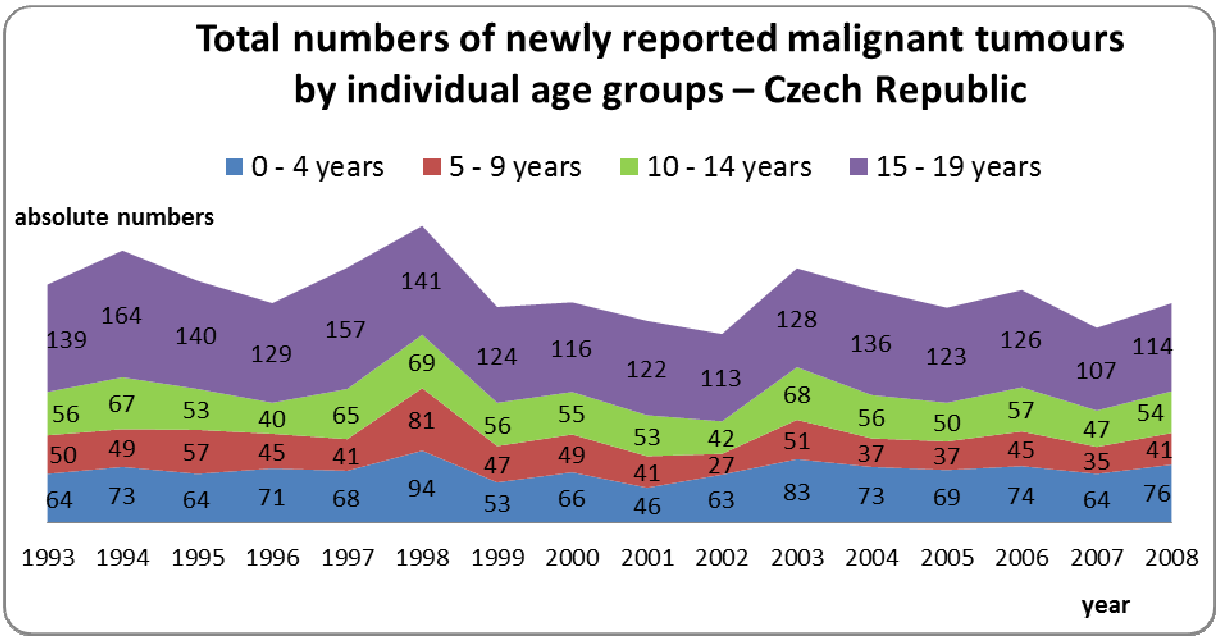


Chart no. 2 Total numbers of newly reported malignant tumours by individual age groups – Czech Republic
Source of data: [NOR SK, ÚZIS ČR]

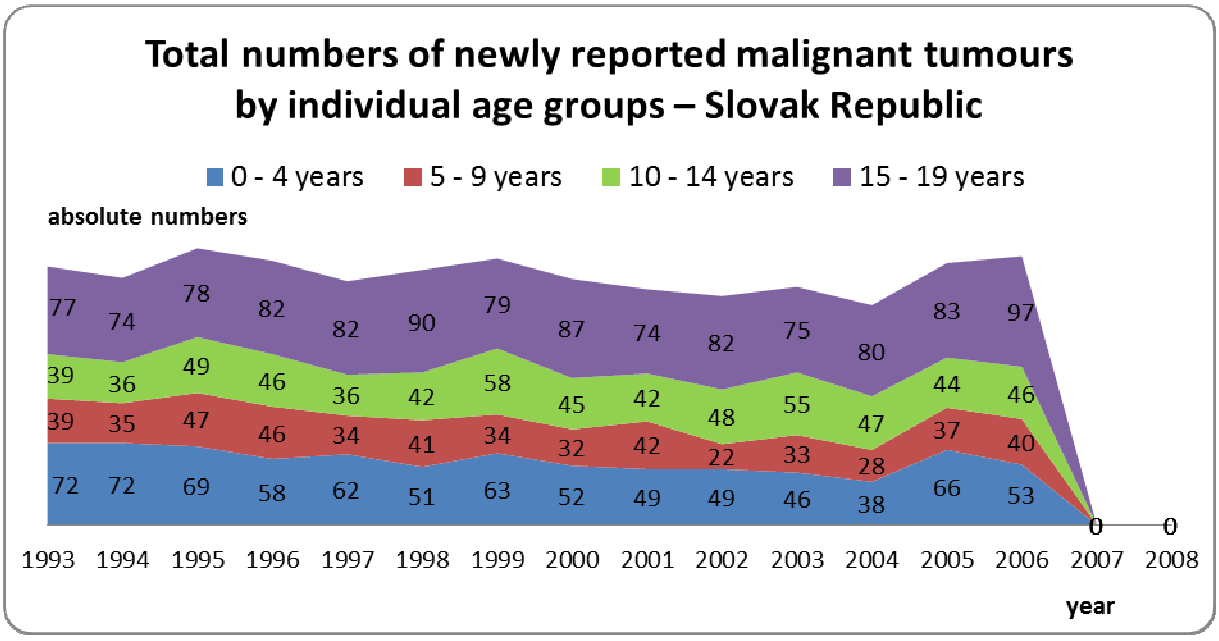
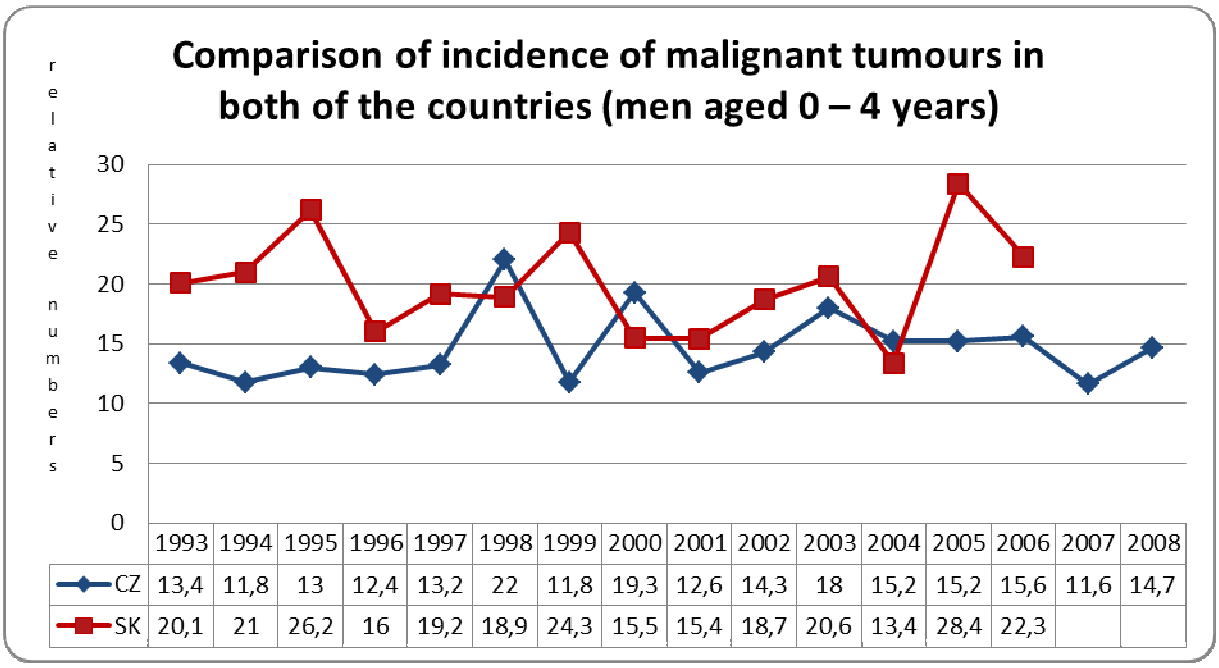


Chart no. 3 Total numbers of newly reported malignant tumours by individual age groups – Slovak Republic
Source of data: [NOR SK, ÚZIŠ SK]

As numbers of the population are different in both of the countries, it was necessary to use comparable data to compare incidence of malignant neoplasms. This is the reason, why the charts no. 4 to 11 use more perfect rates of incidence which are used for comparative studies and indicate incidence per a population unit.

Gross incidence is defined as a share in newly detected cases of the disease within the specific population in the specific period and number of people within the specific population and in the specific period. Gross incidence also takes the population scope into account; however, it does not take its age structure into account. If age structure of the populations to be compared is not different too much, it allows basic comparison. The following group of eight charts shows relative numbers of newly reported malignant neoplasms and in situ neoplasms (dg. C00 – C96 and D00 – D09 based on MKN-10), e. numbers calculated per 100 000 men (women) of the specific age group [25].

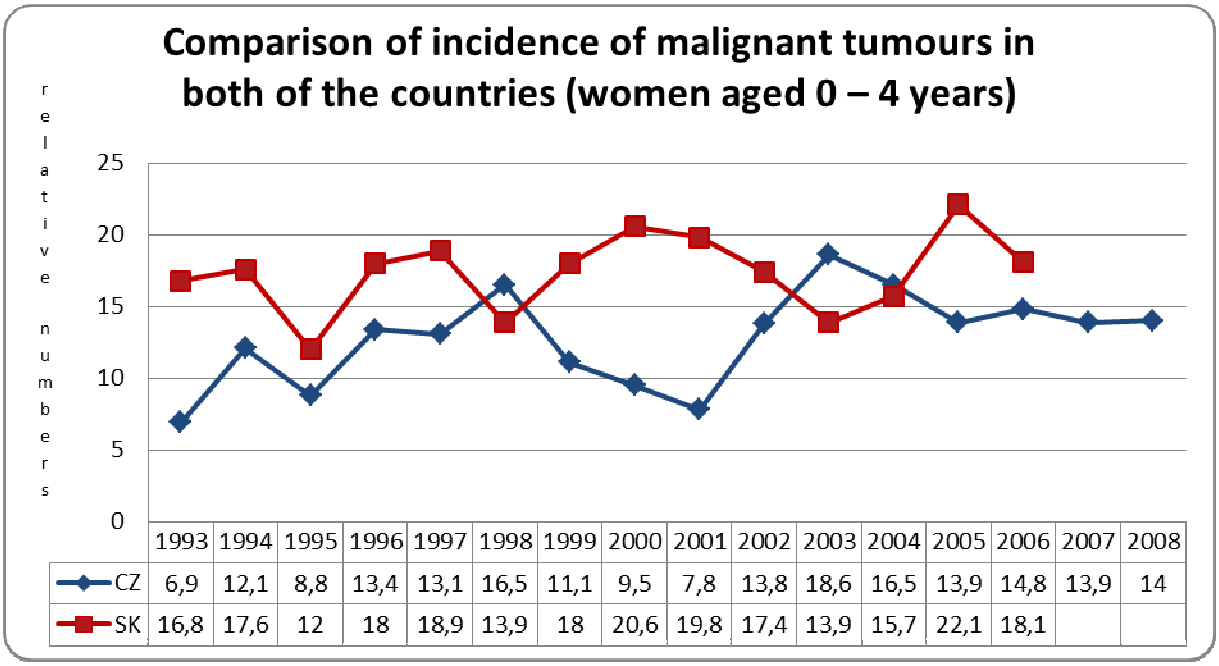


	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	13,4	11,8	13	12,4	13,2	22	11,8	19,3	12,6	14,3	18	15,2	15,2	15,6	11,6	14,7
SK	20,1	21	26,2	16	19,2	18,9	24,3	15,5	15,4	18,7	20,6	13,4	28,4	22,3		

Chart no. 4 Comparison of incidence of malignant tumours in both of the countries (men aged 0 – 4 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

Chart no. 4 shows time trend in gross incidence of malignant neoplasms in male population in the age group of 0 – 4 years in both of the countries simultaneously. The highest value of gross incidence for men in the Czech Republic amounting to 22.0 appeared in 1998 and the lowest one amounting to 11.6 appeared in 2007. On the contrary, the highest value of gross incidence for Slovak men amounting to 28.4 appeared in 2005 and the lowest one amounting to 13.4 appeared in 2004.

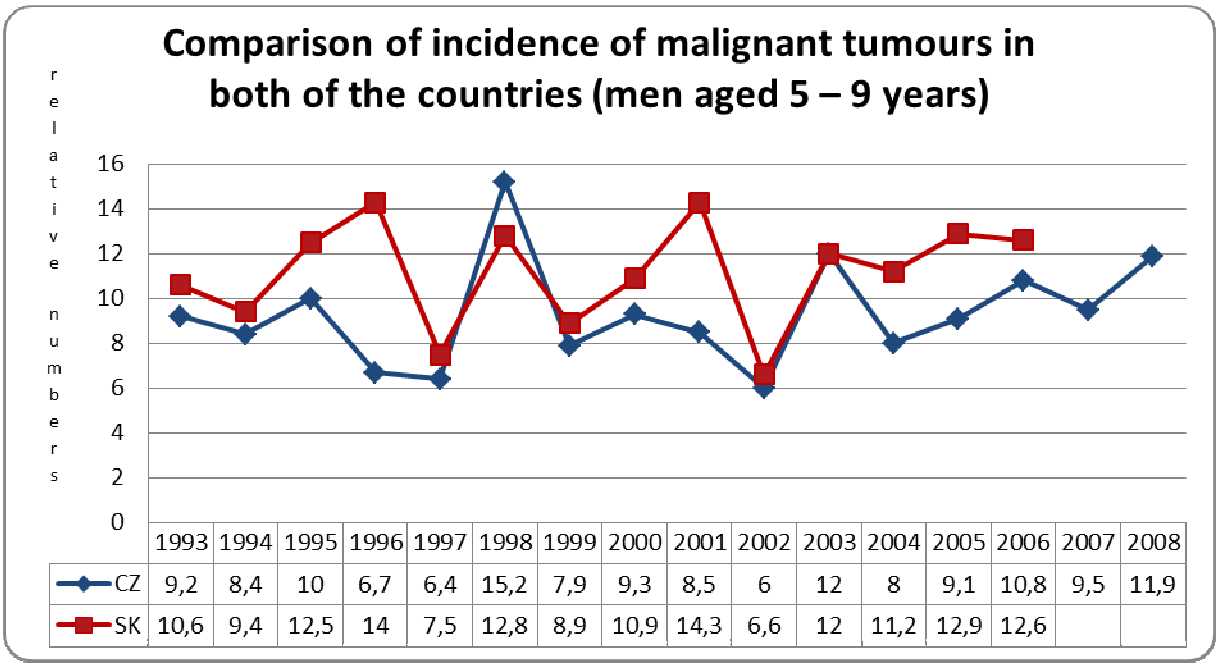
The values of gross incidence for men in the Czech Republic keep constant status except for three years (1998, 2000 and 2003), when the gross incidence values rose dramatically. The values of gross incidence for men in the Slovak Republic show higher oscillation when compared to the Czech Republic, while dramatic increase was recorded in 1995, 1999 and especially in 2005, following the previous decrease in 2004. Generally, it can be said that the values of gross incidence for men in the age group of 0 – 4 years in the Slovak Republic are much higher than those for men in the Czech Republic [25].



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	6,9	12,1	8,8	13,4	13,1	16,5	11,1	9,5	7,8	13,8	18,6	16,5	13,9	14,8	13,9	14
SK	16,8	17,6	12	18	18,9	13,9	18	20,6	19,8	17,4	13,9	15,7	22,1	18,1		

Chart no. 5 Comparison of incidence of malignant tumours in both of the countries (women aged 0 – 4 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

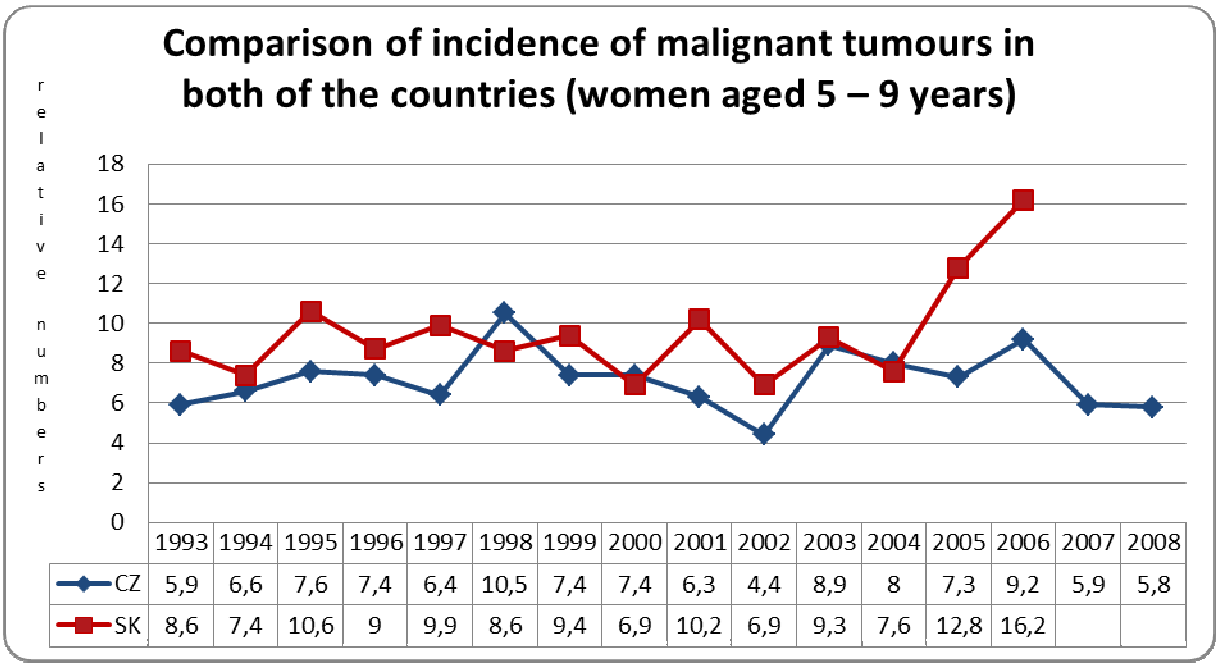
Chart no. 5 shows time trend in gross incidence of malignant neoplasms in female population in the age group of 0 – 4 years in both of the countries simultaneously. The highest value of gross incidence for women in the Czech Republic amounting to 18.6 apeared in 2003 and the lowest one amounting to 6.9 appeared in 1993. On the contrary, the highest value of gross incidence for Slovak women amounting to 20.6 appeared in 2000 and the lowest one amounting to 12.0 appeared in 1995. The chart no. 5 clearly shows how the values of gross incidence for women in the Czech Republic have stagnated since 2005. In the previous years, the values were quite fluctuating - since 1993 – 1998 these rose, then a dramatic decrease followed until 2001 and after that repeated increase appeared up to the highest value which was recorded within the period monitored. The values of gross incidence for women in the Slovak Republic showed slow increase since 1993 until 2000, with dramatic decrease in 1995 and 1998. In 2000, a radical change appeared, and the values of gross incidence for women in the Slovak Republic started to fall down again until 2003. After 2004, when values of gross incidence for women in both of the countries were nearly the same, a dramatic increase in newly reported cases occurred in 2005, again. When comparing the charts for both of the countries, a converse trend in gross incidence occurred in this age group of women since 1998 until 2002 in both of the countries [25].



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	9,2	8,4	10	6,7	6,4	15,2	7,9	9,3	8,5	6	12	8	9,1	10,8	9,5	11,9
SK	10,6	9,4	12,5	14	7,5	12,8	8,9	10,9	14,3	6,6	12	11,2	12,9	12,6		

Chart no. 6 Comparison of incidence of malignant tumours in both of the countries (men aged 5 – 9 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

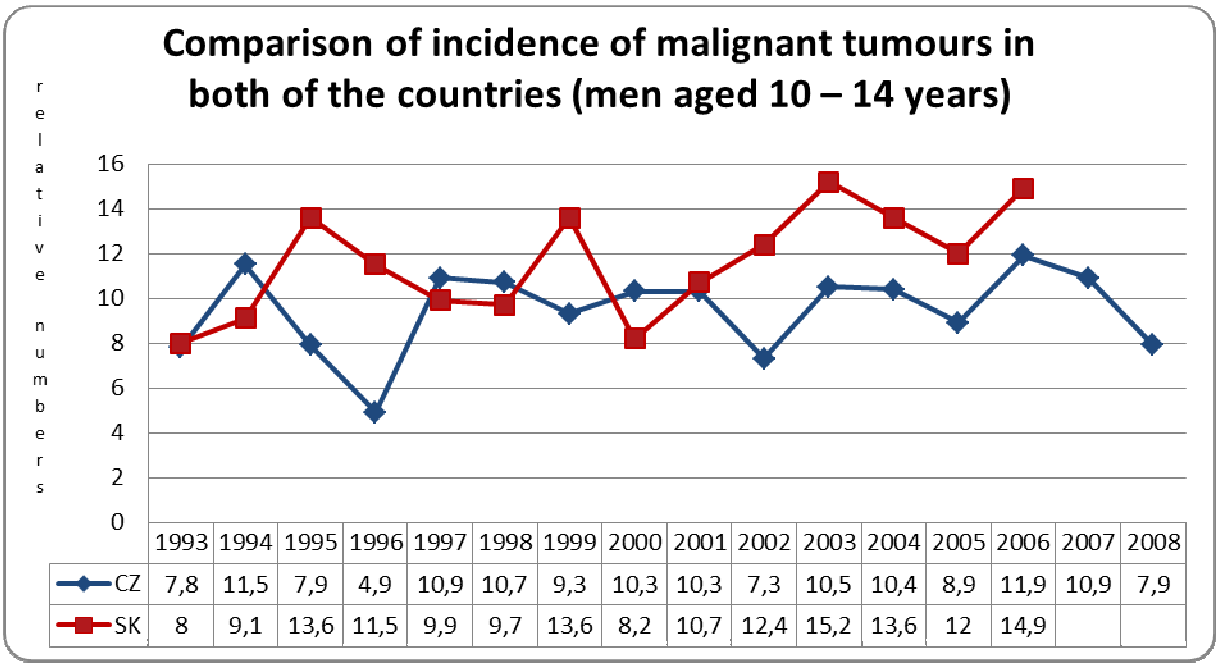
Chart no. 6 shows time trend in gross incidence of malignant neoplasms in male population in the age group of 5 – 9 years in both of the countries simultaneously.
The highest value of gross incidence for men in the Czech Republic was recorded in 1998 and the lowest one amounting to 6.0 appeared in 2002. As for men in the Slovak Republic, the highest value of gross incidence amounting to 14.3 was recorded in 2001 and the lowest one amounting to 6.6 was recorded in the same year as for the men of the same age group in the Czech Republic, i.e. in 2002. Behaviour of the charts of both of the countries is very fluctuating during the monitored period. Trend of the values of gross incidence for men in the Czech Republic and in the Slovak Republic has been increasing since 2004. Time trend of gross incidence in both of the countries is nearly identical in this age group and the value of gross incidence was even identical in 2003 for both of the countries, i.e. it was 12.0 [25].



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	5,9	6,6	7,6	7,4	6,4	10,5	7,4	7,4	6,3	4,4	8,9	8	7,3	9,2	5,9	5,8
SK	8,6	7,4	10,6	9	9,9	8,6	9,4	6,9	10,2	6,9	9,3	7,6	12,8	16,2		

Chart no. 7 Comparison of incidence of malignant tumours in both of the countries (women aged 5 – 9 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

The highest value of gross incidence for women in the Czech Republic, which can be found in the table located below the chart no. 7, is 10.5 recorded in 1998, and the lowest value amounting to 4.4 was recorded in 2002. Progress of time trend in gross incidence for women in the Czech Republic is constant during the entire period monitored without any dramatic oscillation. The shape and progress of time trend in gross incidence for women in the Slovak Republic is also similar to those in the Czech Republic, except for 2006, when the value of gross incidence reached the highest value within the period monitored, i.e. 18.6. The lowest value of incidence amounting to 6.9 was also recorded in 2002, just like for the women in the Czech Republic, but this was recorded in 2000, too [25].

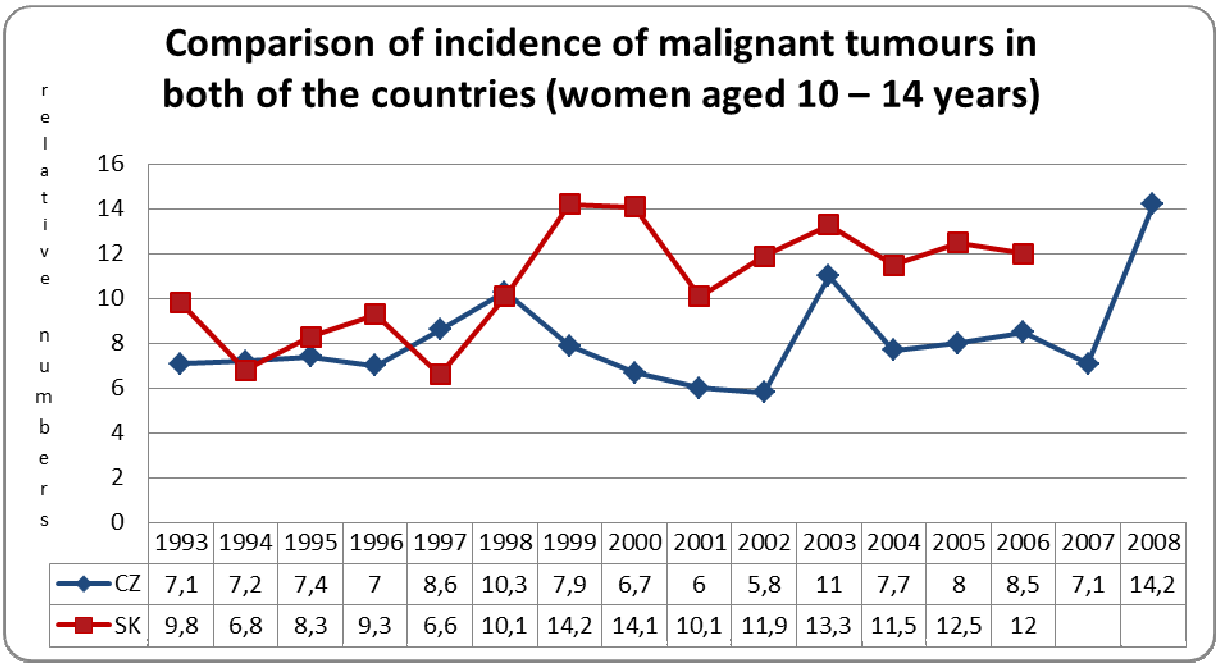


	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	7,8	11,5	7,9	4,9	10,9	10,7	9,3	10,3	10,3	7,3	10,5	10,4	8,9	11,9	10,9	7,9
SK	8	9,1	13,6	11,5	9,9	9,7	13,6	8,2	10,7	12,4	15,2	13,6	12	14,9		

Chart no. 8 Comparison of incidence of malignant tumours in both of the countries (men aged 10 – 14 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

Time trend in progress of gross incidence for men in the age group of 10 – 14 year is of a different nature in both of the countries, despite the fact that the highest values of gross incidence for men in this age group were recorded in 2006 in both of the countries. The lowest value amounting to 4.9 for men in the Czech Republic was recorded in 1996, and the lowest value of gross incidence for men in the Slovak Republic amounting to 8.0 appeared in 1993. In the beginning of the period monitored, the value of gross incidence is nearly identical for both of the countries [25].

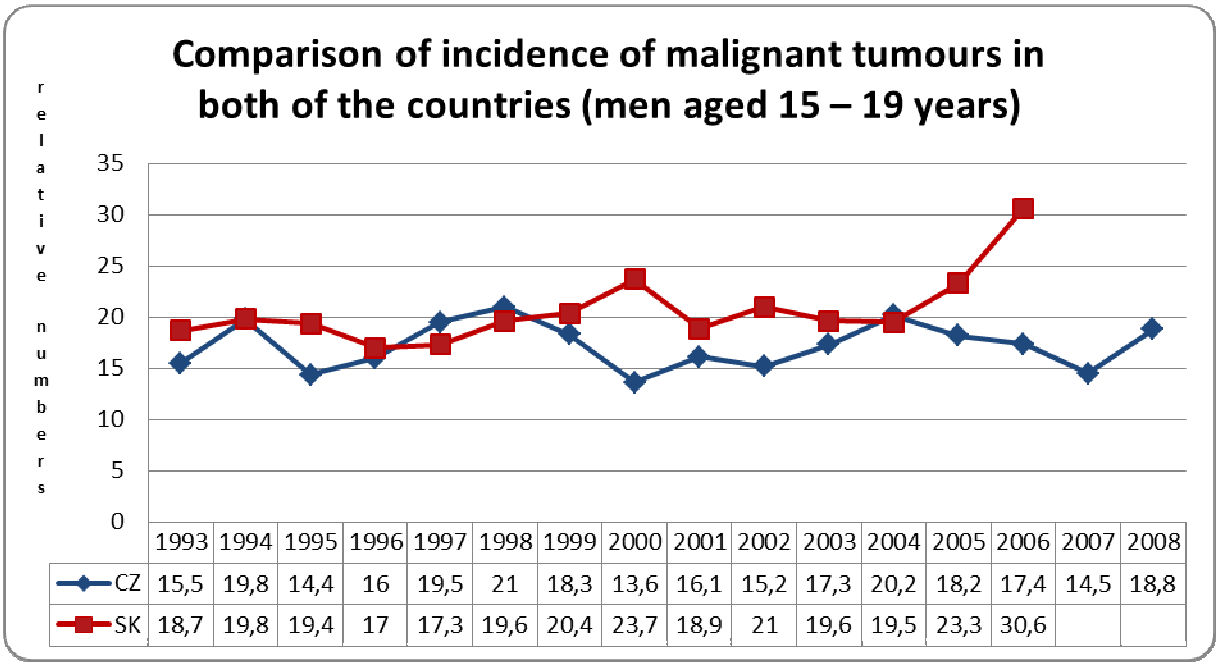
Also the time trend in gross incidence for women in the age group of 10 – 14 years, which is shown in the chart no. 9, is different in both of the countries. The highest value of gross incidence for women in the Czech Republic was recorded in 2008 and the lowest one, amounting to 6.0, appeared in 2001. The same highest value of gross incidence, amounting to 14.2, was also recorded for women in the Slovak Republic, and it did not occurred in 2008, but already in 1999. The lowest value of 6.6 was recorded in 1997 for girls in the Slovak Republic aged 10 – 14 years [25].



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	7,1	7,2	7,4	7	8,6	10,3	7,9	6,7	6	5,8	11	7,7	8	8,5	7,1	14,2
SK	9,8	6,8	8,3	9,3	6,6	10,1	14,2	14,1	10,1	11,9	13,3	11,5	12,5	12		

Chart no. 9 Comparison of incidence of malignant tumours in both of the countries (women aged 10 – 14 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

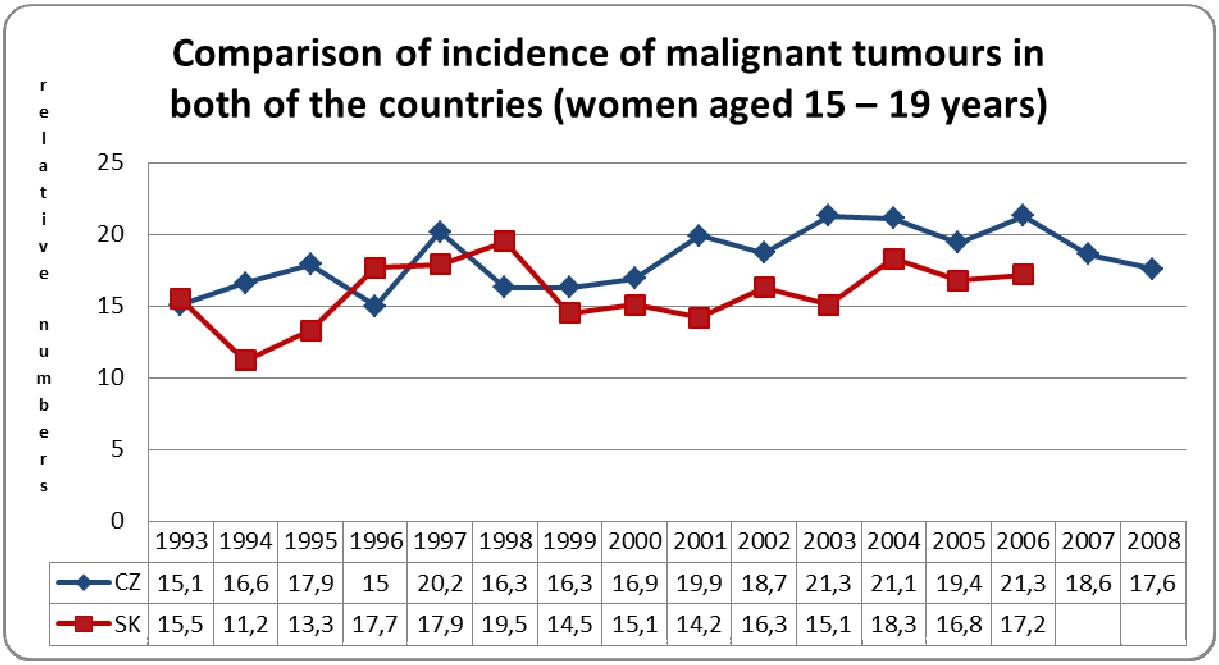
Incidence of tumours for adolescents (15 – 19 years) and young adults (20 – 24 years) is twice as high when being compared to incidence for children aged below 15 years, and the trend has been still increasing. Range of tumours of the adolescents is unique when being compared to other age groups [25].



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	15,5	19,8	14,4	16	19,5	21	18,3	13,6	16,1	15,2	17,3	20,2	18,2	17,4	14,5	18,8
SK	18,7	19,8	19,4	17	17,3	19,6	20,4	23,7	18,9	21	19,6	19,5	23,3	30,6		

Chart no. 10 Comparison of incidence of malignant tumours in both of the countries (men aged 15 – 19 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

The last chart comparing time trend in incidence of malignant neoplasms and in situ neoplasms (dg. C00 – C96 and D00 – D09 based on MKN-10) in both of the countries for men in the age group of 15 to 19 years is nearly identical, except for 2000 and the last two, respectively the last four years in the Czech Republic, within the monitored period of 1993 – 2008. The highest numbers of incidence calculated per 100 000 men of the relevant age group were recorded in 2004 (men in the Czech Republic) and in 2006 (men in the Slovak Republic). Numbers of gross incidence amounting to 19.8 were the same in 1994 for both of the countries. The lowest value of gross incidence amounting to 13.3 was recorded in 2000 for men in the Czech Republic and the lowest value of gross incidence amounting to 17.0 for men in the Slovak Republic was recorded in 1996. The chart clearly shows that time trend of progress tends to be rather increasing in the future [25].



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
CZ	15,1	16,6	17,9	15	20,2	16,3	16,3	16,9	19,9	18,7	21,3	21,1	19,4	21,3	18,6	17,6
SK	15,5	11,2	13,3	17,7	17,9	19,5	14,5	15,1	14,2	16,3	15,1	18,3	16,8	17,2		

Chart no. 11 Comparison of incidence of malignant tumours in both of the countries (women aged 15 – 19 years)
Source of data: [NOR CZ, NOR SK, ÚZIS ČR and ÚZIŠ SK]

Also the values included in the table below the chart no. 11 indicate nearly identical time trend in gross incidence of malignant neoplasms of female population in the age group of 15 – 19 years in both of the countries compared. Graph of the time trend of incidence in the Slovak Republic copies graph of the time trend in gross incidence of the similar group in the Czech Republic. Only in this chart, the values of relative numbers of incidence of malignant neoplasms are higher than those for the set of people in the Czech Republic; so far it was vice versa in the charts no. 4 to 10. The highest value of gross incidence for women in the Czech Republic amounting to 21.3 was recorded in 2003 and the lowest one amounting to 15.0 appeared in 1996. On the contrary, as for women in the Slovak Republic, the highest value of gross incidence amounting to 19.5 was recorded in 1998 and the lowest one amounting to 11.2 was recorded in 1994 [25].

To compare the data, the values of incidence of malignant neoplasms for children and adolescents in both of the countries monitored were standardized in the conclusion of the thesis. The standardization methods are based on existence of hypothetical, standard population which is invariable in the long term. The standards indicate composition of

population within individual age groups and these are usually included in elementary epidemiological handbook. The world, European and African standards are used as the principal ones. These standards vary especially in share of people in higher and lower age groups. At the level of individual countries, it is possible to use even local standards in well-founded cases. The thesis used values of direct age standardization which are based on the knowledge of age-specific rates of incidence in the population to be studied (e.g. CZ and SK). Direct age standardization applies to the selected standard population, e.g. the world standard ASR(W). Actually, this means determination of how many cases would occur in the standard population if the tumour composition within that population would be the same as in the population studied. GLOBOCAN 2008 database was used as the data source [12]. This database makes accessible estimations on incidence and mortality for 27 essential diagnoses of tumoral diseases for all the countries over the world. Data on incidence in individual countries are available in oncological files which cover either the entire population, or its parts in the selected regions. Regarding the fact that the oncological data are always available with some time delay when compared to the current status, this study presents estimations of values for 2008 based on the most up-to-date information available at the time of processing (i.e. data available until 2002). The values may be different when compared to the recent data included in the files for the specific periods [25].

Values of incidence of malignant tumours of the selected diagnoses for men and women aged 0 – 14 years		
Diagnoses groups based on MKN-10 code	ASR(W) CZ	ASR(W) SK
C91 - C95	3,2	4,1
C70 - C72	1,8	3,0
C64 - C66	0,5	0,9
C82 - C85, C96	0,6	0,9
C81	0,5	0,7
C62	0	0,5
C22	0,1	0,1
C73	0,3	0,1
C56	0,1	0
C43	0,1	0
C18 - C21	0,1	0
dg. C00 - C97	**9,7**	**12,0**

Table 1 Values of incidence of malignant tumours of the selected diagnoses for men and women aged 0 – 14 years
Data source: [GLOBOCAN 2008]

Conclusion

The results of this study have confirmed that incidence of tumours for children and adolescents in both of the countries is different, not just in absolute numbers, but also the values of gross incidence and age-standardized incidence of malignant tumours applied to the world standard.

Absolute and relative numbers of new diseases caused by malignant neoplasms and in situ neoplasms (dg. C00 to D09) for men and women in the age group of 0 – 19 years fluctuated dramatically during the period monitored and these were different when comparing both of the countries. At the same time the numbers fluctuated even within individual age groups of the set surveyed. In some extent it might be said that fluctuation of the data in the course of the years may be affected by insufficient quality of reporting and unsystematic impact reporting, e.g. due to business of doctors (lack of time for reporting) or due to its unattractivity [25].

Furthermore, it was found out that for the selected diagnoses of malignant tumours of men and women within the age group of 0 – 14 years, the incidence applied to the world standard for the set of malignant tumours diagnoses (C00 – C97) is different; it is even different within the individual diagnoses of malignant neoplasms. So, the presumption that tumour incidence for children and adolescents in the Czech Republic is not different from tumour incidence for children and adolescents in Slovakia was wrong.

Also the absolute numbers of incidence within the set of SK inhabitants surveyed, the individual groups of oncological diagnoses vary when comparing the individual years. The values of malignant tumour incidence of the selected diagnoses for men and women aged 0 – 14 years in the Czech Republic and in the Slovak Republic are different. There is a difference between CZ incidence and SK incidence in individual groups of oncological diagnoses in the given year. As for comparison of incidence of malignant tumours calculated per the world standard ASR(W) with other European countries, the Czech Republic is better than the Slovak Republic. The Slovak Republic takes the 26^{th} place, while the Czech Republic takes 34^{th} place in the total incidence of the neoplasms reported (dg. C00 – C97, no diagnoses C44) for men and women aged 0 - 14 years classified by the highest values of incidence [25].

In the years 1993 – 2006, incidence of malignant tumours increased in the Czech Republic and in the Slovak Republic for both genders in the age group of 0 to 19 years and the total time trend of malignant tumours incidence for children and adolescents in both of the countries is rather increasing. The increasing trend of incidence can be seen especially in the age group 15– 19 years, for which the risk of tumour development is higher than for children under the age of 15 years, even based on the presumption of longer carcinogenic exposure, cell aging and the related decrease of changes (decrease in telomerases, somatic mutation, etc.) [25].

It is important to still continue in the trend of centralization of treatment for children oncological patients, improvement in diagnostics and cooperation of all the workers involved, as well as in the trend of using the latest and less invasive treatment methods. Furthermore, it is very important to see newly acquired experience of oncological diseases as a significant benefit for treatment of tumoral diseases of children and adolescents. To keep such a trend, it is necessary to further improve cooperation among experts in the individual worksites, and to recognize and diagnose a tumoral disease timely and then to send the patients to specialized oncological timely and correctly. A very crucial role is also played by stabilisation and further education of the medical staff, support for clinical studies and enough finance to provide antitumoral and supportive treatment.

In the future, it is necessary to be prepared for increase in incidence of malignant neoplasms across all the age groups, not just in the Slovak Republic, but also within the world-wide increase in number of oncological diseases. And it is also necessary to expect such a situation now and to prepare the provision to deal with that within the section of diagnostics and treatment. At the same time, it is not possible to omit improvement of primary and secondary prevention of oncological diseases [25].

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TIME TREND IN INCIDENCE OF TUMOURS FOR CHILDREN AND ADOLESCENTS IN SLOVAKIA

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ABSTRACT

This article is to describe the time trend in incidence of malignant tumours for children and adolescents (i.e. men and women aged 0 – 19 years) in the Slovak Republic for a monitored period of the last fifteen years. Such data acquired may be used to compare incidence of tumours for children and adolescents in Slovakia and in other countries, to plan medical care costs efficiently and to estimate incidence of tumours for children and adolescents in the following years predicatively.

Key words:

Incidence. Child-age tumours. Malignant neoplasm.

Introduction

The importance of epidemiology of malignant tumours has still increased. Interest of professional as well as laic public may be largely justified by increasing incidence of tumours, which makes that a significant social problem, including serious social and economic consequences. The Slovak Republic is not an exemption. Regarding the fact that the Slovak Republic has National oncological files kept (NOR SK), which have been systematically administered since 1976 until now, this article summarizes epidemiological data of child-age malignant tumours afflicting inhabitants in the Slovak Republic for the period monitored since 1993 till now.

Despite the fact that tumours afflicting children are quite rare, these represent just 1 - 3 % of total number of tumours [1-3], roughly speaking, and these take the second place in the order of causes of death for children under the age of 15. Tumours of children are serious, especially due to its difficult detection (incorrect differential diagnostics due to its rare incidence), complicated course, aggressive treatment accompanied with serious complications, and due to its unfavourable prognosis – when compared to other child-age diseases. Following traumas (injuries and wounds), these are the second most frequent cause of death for children. Children's oncology is not an adult oncology applied to children, but it is an independent extension discipline with its specific issues. There is a significant difference, when compared to adults, in incidence of the individual tumour types and their organ localization. As for children, substantial majority (80%) of tumours consist of disease of hemoblastosis and hemoblastoma, tumours of nervous or mesenchymal tissue, and of immature cells of the germ layer; while 80% of tumours of adults are represented by carcinomas [1-3, 12].

METHOD

Available data of the National Oncological Files of the Slovak Republic (NOR SK), which has been published or free accessible at the website of the Institute of Health Information and Statistics in Bratislava, was used as the data source.

The data acquired on incidence of malignant tumours are highly valid, as this is re-verified, and correctness and completeness of the data is checked. And the data included in the National Oncological Files of the Slovak Republic is re-verified with the files of deceased people, so the most up-to-date information is available with the delay of several years.

The results presented in this article, is based on the data collected and processed since 1993 until now (the available data until 2006 was used, as up-to-date information on the following years has still been processed). Data on diseases caused by malignant tumours reported was used, and it was classified by gender, selected diagnoses, age groups and territory. All the information on incidence of the diseases caused by tumours was classified in four age groups (0 – 4 years, 5 – 9 years, 10 – 14 years and 15 – 19 years) and in diagnosis groups based on MKN-10 code (dg. C00 – D09). The data acquired was processed in the outputs of tables and charts which show time trend in incidence of tumours – absolute number of new reported diseases and relative numbers calculated per 100 000 men and women of the appropriate age group, i.e. frequency of newly appeared diseases within the specific SK population in a calendar year within the period monitored [12].

RESULTS

The values indicated in absolute numbers are to be the essential indicators of tumour incidence within the population. The absolute numbers report number of newly detected tumour diseases in the period monitored within the population surveyed. In such a case, the absolute numbers indicate how many new malignant neoplasms are diagnosed based on MKN-10 code (dg. C00 – D09) for children and adolescents in the specific age group in the Slovak Republic, yearly. Such characteristics are mainly suitable to define capacity needs for oncological care, and these are less suitable to compare various populations and to determine progress of time trends [12].

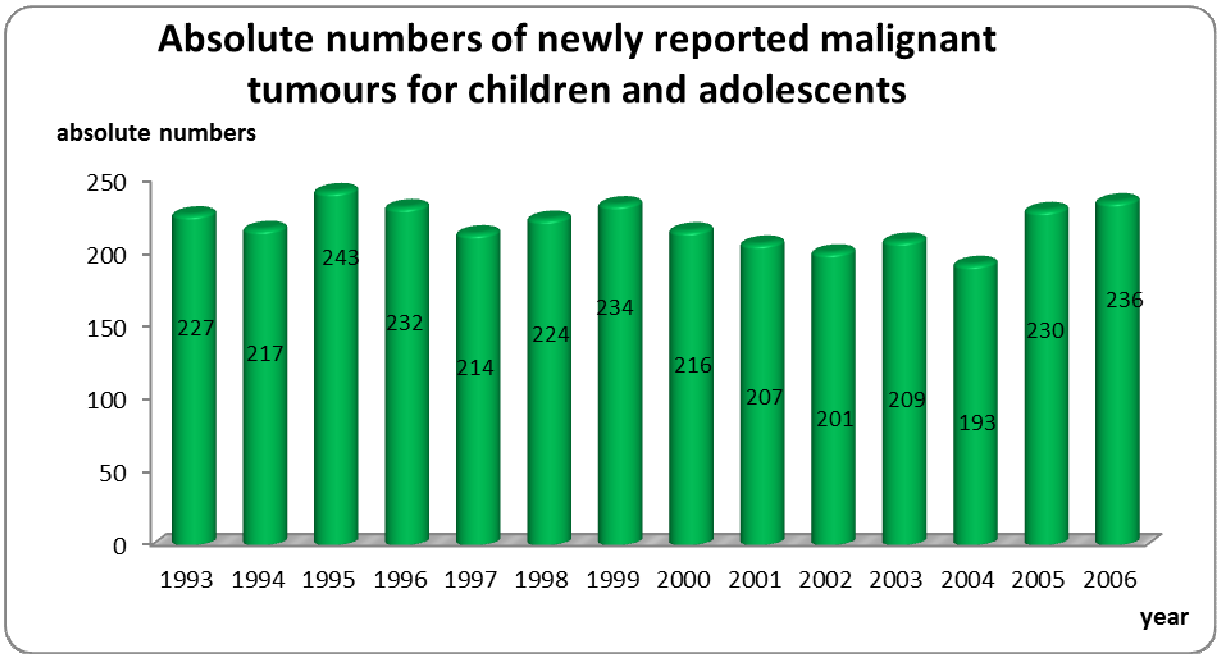


Chart no. 1 Absolute numbers of newly reported malignant tumours for children and adolescents
Source of data: [NOR SK, ÚZIŠ SK]

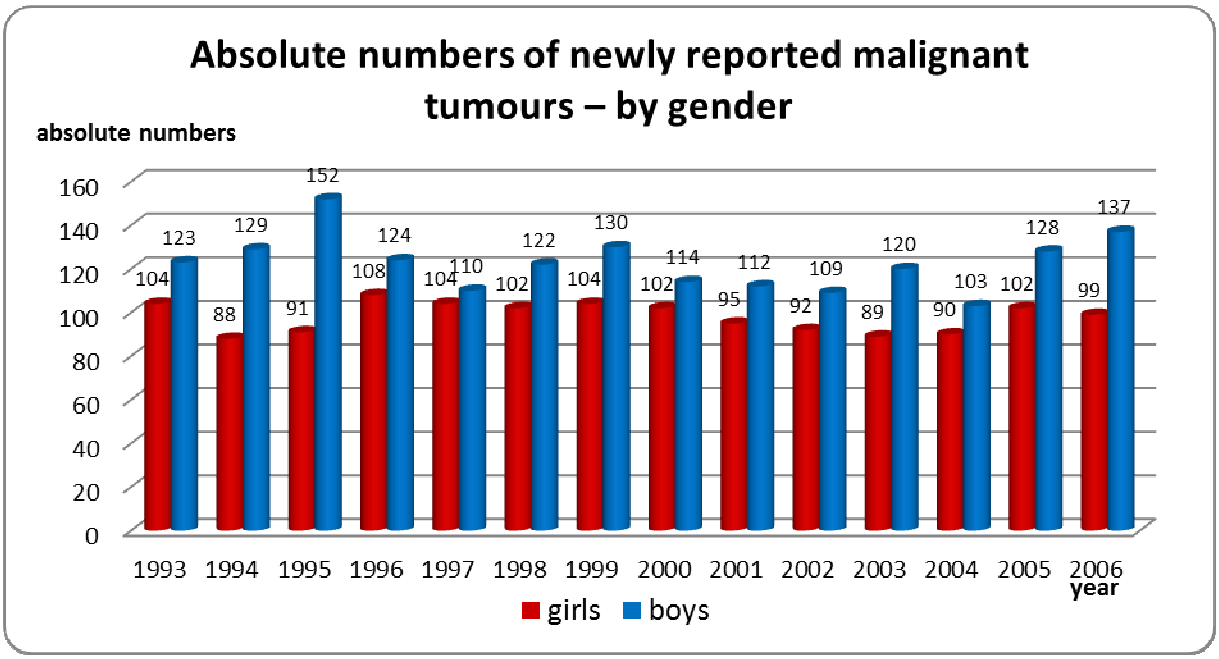


Chart no. 2 Absolute numbers of newly reported malignant tumours – by gender
Source of data: [NOR SK, ÚZIŠ SK]

The chart no. 1 and the chart no. 2 show time trend in the absolute numbers of cases of malignant neoplasms and in situ neoplasms (dg. C00 – C96 and D00 – D09 based on MKN-10) of the set to be monitored. Both charts allow monitoring the dynamics of tumour incidence of children and adolescents in the course of each year within the period monitored. Both of the charts clearly show how the absolute numbers of newly reported malignant neoplasms fluctuate in the course of the years. Despite the fact that the obligation of filling a report on neoplasm is directly implied by law, and the filled from of a Report of Neoplasm is obligatory issued by the medical centre which diagnoses the oncological disease, active cooperation of all the medical centres and their workers is crucial for generation of such valid data. Workers of all the medical centres who are involved in diagnostics and treatment must provide maximum support for quality and timeliness of the collection of data to be entered to the National Oncological Files, as even the discipline of reportability may affect individual numbers of new cases of disease in some extent [12].
Another group of two charts displays total absolute numbers of newly reported malignant neoplasms within the individual groups of the set to be surveyed.

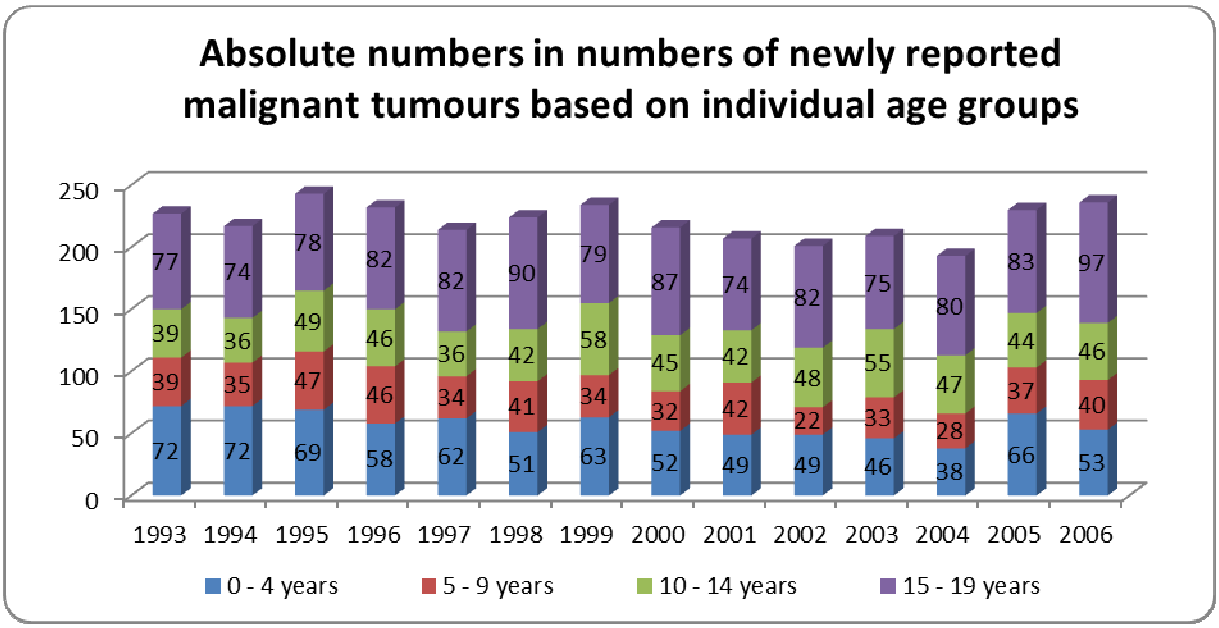


Chart no. 3 Absolute numbers in numbers of newly reported malignant tumours based on individual age groups
Source of data: [NOR SK, ÚZIŠ SK]

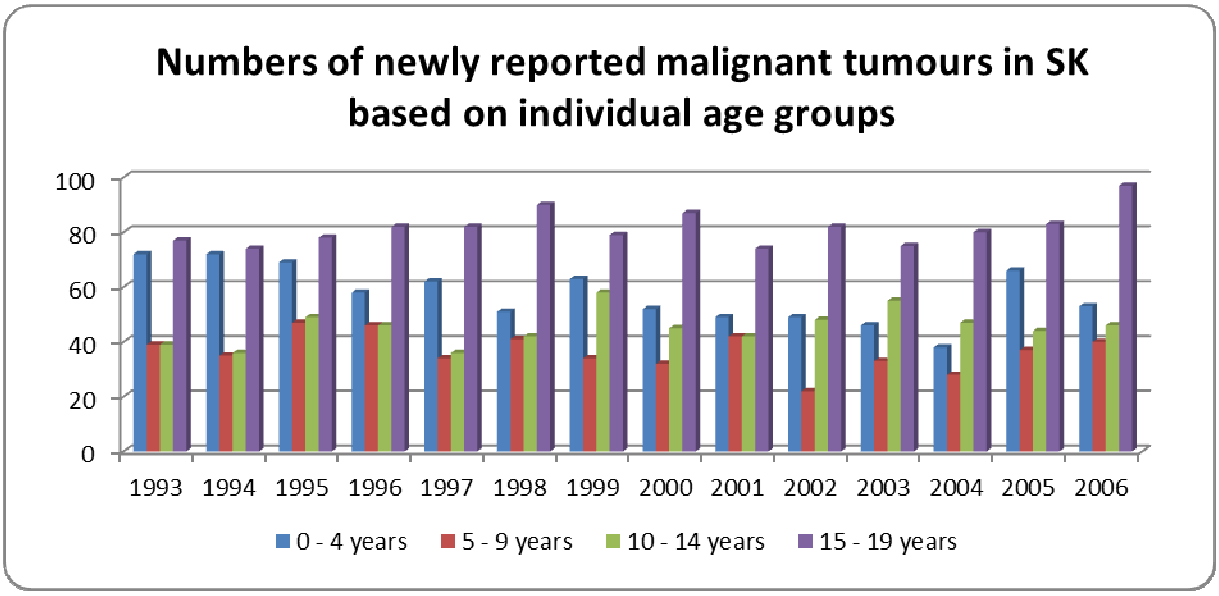
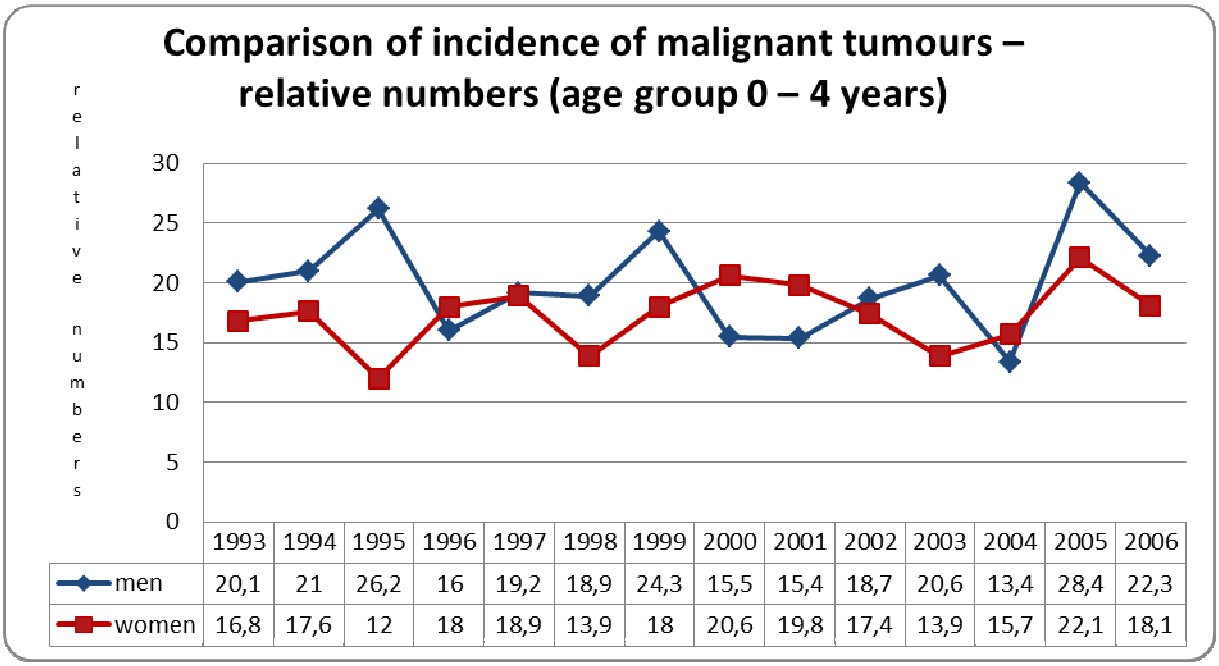


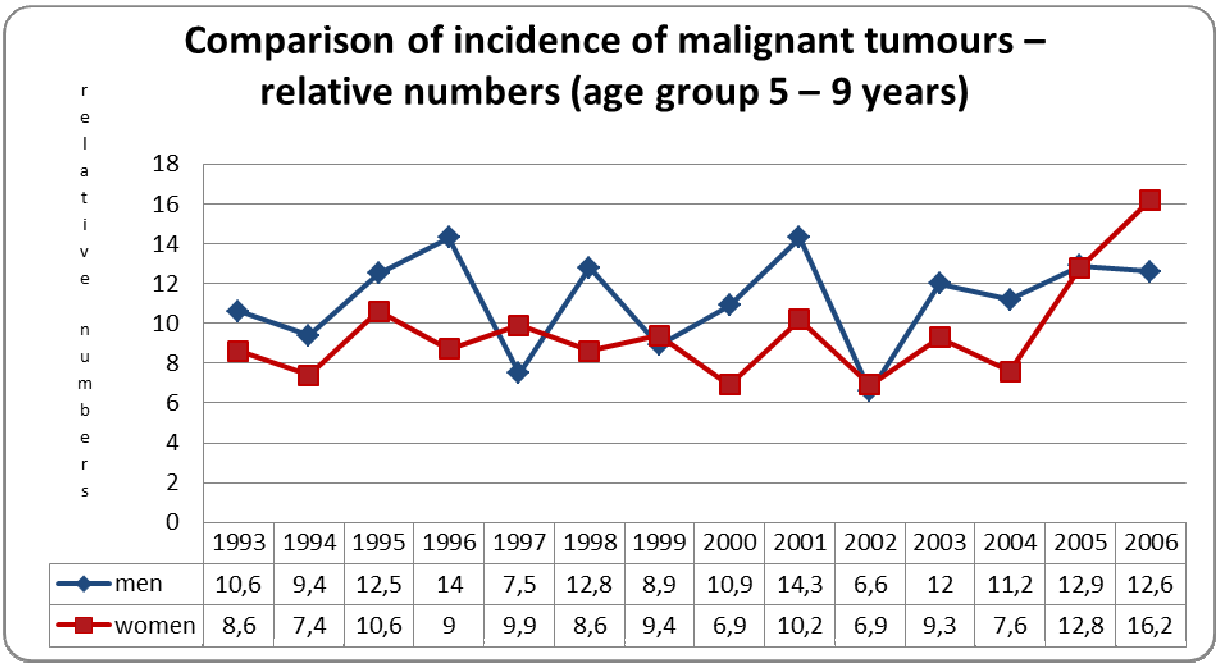
Chart no. 4 Numbers of newly reported malignant tumours in SK based on individual age groups
Source of data: [NOR SK, ÚZIŠ SK]

The group of four charts below (charts no. 5 to 8) shows gross incidence of malignant tumour of the Slovakia children and adolescents, which is defined as a share in newly detected cases of the disease within the specific population in the specific period and number of people within the specific population and in the specific period. The charts show relative numbers of newly reported malignant neoplasms and in situ neoplasms (dg. C00 – C96 and D00 – D09 based on MKN-10), i.e. numbers calculated per 100 000 men (women) of the specific age group [12].



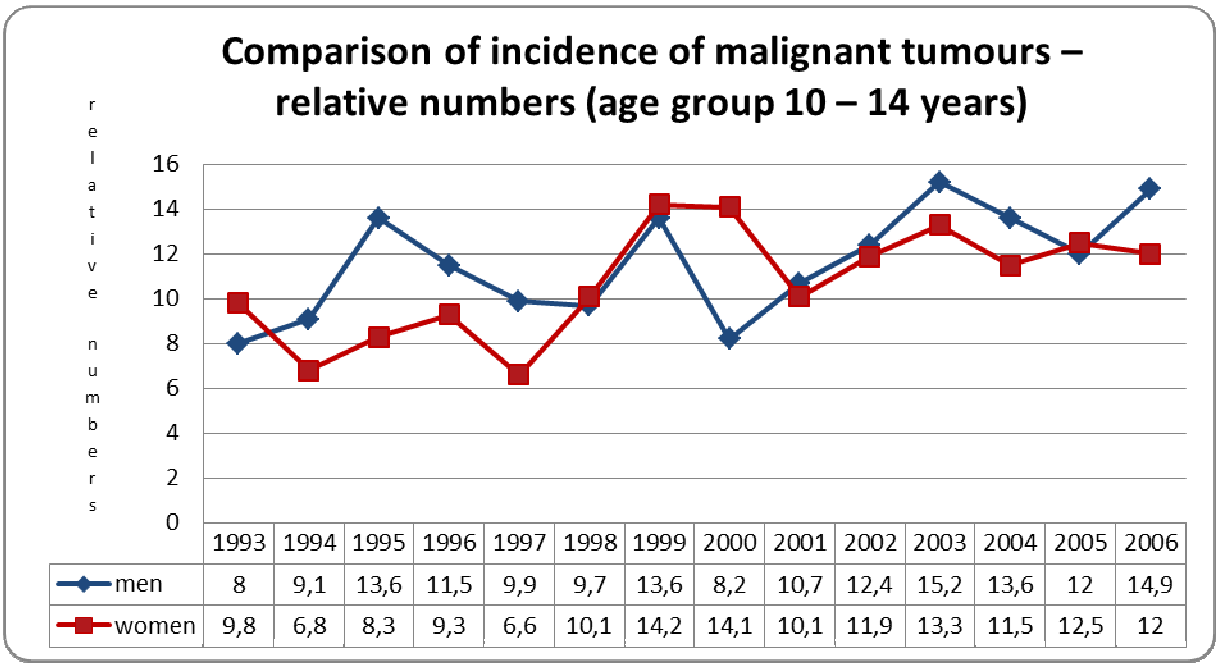
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
men	20,1	21	26,2	16	19,2	18,9	24,3	15,5	15,4	18,7	20,6	13,4	28,4	22,3
women	16,8	17,6	12	18	18,9	13,9	18	20,6	19,8	17,4	13,9	15,7	22,1	18,1

Chart no. 5 Comparison of incidence of malignant tumours – relative numbers (age group 0 – 4 years)
Source of data: [NOR SK, ÚZIŠ SK]



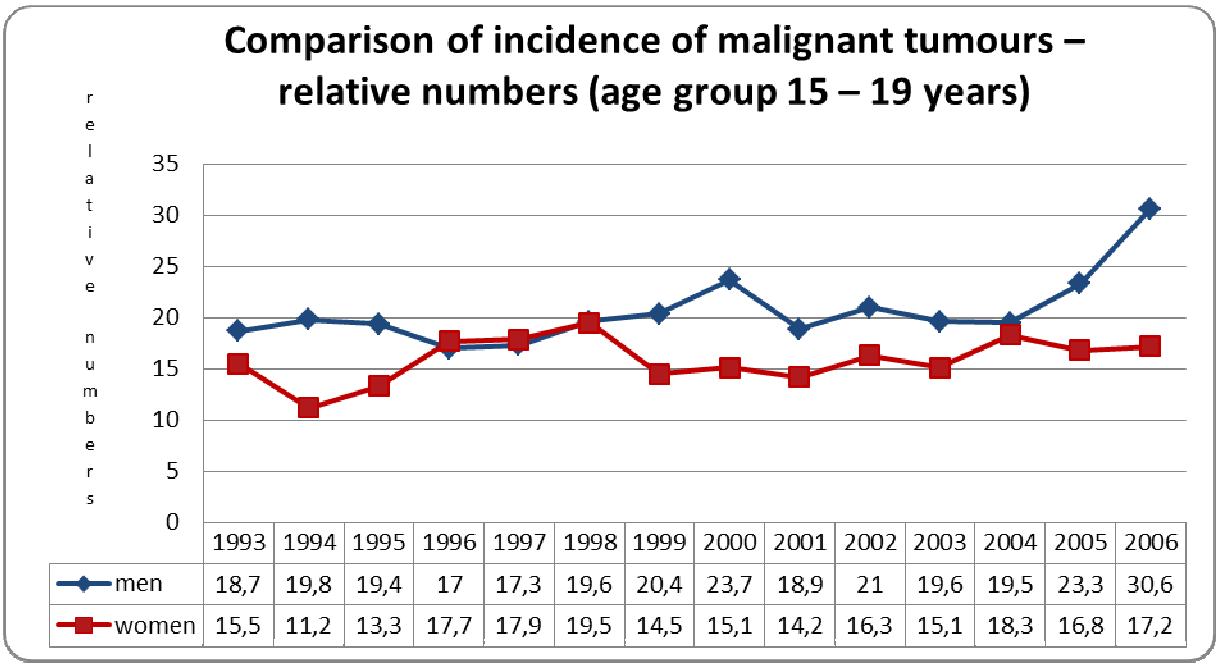
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
men	10,6	9,4	12,5	14	7,5	12,8	8,9	10,9	14,3	6,6	12	11,2	12,9	12,6
women	8,6	7,4	10,6	9	9,9	8,6	9,4	6,9	10,2	6,9	9,3	7,6	12,8	16,2

Chart no. 6 Comparison of incidence of malignant tumours – relative numbers (age group 5 – 9 years)
Source of data: [NOR SK, ÚZIŠ SK]



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
men	8	9,1	13,6	11,5	9,9	9,7	13,6	8,2	10,7	12,4	15,2	13,6	12	14,9
women	9,8	6,8	8,3	9,3	6,6	10,1	14,2	14,1	10,1	11,9	13,3	11,5	12,5	12

Chart no. 7 Comparison of incidence of malignant tumours – relative numbers (age group 10 – 14 years)
Source of data: [NOR SK, ÚZIŠ SK]



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
men	18,7	19,8	19,4	17	17,3	19,6	20,4	23,7	18,9	21	19,6	19,5	23,3	30,6
women	15,5	11,2	13,3	17,7	17,9	19,5	14,5	15,1	14,2	16,3	15,1	18,3	16,8	17,2

Chart no. 8 Comparison of incidence of malignant tumours – relative numbers (age group 15 – 19 years)
Source of data: [NOR SK, ÚZIŠ SK]

Conclusion

The results have confirmed that incidence of tumours of children and adolescents in the Slovak Republic is different in various age groups as well as in groups based on gender; the values of absolute number are different and so the values of gross incidence are. In the recent 15 years of the period monitored (i.e. since 1993 to 2006) incidence of malignant tumours increased in Slovakia in both gender groups in the age group 0 to 19 years and the total time trend in incidence of malignant tumours of children and adolescents is rather increasing. The increasing trend of incidence can be seen especially in the age group 15– 19 years, for which the risk of tumour development is higher than for children under the age of 15 years, even based on the presumption of longer carcinogenic exposure, cell aging and the related decrease of changes (decrease in telomerases, somatic mutation, etc.) [12].

It is important to still continue in the trend of centralization of treatment for children oncological patients, improvement in diagnostics and cooperation of all the workers involved, as well as in the trend of using the latest and less invasive treatment methods. Furthermore, it is very important to see newly acquired experience of oncological diseases as a significant benefit for treatment of tumoral diseases of children and adolescents. To keep such a trend, it is necessary to further improve cooperation among experts in the individual worksites, and to recognize and diagnose a tumoral disease timely and then to send the patients to specialized oncological timely and correctly. A very crucial role is also played by stabilisation and further education of the medical staff, support for clinical studies and enough finance to provide antitumoral and supportive treatment.

In the future, it is necessary to be prepared for increase in incidence of malignant neoplasms across all the age groups, not just in the Slovak Republic, but also within the world-wide increase in number of oncological diseases. And it is also necessary to expect such a situation now. At the same time, it is not possible to omit improvement of primary and secondary prevention of oncological diseases [12].

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EDUCATION AND QUALITY OF SENIORS' LIFE

Zdeněk Šigut

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ABSTRACT

Quality of life is a multidimensional phenomenon and it is a very personal and individual term from the view of individual seniors. It is affected by a quite number of factors, such as health, lifestyle, social environment, health care, and Social services, material securing or ethical principles applied in the society. The problem of the quality of seniors'life is the subject of many disciplines, such as Geragogics, Social Pedagogy and other.

Key words:

Quality of life. Senior. Health. Lifestyle. Lifelong Learning. University of the Third Age. Education of seniors.

Introduction

Quality of life is a multidimensional phenomenon and it is a very personal and individual term from the view of individual seniors. It is affected by quite number of factors, such as health, lifestyle, social environment, health care, and Social services, material securing or ethical principles applied in the society. The quality of seniors'life issue is subject of many disciplines, such as Geragogics, Social Pedagogy and other.

The nowadays tepid look presents the old age as a decline which has nothing else to do but lighten and which may be faced by temporary distraction or revocation of the youth as if the old age has not come yet. On the other hand, the Reversal Education reveals the old age as a call for drawing from the life integrity and wisdom of relaxed life view.

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The old age is about to be the top time of the human temporality (the term "temporality" is rather a warning for young people than for the old ones). The school of the old age is about to help the meaningful use of the last human chance face to face against the total sense of the living (Jůzl, 2010).

Therefore the most of people of senior age are longing for good health, keeping their physical ability and intellectual activities as maximum as possible, after the features of ageing process are softened, following the life enhancement and enlargement until the peaceful and dignified ageing process. Major presumption for the enhancement of senior age living from the point of view of an individual shall be a systematic work on one's personal social growth and permanent care of one's health. Field of education is one of the areas leading to the reaching of this goal.

For new academic-oriented pedagogic and psychological theories underlying the specifically human, spiritual and also transcendental aspect of life, the natural biological essence of the human life periods has become too close and very pessimistic in relation to an old person, which is especially sensed in education-oriented approaches. That is why the Geragogics

directs its attention to theories that provide a wider area for application of educational programs also in relation to a person growing old (Čornaničová, 2007).

Real fault period in an individual's life is the transit from active working life to retirement. Dominant social role on the labour market is finished and the unpreparedness in dealing with the problem of loss of the mandatory working program often occurs. Some people are quite looking forward to this period, the others appreciate it less.

They are missing the role of an employee, sensing the elimination from everyday active happening and are affected by loneliness and some of them also by boredom. Though some of them are also economically endangered, their pension does not bring sufficiency of monetary resources for satisfying of their personal unfulfilled needs and wishes. Those who have a concept will also manage with advice; the others have though no particular concept and need an aid of other kind. Upon leaving from their active business life, a man is losing his work program and it is therefore necessary to have an opportunity to create another life program (Drobná, 2008).

From the end of 90s a new term "Social quality" is used in the social area which is stressing the positive sides of development. Social quality of older persons'life expresses the scope of citizens' participation into social economical life of their communities, under conditions which support their personal potential.

Major components of the active ageing process strategy shall be:

- Long life learning process also beyond the limits of the leaving to retirement,
- Adaptation of the employment policy to the population ageing process,
- Lowering of the sensibility of the retirement reform agenda on demographical and other changes,
- Healthy ageing process through enlargement of medical and social services,
- Active work of older persons in non-governmental volunteer sector.

One possibility is also the universities of the Third Age as a part of the Long life learning which offer educational activities at universities to persons not only during the leaving for retirement, but also at their old age. Forming of various institutional and free time types of learning programs for older persons is based on specific conditions and possibilities of individual areas, regions and countries.

We recognize several types of learning programs and projects. In addition to due study at universities, various types of training classes, various programs often focused on social and medical aid at beds of the ill together with preparation for old age and healthy ageing process, but also miscellaneous learning programs for seniors and older people classified into types of universities of the Third Age, academies of the Third Age, into lecture cycles in Pensioners' clubs, education in cycles, and also learning programs organized by organisations of patients (Ostomy patients, Diabetic patients).

Wide-spread kind of universities of the Third Age may be defined in more levels, such as:

- One article of the network of institutions and facilities serving to older people which are about to secure their right for education,
- Institution operating at top levels of education learning system which shall not only provide education for older people, but also make research and cooperate with other institutions in favour of older people,
- Specific institution attracting the seniors who wish to study the technical problem at the level and by means which are characteristic for the work of the university,
- Institution which not only teaches how to live at the Third Age,

- Institution which contributes to the formation of a new relation of the society to older people.

In the work of the universities of the Third Age two basic approaches which prefer intellectual activity of the participants are met, in particular the academic character of study activities and the approach which is traditional industrial and containing balancing functions is emphasized.

A man is able to learn until his or her high old age. (**Nulla aetas ad discendum sera – No person is too old for learning**). Ability to acquire new knowledge and deepen his or her old knowledge is not depending on the age, but on absolutely other factors. An older person learns not as fast as a young person, though he or she learns more intensively, persistently and soundly. Knowledge acquired mechanically is worse remembered by the older person than by a young person. In return, a matter which is arranged logically is sometimes dealt by the older person faster than by a young person. The education indeed does not have to be only the preparation for the future; it may actually help to live the present times superior. Young generations are waiting for experiences and knowledge of the old ones; they would actually be lost without them. History of the human activity is a continual chain. It is some generation relay in which "torches" of more experienced persons are handed over to those who are less experienced.

The statement that the inactivity may have expressly negative consequences for a person growing old or for an older person is true. Inactivity at the advanced age may be the initiating mechanism of a not stopping process of decline which, if already started, may be withheld with difficulties. Inactivity leads to reduction of the total ethics, which often results in depressions and sometimes also in intellectual personality disintegration. Whole life activity, whether intellectual or physical, may slow down the functional ageing process. One of important parts of the active lifestyle is the ability to search for and maintain good personal relations. A man is a social being and living among people and with them is his natural means of life. Isolation, loneliness is not natural means of life. Friendship or neighbour relations cultivation is one of the ways how to skip the loneliness. It neither costs money nor is easy. It costs a wilful effort for a favour, affection or love of the other. We should learn how to build bridges to other people on time in order to cross them over later. Consistent and examined bridges also make it easier for the others to pass to us with pleasure. Friendships and human relations at all may become the best medicine for an aching soul.

Important issue in the preparation of appropriate class and type of seniors‘education is also the question of an appropriate learning program.

Education in relation to the senium as a phase of a human life has a wider scope than only the sole educational activities assigned for seniors. According to the generation-target designation of the educational activities we can talk about:

- Pre-senior education,
- Sole senior education,
- Pro-senior education.

The Pre-senior education is mainly related to people at the pre-retirement age and it has its form in particular in programs of preparation for the old age and healthy ageing process. Though, it also has a significant whole life aspect in the education to healthy lifestyle but also to a reasonable approach to the ageing process and to the older generation. Specific content is already acquired in a so called re-tuning period between the 40^{th} and 60^{th} year of life, when its centre of gravity is resting upon medical measures and in psychological preparation in the direction to the ageing process prevention. Sole preparation programs for the ageing process are assigned for people at the age which is 5 years prior they get into their retirement age. These programs focus in particular on reaching of the social stability and security upon

leaving for the retirement, as well as on the possibilities of how fluent this leaving for retirement can be.

The Sole senior education appeared in the social practice in the last 25 years. Our larger public has become aware of the education of the seniors and it is becoming a part of life of the society also in Slovakia. The most known types of institutions and programs for education of seniors here are the universities of the Third Age, Pensioners' clubs. Educational activities of public libraries, programs focused on physical and motoric education of seniors, adaptation-educational programs in the Retirements homes, memory trainings, educational-activation and educational-rehabilitation programs in medical and social facilities for old people may also be fit therein. Educational activities of senior organisations and senior centres, including counselling for seniors and support of social involvement of seniors is, remarkable.

In regard to the objective development of the society (ageing process of the population, reduction of its social and medical security extensive resources, strengthening the personal liability for the quality of one's life etc.) it has to be presumed that the current situation of the seniors' education institutionalization here is only adumbrating its development needs in that way. Current established institutions of the senior education may form some strong points of its further contentual and formal development.

The Pro-senior education is focused on all age groups of the population. It has a significant intergeneration aspect in the education to the reasonable approach to the senium as a part of the human life and to the older generation, to the values of the common life, solidarity and feeling of the community. It also may be target-specialized, designated for activists at their work with seniors, family members, volunteer male and female nurses and wider public showing interest in the issue. Educational activities of this focus are though still more a need than specific attested programs. Despite that, nowadays we consider it necessary to set these activities apart as an independent contentual thematic area also in regard to the initiation potential of such detachment.

Educational activities through new information provide seniors with an opportunity of choice how to arrange their own lives, how to be more intellectually well-balanced and satisfied. Hereof also consequences for self-education of seniors are resulted: a man may also influence his recognizing and emotional side through his own active interventions into the behaviour style, attitudes and opinions.

Educational activities may be:

- Possibility to satisfy the educational needs according to one's personal interests, new life program,
- One of the possibilities of inducing, stimulation and keeping of the growth potential of a man at senior age,
- Correction tool of requested personality changes, intentional influencing and growth dynamics of individual personable characteristics, behaviour schemes, value orientation and attitudes,
- Information support of the free choice of the senior within the life way, social and economic conditions of life,
- Performance support related to phases tasks of the former age period,
- Knowing the possibility of positive influence on the ageing process,
- Space for acquisition and realisation of social contacts,
- Source of life optimism feelings,
- Beneficiation of the life at the old age.

Education as a need is one of so called higher needs. It is then not a basic need. Basic needs of a man, whether physiological (food, water, sleep, sex, absence of any aches) or intellectual (feeling of security and love) have not changed very much during the development of the humankind. Higher needs such as need for evaluation and appreciation, self-realization, knowledge and understanding, justice, beauty, order, respect, self-updating take into consideration after the basic needs are satisfied. It is though these needs, in which the education belongs without question, which satisfaction gives a specific spiritual human dimension to the life of a man.

Perception of the education of seniors as a value, its high or low classification or non-classification in the scale of values of a man and society has influence on creation of the conditions for satisfaction of the educational needs of seniors. Each senior's hierarchy of values is closely related to his or her whole life education, his or her specific way of life. On the other hand, social values, values as a part of social consciousness reflect the culture of the society.

Conclusion

Education of people of old age is one of the tools for moving away the ageing process, its replenishment with meaningful activities. If we decide to educate the people of old age, it is more difficult as we have not been too much experienced with such process. What is special on the focus on older people's education? Knowing of the older person psychics and his or her social conditions is significant at the planning level as well as at the level of execution. Starting point in particular consists of the knowing that a man is able to learn and create also at his or her old age. One of them is for example the fact that in that life period there is neither pressure for acquiring of qualification nor its increase with the risk of loss of job and social securities. Education is voluntary with an absolutely free choice of its contentual focus. It is not possible to reduce the education and in particular at this age period to provision of information, but also the aid on discovery of new life orientations is important, on superseding of disbelief in one's own abilities still to learn and total orientation to formative activity. It is important to know that logical memory is more dominant at the older age. In addition, it is important not to forget on the fact that older people need more time for learning and to respect it by selecting of the rate of lessons.

We still make heavy mistakes in the education of older people. An obvious mistake is for example the application of ontogenetic inadequate standards on consideration of the possibilities of the Geronts.

Another mistake of the older adults'education also is that from the organisational point of view such education is too little interconnected to the education of younger generations.

Other mistake of the older people's education is that their learning programs are lacking an intentional character.

It is known that a man always learns for a purpose (seniors learn for a higher quality of life and healthy life style).

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SUPERVISION IN SOCIAL WORK

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ABSTRACT

Supervision as a method of social work is intended to promote and support social workers, who through their work, acting for clients of social work. Supervisor supervision by supervisees have the opportunity to provide a different perspective on the issue. Supervision helps social counselor, social worker alone improve performance of social work in favor of clients of social work. The need for lifelong education social workers not only in social services through the supervision of professional stereotypes resulting in work that is aimed at person.

Key words:

Client. Method. Social worker. Supervision. Act.

Introduction

The special literature provides several perspectives on the definition of supervision, which is one of the methods of social work. Supervision in Social Work sets out the role of education social workers, through which one can increase the professional competence of social workers. The special literature provides several perspectives on the definition of supervision, which is one of the methods of social work. Supervision in Social Work sets out the role of education social workers, through which one can increase the professional competence of social workers. The primary goal of supervision in social work is to encourage social workers to work in social work with clients looking for new options for addressing the unfavorable social situation. In terms of etymology is supervising the union of two Latin words namely " super a videre." Aware of the importance of those Latin words there is recognition that supervision is the view of someone "above" the same fact that someone is viewed "bottom," and in benefit of the client's social work.

Although supervise rank among modern methods of social work Strieženec (1999) states that the supervision is based on the historical tradition of social work. Supervision as methodological workers certainly are, the more effective social assistance to their clients are implemented in practice today.

Gabura (2003) states that the first publication for professional supervisions dating from 1904 is titled Supervision and Education in Charity from the author -. Baracketta. Another important moment, which is indicated author mentions the year of 1911 when the U.S. took the first course of supervision at the instigation of the Charity Organization Department of the Russell Sage Foundation. During this period, the supervision carried out in most cases by an individual form and work on a specific case.

The supervisions as informal interviews with experienced less experienced colleague says Olah (2005) and the statement comes in the beginning of last century. Psychotherapy is one of the first scientific disciplines, which has adopted the principles of supervision.

The important representative and founder of supervision include Michael Balint, a Hungarian doctor, who later became a British psycho- analyst. Balint in 1957 published work "The doctor, his patient and disease." In the present work the author emphasizes importance and significance of the relationship between doctor and patient. Talking about the therapeutic relationship where an important part to reverse the disease itself or cure the patient is precisely the relationship between patient and therapist. Balint was aware of the importance of helping groups to their fellow doctors and other staff of the Tavistock Clinic in London where he and his wife beginnings supervision focused on marital problems. Balint's groups that lead supervisees' awareness of what their own attitudes and experiences prevents professionals like social assistance was established in the 19th century. The author further states that are crucial for the supervisions considered mastery of theory and practice, leading to further enhance the professionalism, individual approach to acquisition decisions.

The Act on social services in the Slovak Republic legislation defines supervision program in which we perceive the tremendous social progress, given the existing knowledge where we have recognized the importance of supervision on the quality of services provided.

Due to the fact, which is mechanical scooping skills of social workers during their professional practice, there is a stereotypical and automating the provision of social assistance. The problems are often addressed only in material terms, which are disappearing from the human factor. We get into situations where we become less sensitive and responsive to the needs of our clients. And just as the possibility of supervision is still working with a client without that we built for the needs of the less sensitive or even insensitive.

Legislative anchoring of supervision in the Slovak Republic

The legislation of the Slovak Republic is grounded in the provisions of the Supervision of Act no. 305/2005 of Law Code on social protection of children and social guardianship (the Act SPO and SK) and the Act no. 448/2008 Law code on social services and amending Act. 455/1991 Law code on Trades (Trade Act), as amended (the Act on Social Services) the provisions of § § 47, 73 and 93 of the Act of SPO and SK is indicated:

- § 47, par. 7 - provides for the implementation of child protection measures and social care facilities in the orphanage, orphanage for unaccompanied minors, crisis center, socialization center, other facilities, is "To increase the professionalism of the work in facilities and equipment made elaborate program supervision. The supervision is a way to ensure this program. "
- § 73, par. 1 is provided for the competence of child protection and guardianship. Office of Labor, Social Affairs and Family 'organizes and provides training for staff of the institutions of social protection and social guardianship of child protection and social guardianship and supervision."
- § 93 par. 8 (common provisions) that "supervision program for child protection and social guardianship may only be natural persons who have completed accredited training supervisor training in social work or counseling work."

As already mentioned above supervision of legislation of the Slovak Republic is grounded in the law on social services. The Act defines the type of social service, a form of social services and the scope of the provision of social services. Social services are the type of law on social services contained in § 12 as follows:

a) social services to ensure the necessary conditions to meet the basic needs of plants, which are:

- Dormitory,
- Shelter,
- Half-way houses,
- Low-threshold day center,
- The emergency accommodation

b) social services to support families with children where the law provides:
- Help with personal care and child support reconciliation of family life and working life
- Provision of social services facilities in the temporary care of children,
- Provision of social services in low-threshold center for children and families

c) social services to deal with adverse life situations because of severe disability, ill health or because of retirement age defined by law as providing a social service facility for individuals who are dependent on another individual and the individuals who reached retirement age. Facilities for the performance of social services are:
- Assisted accommodation facilities,
- Facilities for the elderly,
- Nursing care facilities,
- Rehabilitation center,
- Home of the social services,
- Specialist facility,
- Day care,
- Nursing service

d) social services using telecommunications technologies, which are included: monitoring and signaling the need for aid, emergency aid is provided through telecommunications technologysupport services to the law on social services is defined as:
- Respite service,
- Assistance in securing guardianship rights and responsibilities,
- Provision of social services in the integration center.

The provisions of that Act, that "a provider of social services is required to increase the professional level and quality of social services develop and implement a program of supervision." This obligation relates to public and private providers of social services. Social services are provided by social work to persons eligible for the application of any provision of social services that put employees at these facilities as high educationally and personally demands. That the provision of quality supervision is a prerequisite for coping social workers themselves and the client is always in favor of social work, in our case, the recipient of social services.

The Law of social services requires supervision by a program as we have mentioned above but also defines the social services, where public and private providers of social services are not required to develop a supervision program. The Act defines the following social services:

Transportation services,
- Guide service,
- Interpretation services
- Providing interpretation services,

- Providing personal assistance,
- Rental of tools,
- Social services in day centers,
- Social service in the dining room,
- Social services in the laundry room,
- Social Service Centre in personal hygiene.

In connection with the supervisions as one of the modern methods of social work is to be noted that the law on social services in its provisions and provides qualifications for the exercise of supervision. In accordance with the Act and the provisions of § 84 paragraph. 8 - qualifications and training stated that: "The supervision carried out by a person who has fulfilled the condition under paragraph 4, letter b) of higher education by studying in the bachelor program or master study program aimed at social work, social pedagogy, special pedagogy, medical, psychology or a recognized certificate of such higher education issued by a foreign university and graduated from an accredited vocational training supervisor in the field of social work or counseling. "it follows that not only can perform the supervision graduate master's degree in higher education in these degree programs but also first graduate degree in higher education - Bachelor. The condition for the exercise of supervision, however, accredited training, which can be candidates for performance supervision to attend the University of Health and Social Care of St. Elizabeth in Bratislava through further training institutes for social workers.

Represents supervising any risks?

Answer to this question is not easy. I would say that each of the methods of social work has its positives and the negatives. In our view, the risks of supervision are considered an abuse of position of supervisor. Olah (2005) draws attention to the abuse of position as a supervisor and the supervisor if you slip in its position not to learn but where mentoring can occur up to moralizing. Furthermore, given out by incorrect application of feedback that can be criticized as well as the risk that a supervisor will be with supervisees to seek possible solutions, but the supervisor will pursue their own solutions and suggestions.

It should be noted that in any helping relationship is assisting social work profession, we find the aspect of its power. Power is the ability that a person pursues its requirements, sometimes at the expense of another. And that power can be another major risk supervisees to supervisor. The power of power resulting from higher status positions which supervisor is.

Supervisor as well as the social worker should respect the code of ethics. With the above mentioned I already noted that social workers have a code of ethics for performance while supervision in social work in Slovakia we have codified code of ethics. Gabura (1995) notes that the main part of a code of ethics supervisor should be elements that are closely associated with the client's social security work, protection, and not least in helping to protect the professional status of supervision. Vansač (2011, p. 97) states that: "Although all of the code of ethics there is a normative schematism, and thus a mortification of living values, codes of ethics in principle have an indicative value and contribute to the regulatory function of professional ethics. This code protects social workers from uncertainty and relativism. "

Conclusion

In our contribution we would like to point out a significant change in social work and social services at the same time, which is anchored legislative supervision in the social field. Areas of supervision can be seen in other research areas such as social work. The most important and most relevant to social work supervision in the professional approach to

encourage social workers to seek new and effective solutions to social problems of the client. It follows that the need for lifelong education social workers and the need for supervision of social services.

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A FINAL GRADUATION AND QUALIFICATION WORKS IN THE INTENTIONS OF LEGISLATIVE CHANGES AND NEW STANDARDS

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ABSTRACT

Introduction: In recent years there were frequent legislative changes and guidelines related to creation and final qualifying Works. There have been also some changes in the international and national standards for the citation, bibliographical references, writing and editing of documents. Therefore it is necessary to detail these names and address and transfer them to the academic soil.
Core work: the work is introducing an overview of legislative changes relating to the verification of the final level of originality of graduation and rigorous thesis, storage and communication to the public, adopted in the in the Slovak Republic the last two years. The issues associated with making a final qualifying works and disclosure them to the public associated with the conclusion of license agreements and the development of expertise, publishing and licensing agreements are in different parts of the work in more details. Especially focused on the final qualifying works and the methodology of writing a citation.
Conclusion: Connection with writing theses lead to frequent changes, which must be reflected in internal guidelines of universities, it is important that these changes would be observed with the respective responsibility of teachers and timely consistent lectured to students.

Keywords:
Disclosure. Openness. License Agreement. Testimonial. Citation.

INTRODUCTION

The Central Register of Theses, Rigorous Theses and Habilitation Theses has initiated its action, based on previous provisions on 1 January 2010. Its main role was registration and check of originality of the above mentioned theses, including specification of requirements that the theses must meet. Act No. 131/2002 Coll. on Higher Education and on change and amendments to some laws was amended on 1 September 2011. It deals mainly with the question of publishing and accessing theses, rigorous theses and habilitation theses. The report analyses legal changes of the issue in question, as well as methodical regulations and changes concerning the compilation of theses, rigorous and habilitation theses.

LEGISLATION

In 2009 The National Council of the Slovak Republic passed the Act No. 496/2009 Coll. amending the Act No. 131/2002 Coll. on Higher Education and on change and amendments to some laws as subsequently amended. It deals with verification of a margin of originality of theses, rigorous and habilitation theses through the Central Register of Theses, Rigorous Theses and Habilitation Theses, effective as of 1 January 2010. The Ministry of Education had previously issued the Methodical Regulations No. 14/2009-R, effective as of 27 August 2009, on thesis requirements, their registration in bibliography, check of their originality, their storage and accessing. Another legal document dealing with this issue was the Decree of The Ministry of Education, effective as of 15 March 2010, No. MŠSR-5/2010-071 on cover and title page sample of theses, rigorous and habilitation theses and on format of data exchange concerning theses, rigorous and habilitation theses.

Requirements of the first two above mentioned documents were incorporated into the Internal Regulation of the St. Elizabeth University College of Health and Social Work in Bratislava No. 2/2012 on thesis requirements, their registration in bibliography, check of their originality, their storage and accessing. Practical and technical requirements of the above mentioned documents were defined in the Internal Regulation No. 10/2010 on compilation and submitting of theses, as amended by the Amendment of the Act No. 496/2009 Coll. on Higher Education valid for the St. Elizabeth University College of Health and Social Work in Bratislava in academic year 2009/2010.

Almost two years later, new amendments and methodical regulations became effective as of 1 September 2011:Act of The National Council of the Slovak Republic No. 6 effective as of 14 December 2010, amending the Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws as subsequently amended,

- point 6 and 7 of Article I. of Act No. 125 passed on 24 March 2011, amending the Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws as subsequently amended and amending Act No. 461/2003 Coll. on social insurance as subsequently amended,
- Regulation of the Ministry of Education, Science, Research and Sport of the Slovak Republic No. 233 Coll. effective as of 1 July 2011, executing some provisions of Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws as subsequently amended,
- Methodical Regulations of the Ministry of Education, Science, Research and Sport of the Slovak Republic No. 56/2011 on thesis requirements, their registration in bibliography, storage and accessing.

Significant changes of the Acts concern mainly publishing of theses, rigorous and habilitation theses, their expertises through the Central Register of Theses (hereinafter referred to as “CRZP”) and agreements.

All these facts have been incorporated into the new Internal Regulation of the St. Elizabeth University College of Health and Social Work in Bratislava No. 7/2011 on thesis, rigorous and habilitation theses requirements, their registration in bibliography, check of their originality, their storage and accessing.

NORMS

The Norm STN 01 6910 Rules on Writing and Arrangement of Instruments in Writing is essential for writing theses and qualification scholarly works. It dates back to April 2011 and it replaced the Norm effective as of year 1999 to the full extent. The Norm which is

essential for referencing and notes is the new Norm STN ISO 690 issued in May 2012 known as Information and Documentation: Guidelines for Bibliographic References and Citations to Information Resources which replaced two former Norms - STN ISO 690 effective as of April 1998 and STN ISO 690-2 effective as of December 2001.

PUBLICATION OF THESIS AND QUALIFICATION SCHOLARLY WORKS

A student is allowed present his/her thesis on condition that he/she agrees in writing that his/her scholarly work can be published and publicly accessed for the period of its storing, with no claim for rewards. It does not refer to a thesis or a part of it that has been issued in a periodic publication or issued as a non-periodic publication. (Paragraph 51 section 3 of the Act No. 131/2002 Coll. on Universities). It refers to rigorous and habilitation theses.

Neither Law not the Internal Regulation states that only presented theses are stored and accessed. CRZP operator is also obliged to allow access to a thesis that has not been presented. In case of theses that have not been presented (presentation has not been done), it can be avoided by specifying a convenient date of sending information on enclosing licence agreements. If a thesis presentation was done successfully, access to the thesis cannot be denied.

LICENCE AGREEMENTS

Publication of a thesis, rigorous thesis or habilitation thesis as well as a public access to it is conditioned by a written agreement of the author according to Paragraph 17 section 1 letter c, Paragraph 18 section 2 and Paragraph 40 to 46 of Act No. 618/2003 Coll. on Copyright and Rights Related to Copyright (Copyright Act). The theses submitted to the CRZP until 1 September 2011 and respective licence agreements between the author and the university will not be accessible.

In accordance with Section 9 the author is allowed to ask for a standstill period no longer than 12 months as from the date of the thesis, rigorous thesis or habilitation thesis registration in the Central Register of Theses, Rigorous Theses and Habilitation Theses. Throughout the standstill period, the author’s agreement allowing access to his/her thesis is ineffective. This period may be prolonged in special cases of relevant reasons, based upon the concurring opinion of the dean of the university faculty or the university rector in case that the university does not include faculties. The concurring opinion has to be submitted by the author before concluding the licence agreement, not later than 24 months. (Paragraph 63 section 10 of the Act No. 131/2002 Coll. on Universities).

Licence agreements are concluded between the authors of any type of scholarly works or opinions and the university - in the name of the Slovak Republic on behalf of the Ministry of Education, Science, Research and Sport of the Slovak Republic.

To make a thesis accessible on the university web page, a new licence agreement has to be concluded between the university and the author. The author shall adopt a decision concluding the agreement. Forasmuch as the theses shall become accessible for two different subjects, it is necessary to conclude two licence agreements.

The licence agreements are concluded through Academic Information System (AIS) of the university, supposing that the university does not require written licence agreements. The licence agreement shall be concluded within 30 days of a delivery of a proposal for the licence to the university. Both parties to the agreement sign the agreement in the same way. (Paragraph 3 section 5 of the Decree No. 233/2011 Coll.).

The signature on the licence agreement may be replaced by mechanical means in a form of a digital image of the signature of a party to agreement, processed by a technical device placed in the location of the university and inserted into the licence agreement in the Academic Information System of the university.

OPINIONS

Electronic versions of opinions of consultants and advisors of theses or rigorous theses, reviewers or other persons shall be submitted together with the thesis, rigorous thesis or habilitation thesis. These opinions are stored in the Central Register of Theses, Rigorous Theses and Habilitation Theses with the corresponding thesis for a period of its storage. These opinions shall be made publicly accessible or publishable for various other purposes only with the written licence agreement concluded by the copyright holder of this opinion. (Paragraph 63 section 7 of the Act No. 131/2002 Coll. on Universities). The university is obliged to submit all the opinions of all the theses. The opinions are submitted in PDF format with a possibility of converting PDF document to editable text. The opinions have to be submitted to the Register within 90 calendar days of the submitting of the thesis. It is recommended that the opinion be created after a reviewer has been informed on the result of the check of originality.

All the opinions shall be submitted to the Register. Authors of the opinions submit them to the Academic Information System of the university. The author of an opinion shall decide whether it should be made accessible. An opinion accessibility agreement has a form of a licence agreement. The licence agreement is concluded only in case of a free licence. If the author of the opinion refuses to allow the free licence to the Slovak Republic, the opinion shall not be made accessible through the Register and it shall be submitted to the Register for archiving. (Manual No. 2011-12684/31651:2-071).

STRUCTURE OF THESES AND QUALIFICATION SCHOLARLY WORKS

The Regulation of the Ministry of Education, Science, Research and Sport of the Slovak Republic No. 233/2011 Coll. determines formal structure of a thesis, including information on title a page of a thesis, rigorous thesis and habilitation thesis. In comparison to former requirements, it requires a specification of the scholarly work (bachelor's thesis, diploma thesis, dissertation thesis, rigorous thesis or a habilitation thesis).

A licence number from the internal system of numbering as required by the university shall be placed on the cover. It is necessary in case it was given. If it was not given by the university or a faculty or a department, it shall not be given. It is different from an identification number which is systemic. It was given by the university and it is unique within the university. It is generated by the CRZP by means of prefixes, so that every scholarly work has a number unique in the Slovak Republic. In licence agreements and other documents the identification number is given without prefixes.

The name of the university's study field is filled out in accordance with the System of Study Fields in the Slovak Republic. Number of a study field is filled out according to the Statistical Classification of Fields of Education, yearly issued by the Statistical Office of the Slovak Republic in the form of a Regulation. (This year it stands for the Regulation of the Statistical Office of the Slovak Republic No. 243/2012 effective as of 1 September 2012). The number is composed of the first four numeric characters standing for the study field number (it is 7761 for Social Work).

In comparison with the former regulations of a recommended thesis structure, thesis shall not include declaration of authorship, which is related to filling out licence agreements.

The Methodical Regulation of the Ministry of Education, Science, Research and Sport of the Slovak Republic No. 56/2011 specifies an advisor of a bachelor and diploma thesis and an advisor of a dissertation thesis stated in the thesis assignment. In case of an external advisor of a dissertation thesis, the university is also allowed to appoint another advisor from the members of the university staff for a student.

It is recommended that a university regulate a structure of a thesis by Internal Regulations, considering a thesis a master document aimed to unify a thesis structure and to provide assistance to future authors writing theses.

It is accustomed to submit theses in a printed and bound (book) form. Any university or a faculty may decide to require theses in electronic form only.

The Methodical Regulation No. 56/2011 (so as the Methodical Regulation No. 14/2009-R) recommends that a referencing method be used in accordance with the first entry (name) and a date (a name and date system, according to the new Norm). This system is known as the Harvard System, where in-text referencing includes only the first entry (name of an author or the first word of a title) and a year. Numbers of cited pages (in cases of citations) shall be included where appropriate.

There are three possible systems of referencing according to STN ISO 690 effective as of 2012:

1. The Name and Date System (Harvard System) - the first entry stated is the author's name and the issue year of the document. Numbers of pages shall be included after the issue year where appropriate. If the first entry of any two or more documents are identical as well as the issue year, they shall be distinguished by small letters (a, b, c, etc.) placed after the year in brackets. The referencing may shorten if the number of authors of a document is more than three. It is enough to specify the name of the first author with a subsequent shortening "a.o." or "et al.".

2. Numeric System – numbers in round brackets, in square brackets or in the form of a superscript refer to sources of data in order of their first citation. Following citations from the source of data shall be given the same number as the first one. In case that specific parts of the source of data are cited, numbers of the pages may be given, etc.

Example 1: According to Oláh (12) and Schavel (21) it is... ...as stated by Mátel (34 p. 76).

Example 2: According to Oláh12 and Schavel21 it is... ...as stated by Mátel34 p. 76.

In a numbered list, references are arranged by a numerical progression.

3. Consecutive referencing – the numbers given in a text in round brackets, square brackets or in the form of a superscript refer to notes numbered according to the order they appear in the text. Notes may include references to cited sources of data. If more citations come from one certain source of data, they should be given separate note numbers. One note number should be used for each piece of data or a group of data accompanied by a citation; one note may include a citation of more than one source. Notes should be given in a numerical progression. If a note refers to a source of data that has been cited in the note, the reference should be given again or the number of a previous note with numbers of pages etc. should be given. E.g., a student will give an author's name, a shortened title followed by numbers of pages. Otherwise, it can be reduced by giving authors' surname, referring number corresponding with the first citation, followed by numbers of pages.

Example: AUTHOR, ref. 22, p. 234.

The first system recommended by STN ISO 690 is also recommended by the Ministry of Education, Science, Research and Sport of the Slovak Republic through the Methodical Regulation No. 56/2011. The system also recommended by the St. Elizabeth University

College of Health and Social Work in Bratislava in the Internal Regulation No. 7/2011 is easier for authors of theses and qualification scholarly works in comparison to the other two systems.

CONCLUSION

Legislative changes concern the accessibility and publishing of theses and qualification scholarly works for a period of their storage. Disapproval of the author means disqualification from the oral examination of the thesis. Theses may be published within a university, under the condition of filling out two licence agreements. Archiving of opinions concerning theses in the CRZT and their publication with consent of the author is new, too. These new regulations are aimed to increase quality of the content and requirements of theses. Therefore, teachers will be required to pay more attention to assisting students at writing theses and implementing internal regulations regulating their composition.

Writing of bibliographic reference depends on the chosen method of referencing. Supposing that the recommended method of referencing is the Harvard System, Methodical Regulations give examples of writing of these references by this system in appendices of the Regulations. Discrepancies between the mentioned Regulation and the new Norm ISO STN 690 should be solved in new regulations or their amendments.

REFERENCES

Methodical Regulation of the Ministry of Education No. 14/2009-R effective as of 27 august 2009 on thesis requirements, their registration in bibliography, check of originality, their storage and accessing.

Methodical Regulation of the Ministry of Education, Science, Research and Sport of the Slovak Republic No. 56/2011 on thesis requirements, their registration in bibliography, their storage and accessing.

Ministry of Education, Science, Research and Sport of the Slovak Republic, Higher Education Division. Thesis Accessing, Rigorous and Habilitation thesis Manual.

Internal Regulation of the St. Elizabeth University College of Health and Social Work in Bratislava No. 2/2010 on thesis, rigorous and habilitation thesis requirements, their registration in bibliography, check of their originality, their storage and accessing.

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STN ISO 690. Information and Documentation. Guidelines for Bibliographic References and Citations to Information Resources. Bratislava: Slovenský ústav technickej normalizácie (Slovak Institute of Technical Normalisation), 2012.

Regulation of the Ministry of Education, Science, Research and Sport of the Slovak Republic No. 233 Coll., executing some provisions of Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws as subsequently amended.

Regulation of the Statistical Office of the Slovak Republic No. 243/2012 Coll. by which Statistical Classification of Education Branches is issued.

Decree of the Ministry of Education of the Slovak Republic on 15 March 2010 No. MŠSR-5/2010-071 on cover and title page sample of a thesis, rigorous and habilitation thesis and on format of data exchange concerning theses, rigorous and habilitation theses.

Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws.

Act No. 496/2009 Coll. amending the Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws subsequently amended.

Act No. 6 Coll. amending the Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws subsequently amended.

Act No. 125 Coll. amending the Act No. 131/2002 Coll. On Higher Education and on change and amendments to some laws subsequently amended, which amends the Act No. 461/2003 Coll. on Social insurance subsequently amended.

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INSTRUCTIONS FOR AUTHORS

Allow me to introduce a new expert journal – Clinical Social Work. We would like to offer you an opportunity to contribute to its content as we would like to aspire to create a collection of real experiences of social workers, doctors, missionaries, teachers, etc. CWS Journal is published by the International Scientific Group of Applied Preventive Medicine I-GAP in Vienna, Austria.

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