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AND HEALTH INTERVENTION

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Issue: Social Inclusion of Marginalized Communities

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✓ LANGUAGE, THEORY OF MIND AND AUTISM THERAPY

✓ IMPLEMENTATION OF THE CODE OF ETHICS IN SOCIAL SERVICES

✓ SOCIAL SERVICES IN THE SLOVAK REPUBLIC AND THEIR SIGNIFICANCE FOR THE ROMA PEOPLE

✓ HIGH RATIO OF DIVORCE AND ITS RATIONALE IN PAKISTAN

✓ POVERTY, SOCIAL EXCLUSION AND HOMELESSNESS IN CONDITIONS WITHIN THE EUROPEAN UNION

✓ SOCIAL WORKER GUIDANCE & SUPPORT TO CANCER PATIENTS IN THE USA & SLOVAKIA

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Issue 2/2018: Social Inclusion of Marginalized Communities
Issue 3/2018: The Social-Health Situation of Migrants at the Greek Border
Issue 4/2018: Variable Topic on Current Issues in the World

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Editorial

Dear Colleagues,
I embarked on my career as a Spinal Interventional Neuroradiologist in the Neuroradiology Department of the Faculty of Radiology at Spedali Civili Hospital in Brescia in 1986. Since 1998 I have been in charge of the Neuroradiology Service at Brescia City Clinical Institute. My main focus has always been minimally invasive treatments for spinal disorders.
I first encountered oxygen-ozone therapy in 1993. Fascinated from the start by this new discipline and its brilliant therapeutic results, I dedicated an increasing amount of time to its study. Today, my work and that of my colleagues in the Italian Federation of Oxygen-Ozone Therapy has been rewarded by the publication of papers in international journals reflecting the inclusion of oxygen-ozone therapy among the armamentarium of interventional spinal procedures. Our work is based the practical application of theoretical models following on from biological experiments on animals and in vitro studies on oxygen's mechanism of action in an attempt to escape from the confines of evidence-based medicine.
History teaches us that some scientific discoveries come about by chance. Examples are Fleming and penicillin or the chance discovery of X-rays by the German physicist Röntgen while experimenting with a cathode ray tube. However, the simple discovery of a revolutionary therapy must necessarily be followed by studies designed to make ongoing improvements to the treatment in question. The history of ozone therapy is similar to that of many other scientific revolutions: an initial intuition that subsequently developed thanks to some of the most brilliant minds in Italian neuroradiology.
Oxygen discolysis is now the first-choice treatment in our department for patients with herniated disc. A simple therapy, it carries no risks or contraindications in expert hands. Treatment can be intradiscal or intraforaminal and is administered under CT or fluoroscopic guidance. Patients benefit from the dual action of ozone with its analgesic and anti-inflammatory effects on both the symptoms of disc herniation and on the cause, i.e. the herniated disc itself where ozone accelerates disc dehydration.
In conjunction with the Italian Federation, we have organized training courses to go beyond the realm of intuition and compare experiences in the world of oxygen-ozone therapy backed by scientific evidence and reproducible techniques.
I am currently Secretary of the World Federation of Ozone Therapy, an International Scientific Society open to all those willing to work together, exchange ideas and share the results of their work and experiences. Above all, the Society welcomes those humble enough to ask "why?"

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Few words from the Editors-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.

Michael Olah
Peter G. Fedor-Freybergh
Edition of the journal

Language, Theory of Mind and Autism Therapy

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Original Article

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Abstract:

This paper presents an overview of the literature regarding autism and role of language in the process of therapy with the autistic children and adults. The overview of the literature shows the importance of two factors: the use of syntactic structures and understanding of Theory of Mind tasks. The role of the language in the process of therapy of autistic children and adults is discussed.

Definition

According to the International Classification of Diseases (ICD-10), autism is considered "a profound developmental disorder" (F84). A lifelong complex disorder of the central nervous system is the basis, especially in the area of perceptual processing, which begins in childhood. In the center is a serious relationship and communication disorder. The impact of the disorder hinders in a variety of ways the relationships with the environment, participation in life in the community, and the ability to integrate into society, as both cognitive, linguistic, motor, emotional, and interactional functions are affected. In addition, there are numerous behavioral problems, which can be particularly burdensome for the reference persons in everyday dealing with the autistic people.

A more generalized definition is provided by R. Davis (2012) who is an autistic person himself: "autism is essentially not an impairment of cognition or intellect, but of integration. The autist was not able to provide new information and experiences in his life and life like non-autistic or neurotypical persons"

Research on autism is ultimately also research about self-consciousness perceiving itself and drawing conclusions by perceptions: research on cognition. In the age of research on the neurophysiological implications of cognition, the research community here is perhaps on a threshold which could be compared with the transition from classical physics to quantum mechanics. We know that the old duality between mind and body is, in essence, a construction which is true-to-life because of our self-awareness, but which is in essence incorrect, just as classical physics functions according to Newton's laws, but only on the macro plane and not in the inner core. And just as in physics, the theory that connects both levels cannot yet be formulated conclusively. Until now there is no definite outline for a research on cognition bringing the observed brain-processes in a coherent relation to the communicative processes of the external world. Is this possible at all?

At least, it is probably true that consciousness exists on the systemic level through a complex interplay of perception, cognition and a communication between resulting (internal and external) processes, which arise when this interplay is imbued with emotions.

Language, in turn, has evolved in evolution as an additional element in the "space" between perception, cognition, communication and behavior. And autism as a neurological phenomenon in turn results from a lack of integration of the above-mentioned systemic "consciousness antagonists": Perception could not be integrated, or only partially, with internal processes (thoughts) and resulting behavior, which was co-guided by emotions. Our language as an integrative control instrument plays either as a very dominant (highly-functional Asperger's autism) or as a very slow (speech-impaired) tool for integration.

Current autism research is no coincidence for the reasons described above. It studies the role of consciousness and language (as a systemic partner of consciousness) in autism. The concept of

consciousness in the autism area is further described by the "Theory of Mind".

The "Theory of Mind" (TOM), also called Naive Theory, describes in Psychology and other Cognitive Sciences the ability to make an assumption about the processes of consciousness in other persons and to recognize them in their own person as feelings, needs, ideas, intentions, expectations and opinions (Resch *et al*. 1999). One could also assume and formulate that consciousness needs, among other things, a process of 'mentalization' (another word for TOM) which arises by the fact that a self-conscious being achieves this state by perceiving similar processes of thought and feelings likewise in other equally conscious beings

- How mentalization is linked to language, and what role this plays in autism, is currently the most important field of research on autism and language. Here are some recent research results: It was assumed that on one hand, language skills play a fundamental role in the ability to TOM, but autism as a mental feature plays a greater role for the TOM than the language itself.
- In so-called "false belief" tests (false or missing assumptions about the internal condition of other persons), autistic children with speech disability and non-autistic children with a specific language disability were compared.
- The results confirmed that the autistic children had worse results in TOM than the non-autistic children. The tests were nonverbal to confirm this assumption (Colle, Baron-Cohen, Hill, 2007).

Furthermore, it was suggested that nonverbal TOM tests, compared to verbal TOM tests with highly functional autists, show that these would be worse in the non-linguistic tests than in the linguistic (as language for the TOM nevertheless plays an important role) (Lindsay et al, 2007)

Causing for poorer nonverbal TOM results in high-functional (that is to say linguistically gifted) autists is perhaps also the fact that in autism the integration of visual and auditory signals is impaired. This means that mimic and gesture language cannot be "anticipated", or their perception cannot be supported by pictorial information and interpreted into other persons using TOM: The assumption or notion of what is happening in other people is much more difficult to implement, if not impossible, if there is a limited possibility of bringing together pictorial and auditory information (Silverman *et al*. 2010).

Regardless of possible implications for the TOM, this experiment initially only indicated that the integration of visual and auditory signals is important for a language understanding, which also anticipates the statement from the other by means of body language signals in order to make communication more fluid.

Despite language limitations, autists often have musical talents. This seems to be due to the fact that the corresponding brain areas (*gyrus frontalis inferior*) overlap for speech and music processing, but autists for as yet unknown reasons show stronger brain activity as control persons, whereas speech shows weaker activity (Lai *et al.* 2012).

Moreover, by means of mere tones or noises, the condition of another being can be "read" much more easily and more directly than by the addition of verbal derivations: The difference between a menacing roar and a gentle purr can also be intuitively understood by children who are not yet mentally capable for TOM.

In turn, tonal languages such as e.g. Mandarin does not help Chinese autists to better cope with the problem of processing both emotional and semantic content.

The identified circumstances for autism and language are confirmed and supplemented by further research. It can be shown, for example, that the influence of syntactic structures (with the example of simple accessory sentences) exerts a direct influence on the possibility of mentalization (TOM).

Autistic children had significantly more difficulties with "false belief" tests, if they were exclusively about syntactically oriented language and their descriptions about communication and thinking ("I suspect my friend is just sad."). Less so, however, when it comes to directly related words of perception ("I see my sad friend."). Their ability to speak about a perceived state and at the same time to perceive others in this state appears to be particularly affected in the first case. When language names, as in the second case of wording, exclusively the perception of what is perceived ("My friend is sad"), the TOM succeeds better (Tager-Flusberg & Joseph (2005); Lind & Bowler (2009).

A systematic analysis of autistic children regarding age and speech ability at the time of diagnosis is also very revealing: children diagnosed earlier were significantly worse off after this field study than children who were later diagnosed with ASD (Salomone *et al.* 2016).

Equally interesting is a study which shows that autistic children are more oriented towards the non-semantically relevant sound components than linguistic-syntactic forms (Järvinen-Pasley *et al.* 2008). The priority of the processing is, however, also in autistic children on the syntactic structures, when language stimuli were used in competing linguistic versus sound (only perception-oriented) components. Obviously there are levels of perception processing in the autists, where what is perceived is not directly given to the cognition, but remains, as it were, in the mode of perception. Perception and cognition can be an indissoluble conflict, and it is difficult to decide whether a signal is meaningful, carries relevant information or is redundant, even if it is "appealing" on the sensory level.

Furthermore, another study shows that autists use less internal language than control groups. They translate inner images of perceived situations or things much more slowly into inner language than other people (Whitehouse 2006).

All these research findings suggest that there are distinct differences between the autistic and the non-autistic in speech processing in the brain, which on the one hand are related to, or influenced by, mentalization, but also due to the different processing of sound and

content language components, which in turn also influence the TOM processes, as well as the limitations of autistic people, to synchronize visual and auditory signals well and to integrate them into perception and cognition.

Language as therapeutic organ

On one hand, language seems to be a complex regulative for social behavior and on other hand, it seems to be closely related to cognitive representations of human consciousness, whose material emergences it communicates reality via acoustical and visual signs. From this point of view, language remains functional and expands the communicative and cognitive behavioral repertoire of human beings. It may be considered too little as a system whose inherent dynamics have an reverse impact on the original inventor and in turn may cause him to further refine himself in collaboration with his partner organ: "linguistically cognition".

If we consider language to be more than a biological and systemic-cognitive organ in the described sense, it is also clear at this point why a language therapy for autistic people cannot be done as if language was a rational object similar to a tool with its own operating instructions and rules of use to which the autistic client has to conform and ultimately submit. Because every human being has his or her individual linguistic organ, just as every human being has an unmistakable fingerprint or an individual sexuality.

Language is in all probability not the result of a homogeneous neurological evolutionary process, but rather the systemic result of many specifically human developments, starting with the advancement of fine motor skills (tool making, movement rituals in the group) and the corresponding effects in syntactic and thus loudly oriented cognitive and communicative skills. This process includes mimetic developments, i. e. especially those of the ability to imitate sounds of the environment, furthermore the cooperative requirements of differentiated and situational communication, including the ability to deceive other beings or members of one's own group by phonetic significations. Emotional needs from a newly orientated parent-child communication also belong to this.

If we understand language in such a multifaceted system and background, it becomes clear that the autistic system calls for a correspondingly diverse and careful use of language:

The permanently intermixing use of completely different aspects of human language will cause severe confusion to autistic people, because in their neurological (speech) system the utmost challenge is to integrate aspects of speech-bound communication much worse than "neurotypical" people. In a positive way (and in the sense of a ›reframing‹), this would mean that a specific autistic language could become highly specialized and learn with new situational modes of cognition, which, on the one hand, relieve them from a permanent total integration of the various language aspects. On the other hand, it would also offer the chance to develop and use language in its pure form on separate levels. (Jang et al., 2015)

However, we still need an excursus in order to better understand the entanglement of language and consciousness. Even a systemically adapted speech design and therapy for autistic people should be able to embed its progresses in their self-awareness in a way that the playful re-evaluation of an altered speech experience can enter deeper layers of consciousness and not only allow for new linguistic tricks or just playing with spoken patterns.

Conclusion

Audio-sensory therapy makes it possible to experience an oriented position of one's own body and its perception in space and time. This requires a perception that can define its own position in the sense of a "center of perception" in order to position and orientate one's own body in relation to the outside world. For as human beings we are not just any biological material which is orientated "somehow" based on sensory information of the environment. Our inner and outer orientation in the environment is achieved through perceptual abilities that have enabled us in the course of evolution to navigate our own biological system in communicative-cognitive processes, the basis of which can be considered in the purposeful perception of our own organism, as a unit that can be modified and independently regulated in time and space. Only a person who experiences himself/herself as self-directed and adaptable in time can orientate himself/herself in the environment in a self-effective way. If such an ability has not been sufficiently developed, the basics for an effective control of one's own life are missing.

Wirth regard to the area of autism and speech, our intended therapeutic intervention would be based on the assumption that the work with ›Noit‹ has stabilized the perception of the internal and external borders for the clients to such an extent that a changed work with linguistic interventions in the therapeutic work would be possible. We would aim at testing a therapeutically varied language in terms of its sensory-communicative effectiveness, which is based on the speech bodies themselves (onomatopoetic parts of the words bodies) on the one hand, and on the other hand increases the flexibility of the (often compulsively rigid) use of words through playful access to semantic parts.

Language, for its part, should function as a vocally and noisy stimulating self-orientation, initially still independent of an intended communication use of language. We would assume that the therapeutic experience of a varied language as an additional (besides of a Noit) orienting sound tool can bring about a change in the communicative orientation of our autistic clients.

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Implementation of the Code of Ethics in Social Services

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Abstract:

Objective: The research aim was focused on an analysis of problems of ethical behavior in Social Work. We did research aimed at asking questions, how the ethical standards are implemented in daily life of Social Workers in link with her/his profession and the standards of the quality of Social Services due to Social Services.
Design: We did collection of research data from March to May 2017, through structural individual interviews with Social Workers in Daily

Care Centers; the answers were analyzed by open coding and we made practical recommendations based on these research results.
Participants: Social Work is predominantly represented by women, with an average age of 41.7 years compared to men 48.5 years. The average length of female practice is almost 10 years, compared to men with over 5 years.
Methods: We did open coding of data collected from participants using qualitative research method.
Results: Data analysis has shown the following key findings: the implementation of the Code of Ethics in Social Services and respect for human rights while working with clients is highly dependent on the management of the organization; human and personal capital; subjective feelings of burnout syndrome; work atmosphere or conditions of providing Social Services. Research has shown a great quality of Social Services depend on value orientation and the professionalism of a Social Worker; as well as meeting the needs of clients depends on the management of the organization charged with providing Social Services.
Conclusion: Strong abilities and commitment to perform ethically in the self-helping professions is the basis of the quality of service provided to clients; reflecting other factors such as mutual relationship; trust; professionalism; access to services; ethical standards; autonomy and honorable respect.

Introduction

The formulation of the Code of Ethics as a basic requirement for professionalism and the quality of helping professions has been in progress. The Code itself does not guarantee the ethical behavior of Social Workers which depends on the responsibility of the individual Social Workers in regard to their profession. This paper is focused on the implementation of standards of the Social Work Code of Ethics in the field of Social Services including direct contact with the clients in need. Social Workers often meet with ethical dilemmas presented in society: on the one hand there are needs and benefits of vulnerable people and on the other hand the question of covering costs, spending money effectively and the range of providing Social Services in local communities. (According to IFSW / IASSW, 2004).

Participants and Methods

The research project was based on implementation of ethical principles and standards in Social Services as a basic attribute to carry on Social Work and provide services to people in need. The implementation of the Code of Ethics influences the quality of Social Work as well as common life of clients. The main research aims consisted of these priorities:

- to analyse the keeping of ethical principles in the work with clients receiving Social Services;
- to analyse the possible impact of ethical principles on the quality of Social Services, including standards such as respect of dignity; individual approach; empowerment of clients of Social Services; the primacy of client's interests; respect of private information;

- to analyse how using ethical standards in Social Service might influence the professional relationship between Social Workers and clients and the building of the mutual trust.

We collected the research data from March to May 2017 through structural interviews with Social Workers in four Daily Care Centers in the Trnava Region; the answers were analyzed by open coding and we made practical recommendations based on these research results. The research sample consisted of 30 Social Workers in direct contact with clients all seniors. Social Work is predominantly represented by women, with an average age of 41.7 years compared to men 48.5 years. The average length of female practice is almost 10 years, compared to men with over 5 years. The results have shown the Social Workers (women) spend about 2.4 hours in direct contact with clients compared to 5.6 hours of secondary work; the rest of the day includes paper work, providing service and administrative. The results show that men spend less time with clients, about 1.3 hours per day and the rest of time they take care of providing secondary work connected with Social Services in the Social Care Center. The research has shown the high number of clients per each Social Worker; the average number is 13-15 clients per Social Worker depending on the size of the Social Services Facility in which they perform the Social Work.

Results

In the research, we focused on the connection in the protection of human rights and dignity of users of Social Services in care centers; professionalism of Social Workers and the implementation of Code of Ethics in the practice.

Research question: What are the most common ethical dilemmas in the Social Work Practice with the elderly users of Social Services?

The results had shown the most frequent dilemmas in the professional work of Social Workers in Daily Care Centers which can be summarized into following categories:

The issue of power in Social Work Practice and powerlessness/ dependence of clients

Each Social Worker should empower a client to make use of her/his abilities and strengths; on the other hand, due to health status, age, motivation, and weaknesses most of the older client's being dependent on the help of other people are not able to control their lives. Their lack of power derives from their dependency and the Social Worker becomes a authority to manage their lives thus having much more impact on their lives than older people might wish. The survey showed that the power of Social Workers can generate a lack of motivation, meaninglessness, distress, cynicism in the Seniors, because the clients feel to be controlled and under power of the Social Workers.

The issue of having respect and being respected

The old people who live apart from the rest of society or live in Social Care Centers, or who are not respected or granted ordinary dignities and courtesies accorded to others begin to doubt their own worth. The seniors are dependent on their experiences with others and also with Social Workers for clues to how they should view and value themselves. The seniors feel loneliness, even when in touch with others in the Care Center due to strict programs; residual care;

time table of activities; the narrow time management of Social Workers.

The issue of fulfilment of individual plans and real abilities of clients

Social Workers take on a variety of responsibilities that should ultimately serve their clients' best interests. One of them is to achieve goals of individual plans suited to the needs and interests of seniors. The Social Workers create individual plans - most of them just on the paper because there is no time to make them actual in practice due to the large number of clients; timetables; space, motivation and so on.

The issue of motivation and empowerment

Seniors often feel alienated - separated from society due to their lack of an active life; failing in obtaining new life goals; being needed by others. Because of these factors, they are more likely to express powerlessness. Social Workers have to put much more effort to motivate the seniors to be active and to empower their abilities while avoiding making them exhausted and burned out.

The issue of respecting rights

Social Workers often face the client's right to self-determination. Seniors are ultimately in charge of making their own decisions and finding solutions to problems, regardless of whether a Social Worker agrees with their course of action. A Social Worker may provide guidance and help them explore their options, but she or he may not allow their own opinions and personal biases to influence their clients. This is a difficult dilemma that is created by the Social Worker's desire to act in the client's best interest and the need to respect their right to act in a way that they feel is best.

The issue of needs of clients and interests of the Social Facility

Social Workers in Practice often face ethical dilemmas connecting clients' interests and management issues. A Social Worker is a person who should help vulnerable people and empower their abilities as much as possible to become independent. On the other hand, a vulnerable person is dependent on the services provided by the Social Facility - more clients mean more money. It is a great ethical dilemma to harmonize clients' needs and the requirements that must be covered by Social Services Facility perspectives: to manage staff; budget costs; provide Social Services and other technical services, all in favor of the clients.

The issue of participation and cooperation

Social Workers admit that the Social Facility may not cooperate; management being afraid of competition. They said it is a pity because clients suffer from mutual fights and achieving power in the society and the quality of Social Services does not increase. In most cases, the interest of the organization may be preferred to needs of clients.

The issue of marketing and know-how

Social Workers sometimes think that the issue of marketing and using good know-how is more important than satisfaction of their clients. The Social Facilities should not behave as though the corporation knows best. On the other hand, marketing strategies and interesting communication help them to achieve fundraising success. And, Social Facilities are more open to social media; they publish photos showing the social activities in the Center, promote their daily programs and ask for donations using clients as magnets for sponsors.

Discussion

Social Workers can help individuals, families and communities build on their strengths and unlock their potentials, for example, by supporting older people to begin volunteering, thus ensuring that other care users are not isolated. Social Workers meet with ethical dilemmas every day, but it is up to them how they can handle them and change the thinking of society. From the prosocial values point of view, Social Workers should match clients' interests first, than be managers of Social Services.

While respecting clients' rights, Social Workers must be aware of not viewing seniors as just an object of a pity or care; but seeing the clients worthy to have equal status; opportunities to live active, independent lives; having the right to make their own decisions in the process of individual self-development. (Guran *et al,* 2015).

Research conducted by Blom and Moren (2012) based on the quality of work in Social Work Practice had shown that from different perspectives there were significant differences between the quality of Social Services provided and the quality of life of the clients themselves. The research confirmed that it is important to recognize the differences between the quality of Social Services and the quality of life of clients. According to the respondents, for clients, the quality of their lives is greatly influenced by the ethical attitudes of Social Workers. The research confirmed the connection between ethical and emphatic approaches of Social Worker and the quality of the Social Services. If the Social Worker is keen on practicing ethical and moral standards in common life, than she/he is more willing to be helpful and open to client's needs, feelings and interests.

Schrader-McMillen & Stevard-Brown (2011) focused on the quality of Social Services in the research. These research results illustrated the relation between the personality of Social Workers, ethical principles and the quality of Social Service using these categories:

- Relationship between Social Worker and client based on trust is a long-term process; worth to spend more time with clients to achieve more goals. If the trust is built between them, than the both are more willing to cooperate and to make changes. 58% said that trust is the key to success in the work with vulnerable people.
- Achievement of goals: if the Social Worker wants to achieve goals and make changes in the life of the client, it is necessary to pass on ethical principles and be a positive life example how to live in an active way, overcome problems and achieve life goals.
- Respect the rights of the clients: if the Social Worker respects the rights of the clients, than clients are more likely to respect a professional Social Worker. The Social Worker makes an individual plan together with the clients to match their needs, interests and feelings.
- Positive feedback: it is necessary to have a feedback about the Practice work. If Social Workers get positive feedback from the clients with whom they have done good work, it is worthwhile (Schrader-McMillen, Stevard-Brown, 2011).

Bérešová (2016) conducted a study on the relationship between burnout syndrome and the emotional intelligence of Social Workers involved in crisis intervention. In a survey of Social Workers it has detected a high rate of exposure to burnout syndrome.

Social Workers with high and medium levels of burnout show reduced values of emotional intelligence in individual areas.

Conclusion

Providing Social Services in Facilities and non-profit organizations means creating a triangle Social Worker - client - social environment/community because they want together to achieve better living conditions on the principle of ethics, morality and human respect. On the other hand, this triangle expresses ethical dilemmas which a Social Worker struggles with in direct contact with clients in order to achieve the well-being of the clients; the interests and priorities of the organization; not to lose one's own interests and dignity. The financial resources in Social Work Practice are very limited; the quality of Social Service suffers from it; do not meet client's needs adequately; a high risk of burnout syndrome; eliminating ethical standards at the workplace in an effort to maintain the viability of the organization/Social Facility.

Social Workers are powerful advocates with the knowledge, skills and values to really change lives. We should use this demographic challenge to build on the experience and assets of older people rather than adopt the unhelpful rhetoric that so often frames the debate. The current crisis is largely viewed through Health Care and population problems, describing older people as bed blockers; but can also be seen as an opportunity to consider the potential to synergize services.

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Social Services in the Slovak Republic and their Significance for the Roma People

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Original Article

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Abstract:

Nowadays, Social Services are a significant part of activities and actions performed by public as well as non-public providers of Social Services in Slovakia. The current state of Social Services provisions in Slovakia are based on the legislation frame; social policy of the state; development of the countries in the European Union; societal development of our country. Social Services are usually perceived as services of various subjects focused on social needs of the people who would find themselves in a state of social distress if not provided with such Social Services.

Introduction

Currently applicable Law Act No. 448/2008 Coll. on Social Services governs legal relationships within providing Social Services; financing Social Services; supervising provision of Social Services by public and non-public Social Services providers. (Brichtova, Repkova, 2011). Performance of Social Service activities is guaranteed by specialized, operating and other activities. The framework policy of the development of Social Services provisions in the Slovak Republic is based on and takes into account respect for basic human rights, also stated in the Universal Declaration of Human and Civil Rights; and the European Convention for the Protection of Human Rights and Fundamental Freedoms; and developing a common approach to the contents of the European Social Charter pursuant to which disabled people have the right to independence, social integrity and participation in social life; and all other people reliant to help of another natural person, or retired people, as well as individuals, groups or communities being in unfavorable social-economic situation. The government of the Slovak Republic has the goal to integrate the Romani People into the society at all its levels. (Gallova, 2017). In Slovak context there is a high extent of social distance in connection to the Roma People and their low extent of emancipation connected with poverty and negative economic impact on overall quality of their lifes, which are two factors preventing creation of a functional multicultural society. Social Services are based on the matter of Social Services which is a personal relationship arising between providers of Social Services and their recipients. (Brichtova, Repkova, 2012). It is important to motivate citizens in modern and postmodern society to personal involvement in Social Services. Social Services constitute a mechanism, which can improve individual´s social skills and widen every single individual´s sources of social environment. In the sphere of Social Service it is necessary to direct individual, family or group towards the most important social values. Currently, recipients of Social Services are expected not to be objects receiving Social Services, but they are expected to be subjects participating in organization activities, i.e. to be active recipients of Social Services.

Methods

Scientific research was performed in Banskobystricky Region: the research file consisted of the facilities for senior citizens; year-long form of stay; public establishments providers; higher territorial unit; town; municipality; non-public providers and the Romani ethnic group citizens living in Banskobystrický Region. The main goal of the research was to find out the significance of Social Services provision to the Romani People and the extent of the interest in Social Services provision to which factors significance is attributed when being or not being interested in placement in the facilities for senior citizens.

Research method: quantitative, qualitative.

Research instrument: questionnaire, dialogue.

The examined population and basic examined file consisted of directors and Social Workers in the facilities for senior citizens and the Romani ethnic group citizens in all 13 districts of the region mentioned. We addressed all 61 registered facilities for senior citizens, where there were placed 1,776 clients; our questionnaires were completed by 40 of them; where there were 1,165 clients placed, which meant 65.6% participation. The age structure of the clients ranged from

60 years to 100 years. We addressed 300 Romani people to be engaged in our dialogue, out of which 253 participated, which is 84.33% participation. Within the frame of the research paradigm we set social and socioeconomic factors which we assessed using statistical methods. Our main goal was to find out the significance of services provision to the Romani people through the extent of the interest or disinterest by the help of social and socioeconomic factors. On the basis of the research we wanted either to confirm or contradict Adelfer´s ERG Theory. We applied statistical counting methods: Chi-Square test, Wilcoxon test, Spearman´s and Pearson´s correlation coefficient. The research was based on looking for answers to five essential questions, the main goal being divided into nine partial goals and we determined seven hypotheses.

Result

On the basis of the results of our research we unambiguously proved validity of the dual theory. The results confirmed the two-factor theses in the part saying that exclusively the social factors are the source of interest in placement into a facility for senior citizens coming from the Romani ethnic group and exclusively socioeconomic factors are the source of not being interested in placement into the facility. We found that substantial problems of thecurrent state of this difficult and responsible Social Work area is a socio-economic factor: segregation, gender, age, human rights, social involvement, integration and having information. Disinterest is shown in the following socioeconomic factors only: social involvement, life style, integration and segregation, having information, work migration, mobility, discrimination, human rights, relations between the Romani and non-Romani citizens, success, participation, political representation, social recognition. As it was proved in the research part of our work, the interest in being placed in a facility for senior citizens is influenced by social factors which are dynamic, and disinterest in being placed in a facility for senior citizens is influenced by socioeconomic factors. Two-factor Theory and socioeconomic factors significantly contributed into knowing and understanding the nature of the Romani People´s interest in being placed in a facility for senior citizens. Its main benefit, finding a practical significance within the provision of Social Services, originates from emphasising the fact that the interest in placement in a facility for senior citizens is connected with social factors. We confirmed this fact by means of our research results. Disinterest of a Romani ethnic group senior citizen originating from socioeconomic factors which creates a very strong moment is established in their attitudes, family environment, and conditions supporting them. Expected output and benefit for everyday practical life is measuring and evaluating the degree of interest along with partial factors of interest and also overall interest in being placed in a facility for senior citizens. Through the research we emphasized that the interest in being placed in a facility for senior citizens, as part of overall life comfort of a Romani senior citizen, is significant not only from the view point of their individual experiencing the autumn of life, but undoubtedly it influences also their current mental condition, emotional state, self-confidence, or ability to resist stress and support active entering into difficult situations whereby it consequently influences the quality of life in a facility for senior citizens. At the same time, we came to the result concerning the factors which respondents consider to be most important and that creates an opportunity to implement the measures which would reduce or even remove their disinterest in being placed in a facility for senior citizens.

Conclusion

The results of the research: the most important factor supporting the interest is education and similarly the most important role in disinterest originating is played by education. The most powerful negatively diverging factor is segregation. The results of the research are useful either for employees in leading positions in state or public institutions, directors of facilities providing Social Services, and also for supervisors in various areas of their work as well as for the Romani ethnic group.

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High Ratio of Divorce and its Rationale in Pakistan

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Original Article

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Abstract:

Relationships are the basis of all civilized society. A family is the first and immediate unit for every child. She or he is born into and is considered as a full member of a family. A family is a recognized group of people who are joined together by a marriage commitment. However, it is sad when one of the family members – husband or wife - give up; stops

compromising e.g.: on psycho, social and domestic issues and have no alternative but to accept the worse solution - and agree to separate. Consequently, the relationship and the family begin to disintegrate. The total number of respondents on which this research was accomplished with the help of questionnaires and interviews was 170 children -10 to 18 years of age and selected through comprehensive sampling techniques from various Secondary Schools and other Institutions. The data collected were analyzed through the use of simple percentages and multi-variate and bi-variate methods.

Introduction

Because of so many financial, psychological and social issues, the divorce rate in the Islamic State of Pakistan is relentlessly increasing. Though Islam doesn't highly recommend divorce, it gives couples the right to decide whether they want to live with each other or not. Now it is the duty of husband and wife to protect the rights of their children by giving them justified attention and love that is possible in entirety if they show patience and tolerance in their marital relation-ship. But all over the world and especially in Pakistan the dominance of males as they try to establish their supremacy over woman does not give women their equal rights that spoil the nuptial bond.

Causes of Martial Breakdown

There are many different causes and reasons for a broken home which disturb the harmony of the couple. Broken homes are due to personal problems between couple's marital relationship.

Experts put down social change as the main reason for a rising number of divorces. More and more women are now fully aware of their rights and are able to live on their own. Experts say career-oriented women are more prone to taking divorce than housewives. Experts describe forced marriages; lust; infidelity; joint family system; misunderstandings; lack of trust; financial pressures; differences in social status as other reasons for a high divorce rate.

There are many reasons why people get divorced which can be influenced by a person's character; age; status; education; religion. For instance:

- one or both spouses may have few skills in the commitment to marriage or they have deficiencies in the communication of problems.
- They may have different expectations about rearing children or rely on traditional role model that impedes personal growth.
- Have divergent ideas of personal and career goals
- or a couple may have financial problems which in turn provoke crises and lead to divorce. (Margit: 2010)

Divorce is seen as putting a great strain and pressure on the couple in question and there is a temptation, in common sense thought, to see divorce as an indicator of a mistaken or perhaps even damaging relationship. Divorce, however, can also be damaging to others involved in particular young children. So much so that we often hear of married couples staying together 'for the sake of children' (Liz Steel, 2001).

There are certain factors that appear to play a decisive role and have a negative effect on a pair relationship: education; way of life; political convictions; religious beliefs; attitude towards marriage and family

(e.g. children, private property), educational levels, employment; the environment such as living in urban and rural areas (Margit, 2001).

Reasons for broken homes that are common in Pakistan include desertion; alcohol addiction; physical abuse; emotional abuse; personal differences; financial problems; interference of in-laws and parents; lack of maturity; religious conversion; cultural and lifestyle differences; sexual incompatibility; lack of patience; *watta satta*; long term clashes; *sardari* system; wrong religious interpretation; etc.

- A second group who would be critically affected is the elderly. Older members of the community cannot rely on the kind of broken family and they become totally dependent on the state (Stephen & Barry, 1983).
- Early marriages increase the risk of breakdown, where both spouses are younger than 20 is three times the average (Stephen & Barry, 1983).
- Alcoholism brings ignorance and aggression in families which can lead to arguments and fights as an alcoholic person lose his senses and talks irrelevant things that might dishearten others feelings.
- Physical or emotional abuse.
- Alcohol and drug abuse are among the top behavioral reasons identified by women who divorced in the mid-life (David & Caroline, 2005).
- Marriage has to be contracted with consent and even the consent of the girl has to be obtained (Mohammad Sharif, 2007).
- Pakistani society is very conservative; it is generally considered the right and duty of parents to arrange a suitable match for their daughters. It is taken for granted that the girl will give her consent while law does not accept such kinds of marriages (Saveitri, 2004).
- *Watta satta* is very common in Pakistan in which marriage of a brother-sister pair from two houses is made. This is an endogamous form of marriage in which relationships are very fragile because if a husband mistreats his wife then the brother-in-law is expected to hurt his wife to take revenge for his sister. The possibility of breaking the relations is double in this type of marriage. If one of the husband's divorces or maltreats his wife, similar treatment is meted out to the woman from his family (Saveitri, 2004).
- *Walwar* is a practice prevalent in Balochistan which encourages the selling of girls in marriage. This type of marriage is also practiced in Khyber Pakhtunkhwa in which girls are sold off bartered to rival parties to settle disputes (Saveitri, 2004).
- In few regions, weddings are preceded by the payment of an agreed-upon dowry by the bride's family. Failure to pay the dowry can lead to violence and then divorce. In case of failure to pay the dowry women have to face dowry death including: suicide, hanging, poisoning, burning and most of the cases lead to divorce (Bharti, 2015).
- An extra-marital affair has been associated with subsequent divorce. The spouse having the affair may feel unloved at home. Involvement in an affair may bring both love and sex and speed the spouse towards divorce (David & Caroline, 2005).
- Managing differences and conflicts in the marriage helps to reduce negative feelings that may develop in a relationship. Some partners respond to conflict by withdrawing emotionally from their relationship; others response by attacking, blaming, and failing to listen to their partners point of view (David & Caroline, 2005).

Separation of the husband and wife generally precedes divorce. This separation actually constitutes the disruption of the marriage (Harvey, 1951). Arguments, suspicion, ego, male dominance, kids, and misunderstanding can be factors that contribute to divorce or separation. Usually divorce occurs because of dishonesty, demands, and arguments on minor issues. Those occupations involving regular absence from home are high at risk (Stephen & Barry, 1983). Divorce has become more socially acceptable. Young people who have high expectations of marriage might divorce at a later stage if these expectations are not met longer life expectancy might mean that as married couples grow older they grow apart. Changes in Divorce Reforms Act law made divorce easier to obtain (Liz & Warren, 2001).

- *Khula* or *Talak* is obtained by the wife if the husband is found guilty of neglecting or torturing his wife and his guilt has been proved beyond doubt. It can be obtained if the husband is physically and mentally incapable of performing his marital duties or denied his wife the position of honor she is entitled to (M.U. Qureshi, 2006).

Literature Review

Burton (2012) reports that a recent study by University of Notre Dame and the University of Rochester revealed that parents' marital problems can leave a lasting impact on their young children. Researchers found that when young children witnessed conflict between their parents, this eventually led to issues including depression and anxiety in their teenage years (Burton, 2012).

Paul R. Amato and Alan Booth (1996) pointed out after divorce, the frequency of contact between children and parent who left the house, mostly fathers, is decreased. Children's relation with mothers is observed as the same after separation in most of the cases as before divorce; but in some cases, it is found declining long after divorce. It might happen because of guardian mother's remarriage. This study also shows that

- the fathers and mothers who later broke up with each other had very harsh attitudes with their sons in comparison to the couples who remained together.
- Children of divorced parents have more behavioral and academic issues than those whose parents never set apart.
- The parent-child relationship before divorce has strong connection with the dissolution of the parental relations.
- Divorce does not seem to affect mother's loyalty for her children.
- Marital disputes deviate parents' minds and attention from children that causes so many personality issues in them.
- Divorce or separation of parents may make the children frustrated and difficult to handle.

Methodology

The research in this thesis was a descriptive type. The sample size for this study consisted of

170 children aged 10 to 18 years through *Purposive Sampling Technique* who were questioned about their parents' breakup. Every respondent was selected according to *Purposive* and *Snowball Sampling Method* because it was difficult to find respondents from the specific universe, so, the researchers practiced *snowball* and *purposive sampling* in order to get through to their respondents. Researchers used Questionnaire and Interview Schedule Techniques for data collection purposes because many of the respondent children had difficulty to fill in a questionnaire.

Data Analysis

The data collected were analyzed through the use of simple percentages. Tables were prepared through SPSS and frequencies were put in to these tables through the bi-variate and multi-variate tabulation processes. Afterwards cross tables were made and variables were tested through the bi-variate and multi-variate tabulation method. Frequency distribution expressed the number of cases within each value of a variable as a percentage or proportion of the total number of cases. It was calculated through following formula.

$$P = \frac{F}{N} \times 100$$

Where

P = Percentage
F = Frequency of Classes
N = Total frequency

Bi-variate Analysis: Helps analyze the relationship between two variables.

Multi-variate Analysis: Helps identify the underlying relationships among sets of variables.

The basic purpose of both *multi-variate regression analysis* and *bi-variate analysis* is to find patterns and exceptions in data. Techniques of this type commonly include regression analysis, conjoint analysis, and other modeling techniques.

The inferential statistics was used during *bi-variate analysis* to explore the association of two variables and the result was verified.

Reason of Family Breakup, Experience of Broken Family/Question about Breakage

Status of the breakage	Freq.	Duration the present status of the breakage			Ever asked the reason from parents		Total
		initial stage	up to 1 year	more 1 year	Yes	No	
Separated	55	55	0	0	55	0	55
Divorce	59	18	25	16	39	20	59
Blended Family	56	0	0	56	0	56	56
Total	170	73	25	72	94	76	170

Reason of family breakup, Experience of broken family and any question about breakage.

This table shows that 55/170 (32.3%) respondents were separated; 59/170 (34.7%) were divorced; 56/170 (32.9%) respondents were reported from blended families.

In separated category all of them were at the very start stage of their separation. Whereas, in divorced parents 25/59 (42.3%) respondents said it's been up to one year they are facing their parents' divorce. Similarly in blended family category 56/170 (32.9%) respondents were reported being in blended families.

This table also highlights that the parents who were divorced recently, all of the respondents replied 'yes' they have asked their parents about their reason for the marriage breakup.

Among divorced parents 39/59 (66.1%) respondents said yes they investigated their parents for their marriage breakup while, 20/59 (33.8%) said'no', they never asked their parents about their divorce reason.

And among blended family respondents 56/56 (100%) respondents said 'no' they have never asked the reason about their divorce from their parents.

This table clearly highlights the situation that the children whose parents were recently separated were in position to ask them about the reason behind their separation. Besides, the children from blended families whose parents were divorced more than one year didn't ask their parents about their divorce reason. It means blended families kid got involve in their new life and one thing the scholar observed that blended families have more adverse impacts on a child personality so they were happy in their dependent life. They usually don't let their own parent and step parent interfere in their life.

On the other side the respondents were divorced 39/59 (66.1%) said 'yes' and 20/59 (33.8%) said 'no' they didn't ask the reason behind their divorce. This attitude is also observed that usually children are not allowed to talk about this matter. Whereas, the Psychiatrist and the Family Therapists advise to keep the doors open for discussion for your children that anytime they want to talk about the separation and divorce. It is healthy for children to get out their pent-up emotions in discussions with their parents and to learn that the parents are willing to listen to their feelings and fears.

Causes of Breakage of the Family

Causes of nonfunctional relationship	Freq.	Communication with the parents not living with		Total
		Yes	No	
Financial Problem	33	33	0	33
Third Party Involvement	72	63	9	72
Problems with relatives	55	0	55	55
Health Problem	3	0	3	3
Other	7	0	7	7
Total	170	96	74	170

- The above table shows that 33/170 (19.4%) respondent that financial problems were the reason family breakage. But they were still in contact with their parents;
- 72/170 (42.3%) number of respondents marital breakdown reason was because of third party involvement;
- 63/72 (87.5%) were in contact with their parents;
- 9/72 (12.5%) respondents were not in contact with parents.
- 55/172 (31.9%) respondents had problems with their parents and all of the children were not in contact with their parents.
- 3/170 (1.7%) had health problems that's why their family broke down. And all of them were not in contact with their parents.
- Domestic violence; fighting about dowry; minor clashes; etc were other reasons of family breakdown of their parents.

This table features the highlights that the youngsters whose parent's conjugal breakdown reason was relatives, those kids were still not in contact with their parents since

they (Close relatives) don't want to meet them.

Results and Discussion:

- 42.9% respondents had experienced a broken home for more than 1 year;
- 38.8% respondent's parents were divorced;
- 30.6% respondent's parents were separated;
- 30.6% respondent's parents were from blended families;
- 55.3% respondents personally approached their parents and asked about what had happen to their relationship;
- 44.7% respondents never approach their parents.
- 45.3% respondents thought there was involvement of 3rd party;
- 30.0% respondents thought that problem with relatives was the reason for their parent's breakup.
- 41.8% respondents considered relatives were the reason of family fragmentation;
- 36.4% respondents considered both parents were the reason of family fragmentation;
- 10.6% respondents considered their grandparents were the reason for family fragmentation.

Many broken homes today are provoked by unnecessary influences and involvement of parents, relatives, friends who interfere in private matters of the family. When a man or woman permit these third elements to be their adviser this aspect will lead their private affairs not to be confidential; that will further cause family clash; the end results would certainly ruin the couple bond that will undoubtedly create a clash between both husband and wife which will negatively affect their relationship. If a couple is facing problems in their marriage, the family and friends as their duty should step in which is almost 'good work'. But sometimes extra interference and involvements is harmful for their relationship. In few cases, due to a jealousy some family members and friends intentionally try to spoil their marital life factor.

In our society, a joint family system is quite common and when a woman marries a man she lives with her in-laws, as well. Having some advantages, a joint family system also sometimes develops some controversies amongst various relations. The issues mostly are common between mother-in-laws and the daughter-in-laws which often become a prime reason of rift between husband and wife. Change is a natural cycle so both spouses can go through changes throughout the marriage. Failure to accept these changes often lead to divorce with a query that he is not the same person. People may go through essential value changes after marriage.

Margret Mead the famous anthropologist says that her first marriage was a student marriage; her second was a professional marriage and her third was an intellectual marriage with whom she bears her only child. She experienced a different set of needs at several stages of her life and selected a partner who fulfilled her needs (David & Caroline, 2005).

In recent year's women have attained higher degrees of education. They cannot be forced anymore to follow lethargic traditions. On the other hand, men have carried on with their traditions accordingly. Therefore, higher educated women have to deal with traditional mind set possessing a comparable educational background and enlightened mind set (Margit, 2010). Financial independence of women highly contributes to the higher rate of divorce in Pakistan as in such cases women do not rely on men in financial terms hence are free to speak up.

In many cases women prefer divorce to lose her career.

Recommendations

By taking into consideration certain recommendations to further improve the status of families and its decrease in divorce ratio the following recommendation have been put:

- People may have right to choose their partner seriously and analytically before getting married.
- Silence and lack of communication are the major enemies of marriages. Conversation with your spouse is an important part of avoidance from Divorce.
- Respect and admiration are also primary means of confrontation against marital tensions.
- It is essential to devote time, patience and tenderness to the other spouse because marriage demands time, attention and devotion.
- Strive to lead a full and active sex life. Sexual relations are necessary in a couple's life because it gives a feeling of intimacy and love.
- Parents need to try to develop confidence in their children so that they are able to make their own decisions by themselves and face the challenges of married life.

Conclusion

Family is incredibly significant because it influences our individuality and behavior. Relations and family support our self-respect and are concerned with our prosperity. Family also imparts us with wisdom, culture and traditions, which are the standards we carry universally that guide us all through our lives. Family is the building block of a successful person. Family is the first friend; first brick; first memory of a person. It can either make me or break me into pieces. Family breakup has adverse effects on children and whole family. But there are ways to minimize the emotional impact that individual usually feel in these kinds of families. Though study summarizes the troubles and problems crop up due to family breakup. But if the single parents sincerely put their strength to give a secure, caring and effective setting to their children, it might reduce the s ratio of a family breakup.

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Poverty, Social Exclusion and Homelessness in Conditions within the European Union

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Original Article

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Abstract:

The study aims to analyze the extent of poverty, homelessness and social exclusion in the European Union, in conjunction with identification of the population which combines selected risk factors for the emergence of potential homelessness. In drafting the study, data from the Eurostat website was used, where the focus was on analyzing the size of the population at risk of poverty after social

transfers and suffering from material deprivation, along with estimates by the European Union Statistics on Income and Living Conditions (EU SILC) about the percentage of the EU population living in substandard living conditions. The study is an effort to point out that potential homelessness is a particularly timely issue, endangering the social sovereignty of a significant part of the EU population.

Conflict of interest:

The authors whose names are listed in the title of the article certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, or other equity interest), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

Background

Society is characterized by the presence of various social phenomena, with great contrasts able to be found inside it when, on the one hand, there exists great possibilities and opportunities and yet, on the other, various forms of uncertainty and social risk occur (Horakova, Horak, 2013).

Social risks are events whose impact limits the ability of either individuals or social groups to ensure social independence and sovereignty through their own capabilities. The presence of social risks so concerns individuals and social groups living in permanent uncertainty to make it impossible to reflect either the presence or positive anticipation of the future (Panzaru, 2013).

The consequences of uncontrolled social risks can be seen subsequently in this respect in the form of poverty and social exclusion, as well as the risk of the onset of other sociopathological phenomena associated with the processes of poverty and social exclusion (homelessness, substance abuse, family breakdown, etc.) (Vagnerova, Csemy, Marek, 2013). The issues of poverty, social exclusion and homelessness are particularly timely challenges the European Union (EU) is facing, where they can be met although on the one hand with the intention of the EU as a whole to eliminate deepening poverty, social exclusion and the homelessness that comes with both of them, while on the other hand with the differing attitudes the Member States have toward solving these phenomena.

Theoretical Part

In this context, it is important to stress that, in the case of poverty and social exclusion, no universal definition can be stated. Based on these aspects, only absolute and relative poverty cannot be defined (along with the subjective and objective concept), although other dimensions of poverty exist such as policy, demographics, transformation and employment (Ondrejkovic *et al.*, 2009). Therefore, poverty and its multiple dimensions cannot be seen just as a process of simple deprivation, but also as concurrently incorporating a diverse set of partial deprivations that may include:

- Inadequate health framework (inability to treat a disease, risk of a shorter life);

- Inadequate safety and security framework (insecure forms of housing, unhealthy living environment);
- Inadequate social security framework (dependence on the social system, inability to acquire quality education);
- Inadequate respect framework (limited possibilities and opportunities to participate in social possibilities and opportunities);
- Inadequate physical comfort framework (hunger, inadequate clothing) (Polonova, Matel, Romanova, 2011).

During the 1960s, Western European countries saw the advent of the *"new poor"*, a term applied in conjunction with the effect of changing social and economic conditions and consequently to the relative vulnerability of different social categories among the poor as well as the consequent increase in inequalities within society. As such, the new poor is not reflected solely in relation to the absence of financial resources but also with a deep level of exclusion including other dimensions (Madanipour, Shucksmith, Talbot, 2015).

Among the accompanying phenomena in the concept of the new poor subsequently seen in advanced European countries is the definition of emerging new social risks, together with the following features:

- Onset of the phenomenon of the working poor characteristically mainly in the working poor whose level of income is so low that despite employment, that they are unable to meet their needs to the degree the remainder of the population can;
- Exposure to the risk of being unable to acquire skilled employment even though an individual has undergone a learning process and time, funds and effort have been invested into it; and
- Exposure to the risk of growing old in poverty reflected in demographic changes that are taking place in the structure of society, exposing risk in the capability and sustainability of the Social Security System (Ondrejkovic *et al.*, 2009).

Some authors have argued about the process in the Social Sciences of moving from the concept of poverty to that of social exclusion, based on their interest in capturing the new features of poverty that are occurring in society. In this connection, persistent poverty and the spatial aspect thereof (accompanied in certain cases by marginalization) has been evident over time with signs of pathological behavior among the poor; dependence on the government's social system; disintegration of traditional social institutions (such as family); in the defiance expressed by those affected by poverty against the value stream in society. In the context of social exclusion there are individuals and entire groups of citizens deprived of participation in regular activities which are associated with citizenship itself (Mares, Sirovatka, 2008). It is important therein to emphasize the multidimensional nature of social exclusion whose concept goes beyond the explanatory framework of poverty in two determinants:

- Social exclusion does not have to strictly be just the type of exclusion caused by the absence of sufficient material and financial resources;
- Awareness of the processes and mechanisms putting someone at risk (or increasing risk) of social exclusion, whether at the level of individuals or social groups (Cambalíkova, Sedova, 2007).

Social exclusion likewise includes the following specific characteristics generally accepted in the Social Sciences:

- Social exclusion has the nature of a dynamic concept involving not only the current scope that covers the absence of resources, but also the nature of limited outlook and prospects for the future;
- Social exclusion is a relative concept that plays out in the context of a specific type of society at a particular time horizon, while taking into account the activities of other people complemented by the acquisition of various types of addictions (example - geographic factors);
- Social exclusion can mean an implied wider comprehension of a deprived standard of living;
- There is a particularly sharp focus on the actor or actors;
- Emphasis is placed on the level of the relationship and social links between individuals, groups and society; something reflected in the focus on social participation and isolation, the absence of power and the like (Gerbery, Dzambazovic, 2011).

However, a frequent phenomena found in practice is the connectivity between the concepts of poverty and social exclusion which significantly influence the overall nature of social status and the level of health in an individual trapped in the circle of poverty and social exclusion (Poverty, social exclusion and health systems in the WHO European Region, 2010).

In developed countries, it is just poverty and social exclusion that are the main factors in homelessness (Shinn, 2010) whose timeliness and severity is accompanied not just by a constant increase in the number of people living permanently homeless in the EU, but also in the growing number of people constantly at risk of becoming homeless. So how homelessness appears and the form it takes can be different defining both obvious hidden and potential homelessness (Veres, 2008).

Consequently, social exclusion can be seen in connection with homelessness as an extreme form while it is a multi-faceted problem consisting of the operation and interconnection between subjective and objective factors (Vagnerova, Csemy, Marek, 2014). Homelessness itself needs to be understood as the social decline of people who have not only lost their homes but also have become subject to social exclusion across multiple dimensions. Homeless people are unable to ensure or maintain their own permanent and adequate housing due to the absence of adequate financial resources (Hradecky, 2008).

In this context, however, it is necessary to draw attention to the exposure of the *potentially homeless* (individuals and entire families) to the real risk of losing their homes or of living in inadequate facilities inappropriate for health (Dvorackova *et al*., 2016). Perceiving and addressing homelessness in the EU can be met in Member States with differing attitudes. A definition and typology of homelessness called ETHOS (European Typology of Homelessness and Housing Exclusion) presented by the European Federation of National Organizations Working with the Homeless (FEANTSA), an organization raising awareness of obvious homelessness and also primarily of the potential of homelessness, has been applied at the EU level (Bartosovic, 2016). Potential homelessness affects individuals (and entire families) living in an unsatisfactory or unsuitable environment, and also anyone exposed to the constant risk of eviction from their homes. Here potential homeless can also include in this context people whose income is low despite employment (the "working poor") or who have found themselves at risk of poverty and material deprivation becoming exposed to significantly greater risk of social exclusion than the remaining population (Bratt, Stone, Harman, 2006).

Methods

In terms of researching the issue, we decided to proceed with an analysis of selected factors that endanger the social independence of individuals and social groups living in the EU. Attention is drawn in this context to developments in the extent to which the EU population is actually at risk of material deprivation and poverty after social transfers in conjunction with an analysis of estimates by EU SILC about the percentage of the population living in inappropriate, inadequate and uncertain conditions. It is by analyzing the factors that awareness can be raised not just about the issue of a significant part of the EU populations continuing inadequate securing of subsistence, but also in the exposure to the potential risk of homelessness which at present is exceptionally timely from the perspective of a society still not giving it due attention. Likewise, our intention was to examine whether the objectives in the Europe 2020 Strategy are being met with regard to minimizing poverty, social exclusion and homelessness. In implementing this study statistical data from Eurostat was used for the period under observation covering the 2010-2015 horizon.

Results and discussion

At the EU level, several documents have been drafted and action taken to eliminate deepening poverty, social exclusion and homelessness. The current communication is *Europe 2020 - A strategy for smart, sustainable and inclusive growth* whose time horizon covers ten years (2010-2020). Selected, ambitious goals can be mentioned in connection with research into the issue touching upon having achieved 75% employment among the EU population aged 20-64 years and 40% of the university educated population aged 30-34 years, while mainly lowering the number of people at risk of poverty and social exclusion by 20 million (realized through initiatives launched by the *European Platform Against Poverty and Social Exclusion*) alongside the seeking of solutions to minimize long-term homelessness and establishing preventive action against homelessness. Likewise, the objective consists also of support for the process of intensive cooperation between the Member States and European Institutions, in conjunction with support and cooperation among other players at not just the European level but also the national and regional levels, too (Habanik, 2017).

Table 1: EU population at risk of poverty after social transfers and material deprivation (source http://ec.europa.eu/eurostat).

geo\time	2010	2011	2012	2013	2014	2015
Population on 1 January	503 170 618	502 964 837 (-0,04%)	504 060 345 (+0,18%)	505 166 839 (+0,40%)	506 973 868 (+0,76%)	508 504 320 **(+1,06%)**
People at risk of poverty after social transfers	81 860 000	83 747 000 (+2,31%)	83 953 000 (+2,56%)	83 331 000 (+1,80%)	85 926 000 (+4,97%)	86 752 000 **(+5,98%)**
Severely materially deprived people	41 631 000	43 953 000 (+5,58%)	49 449 000 (+18,78%)	48 034 000 (+15,38%)	44 441 000 (+6,75%)	40 361 000 **(-3,05%)**

A positive step can be considered a draft European strategy to address homelessness, including 36 specific points that were presented at the plenary session of the *Commission for Economic and Social Policy (ECOS)* from workshops run by the *Committee of the Regions*. The document highlights the existence of different approaches toward addressing the issue in terms of individual countries. Selected points in the strategy include acceptance of the right to decent housing as a basic human need; provision of emergency/temporary housing, with a preference toward prevention over resolution of the consequences of homelessness; and in particular to create affordable and social housing for people with low incomes which would constitute the basis for preventing homelessness (Draft opinion – A European homelessness strategy, 2014).

In the research period 2010-2015 the number of people at risk of poverty after social transfers rose in parallel with the EU's population which over the period grew by 4,892,000 people, amounting to a 5.98% increase over the original baseline status. In this respect, the same can be said of the

Table 2: Percentage of the EU population in unsatisfactory living conditions (source http://ec.europa.eu/eurostat).

geo\time	2010	2011	2012	2013	2014	2015
Population on 1 January	503 170 618	502 964 837	504 060 345	505 166 839	506 973 868	508 504 320
Total population having neither a bath, nor a shower, nor indoor flushing toilet in their household – EU-SILC survey	2,6%	2,4% (-0,20%)	2,3% (-0,30%)	2,2% (-0.40%)	2,1% (-0,50%)	2,0% **(-0.6%)**
Total population living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames of floor - EU-SILC survey	16,1%	15,6% (-0,50%)	15,1% (-1%)	15,6% (-0.5%)	15,7% (-0,40%)	15,2% **(-0,9%)**

average year-on-year increase in poverty by 3.52%. 2011 and 2014 would be classified by us as the most significant years in terms of the growth in poverty. (Ironically, 2010 had been declared the European Year for Combating Poverty and Social Exclusion).

In 2010, 41,631,000 people were stricken by material deprivation; while the population at the end of the observation period was 40,361,000, a decrease of 1,270,000 people and a decline of 3.05% from the baseline figure. On the other hand, attention should be paid to developments in material deprivation mainly in 2011 and 2012 when the number of people suffering from material deprivation rose to 5.58% and 18.78% of the EU population, respectively. Nevertheless, a decline in the number of people suffering from material deprivation was able to be achieved and average growth in values were 8.69% annually.

In terms of the EU-SILC survey, the same attention was given to estimates on the proportion living in housing that is unsatisfactory or uncertain, or living in unreasonable health conditions to the total EU population. With regard to housing conditions, specific indicators are highlighted such as the lack of bathrooms and flush toilets, moisture in walls and leaking roofs, poorly sealed windows, the presence of mold, lack of light, noisy environment, etc. In analyzing the data, it can be stated during the period under observation that there had been a drop in the percentage of the population showing the typical signs of potential homelessness with part of the population at risk not only in terms of health, but also in view of their social sovereignty and independence.

On the other hand, uncertain, inadequate and unsatisfactory living conditions for health are continually faced by a significant part of the EU population. It is just in this context to be able to talk about an interconnection between poverty, homelessness and social exclusion. People who do not have enough resources to secure quality housing are forced to dwell in unsatisfactory areas or to be socially excluded across multiple dimensions with constant exposure to the risk of homelessness caused by the impact of poverty and multidimensional social exclusion influencing the consequent life of those individuals and entire groups of people so affected.

Conclusion

Poverty and social exclusion can be classified as persistent social phenomena within society. The consequences of these phenomena are subsequently reflected in the presence and rise of sociopathological phenomena which may include even homelessness. In this context, the interdependence of poverty and social exclusion undermining social sovereignty in a significant part of the EU‘s population, needs to be stressed alongside the process of essentially seeking long-term and comprehensive opportunities to address the issue.

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Social Worker Guidance & Support to Cancer Patients in the USA & Slovakia

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Abstract:

The main objective of this research is to highlight the importance of social, psychological, spiritual care to cancer patients, cancer survivors and caregivers provided by Social Workers.
Cancer is a very important issue in our society and statistics of population affected by this illness are constantly growing. According to American Cancer Society (2018) in the USA, there will be an estimated 1,735,350 new cancer cases and 609,640 cancer deaths. The holistic

point of view of oncological patients is very important. In the USA, Oncology Social Workers who are a part of a multidisciplinary team provide social, psychological and sometimes spiritual help. In Slovakia non-governmental help is essential. Nevertheless, there is a small amount of help and support that Social Workers provide to cancer patients, survivors, caregivers.

Methods

The research was conducted by qualitative method. It consisted of observations and interviews with Oncology Social Workers in the USA and Social Workers in Slovakia. Both results were compared. In the USA the interviews were conducted with Oncology Social Workers in one of the biggest national non-profit organization called Cancer*Care* in New York City. Cancer*Care* provides professional services to help people manage the financial, emotional, spiritual and existential challenges and dimensions of the cancer diagnosis. In Slovakia, Social Workers and one Psychologist were interviewed from the major non-profit organization *Liga proti rakovine*, which helps patients, survivors and their caregivers.

Results, Discussion and Conclusion

Questions for Social Workers:

1. What are the competences of Oncology Social Workers?
2. What kind of help do patients seek the most?
3. What kind of psychological do help patients seek the most?

1. What are the competencies of Oncology Social Workers?

In the USA there is crisis intervention, counseling and emotional support for individuals and families. Support groups are very popular where the Social Worker is a leader of the group.

They are part of a multidisciplinary team, as they work with Doctors and Nurses, close to the patients and their families and are part of big hospitals, cancer centers and/or non-profit organizations.

Social Workers also work in palliative care, in hospices, with terminally ill patients and their families. Here they are part of the multidisciplinary team as well. Palliative care and Hospice Social Workers can help to terminally ill and their families cope with the issues that surround death and dying. They can provide a listening ear to those who are dying and provide support to those who are caring for them. SW can help patients and families with concrete issues such as DNRs, medical proxies and funeral arrangements. Then there is navigation, consultation in Social Services such as advocacy, helping with information, resources, financial support, disability pensions or health insurance consultation.

In Slovakia, Oncology Social Workers for patients can be found in the agencies of the General Government (*organy statnej spravy*) or in non-profit organizations or charities. Here they work in social consultation and very basic emotional counseling/support. They help and advise with issues of work, financial benefits, sick leave and compensations, disability pension, about Home Health Care Agencies and coordination with the hospices. They work in palliative care as a support to terminally ill patients and their families.

2. What kind of help do patients seek the most?

In the USA patients seek mostly information and advice(s) about the health insurance. Then there is emotional support, issues and communication with the family members, friends or loved ones. They also seek financial help. The importance of communication with a Health Care Team is essential. In Slovakia Oncology patients want to know about issues of work, financial benefits, sick leave and compensations, information about Home Health Care Agencies and coordination with the hospices.

3. What kind of psychological help patients seek the most?

In the USA patients seek crisis intervention, emotional help with depression, anxiety, and stress that is caused by the cancer. Patients also seek support to address communication difficulties and issues with the family members, friends or loved ones. Issues surrounding survivorship and resocialization are very important to patients as well. Social Workers can offer comfort to patients who are near the end of life and approaching death and help them as they transition through the stages of dying. (Kubler Ross).

In Slovakia focus is on crisis intervention, individual or family therapy. Work with the family members after the loss of a loved one: survivorship and resocialization. This type of help is still in initial stages. Most of the oncological patients do not want this kind of help, because they think, it is "a weakness" to go into psychotherapy. Education and training is missing, as is Supervision. Psych Oncology is still taboo.

Our conclusion is clear: there are a growing number of cancer patients and their needs are not only biological but also psychological, social, financial or spiritual. In the USA, a big part of this help is provided by Oncology Social Workers. They help as emotional support, social consultant, patient navigator and much more for patients, patients' families and caregivers. They work directly with patients in hospitals, in non-profits organizations and in comprehensive cancer centers or in hospices. In Slovakia we lack Oncology Social Workers and navigation which for most patients' cases is crucial.

Recommendations

Our recommendation is to have in Slovakia trained Oncology Social Workers in hospitals, more in non-profit organizations, more in government administration and in palliative care.

This way the new diagnosed patients' journey does not have to be confusing. It could start directly in the hospital, where a trained Oncology Social Worker could give information to the patients, depending on their individual needs. This could be called patient navigation which means 'the bridge' between the patient and the complexity of Oncology and managed care.

The bridge would be the Oncology Social Worker. (Kocisova, 2012). An important highlight is psychological help. In Slovakia there are a few Psychologists who help oncological patients. This could change. Social Workers who possess a Master Degree, could continue with their studies and trainings, and become trained and qualified Oncology Social Workers. This could also include psychological help or help to terminally ill patients.

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Social Work Perspectives on the Voices of Children of Child Abuse

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Original Article

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Abstract:

This study examined the consequences of child abuse on the life of children in Trinidad. Participants 12 female and 12 male who were victims of abuse. The impact of child abuse on the growth and living conditions of children in Trinidad were assessed by structured

interviews. Participants were randomly selected from the clientele of Trinidad and Tobago Police Service Victim and Witness Support Unit and the Community Police Unit. The research revealed that there was a negative impact on the growth and living conditions of children who experience child abuse, usually resulting in feelings of depression; suicidal ideations; feelings of hatred toward abusing parent. This study found that physical abuse, verbal abuse, sexual abuse, emotional abuse and psychological abuse were the most common types of abuse perpetrated against children in Trinidad. Whereas it pertains to the existence of abuse in Trinidad, the study found that parents expected children to overcome their negative experiences, and achieve success despite the presence of abuse. In the face of the abuse, the researchers found that 66% of abusers will still ensure that their child's basic needs were secured.

Conflict of interest:

The author declares that he has no conflict of interest.

Ethical Standard:

All procedures performed involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent:

Informed consent was obtained from all individual participants included in the study.

Introduction

This Study brings to the attention the impact of child abuse in the growth and living conditions of children in Trinidad from the children's perspectives. It touches on the abysmal scale of all forms of violence suffered by children at the hands of adults namely a parent or guardian. The rate of child abuse is increasing day by day as child abuse continues to be a growing issue locally. This research focuses on and will analyses the impact of child abuse on the living conditions and growth of children below the age of 18 in Trinidad. Specifically, this study will explore the effects of child abuse on the growth and living conditions of children. This study will also make recommendation to help combat the negative impact of child abuse on the growth and living conditions of children in Trinidad.

Statistics in Trinidad and Tobago

Child abuse ensues in every country in the world in an assortment of practices and situations. It is frequently profoundly entrenched in social practices, economic and cultural systems and for Trinidad no difference exists. The Trinidad and Tobago Child Protection Task Force in their March 2014 Report stated, "between the years 2007

to 2014 there were 4,760 reported crimes against minors.

These included 124 murders; 206 woundings; 1,983 sexual offences; 109 kidnappings; 1,983 robberies. It was reported that physical and psychological punishment was most prevalent in the two to four age group at 81%."

Literature review

Consequences of child abuse on the life of Children

Although it is impossible to determine the exact impact of child abuse on the growth of children, as many incidences go unreported, the researchers saw it necessary to focus on the relationship of child mistreatment and a variety of difficulties in the emotional and behavioral functioning of men and women. The environment can impact positively or negatively on the development of a child (Brady *et. al*., 2005a). Childhood mistreatment has been linked to a variety of changes in brain structure and function and stress-responsive neurobiological systems (Healy, 2004). Healy maintains that, "epidemiological studies have documented the impact of childhood mistreatment on health and emotional well-being."

In Trinidad the effects of child abuse has been linked to many symptomatic behaviors including but not limited to post-traumatic stress disorder; anxiety; fear; innumerable externalizing and internalizing behavior problems such as inappropriate cutting and attempted suicide (Klonsky & Olino, 2008).

Perry (2002) has shown that child abuse is associated with the increased risk of psychological problems in adulthood. Healthy interactions between children and their parents promote constructive development and growth of children. Johnson & Worme-Charles (2016) argued that child abuse can cause various mental illnesses such as anxiety; personality disorders; depression even into adulthood. Growth and development can be restrained as a result of hostile and disparaging interactions (Perry, 2000).

Heim *et al.* (2013a) posit that women who were emotionally abused as children tended to have deficits in the growth of certain areas of their brain. Heim *et al.* (2013b) maintain women who were sexually abused had less growth in the part of their brain associated with sensation, while those who experienced emotional abuse were affected in the parts of their brain responsible for self-awareness. They argued that "emotional abuse victims showed thinning in other parts of the brain, causing symptoms of depression, moodiness, and extreme or dulled emotional responsiveness."

In a 2014 study by Solís, Kelly-Irving, Fantin, Darnaudery, Torrisani, Lang & Delpierre, the researchers commenting on the association of childhood trauma and adult ill health said, "The role of early life experiences on health is of major concern…as chronic stress may get 'under the skin' to alter human developmental processes and impact later health.

Our findings suggest that early negative circumstances during childhood… could be associated with physiological wear-and-tear in midlife..."

LaBier (2013) notes that, "how we think, feel, relate, and behave are all part of an interconnected whole…the problem is that our life experiences often generate diminished self-worth, fragmentation, isolation, or retreat into ego attachments that disconnect us from ourselves, within; and from others, Emotional Impact of Trauma' lead to the development of posttraumatic stress disorder as well as to a variety of other psychiatric disorders, including depression, generalized

anxiety disorder, panic attacks, borderline personality disorder, and substance abuse in adult survivors of trauma" (Lubit, Rovine, DeFrancisci, Eth, 2003a)".

Lubit *et al*. (2003b) maintains that that early exposure to trauma and stress may be the foundation for "physical effects on neurodevelopment which may lead to changes in the individual's long-term response to stress and vulnerability to psychiatric disorders."

They argue that when children are exposed to trauma it negatively impacts on their ability to normalize, recognize, and express feelings and emotions, affecting the "individual's core identity and ability to relate to others (Lubit *et al.* 2003c)"

Children in abusive environments are not taught appropriate or effective means for developing coping strategies. Consequently, these children who are victims of abuse are predominantly left susceptible to the negative effects of trauma exposure (Cloitre, Miranda, Stovall-McClough, & Han, 2005; De Young, Kenardy, & Cobham, 2011; van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005).

One of the most consistent results across these studies is the finding that child abuse was associated with an increased risk for alcohol and drug use disorders (Enoch 2011). Schuck & Widom (2001) argue that individuals who have a "history of childhood abuse or neglect are vulnerable to using alcohol in order to cope with stressful situations, which in turn may lead to excessive alcohol use."

Brady & Back (2012) postulate there is a relationship between childhood abuse and the development of substance use disorders. Miller, Downs & Testa (1993) suggest that victimization in childhood can cause low self-esteem and abuse of alcohol in an effort to cope with the negative may lead to low self-esteem and the subsequent use of alcohol to deal with negative thoughts as a result of the abuse. Johnson & James (2016) highlight that "victims of childhood abuse feel that their experiences make them 'different' from other children and lead them to withdraw from healthier social circles toward fringe groups, where alcohol use is more accepted."

Silverman, Reinherz & Giaconia, (1996) argued that there were high rates of comorbid psychiatric disorders in individuals who have experienced child abuse. Slverman *et al*. (1996) study revealed that "80% of men who have been abused physically, 58.3% of women who have been abused physically, and 70% of women who have been abused sexually met criteria for multiple DSM psychiatric disorders."

Mullen, Martin, Anderson, Romans & Herbison (1996) submitted that "women who experience any kind of abuse were more likely than their non-abused counterparts to exhibit mental health, interpersonal, and sexual difficulties as adults. "

Silverman *et al.* (1996) further established that men and women who report experiencing either sexual or physical abuse as children or adolescents display significantly lower functioning across a variety of domains (i.e. withdrawal; somatic complaints; anxiety; depression; social problems; thought problems; attention problems; delinquent behavior; aggressive behavior; suicidal ideation) relative to their non-abused counterparts at both the ages of 15 and 21 years. Mullen *et al*. (1996) addressed the relationship between child abuse and suicidal ideation noting that women who have experienced childhood abuse are at higher risk of suicidal behavior than women in a non-abused control group. The

impact of child abuse is far reaching. What is clear to the researchers is that child abuse can adversely affect the Growth and Living Conditions of Children in Trinidad resulting in a variety of negative or unhealthy emotional and behavioral outcomes.

Method

The methodology employed for this research was of a qualitative nature as opposed to a traditional quantitative research approach. The specific characteristics of a qualitative research design as well as the reliability and validity with reference to this study will be discussed. This will be followed by a justification for choosing the qualitative research approach. Sampling and selection as well as the collection of the data will be outlined. A description of the hermeneutic method of data analysis and how it was applied in this research will be provided.

Recruitment and Eligibility

The participants for this study were randomly selected from both the clientele at the Trinidad and Tobago Police Service Victim and Witness Support Unit and Community Policing Unit. A total of 24 children were interviewed; 12 females and 12 males between the ages of 10-18 were selected from the various geographical locations in Trinidad and Tobago. These participants were given informed consent forms to sign, which outlined clearly the purpose of the study and ensured confidentiality of their identities.

Ethical Consideration

This research was approved by the Campus Ethics Committee. Each interview was to last for around one hour; participation in this research was voluntary. All the information was kept highly confidential. Before collecting data the participants read the consent form and signed it. Those who are not willing to sign the consent form were excluded from the study.

Discussion

The researchers in their explorative study of the effects of Child Abuse in the Growth and Living Conditions of Children in Trinidad found that the ugly betrayal of child abuse had extended its tentacles into every aspect of a child's life. As noted above while not all victims of child abuse will display negative behavioral consequences, behavioral problems appear to be more likely among them, even at a young age. The immediate emotional effects of abuse are isolation as 67% of respondents noted that they usually stayed in their room and cried as a way of coping following the abuse; 75% of respondents noted that they felt feelings of fear; 79% noted that they were unable to mingle with peers; 54% noted that they were unable to sleep properly; 100% of female respondents noted that their sleep was impacted.

The study also found that feelings of fear and isolation can translate into lifelong consequences, including low self-esteem; depression; relationship difficulties; 83% of Respondents had feelings of depression; 81% felt lost; 81% had feelings of hatred towards their abuser. 100% of male Respondents noted that they felt lost as well as had feelings of hatred. 100% of Respondents experienced feelings of frustration and not being able to concentrate on studies.

The Impact of Child Abuse in the Growth and Living Conditions of Children in Trinidad

The study also found that for Trinidad child abuse had a negative impact on the growth of children. 87.5% of respondents noted that to them, their growth was

affected as a result of the abuse while 12.5% said they did not believe that their growth was affected in anyway. However, when asked how they would describe themselves 58% described themselves in a negative light; 4% had mixed emotions while 38% described themselves as positive.

The study found that (50%) of male respondents viewed themselves in a positive light unlike their female counterparts where only12.5% described themselves in a positive manner. For those who described themselves in a positive manner, 60% noted that they had not successfully dealt with the difficulties they faces as a result of the abuse; 20% shared they had somewhat overcame them; 10% noted that they have successfully dealt with their difficulties.

Whereas pertaining to living conditions in particular 100% noted that the effect of abuse negatively impacted their living condition; 83% said that the difficulties they experience as a result of the abuse adversely affected their living condition. 17% said it did not adversely affect their living conditions, but that the abuse did impact their living condition in some way where they had no peace of mind, or were withdrawn and or uncomfortable at home.

When the researchers inquired about how the respondents felt about the incidence of abuse male participants collectively expressed varying emotions with, anger, frustration and feelings of sadness topping the charts; for female Respondents sadness, hurt and anger were at the top. When asked if they believed their basic needs were met 66% of Respondents said 'yes'; 29% said 'no'; 4% said somewhat. What this shows the researchers is that despite the abuse, 66% of abusers will still ensure that their child's basic needs were secured.

Some Startling Statistics

71% of Respondents were abused by a female relative who was the primary caregiver;

76% of the time where there was a female abuser, that female was the mother;

12% were grandmothers; 6% were step mothers; while the remain 6% were sisters. Additionally, the study revealed that for 15% of the time mothers were the abusers so to be the fathers; while 6% were uncles who sexually abused the victim. 29% of Respondents were abused by their father. While analyzing the data collected researchers found that in Trinidad discipline and abuse were usually interchangeably used. The study found that parents may 37.5% defer from giving reasons for punishment. The analysis suggested that punishment became a reason to inflict pain rather than being educational. To the authors when parents cross the line from discipline to abuse they deny children the opportunity for development thus negatively impacting the growth and living conditions of children in Trinidad.

Table 1: Reasons why respondents believed they were disciplined.

Being Disobedient	51%
Challenging Parents Authority	20.5%
Not Doing School Work	12.5%
Falling Grades	4%
Bullying Siblings	4%
Not to be like father.	4%
"Wickedness"	4%

Parent's Expectations of Children

Notwithstanding the presence of abuse the respondents believed their parents held great expectations for them.

35% of male respondents shared that their parents wanted them to be obedient;

25% stated they had high career expectations;

8% respect for self and women;
8% to emulate parents;
8% to be a noble citizen;
8% to be a responsible male;
8% did not know what their parents' expectations of them were.

For female respondents:
33% noted that their parents expected them to be a success,
33% shared that being obedient were what their parents expected;
18% noted academic achievement;
8% high career expectations;
8% were expected to be responsible for their siblings.

Both the male and female respondent shared that being obedient was the number one expectation of parents. Additionally, the study found that academic achievement was an expectation for parents of female children but not for those with male children. Moreover, females showed a greater understanding of what their parents expected from them as it counted for 100%, unlike their male counterparts where 8% were unaware of their parents' expectations. Whereas it pertains to the existence of abuse in Trinidad, the study found that parents expected children to overcome their negative experiences, and achieve success despite the presence of child abuse.

Conclusion

This Study brought to the attention the impact of child abuse in the growth and living conditions of children in Trinidad. It touched on the abysmal scale of all forms of violence suffered by children at the hands of adults namely a parent or guardian. This study found that physical abuse; verbal abuse; sexual abuse; emotional abuse; psychological abuse were the most common types of abuse perpetrated against children in Trinidad. This research analyzed the impact of child abuse on the growth and living conditions of children below the age of eighteen (18) in Trinidad. Specifically, this study explored the effects of child abuse on the growth and living conditions of children.

The interconnectedness of the mirco, mezzo, and macro systems should not be forgotten as it plays a role in both the impact as well as in mitigating the effects of child abuse in Trinidad. Whereas it pertains to the existence of abuse in Trinidad, the study found that parents expected children to overcome their negative experiences, and achieve success despite the presence of abuse. Additionally, in the face of the abuse the researchers found that 66% of abusers will still ensure that their child's basic needs were secured. For the researchers therefore, although the police played an instrumental role in offering support for the respondents that role was sometimes not viewed as effective.

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False Fear from Marginalized Groups (Homeless, Orphans, Migrants) to Our Society – No Carriers of Dangerous Microorganisms

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Abstract:

Summary: Purpose of this study was to determine if marginalized groups e.g. homeless, orphans, and/or migrants are a threat for our public health concerning communicable diseases.
Patients and Methods: 153 marginalized individuals, orphans, homeless, migrants were screened for pathogenic organisms.
Results: Only 1 – 3 strains of MRSA per group have been observed. Majority of isolates were not pathogens. No single case of TB, HIV, HCV among migrants/homeless was observed.
Conclusion: Marginalized do not represent a threat for public health.

Introduction

There is an ongoing discussion about the danger of migrants, and homeless for local public health, however, studies on this issue are missing. The study on homeless (Italy, Slovakia) did not show higher proportion of TB among homeless, as was observed in the USA (1, 2). The aim of this research was to determine within a point prevalence study if marginalized clients of Social Work are reservoirs or colonized by pathogenic bacteria.

Patients and Methods

Within a point prevalence study in 1st week of January 2018, we cultured oropharynx of 153 marginalized clients: 50 homeless; 52 orphans; 51 migrants from Syria/Iraq and investigating for pathogenic

Table 1: Pathogens among isolates in marginalized.

All	Homeless	Orphans	Migrants	P1	P2	P3
Total 153	50	51	52			
S. aureus, S. pyogenes	5 (10%)	13 (26%)	3 (6%)	NS	0,01	NS
MRSA	1 (2%)	4 (8%)	1 (2%)	NS	0,01	NS
Enterobacteriacae	4 (8%)	7 (14%)	7 (14%)	NS	NS	NS
Non-aeruginosa Ps. (waterborne)	2 (4%)	2 (4%)	5 (10%)	NS	NS	0,04
Candida spp. NA. Candida	13 (26%)	13 (26%)	26 (50%)	NS	NS	0,01
HIV / AIDS	0	0	0	NS	NS	NS
Tuberculosis	0	0	0	NS	NS	NS

bacteria. Statistical package EPI Info 2010 version of CDC was used.

Results and Discussion

Table 1 shows that an overall proportion of pathogens among all 3 groups of clients was minimal (2-8%) and was higher significantly in orphans comparing to homeless. The majority of isolates were non-pathogenic bacteria and fungi (2, 3).

Homeless and Migrants are not dangerous for host population

Several studies have been accusing homeless as a threat to public health, especially as reservoirs of blood borne infections related to substance misuse such as heroin recipients or alcoholics. However, the majority of substance misusers belongs to the upper class due to large expenses related to drug use, therefore homeless among this group are less and less common. (3) Apart from HIV, hepatitis B, and hepatitis C in substance misusers, so rare currently among the homeless in Slovakia, tuberculosis was accused to be a driver as a public health threat. Again, in NYC and San Francisco, where TB is pandemic, most of EC homeless subpopulation is not sheltered but dispersed in parks, churches, in climatic mild cities such as Rome, Palermo, Athens, Marseille, Malaga, Barcelona, is low. Within a study with sheltered homeless in Bratislava 10 years ago, the major ID threat among homeless was not TB (0 prevalence) but concerned flu, easily preventable with simple vaccination. (4)

Conclusion

As seen in the results from our study, homeless and orphans as well as refugees and migrants are not a threat concerning communicable or non-communicable diseases for the public health of our host population. The prevalence of TB in Balkan countries where refugees and homeless are transiting is in most countries (Macedonia, Serbia, Albania, Romania, Bulgaria) is much higher than among migrants from Iraq and Syria. Also, the prevalence of HIV, HBV, and HCV among refugees from Middle East is much lower than of/in the host population of Ukraine, Russia and Balkan countries. Colonization of migrants, and travelers with multi-resistant bacterial pathogens such as MRSA is much lower than among the institutionalized (e.g. hospitalized) elderly population of host countries including Slovakia where a prevalence of MRSA, ESBL and KPC Enterobacteriaceae is low; higher than among migrants or travelers from the Middle East. Probably, different situations would be among those coming from North and Sub-Saharan Africa, where they use difficult transit through Central / East Europe.

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Attitudes to Ethical Approach to Migration

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Original Article

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Abstract:

Objective: The aim of our research was to explore attitudes of Slovak citizens toward migrants in correlation between age, income per year, education and residency on one site and attitudes to economic background, religion, culture, Health Care needs and apprehensions related

to migrants on another site. This creates an ethical framework of attitudes towards migrants and migration.
Design: Project study. The study was carried out under the KEGA project 007KU-4/2018 on Ethics in Public Health and Paramedics.
Participants: 352 respondents (179 men and 173 women). In terms of age: the majority, 188 (53.4%) were of middle productive age; 104 were <26 year old; 60 were 55+. Regarding the education level: 110 respondents had graduated from a professional high school; 200 respondents had a University Education; 42 had a basic education. The high incidence of people with a University Education is influenced by requirements on the labor market in Slovakia. Regarding net income per year, 67.4% of respondents were at the < 12,000 Euro per year level.
Methods: A 27 items questionnaire MIETAT (Migration Ethics Attitudes) analyzed by descriptive characteristic for variables and subsequent testing of normality. Data were evaluated the correlation by using SPSS 22 Parametric Pearson Correlation Coefficient with a significance level of $p < 0.01$ and $p < 0.05$. High importance in evaluation is given to overall mean as well as means in individual domains.
Results: We evaluated the intrinsic reliability of the questionnaire using the Cronbach Alpha and Coefficient for MIETAT - Migration Ethics Attitude is 0.950 in the whole set, which we interpret as a high degree of elemental credibility, respectively internal consistency of the questionnaire. Mean was 3.680; Range 1.955; Variance 0.342. Value of achieved overall mean score 3,680 which means that our respondents in the rating scale have confirmed the maintenance of ethical principles in approaching to migrants in general.
Conclusion: The project study shows an important role in the ethical approach toward migrants and their needs. Every epoch of human history brings new challenges and urgently needs to respond in accordance with international rules and ethics. It‘s not easy, but we cannot avoid it. It may need a number of discussions, proposals, but the reality will require solutions based on a realistic assessment of the current situation. We are obliged to help and act in terms of fulfilling the mission we have in our life. Comprehensive altruistic education in ethical principles at schools can help fulfill this role.

Introduction and Aim

In recent decades, migration flow has been visible in many countries of the world. More and more often, we have been confronted with refugees fleeing war, turmoil and persecution. The current trend indicate the increase of migratory waves both nationally and cross-border. In the last five years, the European Union has been experiencing, a greater increase in the arrival of refugees in its territory. So far, in advanced countries, we meet with multi-culturalism which peacefully integrates migrants with majority domestic populations, but not in all countries.

The European Union has taken measures to mitigate the flow of migrants into their territories. European leaders have pressed

on several fronts to stem migration after a burst in 2015 of more than a million asylum seekers. Afterward, European Union leaders struck a $7.1 billion deal with Turkey to seal its borders and stanch the flow. They also started to work intensively in sub-Saharan Africa tying development aid to countries' willingness to accept returnees from Europe and offering fresh assistance in exchange for pledges to cut flows (Birnbaum, 2017). After some months, we see partial success from these measures. According to a quarterly overview regarding migration flows to Europe in 2017, the total number of arrivals to Europe by the end of March 2017 has been recorded as 30,465 with more than 29,000 counted as sea arrivals to Greece, Italy and Spain. This is in stark contrast to the 175,056 arrivals recorded in the same period in 2016. In the first three months of 2017, Greek Authorities reported 4,407 arrivals compared to the 152,617 recorded in the first quarter of 2016, a 97% decrease. Contrary to that, Italy is seeing an increase in arrivals since 2015 reaching a peak at the end of March 2017 with a total of 24,292 migrants registered as of 31 March 2017 (The UN Migration Agency, 2017). It is only obvious that with the advent of the mass waves of refugees - often uncontrollable - questions arose about their legal status and, consequently, about their rights and obligations. Authors of an article entitled "*Challenges in the provision of Health Care services for migrants: a systematic review through providers' lens*", discuss two important areas regarding Health Care for migrants:

- Classify migrants into groups by status. It then implies the obligations of individuals, as well as organizations, providers and countries vis-à-vis migrants.
- Recognizing interactions within the model of Health Care developed by Ferlie and Shortel (Suphanchaimat *et al.* 2015; Ferlie & Shortel, 2001).

Suggested groups are:

- Legitimate migrants: all have the necessary resettlement papers and procedures performed in advance. From the point of view of providing Health Care they do not pose a risk and there is little ethical dilemma in Health Care provision.
- Illegal migrants: entering the territory of a foreign state without complying with procedures and necessary documents - unregistered.
- Irregular illegal migrants: people who do not take steps to meet the legal conditions for entering the country and obtaining residency. They often change their place of residence to avoid official authorities. They do not contribute to the tax and insurance system but, in cases of need, they want to receive Health Care.
- Illegal undocumented and unregistered migrants: unregistered third-country migrants who usually cross the country and their stay is temporary.
- Involuntary displaced persons: any people born abroad who have entered the territory of the country because they were resettled under threat and have a justified fear of persecution; or possibly expelled for deportation after punishment.
- Refugees: any person who has left the country because of insufficient protection and is being persecuted or threatened with persecution because of race, religion, nationality, belonging to a social group, and/or political views.
- Asylum seekers: persons granted asylum (protection) who have the right to stay in the country. They first entered the territory of another country - usually as visitors, tourists, and then subsequently signed up for refugee status. (Biswas, 2001; Walker & Barnett, 2007).

In the EU, most Health Care providers are currently focusing on mental health; infectious diseases; sexually transmitted

diseases; reproductive health in migrants (Gray & Ginneken, 2012). Some countries provide migrants with access only to emergency Health Care. These include Slovakia and other Central European countries. Others provide access to expanded services or full access to Health Care (Health Care in Nowhereland: Improving Services for Undocumented Migrants in the EU, 2010). The right to health regardless of the legal status of individuals is recognized widely in the different legislative frameworks, both at international and national levels (Calduch, 2008).

Providing Health Care for migrants includes several aspects:

- Humanitarian Issues - Ethics: Under International Conventions, Society should provide assistance for the poor, vulnerable and threatened within its jurisdiction.
- Public Health Problem - Ethics: Public Health Workers are legally and ethically responsible for ensuring public health protection for the population in the area. Especially in the area of the spread of contagious diseases. Providing care for migrants benefits the whole society.
- Do not give cause for attraction - reason for migration. One of the criticisms is the fact that the provision of services attracts more migrants - especially economic migrants.
- Another problem is the provision of services to those who do not contribute to the system. Why should others pay for them? This could affect the provision of care for taxpayers.

Yet it is still unclear how migration should be regulated to be fair to the sending societies, the host societies and the individual migrant (Straehle, 2018). The views of responsible politicians but also of the public differ. They are often unconventional and not helpful in solving the problems. For that reason the implications of the new regime of harsher migration and refugee policies are explored and viewed in historical context. Fear of terrorism is cited as the reason for current proposals for exclusion of migrants from Muslim-majority countries, but this fear is tainted by political manipulation and exaggeration (Healy, 2017).

The aim of our research was to find attitudes of Slovak citizens toward migrants in correlation between age, income per year, education and residency on one site and attitudes to economic background, religion, culture, Health Care needs and apprehensions related to migrants at another site. The study was carried out under the KEGA project 007KU-4/2018 on Ethics in Public Health and Paramedics.

The research sample consisted of a total of 352 respondents, of which 179 were men (50.9%) and 173 were women (49.1%). The average age of respondents was 44.49 years (± 32.51 years). In terms of age majority was in middle productive age 188 (53.4%); 104 were young people; 60 were 55+. The largest group regarding education level was presented by 110 respondents graduated from a professional high school followed by 100 respondents with University Education at BSC Level. 100 respondents also achieved MS and PhD. The high incidence of University Education is because of requirements in the labor market in Slovakia with pressure to increase education here has been very strong in recent decades. Many workers had to supplement their tertiary education to maintain their jobs even though it was not necessary before. A majority (67.4%) of respondents regarding net income per year is in the level less than 12 000 € per year. It corresponds with the economic conditions of the country where the average gross wage is less than 1000 €. The distribution of the sample in terms of residence is proportional to distribution of

the population in Slovakia. More detailed information about the research sample is in Table 1.

Questionnaire MIETAT consists of five demographic variables (gender, age, education, income per year and residency) and five assessment domains:

Table 1: Frequency table of categorical variables: gender, age, education, income per year, residency.

		Frequency	%	Bootstrap for Percent[a]			
				Bias	Std. Error	95% Confidence Interval	
						Lower	Upper
Gender	Men	179	50.9	.0	2.8	45.7	56.5
	Women	173	49.1	.0	2.8	43.5	54.3
Age	18 - 25	104	29.5	.0	2.4	25.0	34,1
	26 - 55	188	53.4	.1	2.7	48.6	58.8
	> 55	60	17.0	-.1	2.1	13.1	21.0
Education	Basic education	42	11.9	-.1	1.7	8.5	15.3
	Profess. High School	110	31.3	0	2.5	26.4	36.1
	University BSc. Level	100	28.4	0	2.4	23.9	33.2
	University Ms. Level	60	17.0	-.1	2.0	13.4	21.3
	University PhD. Level	40	11.4	0	1.7	8.2	14.8
Income per year	< 7 500,- €	78	22.2	-.1	2.3	17.3	26.7
	7 501 – 12 000,- €	159	45.2	.0	2.7	39.8	50.6
	12 001 – 20 000,- €	58	16.5	.0	2.0	12.8	0.7
	20 001 – 33 000,- €	37	10.5	.0	1.7	7.4	13.9
	> 33 000,- €	20	5.7	.0	1.3	3.4	8,5
Residency	< 1000 inhabitants	101	28.7	-.1	2.4	23.9	33.5
	1 001 – 5000 inhabit.	57	16.2	.0	2.0	12.5	20.2
	5001 – 10000 inhabit.	64	18.2	.0	2.0	14.2	22.2
	10001 – 50 000 inhabit.	70	19.9	.1	2.1	15.9	24.1
	> 50 000 inhabit.	60	17.0	1	2.0	13.1	21.0

Methods

To obtain relevant data, we created a 27 item questionnaire MIETAT (Migration Ethics Attitudes) analyzed by descriptive characteristic for variables and subsequent testing of normality. Data were evaluated for the correlation by using SPSS 22 Parametric Pearson Correlation Coefficient with a significance level of $p < 0.01$ and $p < 0.05$.

Migration, ethics and economy;
Migration, ethics and religion;
Migration, ethics and culture;
Migration, ethics and Health Care;
Migration, ethics and Apprehensions.

These five domains give a comprehensive view of the ethical attitude of the respondents towards migrants. In each domain

are 5 to 6 questions with the possibility of marking one correct answer. Answers are evaluated by Likert Scale from 1 to 5. The higher the score achieved, the more ethical the approach from respondents is. We evaluated the questionnaire‘s reliability using Cronbach Alpha. The evaluation of the questionnaire is based on the determination of a mean in the whole questionnaire as well as individual domains and questions. The higher the score (maximum 5) achieved, the more ethical the respondents‘ approach to migrants is, and in accordance with internationally accepted standards. We‘ve determined four levels of evaluation:

- Score 1,000 - 2,000 = Ethical approach with signs of negative attitude towards migrants and migration, which is marked by the violation of international documents and conventions.
- Score 2,001 - 3,000 = Poor ethical approach to migrants and migration with indications of possible change dependent on conditions. International documents and conventions are observed only under supervision and coercion.
- Score 3,001 - 4,000 = Ethically positive approach to migrants and migration, which carries signs of hesitation and occasional conditionality. International documents and conventions are observed.
- Score 4,001 - 5,000 = Strong ethical approach to migration and migration, including strong altruism and increased solidarity. International documents and conventions are not only observed, but rather positively exceeded.

Results

In our survey, we achieved the following results: characteristics for variables obtained through the MIETAT questionnaire (Migration Ethics Attitudes).

We evaluated the intrinsic reliability of MIETAT questionnaire using the Cronbach Alpha Coefficient. As can be seen in Table 2, the value of the coefficient is 0.950 in the whole set, which we interpret as a high degree of elemental credibility, respectively internal consistency of the questionnaire. None of the 27 items reduces this value, so we consider the items to be consistently saturation to that sub-scale.

Table 2: Reliability Statistics.

	Cronbach‘s Alpha	Cronbach‘s Alpha Based on Standardized Items	No. of Items
Overall	.950	.947	27
Domain 1 Migration, Ethics & Economy	.869	.872	6
Domain 2 Migration, Ethics & Religion	.854	.853	6
Domain 3 Migration, Ethics & Culture	.786	.763	5
Domain 4 Migration, Ethics & Health Care	.582	.614	5
Domain 5 Migration, Ethics & Apprehensions	.821	.830	5

During our research we achieved a mean score of 3,680 which means that our respondents in the rating scale have confirmed the maintenance of ethical principles in approaching immigrants in general. The best scores have been achieved in the Health Care domain 4,246 and the worst in the domain focused on the economic impact of

migration 3,403. More detailed statistical information on the score achieved is in Tables 3 and 4.

Table 3: Summary Item Statistics.

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	No. of Items
Item Means	3,680	2,886	4,841	1,955	1,677	,342	27
Item Variances	1,090	.134	1,726	1,592	12,869	,203	27
Inter-Item Covariances	,450	-,128	1,148	1,276	-8,942	,082	27
Inter-Item Correlations	,397	-,150	,761	,912	-5,059	,041	27

Concerning the economic burden and the impact on the ethical attitudes of the recipient country, we reached a score in our research sample of 3,403. It presents an ethically positive approach to migrants and migration with some concerns. This is the situation when there is relatively high unemployment in the country compared to the surrounding countries and the standard of living is below the level of the surrounding countries.

In relation to the religion, it was higher 3,665, but it differed significantly from one religion to another. Desirability and challenges of delivering Universal Health Care is predicated on a belief enshrined in international human rights agreements that it is morally fair that all individuals have "rights to health and to a standard of living adequate for health" (Braveman *et all*. 2011; Vissandjée *et al.* 2017).

Tukey's test of additivity assessed if the factor variables are additively related to the expected value of the response variable as seen in Table 5. In our case the test for non-additivity was statistically significant, the data are no additive because Mean Square was 1,416 and estimate power to achieve additivity must be minimum 3,286. Significant interaction means that the effect of factors on the dependent variable is non-additive, and the study of the main effects (separate factors) gets into the mood. Interaction is interpreted by comparing the diameters of individual cells.

Table 4: Summary Domains Statistics.

	Mean	Std. Deviation	N
Migration Ethics and Economy	3,403	1,1227	352
Migration Ethics and Religion	3,665	1,004	352
Migration Ethics and Culture	3,578	1,094	352
Migration Ethics and Health Care	4,246	0,742	352
Migration Ethics and Apprehensions	3,572	1,086	352

Table 5: ANOVA with Tukey's Test for Non-additivity.

			Sum of Squares	df	Mean Square	F	Sig
Between People			4490.454	351	12,793		
Within People	Between Items		3126.957	26	120,268	3191,799	0,000
	Residual	Non-additivity	569.951[a]	1	569,951	987,025	,000
		Balance	5269.167	9125	,577		
		Total	5839.117	9126	,640		
	Total		8966.074	9152	,980		
Total			13456.528	9503	1,416		

Grand Mean = 3,68

a. Tukey's estimate of power to which observations must be raised to achieve additivity = 3,286.

Hotelling's t-squared statistic as a generalization of Student's t-statistic confirmed significance in multivariate distribution proportional to the F-distribution and distribution of a set of statistics which are natural generalizations of the statistics underlying Student's t-distribution. See Table 6.

Table 6: Hoteling's T-Squared Test.

Hotelling's T-Squared	F	df1	df2	Sig
5371,040	191,865	26	326	,000

Concerning the correlation of individual questions to gender, the significance of differences in male/female responses was confirmed at the level $p<0.05$. The rationale is simple. Women show more compassion and greater solidarity to the needy than men. Significant correlation between age groups of respondents and individual questions was not confirmed in majority items. On the other side, correlations regarding individual questions toward education, income per year of respondents and residency have been confirmed in majority of items at the level $p<0.05$.

Table 7: Correlations 27 Items.

		Sex	Age	Education	Income per year	Residency
Domain 1: 1 Migrants and new jobs	Pearson Correlation	-,258**	-,014	,530**	,609**	,170**
	Sig. (2-tailed)	**,000**	,797	**,000**	**,000**	**,001**
Domain 1: 2 Amount of Immigrants Allowed	Pearson Correlation	-,198**	,074	,498**	,413**	,286**
	Sig. (2-tailed)	**,000**	,165	**,000**	**,000**	**,000**
Domain 1: 3 Economic Background of Migrants	Pearson Correlation	-,203**	,017	,388**	,307**	,227**
	Sig. (2-tailed)	**,000**	,745	**,000**	**,000**	**,000**

Domain 1: 4 Education, Skill or Qualification of Migrants	Pearson Correlation	-,337**	,198**	,465**	,362**	,238**
	Sig. (2-tailed)	**,000**	**,000**	**,000**	**,000**	**,000**
Domain 1: 5 Taxes and services	Pearson Correlation	-,456**	-,032	,423**	,302**	,316**
	Sig. (2-tailed)	**,000**	,546	**,000**	**,000**	**,000**
Domain 1: 6 Allowance for specific professions	Pearson Correlation	-,220**	,103	,569**	,371**	,377**
	Sig. (2-tailed)	**,000**	,054	**,000**	**,000**	**,000**
Domain 2: 7 Christian background of Migrants	Pearson Correlation	-,364**	-,015	,520**	,450**	,215**
	Sig. (2-tailed)	**,000**	,786	**,000**	**,000**	**,000**
Domain 2: 8 Migrants from Islamic Background	Pearson Correlation	-,272**	,111*	,570**	,466**	,115*
	Sig. (2-tailed)	**,000**	,038	**,000**	**,000**	**,031**
Domain 2: 9 Migrants from Hinduist Background	Pearson Correlation	-,295**	-,055	,600**	,525**	,131*
	Sig. (2-tailed)	**,000**	,303	**,000**	**,000**	**,014**
Domain 2: 10 Migrants from Buddhist Background	Pearson Correlation	-,131*	,067	,467**	,426**	,101
	Sig. (2-tailed)	**,014**	,208	**,000**	**,000**	,058
Domain 2: 11 Migrants from Animistic Background	Pearson Correlation	-,346**	-,032	,628**	,595**	,265**
	Sig. (2-tailed)	**,000**	,547	**,000**	**,000**	**,000**
Domain 2: 12 Migrants from Religion less Background	Pearson Correlation	-,372**	-,208**	,185**	,367**	,261**
	Sig. (2-tailed)	**,000**	**,000**	**,000**	**,000**	**,000**
Domain 3: 13 Requirements to speak official language	Pearson Correlation	-,309**	-,147**	,487**	,517**	,105
	Sig. (2-tailed)	**,000**	**,006**	**,000**	**,000**	**,050**
Domain 3: 14 Acceptation of domestic culture	Pearson Correlation	-,291**	,090	,434**	,263**	,205**
	Sig. (2-tailed)	**,000**	,092	**,000**	**,000**	**,000**
Domain 3: 15 Previous traditions and culture	Pearson Correlation	-,237**	,313**	,751**	,477**	,163**
	Sig. (2-tailed)	**,000**	**,000**	**,000**	**,000**	**,002**

Domain 3: 16 Eating habits	Pearson Correlation	,009	-,223**	,230**	,316**	-,115*
	Sig. (2-tailed)	,860	**,000**	**,000**	**,000**	,032
Domain 3: 17 Interpersonal relationships	Pearson Correlation	-,414**	-,088	,527**	,545**	,288**
	Sig. (2-tailed)	**,000**	,100	**,000**	**,000**	**,000**
Domain 4: 18 Free equal access to all Health Care	Pearson Correlation	-,398**	-,193**	,493**	,559**	,398**
	Sig. (2-tailed)	**,000**	**,000**	**,000**	**,000**	**,000**
Domain 4: 19 Free access to life-saving treatment	Pearson Correlation	,125*	,008	,310**	,144**	-,152**
	Sig. (2-tailed)	**,019**	,888	**,000**	**,007**	**,004**
Domain 4: 20 Access to paid services	Pearson Correlation	-,318**	-,139**	,273**	,311**	,021
	Sig. (2-tailed)	**,000**	**,009**	**,000**	**,000**	,690
Domain 4: Migration, Ethics and Health Care 21 Insurance	Pearson Correlation	-,274**	,237**	,382**	,196**	,095
	Sig. (2-tailed)	**,000**	**,000**	**,000**	**,000**	,075
Domain 4: 22 Prioritization of domestic residents	Pearson Correlation	-,288**	-,010	,373**	,298**	,188**
	Sig. (2-tailed)	**,000**	,857	**,000**	**,000**	**,000**
Domain 5: 23 Possibility of spreading new diseases	Pearson Correlation	,025	,157**	,494**	,618**	,166**
	Sig. (2-tailed)	,644	**,003**	**,000**	**,000**	**,002**
Domain 5: 24 Possibility of increased crime	Pearson Correlation	-,271**	-,078	,644**	,596**	,295**
	Sig. (2-tailed)	**,000**	,146	**,000**	**,000**	**,000**
Domain 5: 25 Possible terrorist attacks	Pearson Correlation	-,147**	,283**	,628**	,464**	,066
	Sig. (2-tailed)	**,006**	**,000**	**,000**	**,000**	,219
Domain 5: 26 Possibility of decline in the quality of life	Pearson Correlation	-,205**	-,007	,515**	,616**	,360**
	Sig. (2-tailed)	**,000**	,896	**,000**	**,000**	**,000**
Domain 5: 27 Impact on political life	Pearson Correlation	-,132*	-,058	,429**	,536**	,279**
	Sig. (2-tailed)	**,013**	,274	**,000**	**,000**	**,000**
	N	352	352	352	352	352

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Conclusion

Every epoch of human history brings new challenges and is urgently needed to respond in accordance with international rules and ethics. It‘s not easy, but we cannot avoid it. It may be a number of discussions, proposals, but the reality will require solutions based on a realistic assessment of the current situation. We are obliged to help and act in terms of fulfilling the mission we have in our lives. Comprehensive education in ethical principles and altruistic education at schools can help fulfill this role. We are glad that we can say that the Slovak respondents reached a total score of 3,680, which means an ethically positive approach to migrants and migration with signs of hesitation and occasional conditionality. International documents and conventions are observed although we often hear criticism of the way in which migrants are distributed within the European Union.

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Remediation of Dysfunctional Families

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Abstract:

Objective: This article presents the results of Social Work with dysfunctional families of children in foster homes; with families threatened by the exclusion of children from the family environment; with families of adolescents and young adults who had returned from institutional care. It stresses the importance of Social Work in the natural family environment of clients, encouraging parents to change their behavior towards their children and the role of Social Workers in promoting positive changes in dysfunctional families.

Participants: *The research sample* consisted of 100 families, which were divided into 3 groups:

1) Families with children placed in foster homes, crisis centers and reeducation centers - 63 families;
2) Families with imposed educational measures and threatened by the exclusion of a child - 23 families;
3) Families of adolescents and young adults who had returned from foster homes, reeducation, resocialization and crisis centers and pretrial detention centers or facilities for the execution of punishment - 14 families.

Methods: Content analysis of the collection of documents of selected families and author's own observation. The clients' collections of documents consisted of the following:

- an anamnesis report on the family (provided by the promoters of the social project and supplemented by further data on the client collected by Social Workers from relevant authorities and institutions;
- social diagnostics of the family prepared according to the methodology of the program PRIDE by which we identified the status of the family in terms of its strengths and weaknesses, ecomaps, genocharts, developmental puzzle of the child;
- a table with the history of losses of each family member and the so-called "analysis of the causes of the crisis".

Results: The main objective of the research was to find out which factors positively influenced the process of remediation and its results. After evaluating the results of our research, we can conclude that these were the changes that the parents were willing and able to make so that their children could be returned to the families or the children could remain living in biological families). Another factor that influenced the results of working with the family was the time of cooperation with the family for the purpose of its remediation.

Conclusion: The results which are presented are the results of teamwork of Social Workers of the accredited body Society of the Friends of Children from Children´s homes Smile As A Gift in Nitra in cooperation with other entities involved in social projects that were under my professional supervision. In the case of 57 families I worked as a field Social Worker, too.

Introduction

Taking care of children living in foster homes is a topic that is often discussed by the specialist public. Taking into account all the aspects of care of children living outside their own biological family requires not only expertise, but also warm hearts of people working with these children who must be responsive to their needs. Children who must live separated from their families are experiencing relational anxiety and uncertainty (Bowlby 2012). Similarly Hasto (2005, p. 90) reported that "for healthy child development is a 'safe bond' in which the child knows that stress and anxiety inducing

situations can rely on parental emotions and active support".

In the research are analyzed the results of Social Work with dysfunctional families. My workload was to coordinate these social projects and carry out field Social Work in selected families (Minarovicova, K 2015). Our intention was to make families become places in which children can find understanding, love and acceptance as Satirova states (1994).

1. Research Objectives

The main objective of the research was to find out which factors positively influenced the process of remediation and its results. Along with specifying the main objective we have set the following *intermediate objectives to:*

1) determine whether the time of separation of the child from its family affects the parents' interest in the child as well as their efforts to change the family circumstances.
2) determine what changes the family has made in order to solve their situation.
3) find out what time of cooperation with the family is optimal for achieving and consolidating changes in its functioning.

2. Research Methods

The research methods that we have chosen to process the results of our research were *content analysis of the collection of documents of selected families and our own observation*. Important materials that were part of the family's collections of documents included the plan of Social Work with the child and his family; a sheet with records on working with the family; which included the aim of meeting with the family; its course; place of realization; names of attendees and the conclusions of the meeting; or tasks that had been agreed on by the family and Social Workers. The collection of documents included also records of Social Workers on meetings with other members of the training team; records from coordination meetings; copies of previous court decisions related to family members; reports on the child prepared by the foster home; etc.

We carried out our own observation during the performance of field Social Work in families as well as during the coordination of my colleagues' work whom I accompanied in the process of Social Work with the families.

3. Research Results

In this paper we present selected results of our research regarding the intermediate objectives that have been defined above. Data relating to the evaluation of the intermediate objective No.1:

"To determine whether the time of separation of the child from the family affects the parents' interest in the child as well as their efforts to improve the family's circumstances", are:

3.1 Time of separation of the children from their biological families

In the case of 63 families of separated children there were 41 children who had been separated from their families for a period of less than 6 months to 2 years. The remaining 71 children had been separated from their families for 3 or more years. The number of children exempted from biological families were total 112 children.

Time of separation of adolescents and young adults from their families

When determining the period of separation of 14 adolescents and young adults we found that for 8 adolescents and young adults the time of separation from the family was 2-5 years; 6 adolescents and young

adults had a very long time of separation in the range of 9-18 years Including one young adult who had been in the foster home since his birth.

This phenomenon together with the reason for the exclusion hindered their integration into normal life as well as the possibility to be returned to their family.

3.2 Changes biological families were willing and able to make in order to solve their situation

Data related to the evaluation of the objective No. 2:

"To find what changes the families had made in order to solve their situation" are as follows:

In 26 families of excluded children the relationship between the children and parents improved to such an extent that it was possible to return the children to their families by abolishing the court decision for institutional care or cancelling the preliminary measure under which the child had been placed in the facility enforcing.

Changes the families with imposed educational measures were willing and able to make in order to solve their situation

Of the total 23 families with imposed educational measures, in 17 families we noticed positive changes in the relationship between parents and children during our interaction. In families the level of hygiene habits of children and the ability of parents to maintain the standard of hygiene in their home have improved significantly.

3.3 Time of cooperation with dysfunctional families

Data relating to evaluation of the objective No. 3:

"To find out what time of cooperation with the family was optimal for achieving and consolidating the changes in the family's functioning", are as follows:

Time of our cooperation with families whose children had been excluded from their care

Of the 63 families we carried out intensive field Social Work with 48 families for 1 year. We worked repeatedly with 15 other families, i.e. for the next 2 years, when the families were again included in the remediation project.

Time of our cooperation with families with imposed educational measures and families threatened by the exclusion of a child

In 23 families with imposed educational measures we worked intensively with 13 of them for 9 months during the project. We worked with 7 families in the framework of projects that were set for the duration of 1.5 years from the beginning of their implementation.

Time of our cooperation with the families of adolescents and young adults

The positive examples were the stories of 12 young adults whose found work and housing themselves, although in a different city, and managed to reintegrate fully into social life.

We accompanied 2 young adults for a period of 9 months during which we tried to consolidate their relationships with their mothers after they returned from a re-education center.

Conclusion

The main objective of the research was to find out which factors positively influenced

the process of remediation and its results. After evaluating the results of our research, we can conclude that these were the changes that the parents were willing and able to make so that their child/children could be returned to the families or the child/children could remain living in biological families. Another factor that influenced the results of working with the family was the time of cooperation with the family for the purpose of its remediation. As stated by Fero, M., Miklosko, J., Mikloskova, M. (2016, p. 146),

"family contacts can be the factor affecting the child´s behavior, whether keeping the continuity of original child´s relationships relates to the more balanced, less problematic child´s behavior in the children´s home."

During our projects we worked intensively with the families on adjusting their socioeconomic conditions; restoring the broken relationship between family members; strengthening parenting skills in relation to the child. Another important factor that has a positive effect in the process of family remediation was the action of a multidisciplinary team. Gazikova states (2014, p. 53):

„Mutual cooperation of a multidisciplinary team is an important prerequisite for effective assistance in working with a child from the children´s home and his family."

We cooperated with workers of the institutions of social protection of children and social guardianship; with the staff of foster homes; crisis centers; re-education centers; local authorities; workers of primary and secondary schools; medical facilities; the Center of Pedagogical and Psychological Counseling and Prevention.

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Social Work Challenge: Sex Workers and their Families in Prague and South Bohemia Region

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Abstract:

Objective: There is a lack of information related to women sex workers and their families in Prague and South Bohemia Region. We tried to explore how the relationship is between the women and their primary families.

Design: Qualitative and exploratory study.

Participants: 37 women working in private sex business in the South Bohemian Region and the Capital Prague (Czech Republic). The age structure of the women was 20-55 years; the average age was 27 year.

Methods: Questioning method, technique of biographic-narrative interview. The interviews were verbatim transcribed and after that analyzed in the Atlas.Ti PC program using grounded theory.

Results: The data analysis showed that the sexual workers came from various families with significantly disturbed relationships with them. The family does not know about the sex work.

Conclusion: The family environment can create sufficient support that Social Workers can use to work with sex workers.

Introduction

Recent accounts of sexual commerce have drawn attention to the proliferation of online and sexual consumption (1,2). But there is a lack of information related to online sex workers and their families in Eastern European countries, especially in Czech and Slovak Republic. The present studies follow contemporary approaches to economic analysis of prostitution and makes use of the benefits that the Internet has brought to this type of service (3). Regushevskaya and Tuormaa (2014) tried to answer the question how do prostitution customers value health and position health in their expressions on online forums (4). Sexual issues related to the men who are active online also come under scrutiny (5). Most of these research was conducted as qualitative studies via internet.

Most of the current studies focus on violence against women and its vulnerability and health consequences (6). Intimate partner violence against women is also a huge problem in the refugee camps (7). There is a movement which tries to prevent violence against women (VAW). It defines seven steps that all have a word beginning with the letter P designating what needs to be done by all countries to deal with VAW. These are: (1) prevention, (2) protection against, (3) promoting awareness and adherence to non-discrimination and no VAW, (4) probing, (5) prosecuting, (6) punishing, and (7) providing redress for acts of violence against women. These recommendations could be apply into to Social Work with sex workers.

We systematically do research related to selected aspects of the sex trade and the lifestyle of women in the private sex business (8,9,10). Topics include: Can a person stop "screwing"?

What was your first contact with the sex trade and how can a person hide their visits to sex workers? In the course of the analysis, we identified an additional category that featured in all the topics: "trophy collecting". The discussants perceive sex workers as a commodity to be purchased and subsequently evaluated. The discussants tended to compete among themselves to visit the most sex workers or to be first to visit the latest sex worker.

Despite of above mentioned studies, there is a lack of information related to the families of women in sex business. Thus, we will look into the family life of these women. We try to explore how the relationship between them and their family members looks like and what is the opinion of family members about their work.

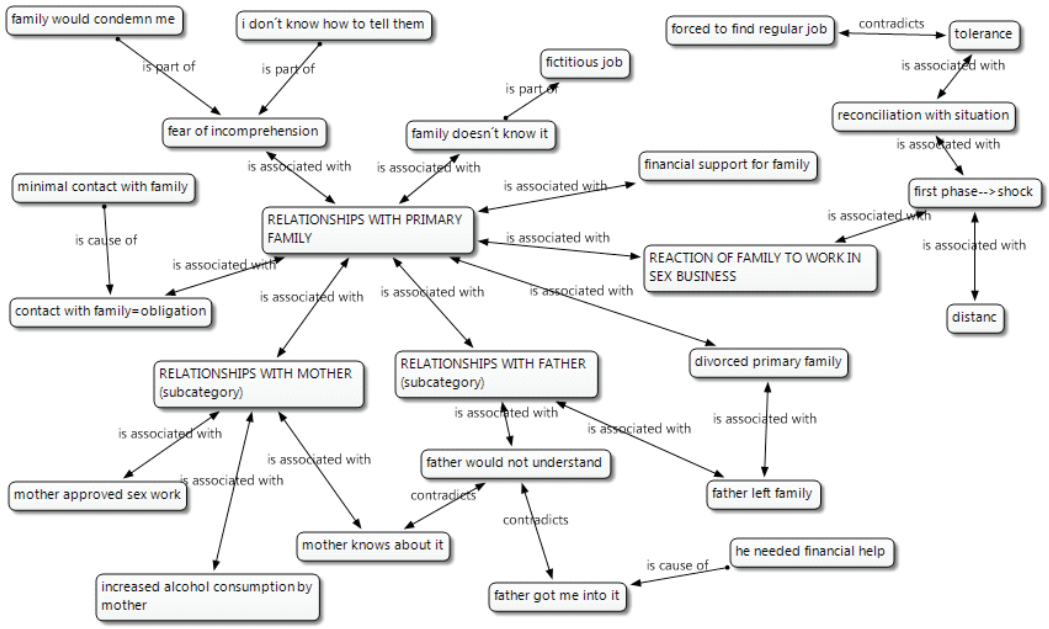
Methods

The study made use of qualitative research strategy with the questioning method and the technique of biographic-narrative interview. The research set included 37 women working in private sex business in the South Bohemian Region and the Capital Prague (Czech Republic). The women were approached through advertisements in web portals, either by phone or by email. The age structure of the women was 20-55 years, the average age was 27 years. Before the start of the interview, the respondents were informed of the study goals and of the subsequent use; at the same time, absolute anonymity in form of fictitious names was guaranteed to them. The data were collected from June 2016 to December 2017. The interviews were recorded in a voice recorder, subsequently verbatim transcribed and after that analyzed in the Atlas.Ti PC Program. This article deals with sex workers and their relationships to their primary family. In our manuscript neither animals nor plants were studied. Human beings were studied in line with the Helsinki Declaration.

The data analysis made use of the grounded theory method; the transcribed interviews were first encoded with the help of open coding and, within categorization, the following categories were identified – *relationships with primary family, family's reaction to work in sex business* – and sub-categories – *relationship w*ith *the mother and relationship with the father.* After categorizing the codes, axial coding took place to find relations between the individual categories and codes, which are graphically represented through networking in form of a diagram, see *Diagram 1 – Relationships with family.*

Results

Diagram 1 – Relationships with family



Source: GAJU 029/2016/S

Relationships with primary family

The data analysis showed that the sex workers came from various types of families: divorced or married; that they have significantly disturbed relationships with their primary families. They often do not communicate with their families and are not in any other contact with them: "*Most often I confide in my best friend who understands and supports me; I don't communicate with my family, so they don't know anything about me*" (IN22, 30 years). "*Nobody asks me. I don't communicate with my family*" (IN31, 37 years).

Or they meet their family only in situations like birthdays of family members: "*Once a year, at somebody's birthday or during Christmas*" (IN4, 28 years), or just out of 'duty'. "*Well, not much, sometimes when I have a free weekend I go to see them, but rather out of duty*" (IN11, 36 years).

The overwhelming majority of the respondents answered no to the question whether their family knew about their work in sex business. That fact is related primarily to fear of incomprehension, of their family being ashamed of them or of condemning them: "*No no, they would condemn me. They would think I am a whore. They would be ash*am*ed of me. I don't want them to think that about me. They probably wouldn't understand that I do it for the money*" (IN1, 43 years) "*My family? Definitely not! My family would never understand this*" (IN9, 26 years).

For that reason, the respondents make use of fictitious jobs to present before the family. The jobs are varied, from work in cosmetic or massage parlors to bartender to translator and interpreter. To have greater anonymity, the sex workers do not provide their services in their place of residence: "*Well, they live quite far from here, so nobody can tell them in person*" (IN12, 25 years); an exception is big cities with many inhabitants. A crucial measure to hide the work in sex business from the family includes the respondents' pictures presented in the ads without faces and taken at such places of the flat that cannot be identified; often the pictures are not of them but downloaded from the Internet.

A specific person mentioned by the respondents as not knowing about their work was their father; they also said they did not wish him to ever learn to know of it: "*...dad doesn't know about it. H he wouldn't understand it*" (IN4, 28 years), „*...primarily dad wouldn't cope with it. He would disinherit me*" (IN9, 26 years). Paradoxically, the father may be the person who mediates the first contact with sex business: "*My father, he even got me to sex business; I remember how he got me dancing in a cabaret which actually was a brothel with whores. I started dancing there, than making strip, and then I went to the room…*" (IN8, 24 years).

Reaction of the family to work in sex business

If the respondents decide to confide in a family member, they primarily tell their mother: "O*nly mum knows it*" (IN7, 24 years). *Mum knows about it*." (IN20, 22 years) who even may support the work in sex business:"

"*My family knows it. My mum knows it. My children kno*w i*t, and my mum finally said: If only I were younger*" (IN5, 50 years).

The reaction of the family to their daughter working as a sex worker are varied according to the statements. In the first stage, the family copes with the shock; then conciliation and some tolerance come: "*After some two years they (my family) saw that there was no use to resist* (IN2, 23 years). "*Well, my family tolerates it*" (IN26, 36 years), but at the same time they insist on finding another job: "*I was there yesterday and she asked if I kept doing my job. And*

I told her: "and what else should I do? Well, find another job" (IN2, 23 years).

If the family does not accept the work in the sex business after the first stage, another option can take place, specifically dissociation from the respondent. "*With my family, no, they have dissociated from me*" (IN14, 27 years).

Discussion

The respondents come from various family environments; therefore they cannot be considered a homogeneous group. The respondents rarely talked about their siblings; whether they had contact with them or whether they even had siblings. Sex workers and their social contacts were dealt with for example by Dalla (11); in her study, the sex workers talked about their family environment among other things; they perceived their relationships with their families mainly as bad; they also mentioned their parents' problems with alcohol. We found a similar experience, i.e. increased alcohol consumption by the parents (primarily by the mother) in our study, too.

The respondents' families mostly do not know about their working in sex business; and the respondents do not wish them to know out of fear that their family would not understand them and condemn them. However, if a woman decides to confide in a family member with respect to the work in sex business, she usually confides in her mother. If the family learns to know about the respondent's work, they pass several stages: shock, denial, coping, conciliation and other stages described by Kübler-Ross (12) in the model of accepting changes.

One respondent said in an interview that she came to sex work for the first time due to her father's „getting" her to that work. The fact that a family member mediated the first contact with the sex business to the respondent is not rare at all, as Demleitner (13) states. At the same time, for example according to the findings of Taiwan police, a half of the woman approached entered sex business due to pressure from the family (14). The women also often support their family financially through sex work (15), which was stated by some respondents in our study too.

There are a number of studies stating that sex workers were sexually abused, physically or mentally mistreated in childhood or adolescence (16,17,18 etc.). None of the respondents stated such thing in our study. On the other hand, a key factor, according to the Indian study by Chattopadhyay, Bandyopadhyay & Duttagupta (19), is lack of support of the life style related to sex work by the family. Such lack of support may be manifested by failure to accept sex work and by disassociation of the family which could be seen here, too.

Conclusion

Private sex workers rarely visit social or health services because of fear of loss of anonymity; therefore Social Work rarely meets this target group. The family environment that can be included in the social network may create sufficient support that can be used by Social Workers when working with sex workers, primarily if a sex worker wants to leave the sex business (20).

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The Opinions and Approaches of Slovak Youth on Migration and Human Rights (Minireview)

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Abstract:

The contribution is devoted to the worsening level of human rights on the basis of global events closely related to large area migration that interferes with the whole world and brings about disruption of people's coexistence in a postmodern multicultural society in Europe. The phenomenon of population migration for the purpose of social integration

is currently one of the most problematic areas of international relations and politics. This fact has its consequences in the society of EU in the cultural, social, political and economic spheres. The aim of the work is to present the opinions and attitudes of Slovak youth on migration and issues related to the concept of integration foreigners in the territory of the Slovak Republic.

Introduction

At present, the level of human rights is deteriorating on the basis of global events (fundamental freedoms such as expression or assembly). From the US Department of State's Annual Report on the human rights situation in the world (2017), it follows that both the Czech and the Slovak Republic have a negative attitude towards immigrants to which some statements of politicians have contributed. The document states, that the Czech Republic continues to face social discrimination against Roma; stigmatization of HIV-infected people; reluctance to provide asylum for migrants; or corruption. The Annual Report, which is based not only on 2016 data but also on the events of 2015, marks the Czech political system as a stabilized pluralist democracy where armed and security forces are under effective control of civilian offices. Washington criticizes the problem of integrating a numerous Roma minority. The United States sees the Roma's inadequate involvement in political life even though there are Roma parties in the country. The report mentions that no Roma are sitting in Parliament, Government or the Highest Judicial Court: Roma candidates have failed even in regional elections. The seriousness of social exclusion is illustrated by the report, for example, by the extension of so-called excluded localities and ghettos, where one third of Roma live. The Americans also noted that a high number of Roma children attended special primary schools in which a segregated educational system was created specially for them (https://www.novinky.cz/zahranicni/amerika/431268-americka-diplomacie-kritizuje-cr-kvuli-diskriminaci-romu-nechuti-k-migrantum-a-korupci.html). Criticism expresses even the attitudes towards migrants. The Czech Republic is also the target of criticism because of overcrowded prisons and lengthy detention of migrants and asylum seekers in detention centers (increasing the number of hateful speech against migration).

It is not possible to agree with the cited sentences. The events in society after 1989 brought revolutionary changes in the political and economic systems, which affected every citizen in Czechoslovakia. This fundamental qualitative transformation of social order has subsequently manifested itself in the management of various areas of the economy, but also the understanding of public and political consideration of the different needs of ethnic minorities; the creation of respect and a friendly environment for minorities; the promotion of the view that ethnic diversity is the enrichment of society and people must be equal before the law; although laws may reflect the ethnic groups autonomy only to a certain extent. Fundamental values must protect the law of the state universally, and the liberal democratic society should principally build on the equal representation of all persons. Fundamental values must protect the law of the state universally, and the liberal democratic society should be principally built on the equal representation of all persons (Matousek 2008). Both Czech and Slovak Republic

respect the Convention for the Protection of Human Rights and Fundamental Freedoms as the most important human rights treaty negotiated within the framework of the Council of Europe (1992) which is the basis of regional international human rights protection in Europe (https://www.e-justice.europa.eu/content_fundamental_rights-176-cs.do). Migration is a natural part of all human history. Numerous war conflicts, fear of persecution, economic and social differences between countries, regions, or even continents, as well as the process of globalization of the economy, development of information technologies, etc., constantly are increasing its intensity. Migration also brings social, cultural, social, political and economic consequences. Migration affects the composition of the population by age and gender; between emigrants are usually dominated young men, thus the emigration areas are losing all the most productive component of population (Rolny & Lacina 2001).

Rapid scientific and technological development; expansion in the service sectors; socio-economic and political developments in the various regions of the world; and the above-mentioned global-ization; and many other processes are a source of wide-spread migration to the developed European countries. The public and the political leadership of the countries of the European Union are deeply divided on the acceptance or refusal of the authorities' access to refugees (legal and illegal). The massive rise of migration may also threaten the traditional orientation of society to Western democratic values. The main immigration countries are Germany, Italy, France, The Netherlands, Switzerland, Austria, Belgium, Spain, the Nordic countries of Europe (post-communist countries become, for most of them, only a transit country). At present, on the basis of the continuing migratory flows of refugees and their social integration to society (2017), is one of the highly topical tasks of the state administration.

"On the other hand, uncontrolled migration, the company noted, may have a negative impact on the company, as it has repeatedly proven in history. Unprepared and unpredictable migration can disintegrate the entire society," warned the Archbishop of Prague and the President of the Czech Bishops' Conference Dominik Duke (www.novinky.cz/zahranicni/evropa/429987-nekontrolovana-migrace-muze-spolecnost-poznamenat-varoval arcibiskup-duka.html).

Approaches of Slovak youth towards foreigners

The Slovak Republic is used as a transit country for the current migration wave. It has no economic or technical potential to enable thousands of refugees to secure the conditions for a dignified life and gradual integration into society (Pavelkova 2016). The aim of migration policy in Slovakia is to ensure, first and foremost, the protection of our own interests; implementation of the stated objectives and priorities in the area of migration policy; compliance of state regulations with EU regulations; actively participate in law-making with the EU in the context of migration policy.

In the context of this issue, we would like to present the results of the quantitative research carried out in 2016 (data through questionnaire), with a view to analyzing the attitudes of young people of primary, secondary and university educational institutions in the field of migration, asylum and integration of applicants asylum in Slovakia (Hornacek 2016). The aim of the research was to introduce the attitudes of Slovak youth towards migration and issues related to the concept of integration of foreigners in

the territory of the Slovak Republic. Attention was also paid to whether young people are considering pro-socially and are willing to help foreigners in an unfavorable life situation without benefiting from it. The research sample was made up of the young at primary and secondary school (Hrnciarovce nad Parnou, 60 respondents; Rakovice, 60 respondents and the Faculty of Social Sciences UCM in Trnava 60 respondents.

The research revealed interesting results (Hornacek 2016, 82-84)

To find out whether students know the terms *migration* and *asylum*, the respondents confirmed that these terms are not foreign to them as evidenced by more than 138 respondents (70.0%). Pupils and students have already met with these words which can be assumed as the issue is currently being publicized.

Because integration into society is important to each individual due to inter-human relations, we were interested in whether the respondents were happy to meet new people. 179 respondents (99.4%) are happy to meet new people. Communication is important during meeting new people. As foreigners often do not speak the Slovak language, we asked whether the communication was demanding for the respondents. 115 (64.0%) said that communication is not a problem for them.

Migration itself is a challenging process for people. Leaving home, family, friends and adapting to the new environment can affect the individual stressfully in many cases. We asked whether they can imagine, they would find themselves living in another country. 106 (58.8%) said positively. It is important however to distinguish voluntary departure from the country, and whether an individual is forced to leave. We asked the respondents, whether it is the correct solution to leave the country. 90 (50.0%) said that leaving is not the right solution. 55 (30.6%) answered it depends on the circumstances. We can say that respondents disapprove the migration of citizens to Europe.

71 respondents (39.6%) responded to the question whether they agreed yes. to the admission of migrants by the Slovak Republic. On this issue, however, the unanimous decision cannot be observed among respondents, whereas 61 (33.8%) did not think about this problem and 48 (26.6%) disagree with the admission of migrants.

State authorities and non-governmental organizations provide operable help to foreigners on Slovak territory. We are surprised if respondents know about some organizations that provide this help. Respondents' answers to the three options had almost the same number percent. 69 (38.3%) said they did not know about these organizations. We can say that there is weak marketing in Slovakia in the promotion of these organizations which deal with the solved problem. The ever-increasing migratory waves to Europe are a stimulus to an awareness, that it is a serious phenomenon that cannot be ignored.

Each society has its deep rooted customs and traditions. Foreigners who come into the majority society of the country, brings with them the own. On the question whether foreigners should respect the customs and traditions of the majority groups, 127 of them (70.7%) said yes. The result is that for the better integration of foreigners it is essential to respect the traditions and customs of the majority society.

Every society is in fear of the current mass migratory waves pouring to Europe. The media conveys daily negative information about migration; every society creates

prejudices. Student respondents were asked whether they think society is biased against foreigners. 95 (59.9%) said yes. Of half of those surveyed it can be stated that society is full of fears and prejudices. It is possible to wonder, where increasingly in the world terrorist attacks carried out by radical members of the Islamic religious congregations are directed toward citizens.

Since often migrants were of the Islamic religion we were interested in what opinion respondents have of this religion. 88 (49.0%) said they had a neutral view to Islamic religion. Interestingly, however, respondents' responses are similar. 46 (25.0%) had a negative and, equally, 46 (25.0%) a positive opinion.

As the issue of migration needs to be addressed, our Questionnaire survey tried to find out what respondents see as the biggest shortcomings in solving the migration problem. Based on the results, we can say, that 92 respondents (51.0 %) agreed that the biggest problem is financial support. The Slovak Republic, as well as other V4 states, is not technically and financially prepared to accept and secure the quality of life of migrants coming to Europe (Hornacek 2016).

Based on the stated objective of analyzing the views of pupils and students of primary, secondary schools and university concerning migration, asylum and integration in the Slovak Republic, we found that respondents are fully aware of the seriousness of the situation of migration and the issue is of interest to them. It is important to take into account the views of the students because they themselves are the future of the country. In the curriculum, it would be useful to extend information to help students reduce their prejudices. Information available on social networks or in the media is often distorted, biased, and is aimed at creating a false image of real reality. Concerns about Islamization and terrorist attacks prevailed among more respondents. Students perceive the problem even in solving the migration process. They are of the opinion that EU borders should be closed and entry into this territory should be controlled. Improving communication in a foreign language would help to remove barriers and prejudices.

Conclusion

At present, cultural habits and society are changing faster than before; traveling is easier and more accessible to many of us; new technologies allow faster and permanent communication not only between us, members of the majority but also between migrants. It is important for the society to have information about migration. Knowledge of this entity must become part of the socialization of the individual in the form of compulsory multicultural education as the development of self-understanding of the pupils themselves and the values of their culture, including the focus on knowledge and understanding cultural differences between people of all backgrounds, interpersonal relationships, intercultural communication and adaptation to life in multicultural society, respect, tolerance and solidarity to ensure the coexistence of different cultures on the European continent. Just respecting the Convention on the Protection of Human Rights and Fundamental Freedoms in practical life as the most important human rights conventions agreed within the Council of Europe (1992) can be a way of achieving understanding and coexistence at present.

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Reflection of Social Workers to Adopt the Act on Social Work and the Establishment of a Professional Chamber

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Abstract:

The development of Social Work in Slovakia has its specificities influenced by the historical development of the country through the socio-political changes that date back to 1989. Subsequently, with changes in the economic and social sphere, Social Work develops dynamically first as a practical activity and later in the years 1992-1996, also as a separate study field at the level of University Education. Applying graduates and the legislative environment, which required particularly in state administration educated staff at the Master‘s level

of education, have influenced the strong dynamics of the development of the study branch of Social Work. The number of graduates has since 2005 been recorded by up to 15,000 graduates per year. The problem, which has been politically motivated was the application of Graduates in Social Practice, where up until 2014 it was declared, that the position of Social Workers and the pursuit of Social Work can be secured by Graduates with University Education. This fact significantly affected the possibilities of employing Graduates of Social Work, especially in the area of Social Services and in the area of state administration within the Sector of Labor, Social Affairs and Family. Significant turnover was through the adoption of the Law on Social Work and the establishment of a Chamber of Social Workers and Assistants of Social Work as a Professional Association. The mediated information in this contribution can help deeper insight into the genesis of the Law.

Adoption of the Act on Social Work

In this respect it should be noted that the Law itself, as a document we do not understand as the final result of the process of Professionalization of Social Work in Slovakia but as one of its instruments. Entry into force of Act no. 219/2014 Z. z. on Social Work and on the conditions for the performance of certain professional activities in the field of Social Affairs of the Family (hereinafter referred to as the Social Work Act), there were no official rules of professional, ethical and legal performance for the duties of Social Work. There were (and still exist) in the legislation regulating individual areas of performance of the partial adjustment of the qualification conditions for the duties of Social Work for the different areas of duties in the area of social protection of children and social guardianship, in the field of Social Services and Social Assessment activity. However, these did not manage to modify the conditions of the profession in its entirety.

Although the Law on Social Work was submitted to the Slovak Government as an initiative of the Ministry of Labor, Social Affairs and Family in the Slovak Republic, it was a Law that was formed in close cooperation with the representatives of the universities in which the Department of Social Work is studying. Voices were often heard from practitioners about the low professional status of the Profession, despite the fact that society constantly emphasizes its importance. Mentioned also indicated an indirect proportion between the growing number of University Graduates in the branch of Social Work and their status in society (Schavel, 2012). Also, the expert discussion of the bill highlighted the low professional credit of Social Workers in society. The fact that the Profession of Social Work deserves greater societal attention in Slovakia - irrespective of socio-political changes - also demonstrates the fact that the new government included in its program statement for 2012-2016, the formulation:

"The Government will create the conditions for the Professional providing of Social Work" (Program Declaration, 2012). By this has been demonstrated the political will to make fundamental changes in the Social Workers' employability; to ensure the status of the Social Worker; to create the conditions for Lifelong Learning (Pavelkova, 2008) and Professional Graduation, as well as the creation of a Professional

Organization on the Principle of the Professional Chamber.

The main aim of the Law was, according to the submitters of the Law, as well as members of the expert group, to support professionalization of the performance of Social Work, in particular by provision the necessary qualifying premise and establishing the Slovak Chamber of Social Workers and Assistants of Social Work. The Law has created a presumption of a positive qualitative influence on all client groups of Social Work and the access of providers of Social Work to services that will be ensured for them by the Chamber. The new Law confirms that Social Work in Slovakia is adapting to the world trend identified by Tomes (2010). According to his study, Social Work is institutionalizes; professionalizes; specializes and internally structures, privatizes, changes content, expands its scope, and penetrates into other sectors.

Professionalization is made more concrete by the fact that Social Workers are publicly recognized (Licensed and Registered); have a monopoly on a certain type of work which gives them professional excellence and professional autonomy.

In accordance with the adopted Law, it is clearly stated that Social Work as a Professional activity can be performed exclusively by a Social Worker or an Assistant of Social Work. In addition to Social Work, however, the Law distinguishes between two types of activities:

- *Specialized Professional Activities* – these are de facto narrower "specializations", these are performed by Social Workers who have the necessary knowledge and skills acquired by completing an accredited specializing training program.
- *Supplementary Professional Activities* – a variety of professional activities that do not belong primarily or exclusively to the field of Social Work but belong to other professions. According to the Law, a Psychologist, a Special Pedagogue, a Medical Pedagogue, a Social Pedagogue, or another person fulfilling the qualification requirements, including the completion of an Accredited Training Program, can also practice these in the area of Social Affairs and Family.

Chamber of Social Workers and Social Work Assistants Slovakia

Due to the real deficit of the professional organization of Social Workers in Slovakia, the representatives of the Social Work Schools in the Institutional Coverage in the Association of Social Workers in Slovakia and the Staff of the Ministry of Labor, Social Affairs and the Family of the Slovak Republic responded by formal proposal to establish the Chamber. This goal was fulfilled by a new Law on Social Work, which establishes a "*Chamber as a professional organization associating Social Workers and Assistants of Social Work*".

- Chamber members can be physical persons professionally qualified to perform Social Work; have to practice Social Work; formally apply for membership.
- Graduates of Social Work who do not practice Social Work, as well as current Social Workers who do not fulfill the qualification requirements are thus excluded from membership.

In the case of Experts, for example in Education, these may be, under certain procedural assumptions, visiting or honorary members of the Chamber, but without the right to vote.

They may be members of one of the bodies of the Chamber, its Professional Council,

which has competence in particular in the field of Professional Ethics, Education and its Evaluation.

The establishment of the Chamber is one of the most important benefits of the new Law, but at the same time raises some questions.

- Why are from its proper activities excluded those Social Workers who have not yet fulfilled the conditions of Education in the field of Social Work, if their relevance to practice is assumed, only because they do not meet the currently set qualification requirements?
- Will the Chamber not lose by this way important Research and Education Specialists, when they cannot be members of the Chamber?
- How will the concept of voluntary membership in the Chamber affect the wider professional community?
- Will there not be divisions to members and non-members?

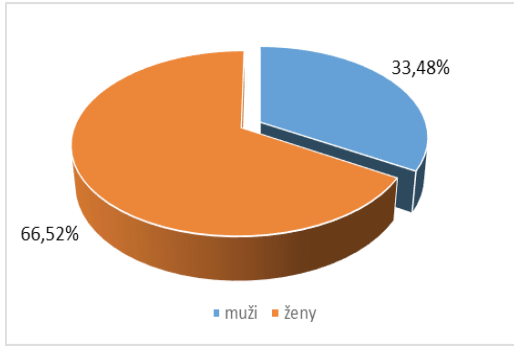
These questions arise from the fact that the Law anticipates the establishment of a Chamber without prior experience with such an authority within the Section of labor, Social Affairs and the Family. The responses will come from the Chamber's own activities; on the other hand it will be necessary to put such questions in place so that the Chamber can help the professionalization of Social Work in Slovakia as much as possible.

In connection with the membership of the Chamber and its real functioning, we were interested in how Social Workers respond to the establishment of Chamber and membership in this. Therefore, we have decided to carry out research to answer some questions about the importance of the Chamber for Social Practice; for performance of the Practice itself; the strengthening of Social Worker status in society; as well as the improvement of conditions for the performance of Social Work activities.

Respondents' reflection on the adoption of the Act on Social Work and the Establishment of the Chamber

The aim of the research was to get a comprehensive view of the respondents on the new legal regulation on Social Work and its application in Practice. We also anticipated the identification of some shortcomings, threats, and unfulfilled expectations that could serve as a basis for future Amendments to the Law of Social Practice.

\The basic set was a research sample, which consisted of 483 respondents - members of the Chamber of Social Workers and Assistants of Social Work. The research file consisted of 224 respondents (46.3%), ie. those, who were willing to fill in an electronically processed questionnaire.



Graph 1: Respondents according to gender.

In our research, we also looked at some differences in respondents' views by gender, which we also evaluated statistically. We identified, for example, conflicts in the interest of membership in the Chamber based on the Practice of respondents; the differences in the expectation of solving the social status of Social Workers; interest of Performance in Practice.

The formulations of our assumptions were as follows:

- There is a statistically significant difference between men and women, graduates of the Study of Social Work with more than 10 years of experience in interest about membership in the Chamber of the Social Workers and Assistants of Social Work.
- There will be significant difference between the sexes in anticipation of addressing societal status of Social Workers from the point of view of the Chamber of Social Workers and Assistants of Social Work.
- There will be a difference between the sexes in question of performance of Independent Practice of Social Workers, as allowed by the Law on Social Work.

To calculate the probability of the correlation we used Microsoft Office, by which we calculated the measured values by statistical functions. We used the following formula to calculate the Chi-quadrate, which represents the sum of the differences between the observed values denoted as O and expected values identified as E, these are then divided by the expected frequency E.

$$\chi^2 = \sum \frac{(O-E)^2}{E}$$

When calculating Chi-quadrate, we used a frequency table to test the zero statistical hypotheses according to which the frequencies in each categories equal to the expected frequencies. When calculating, we denote p with a significance level of 5% that is equal to 0.05.

- If the value p is lower than the significance level, then the hypothesis is rejected.
- If the value p is higher than the significance level, we will not reject the hypothesis.

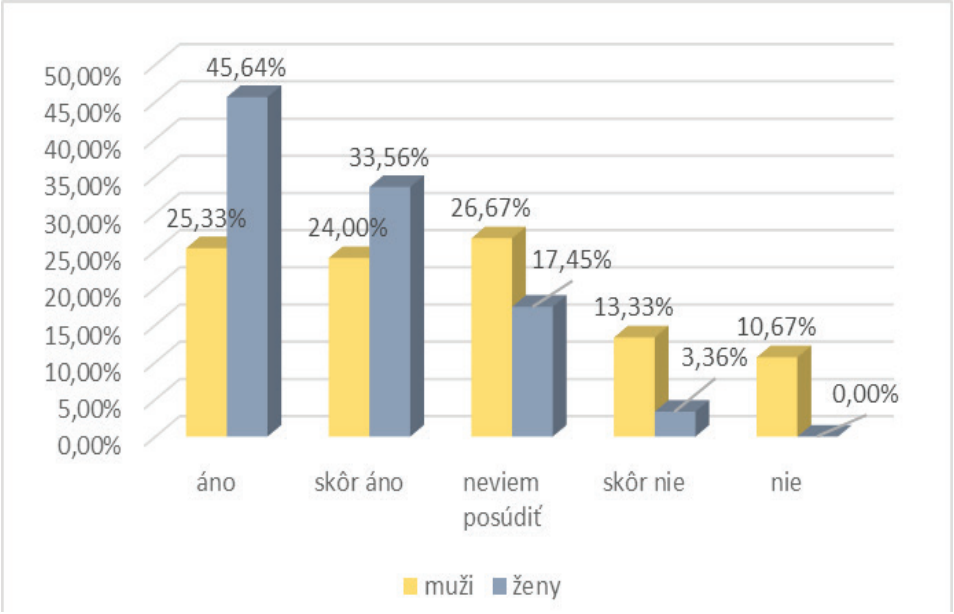
Such a result means that the difference between the observed and the expected frequencies can be a coincidence of the chance and therefore we can consider it to be statistically insignificant. (Kalina et al. 2010).

Based on our calculation of probability, we have concluded that

- men graduating from Social Work with more than 10 years of Practice have shown a stronger interest in becoming members of the Slovak Chamber of Social Workers and Assistants of Social Work as women Graduates of in Social Work. (Chi-quadrate 0,832196, p = 0,732696816).
- It can also be concluded that there are statistically significant differences indicating that men, unlike women, are of the opinion that the adoption of the Social Work Act has strengthened the status of a Social Worker in society. (Chi-quadrate 1,362863, p = 0,524863225).

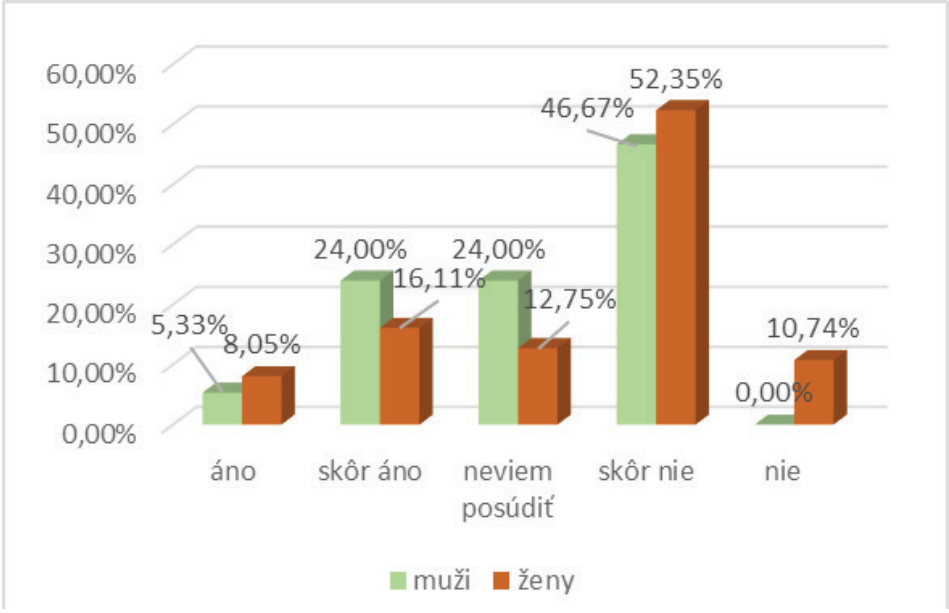
Concerning the interest in the performance of Independent Practice, our assumption has not been confirmed, there are no statistically significant differences, which would point to differences in perceived in performance independent practice according to sex. (Chi-quadrate 2,83254, p = 0,034411386).

As part of our findings, we would like to point out some results that point to the views of respondents regarding the establishment of the Chamber of Social Workers and Assistants of Social Work. In Graph 2 we present results that clearly confirm the importance of setting up such a professional organization.



Graph 2: The need for the establishment of a professional organization.

It is interesting to note that the expectations of Social Workers to strengthen the status of Social Workers are not yet sufficiently fulfilled. This may be related to the fact that the Chamber did not sufficiently reflect the expectations of a more pronounced political overhaul, especially in relation to the salary solution and improving the position of Social Workers in society even compared to other helping professions. The results of this finding are shown in Graph 3.

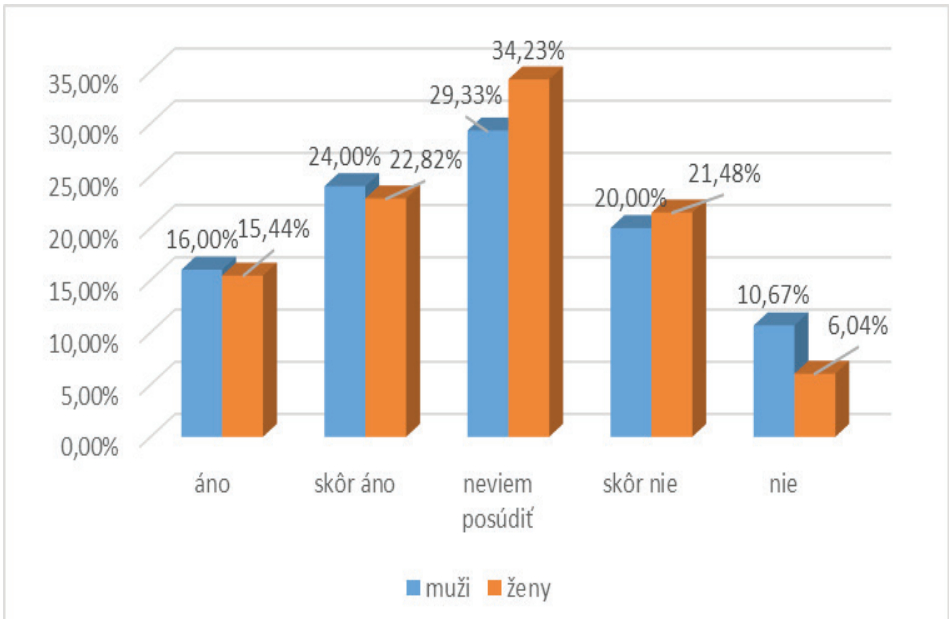


Graph 3: Improving the status of Social Worker in society.

A new and significant element in the Law is the possibility to perform an Independent Practice by Social Worker her/himself. It is independence in the performance of Social Work without necessity of employment. The performance of Independent Practice is not linked to a trade license, it is a free occupation. Respondents in our research are undecided in the perception of this possibility, which is also reflected in their answers in the sense of "I do not know to judge and "rather not" and not what they make up for women in almost 62% and 61% in males.

Conclusion

The adoption of the Social Work Act is an important milestone for Social Workers and Assistants of Social Work. It is important that, under mentioned the Act of Social Work, Social Work can only be carried out by a Graduate with a University Degree in Social Work. The establishment of a Chamber of Social Workers was an important part in the actual process of professionalization. The establishment of the Chamber, also according to the respondents' answers of our research, was an important step but on the other hand, according to the statement, the Chamber does not yet implement the expectations in the context of strengthening the status of Social Workers and some assumptions are not fulfilled. These include, for example, adjusting the status of Social Workers in other sectors or the possibility of participating in Specialized Education. We were surprised by the relatively low level of interest in the performance of independent



Graph 4: Interested in conducting independent practice.

From 2015 to the present, Chamber of Social Workers and Assistants of Social Work issued only two permits. It also appears to be related to lack of information, obviously also with the need for certainty and anchoring in proper employment. The reason is probably the workload of Social Workers within their Profession and on the other hand also in connection with the Civil Service Act, a limited option for Social Workers in the state employment relationship to Practice Independently.

practice; statistical differences did not reveal significant gender differences. On the other hand, men with more than 10 years of experience in the Social sphere showed the greatest interest in membership in the Chamber of Social Workers'; and similarly men are of the opinion that the adoption of the Law strengthened the status of a Social Worker to a greater extent than women.

The fact remains that all members of the Chamber of Social Workers and Assistants of Social Work did not participate in research. It is possible that even the short duration of the Chamber and its activity that is profiled had an impact on the results of our research. As similar research in Slovakia has not yet been realized, it would be interesting to continue to explore identity, status and interest in further education of Social Workers through specialization study.

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Improving Quality of Doctor's Communication Skills

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Abstract:

This report is focused on the possibilities of practicing communication and developing communication skills in modern Medical Care. Demand for professionally managed communication between Doctors and patients is part of improving the quality of Medical Care. Future Doctor training in the field of mastering communication skills can be a very significant element at the beginning of their professional career. Effective management of communication skills with the help of appropriate teaching methods has a big influence on acquiring and deepening the

trust between Doctor and patient. Practicing through role-play and analyzing video-recorded situations is one of the most effective methods of communi-cation training. It is based on students' needs and possibilities arising from effective learning processes.

Introduction

Social interaction is a fundamental pillar and a starting point of interpersonal contact. Dictionaries define interaction as reciprocal influence of two or more agents. Social inter-action is understood as the basic way of social behavior, experiencing, learning and self-knowledge, communication and mutual influence of at least two people. Therefore it is always about a person and his/her relationships with other people.

Communication is an indispensable part of mutual contact between people. It constitutes an inherent component of mutual connection. It is a complex and multi-level process. It is influenced by many factors, among others for example by a person's individuality; his or her upbringing, education, experiences, abilities etc. Thus, its basis is of a biopsychosocial model of a person. It can certainly differ in development, perception, hereditary dispositions, acquiring communication skills, family upbringing and the way it is realized. Nowadays the notion of communication is overused. A lot of notions are hidden behind the word communication today; they fade and disappear. We are far less likely to find words like talk, chat, discuss, debate, tell, exchange information or experiences etc.; today two people simply communicate. (Linhartová, 2007)

Communication as a connection tool is affected by a range of different individual characteristics. Among others it involves being aware of one's own self, actions and behaviors. With this aim, video training is one of the key activities during practicing communication between Health Care Workers and patients.

Research process, Results and Discussion

Communication in Health Care is the topic that both laymen and professionals are interested in. Communication level is part of assessing quality of Health Care in a Medical Institution. For this reason several questions in a patient satisfaction questionnaire are usually devoted to how a patient sees the communication among the members of the Health Care team in a certain Institution; being informed about the treatment process; comprehensibility of the information she/he receives; appropriate choice of language, etc. This increased interest in the last decades is related to the concept of the patient being seen as a partner in Health Care and Medical Care, and therefore to the changed approach to an ill person.

Understanding and communication belong to basic communication notions that come to the foreground in Medical Care. These terms from the sphere of communication and communication skills are referred to as soft skills. Soft skills are related to the way to cooperate, not what to do. WHAT to do belongs to the professional level; HOW to cooperate belongs to the personal human level. This level is affected by a range of factors: for example, how we get along; how we feel; how we think; our hierarchy of values; our motives; rituals; needs; etc. Hard skills, which include language; logical mathematical; visual spatial forms of

intelligence can be measured by the Intelligence Quotient Test (IQ). In contrast, soft skills are skills in the sphere of interpersonal relations: in the first place how willing and able we are to work on ourselves and whether we look for opportunities to grow personally. (Muhleisen, Oberhuber, 2008)

We can divide soft skills into three notional spheres:

- sphere of personal competencies;
- sphere of social competencies;
- sphere of methodical competencies.

The above mentioned spheres and students showing their effort to develop and grow personally lead us to the idea of working on the topic of communication training for the students of medical faculties. Dictionaries define communicative competence as under-standing verbal and non-verbal interaction; different types of verbal utterances; written and printed texts and records; visual materials; commonly used gestures; facial expressions; pantomime; sounds and other means of information transmission; thinking about them and reacting adequately to them, as well as using them appropriately and adequately for our own accurate and civilized expression; being involved in social coexistence; and events. We consider these skills to be the kind of skills that a Doctor should master in his Medical Practice. Beside the above mentioned communicative competencies, the integral part of Doctor's professional approach are also social and work competencies. They complete the latter and are realized in the first place in the skills to work in a group effectively and in a cultivated way; adequately adapt to one's position and role in a group; positively influence the quality of working together; exert effective working activity and creative effort in the sphere of one's own working activities.

The relationship between Doctor and patient belongs to the basic relationships in Health Care; respectively Medical Care. The profession of a Doctor is the only one that every person is going to deal with inevitably in their life; everybody is going to be a patient eventually. When our health is under threat and our current condition deviates from the norm every one of us starts to realize its meaning and value. Maybe for this reason we expect omnipotent and flawless treatment; an infallible and friendly approach by the Doctor whom we investigate thoroughly in the moments of tension and uncertainty. We expect that the Doctor will hear our fears and concerns; that she or he will be able to choose the right and effective words.

We expect the non-verbal resonance alongside the choice of the most effective methods of therapy. In simple words, we take Doctor's good communication skills for granted. And only misunderstanding of all kinds can make us realize that it is not a matter of course. Nothing is self-understood, it is necessary to master the scientific part connected to the professional communication. (Haškovcová in Ptáček, 2011). Nowadays, Doctors are primarily trained during their university years to be able to treat people; to know and choose the right methods of treatment; view and analyze test results; logically consider connections and links between symptoms. It is done at the expense of suppressing the perception of a person as an individual, and a Doctor is going to learn that only with the beginning of practice.

Teaching communication skills should be based on students' needs in the learning process that are necessary for successful mastering of skills or qualification. According to Petty, explanation belongs to the basic needs of a learning person. Explaining to the student why the mentioned way is

used is the basis for his or her further understanding. If we apply procedures that we do not understand we often feel uncertain. Within the explanation we should become acquainted with all important context of the topic. As Petty writes, "earning without understanding is superficial." (Petty, 2008, p. 23). As he states further, among other needs of students that arise in the process of learning are demonstration; activity; active revising; testing. During a demonstration the student feels the need to know exactly what is expected from her or him, how to do it in the best possible way; how to use her or his skills correctly; in what situations to use them.

The majority of students rightfully consider training and practical usage of their skills to be the most effective method of learning. Practicing skills takes a disproportionally larger amount of time in the learning process than other activities. From the didactic point of view this aspect is mostly overlooked while teaching communication skills at Medical Faculties. Another need of a student is "testing" which states the efficiency of the acquired skill. Under usual circumstances it is easier to demonstrate ability or skill in the presence of a teacher, mentor etc. than using the skill on one's own.

This last step on the way to mastering a skill or qualification in our case in clinical conditions is the most significant. The student can evaluate this step on his/her own in the practical part of his or her professional training. She or he can assess during communication with patients how well she or he is prepared to manage unpredictable communication barriers and apply acquired communication skills.

For above mentioned reasons we focused on the efficiency of using video records in practicing "active listening" and "information transmission" with the students of General Medicine Master Program (Second Faculty of Medicine at Charles University) during their optional course called "Communication, communication skills'. We chose this optional course since there is no separate subject that deals with communication and basic communi-cation skills in the above mentioned program. During this optional course we had the opportunity to examine and observe progress in developing the two above mentioned communication skills in students of Medicine.

The most appropriate method of assessing the progress seemed to be a video recording of the situation that captured in detail separate subchapters of the situation. During the introduction part of the course, the students had a chance to evaluate and understand the meaning of the observed communication skills - active listening and information transmission based on the example conversation between "Doctor and patient" in the model classroom. Roles of the Doctor and the patient were played by experienced students from senior year of Medical Faculty, who proved their experience in managing the observed communication skills. The conversation was acted out according to the predefined script that was given to both actors and previously approved by the teacher.

- Respondents that took part in the course prepared characteristics of unknown diagnoses based on the example dialogue.
- The choice of a diagnosis was random, so there was enough time provided for working on the topic.
- Students' task was to find and process all information about prevalence, incidence, symptoms, diagnostics, treatment and prognosis of the disease so that they can convey it and explain to the patient or a family member.

- The element of an unknown diagnosis became very effective in preparing the training, since it encouraged not only individual preparation, but also looking for connections with already acquired knowledge and skills of the students.

It stimulates students' motivation for studying. Patient's role was played by colleagues from senior years or students unknown to the participants who were given the script of their role beforehand. During the course an approximately 10 minute long video recording of a communication situation was made for every individual. This video record was repeated at the end of the course, that is at the end of the semester of the academic year, since the course is one semester long. The differences between video recordings of communication skills at the beginning and at the end of the course for individual students were recorded into special forms that were prepared in advance. Students themselves were the assessors, they observed performances of every student colleague and made notes during or right after the performance. We asked ourselves whether it was possible to divide the communication skills of the students captured by values of individual parameters of all four subchapters into several groups (clusters), which would to some extent differ in character of the communication skills, but so that the students of each group would be close to each other by the values of their communication skills. The point of this division is primarily creating "profile" groups of students according to their communication skills, where the most appropriate representative or representatives of each group will form a so called focal group. For creating groups, we used a multidimensional method – cluster analysis. In this way, every cluster becomes a profile group that can be "accurately" described through average values of communication parameters, for example "talkative extroverts", "responsible introverts" etc. However, it requires great imagination on the side of the researcher as well as understanding the principle of cluster analysis.

Conclusion

Teaching communication skills at Medical Faculties can be a very distinctive source of detecting weak points in a person's communication that can adversely influence negotiation and behavior in medical practice. Uncertainty in communication with a patient can distract attention from essential information and lack of experience in leading a conversation with ill people may appear stressful not only for the patient but especially for the student during Clinical Practice. Acquiring communication skills with the help of role play and analyzing video recordings can be one of the ways to eliminate uncertainty and fear of direct contact with a patient. The chosen method proves to be effective and exceptional primarily in the sphere of self-concept and self-reflection of students. It helps a student to see her or him own reactions, quality of language means, and in the first place non-verbal cues in the situation where he or she is concentrating on the patient and her or his condition. It is not easy to master all the skills at once, it requires training supplied by feedback that can show progress as well as points that need to be improved. Acquiring communication knowledge and skills and quality training of these skills enables every Doctor to use an individual approach to patients that is constantly emphasized today, and also elevate Doctor's profession to being an art of its kind.

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Assisting families at Risk of Poverty in the Context of Social Services

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Original Article

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Abstract:

Objective: The aim of the research was to identify forms of assistance and use of Social Services by people from families at risk of poverty.
Design: Quantitative Research.
Participants: The characteristic sample group was a target group of adults (18 years and over) in the Czech Republic in the capital city of

Prague. Research centers have been deliberately chosen for the Social Services Centers: the Salvation Army Day Center in Tusar Street; the Day Center of the Archdiocesan Charity in Prague 8 Pernerova Street; the Non-Profit Organization of Hope in Prague 2 U Bulhara Street. Altogether, 300 questionnaires were distributed to respondents, of which 253 questionnaires were correctly filled. The sample comprised 253 respondents (51 women and 202 men).

Methods: The research was conducted in the winter months 2016-2017 through a questionnaire survey. The results were evaluated by statistical evaluation of the chi-quadrate of the test with 95% confidence and dependence was verified by the Pearson Contingency Coefficient.

Results: The tables show that the availability of assistance to families at risk of poverty in Social Services is sufficient within 60 years. It can be said that the ignorance of young families at risk of poverty which do not know of the available Social Services, plays an important role.

Conclusion: Research shows that mutual assistance and cooperation between Social Services and the availability of information, programs on existing services for families at risk of poverty are very important in this area.

Introduction

The issue of families at risk of poverty is the result of many influences and areas and it is a complicated, internally differentiated social, political, economic, health, legal and security issue (Arndt, Tarp, 2017). It turns out that the complex work with families at risk of poverty requires the simultaneous use of a number of other services and work areas that are not mentioned in the Social Services Act but are necessary to work with these families. The aim is to identify the forms of assistance and the use of Social Services by persons from families at risk of poverty, with their help, offer a possible supplement or extension of these services (Matousek, Kolackova, Kodymova, 2010). It is also necessary to describe the most common causes of the family at risk of poverty and prevention, which is not yet a strategy for us. However, poverty prevention is more effective and financially less demanding than family consequences. Social Services represent a clear and legal offer to address the social exclusion of families at risk of poverty (Mares, 1999). Social Service providers must offer their services primarily in the context of current social policy. Loss from family breakdown, loss of employment or housing is often the culmination of the complex life situation of a person and a direct reaction to the fact that this situation or a certain phase of life has not been dealt with. The theme is the challenge and the moral duty of society to seek answers to the theoretical and practical questions to help threatened families (Matousek *et al*., 2011).

Methods

The research was conducted from December 2016 to February 2017 through a questionnaire survey. The basic set was made up of adults - individuals from families at risk of poverty (18 years or more) in the capital city of Prague by means of deliberate choice (Fejtkova, 2017). The following centers of Social Services in Prague were used for research: the Salvation Army Day Center

in Tusar Street; the Day Center of the Archdiocesan Charity in Prague 8 in Pernerova Street; the Non-Profit Organization of Hope in Prague 2 U Bulhara Street. Altogether 300 questionnaires were distributed, of which 253 were filled in correctly (84.3%). The questionnaire contained a total of 30 questions to identify goals, research questions and hypotheses. The quantitative research used, helped to obtain data that meets the criteria of validity and reliability. Results were processed using pivot tables and chi-square of the independence test ($\alpha = 0.95$) with 95% confidence. Dependence was verified using the Pearson Contingency Coefficient. The results of the work were compared with related research in the Czech Republic and abroad.

Results

From Pivotable 1 it is clear that the length of stay of families at risk of poverty in Social Services is not influenced by the education of the respondent. Statistical test value = 31.4 with 20 degrees of freedom. The value of the Pearson Contingency Coefficient is 0.2198. Dependence is considered to be stronger when the coefficient value is closer to one. It can therefore be said that this is a weak association.

Pivotable 1: Calculation of the hypothetical relative frequency of length of the vulnerable person by poverty.

Education	How long have you been a person at risk of poverty?						
	0-1	2-5	6-10	11-15	16-20	More than 20 years	Total
Elementary School	18.4	45,2	41,0	21,0	3,2	4,2	133
Taught without leaving examination	10.4	25,5	23,1	11,9	1,8	2,4	75
Secondary school with GCSE	5,7	13,9	12,6	6,5	1,0	1,3	41
Higher vocational school	0,1	1,0	0,9	0,5	0,1	0,1	3
College	0,1	0,3	0,3	0,2	0,0	0,0	1
Total	35	86	78	40	6	8	253

From Pivotable 2, it is clear that under the age of 60 there is sufficient availability of assistance and social care for people at risk of poverty. It can be said that the ignorance of young families who do not know about

Pivotable 2: Calculation of the hypothetical relative frequency of availability of social care provision.

Age	What is the availability of social care provision?			Total
	Sufficient	Inadequate	I do not know	
Up to 20 years including	20,3	6.3	3,4	30
21-30	31,8	9.8	5,4	47
31-40	39,9	12,4	6,8	59
41-60	71,0	22,0	12,0	105
61 & over	8,1	2,5	1,4	12
Total	171	53	29	253

the available Social Services plays an important role. The value of the Pearson Contingency Coefficient is 0.2786. Dependence is considered to be stronger when the coefficient value is closer to one. It can therefore be said that this is a weak association.

Discussion

According to the survey, 78.7% of respondents are provided with adequate Social Services; 23% of respondents do not have a Social Service offer and 12.3% of respondents have no opinion on the question (Dovidio *et al*., 2006). In the case of proposals for improvement of provided Social Services, less than 20% of housing assistance in the case of families at risk of poverty, which needed Social Services with respect to their age and health, expressed 15.4% better access; 14,6% of the interviewed respondents would welcome the therapeutic services; less than 14% of respondents reported 12.3% improvement in Health Care and 9.9% legal counseling (Matousek *et al.,* 2017). As shown by the research, the capacity of Social Services is sufficient for 64% of respondents, insufficient for 25.3% and less than 11% of respondents did not have their own opinion on the question. From the results of these frequencies, it is clear that in almost 40% of respondents divorce was the cause of poverty, 26.1% of respondents declared a job loss; 12.6% came to this situation by mistake (gambling, alcohol, drugs); 9% for reasons of health; 4.7% reported the cause of release from prison; 9 respondents (3.6%) were the cause of the loss of housing (Kaduschin, Harkness, 2002). Other reasons were reported by 5.1% of respondents, i.e. debt, widowhood, violence and abuse in relation to their partnership or their own decision. From the above results, it can be stated that loss of employment is the second most serious cause. As can be seen, most respondents had basic education, which was 52.6% of the total number of respondents. The second most frequent group was the unemployed, who accounted for 29.6% of the total number of respondents. Secondary school with graduation was 16.2%, and the higher vocational school with the highest education was the smallest group (1.6%). It is given that people with lower education are more likely to be more vulnerable than those with higher education (Rist *et al*., 2017). The response of respondents to the question of what is important in their lives is that 37.2% indicate the importance of the family; 20.6% of respondents said that alcohol and drugs are important for them; 11.9% housing; 11.5% of employment (Koukolik, Drtilova, 2001). Other causes were 4.7% money; leisure time; gambling. It is clear from the results that 69.9% of the total number of respondents expressed a positive opinion on the reintegration of vulnerable families through Social Services into society. 47% of respondents expressed a very positive opinion; 12.6% expressed a negative opinion; 17.4% did not have a clear opinion on the issue.

Conclusion

Poverty is often the result of a person's difficult life situation and a direct response to inability to handle this situation. As a result of research, one of the main reasons is family breakdown and another factor is the loss of employment. People suffer greatly from psychological and somatic diseases, and many people have health complications and should therefore work to restore social skills. Social Services, Social Counseling and Therapy are important for families at risk of poverty and in an unfavorable social situation, but interpersonal relationships have irreplaceable living values. Addressing this problem is important for interconnection and cooperation between services

at all levels, as the issue of helping families at risk of poverty is interdisciplinary and requires the involvement of multiple areas and a functional social policy.

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The Role of Nurses Providing Information to Parents about the Prevention of Overweight and Obesity in Children

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Original Article

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Abstract:

This article focuses on parents' awareness about the prevention of overweight and obesity in children and its' use in the everyday life of respondents. Here an important role is played by a General Practitioner for Children and Adolescents, where the General Practitioner and his Nurse help to educate parents about the issues, risks and prevention of overweight and obesity. By identifying problematic areas in the prevention of overweight and obesity in children, the negative

consequences of the family's lifestyle and thus the lifestyle of the child can be minimized in the future.

Introduction

Problems of overweight and obesity in children are covered by various Institutions in the Slovak Republic. Despite the efforts of the National Obesity Prevention Program and its strategies to address overweight and obesity issues, with the aim of reducing the number of obese persons by 2025, the number of obese patients continues to increase (22). "Despite the fact that childhood obesity is receiving much attention from doctors, parents and the media, none of the measures so far have a long-term effect" (18). General Practitioners for Children and Adolescents are increasingly confronted with children who are considerably overweight. In the preventive examinations of children, especially between the ages of 10 and 15, we recorded higher body weight, higher BMI; abnormal levels of lipids in the blood, hyperglycemia; dyslipidemia; high cholesterol and triacylglycerols; increased blood pressure. Preventive examinations should include counseling in which Nurses and Physicians can positively influence and educate parents in a timely manner about proper child nutrition, suitable exercise and prevention. This should also include informing parents about the consequences of overweight and obesity in children as well as solutions to the problem.

Obesity is referred to as the third most common chronic disease of civilization and an epidemic of the new millennium.

"The mechanism of the development of obesity is not yet fully elucidated but many factors play a role. Genetic factors and environmental influences are involved in the development of obesity."(3).

Kozuchova and Baskova are convinced that improper nutrition as well as an excessive consumption of a diet that does not match the age of the child leads to a disruption of his or her health and a deterioration of their overall nutritional status.

"The WHO reported in 2015 that 2.3 billion people were overweight and over 700 million people were obese. The WHO estimates that in 2020, two-thirds of all diseases in the world will be connected to our dietary habits"(21).

According to Parizkova, Lisa *et al*., the incidence of childhood obesity in European countries is not the same (16). It is mostly accepted in countries with higher economic levels.

"Many factors are involved in the onset and duration of obesity such as biological, psychological and social factors" (10).

- **Biological factors** include the long-term disparity between the intake and expenditure of energy that occurs through overeating or reduced physical activity.
- **Psychological factors** contribute not only to the emergence but also mainly to the duration of obesity. It is related to eating habits and emotions.
- **Social factors** are associated with education, social status, employment, financial income, gender, nationality and race. The risk factors of obesity mentioned by Covisa (2) coincide with Malkova, I., Malkova, H. (10).
- Importance is also attributed to **cultural** and **economic factors**.

"Factors that affect individuals and cause obesity are numerous and involve not only the biological aspects but also the psychological and social spheres of the individual"(2).

- The occurrence of obesity is also linked to **education**. Obesity is more common in families where the parents have a lower level of education. Covisa assumes that a woman's education affects obesity in children more than a man's education.
- **Environmental factors** as the cause of overweight and obesity are described by Hainerova (5), Marinov *et al*. (12). The authors consistently point out that a human is naturally different in her/his ability to actively change the environment in which she or he lives.
- Hainerova (5), Ondriova *et al.* (14) add that **prenatal factors** also contribute to the development of obesity.
- Vitek (21) divided the risk factors of obesity into **uninfluenced reasons** (age, gender, genes, factors such as gut flora, virus infections, brain activity, overweight of parents, height, birth weight, breastfeeding, household income, education) and influenced reasons (nutrition, movement, lack of sleep, stress, leisure time). According to Vitek, it is proved that obesity in children is more common if one or both parents are over-weight (21).
- The **lifestyle of the family** as a risk factor in childhood obesity is often written and discussed. Marinov *et al.* (12), Ondriova and Sinaiova (15) report that the main source of childhood obesity is the family lifestyle.

"All the paths to study the causes of childhood obesity leads to the family" (4).

Obesity as a disease occurs where there are inappropriate lifestyles, bad habits and poor behavior (7).

Lately, Pediatrics have been intensely interested in how to halt the rising trend of overweight and obesity in children. They claim that the actual prevention of common obesity is the most effective treatment for obesity (11).

Practical part:

Objective of the Survey

To find out about the parents' awareness of issues, risks, overweight and obesity prevention in children and their use in the everyday life of the respondents.

Sub-objectives

- To find about parental awareness of overweight and obesity prevention in children.
- To investigate the influence of genetic predisposition on the development of overweight and obesity in children.
- To find if breastfeeding has an effect on the development and development of overweight and obesity in children.
- To find the effect of parents' physical activity towards overweight and obesity in children.
- To determine the extent to which parents' lifestyle influences the risk of overweight in children.

Patients and Survey Methods

The group of respondents consisted of parents of those children registered in the General Practitioner's Office of the selected Medical Facility who met the criteria needed for this research. This group was represented by a total number of 150 citizens from the Slovak Republic: 134 women (89.33%) and 16 men (10.67%) who had children aged 10 to 15 years. The research was carried out after the written consent of the children's parents was provided and this research was performed during the period lasting from October 2017 to January 2018. A quantitative scientific method was chosen for this purpose. The questionnaire research technique was used to collect the necessary information and this data was then converted into a statistical file in Excel. The questionnaires for the group of respondents were

prepared and available in both printed format and electronic format and contained 25 questions.

Discussion

Hypothesis 1 has confirmed that parents with a higher education are better informed about child obesity than parents with a lower education. Obesity as a chronic disease was identified by 52.29% of respondents with higher education, with more women responding to this than men. Covisa (2) assumes that a woman's education has a greater impact on childhood obesity than that of men. Parizkova, Lisa *et al.* (16) agree with Covisa that parental education influences the composition of the diet, as well as the selection of foods and the subsequent preparation of food. From the surveyed questionnaire survey data, it was confirmed that women are more interested in the health of the child, thus agreeing with Vítka's statement (21) that there is a relationship between education and a healthy lifestyle upbringing. The presumption by Frankova, Parizkova, Malichova *et al*. (4) that parents with a higher education are better able to select the acquired knowledge for the health of the child, was confirmed in the results of this research. Hainerova (5), who shares with Svacina, Bretsnajdrova (19), said that the most common complications of childhood obesity are metabolic and cardiovascular problems. Evaluated data from this research was consistent with this that of the authors whereby respondents identified cardiovascular and metabolic problems as being the most common. Respondents with a higher education attach greater importance to the overall unhealthy diet (69.69%) as a cause of obesity in children. And according to Marinov, Barcakova, Nesrtova, Pastucha *et al.* (12) this includes not only overeating but also unhealthy and inappropriate food.

Hypothesis 2 confirmed that a child who has at least one parent who suffers from obesity has a tendency to also be overweight and obese more often than a child of slim parents. In respondents' family, overweight or obesity occurs in 63.34%; 28 (18.68%) of the respondents admitted that their children are currently overweight or obese. The percentage of parents and children with overweight or obesity differs by only 2.67% which suggests that overweight respondents have overweight children. This confirms the theory of Svacina, Bretsnajdrova (19), who are convinced that genetics is a factor that affects the occurrence of obesity in the family. In 2011, Pavelekova, Peterkova (17) devoted research to the study of the presence of obesity in parents and their children. They assumed that parents with higher BMI values would have children with higher BMI values. The authors found that the incidence of obesity in men (9.27%) was higher than in females (3.97%). The results of this research and with their research are the same. Overweight or obesity was reported by more men (37.50%) than women (29.85%). In National Anthropological Research in the Slovak Republic (6), which took place in 2011 (ÚVZ Slovak Republic, Institute of Hygiene, LFUK) found that the weight of children from 2001 to 2011 increased in boys from 1.6 to 5 kg on average; in girls from 0.6 to 3.4 kg. The results of the research further indicate that in all age groups from 7 to 18 years there was a significant increase in BMI, in boys by 0.8 to 1.5 $kg.m^{-2}$; in girls ranging from 0.4 to 1.3 $kg.m^{-2}$.

Hypothesis 3 confirmed that non-breastfed children are overweight more often than breastfed children (a child that was fully breastfed for at least 6 months). Several authors agree on the validity of the claim about the protective effect of breastfeeding. Hainerova (5), Marinov, Pastucha *et al.* (11), Nevoral *et al.* (13) where breastfeeding has

the ability to prevent overweight and obesity in children at a later age and is supplemented by an indication of how long it is necessary to breastfeed in order for breastfeeding to be effective. It was therefore determined in this research whether respondents were breastfed and how long they had breastfed their own children. From the evaluated data, it was discovered that the majority of the respondents, 110 (73.34%) were breastfed in childhood. And 100 (66.67%) of the respondent's children were breastfed. The opinions of the 97 of the respondents (64.67%) on the protective effect of breastfeeding is the same as the opinions of the authors. The survey of maternal attitudes towards breastfeeding by Ondriova, Fertaĺova, and Hadasova (14) in 2015 shows that mothers consider breastfeeding to be the healthiest and most natural diet for a child towards improving their health. Based on the survey data obtained in this research, we can identify with the conclusion of the survey by the authors. The data obtained from this research and the claims of Parizkova, Lisa *et al.* (16) are the same whereby one of the factors influencing the length of breastfeeding coincides with the level of education (of the respondents).

Hypothesis 4 has confirmed that the children whose parents participate in regular exercise activities have more physical activity themselves than children whose parents do not do so. According to Marinov, Barcakova, Nesrtova, Pastucha (12), it is proved that if the parents do participate in regular sporting activities, then neither do their children. Although regular sports activity has been shown to have a low number of respondents in their research, their children regularly exercise 2 to 3 times a week. This means that even if the parents only participate in sport activities on an occasional basis then this can be a model for their children to follow. This is confirmed by the statement by Kovacs, Babinska (8) that children have a natural relationship to exercise.

A group of authors (20) was devoted to investigating the physical activity and leisure time of the population of children in the Slovak Republic. A survey on the physical activity of children was carried out by RUVZ Komarno, 2nd Pediatric Clinic LF UK, DFNsP Bratislava, Institute of Physiology LF UK Bratislava in 2007. The results of the work present by a group of authors showed that school children spend their leisure time with no exercise and only mostly passive activities. The research results in this work differ slightly compared to that of the authors. Passive activity was identified by 30.77% of the respondents whereas 51.90% of the respondents were identified towards having active activities. Surprisingly, however, is that this research showed that 17.33% of respondents do not have time for their children. So, the question arises whether these children spend their leisure time without passive parenting or with active activities.

Hypothesis 5 confirmed that children of parents who have an unhealthy diet are more prone to overweight and obesity than children of parents who have a healthy diet. Marinov, Pastucha *et al.* (11) state that a prerequisite of a healthy lifestyle of the parents is a healthy diet and exercise regimen. Parizkova, Lisa *et al.* (16) place great importance on the lifestyle of the family. However, the evaluated data from this research indicates that most respondents are aware of the impact of their lifestyle on their children but nonetheless up to 107 (71.39%) of the total number are either eating healthily occasionally or not at all. The results of this research coincide with the statement by Prochotska, Kovacs (18), who report that the absence of eating breakfast has an effect on overweight and obesity in children. Based on the results of this research, it has been confirmed that

up to 31 children currently suffer from being overweight which basically corresponds to the number of children (i.e. 32 children) who are aged between 10 and 15 years of age who do not eat breakfast at all. A group of authors (1) conducted a study focusing on the nutrition and diet of children in relation to the risk of obesity. The greatest attention was paid to breakfast. The results show that 61.7% of children regularly eat breakfast and 17.2% of children do not eat breakfast at all. By comparing their results with the results of this research we can conclude that since 2007 the parents' awareness of breakfast and its' importance in the healthy life of their children has increased.

Improvement recommendations

Recommendations for management:

- Provide continuous education for pediatric Nurses in the field of nutrition and physical activity of children aged from 0 to 19 years of age (courses, training, further education).

Recommendations for Nurses of children and adolescents:

- Nurses involved in the primary prevention stage will provide advice regarding breastfeeding.
- Nurses will be interested in the healthy diet of the child and family.
- Nurses will be interested in the child's exercise regime.

Recommendations for Nurses in children's wards:

- Nurses in secondary prevention roles will motivate a child to reduce weight.
- Nurses will be interested in the family's lifestyle.

Conclusion

Overweight and obesity is affecting ever younger children. Prevention is more effective than follow-up treatment. Based on the results obtained, it is clear that more attention should be paid by Nurses towards parents who have a lower education. It is necessary to deepen the education and upbringing regarding their health so that they can learn and use this new knowledge in practical ways. Prevention of child overweight and obesity is in the interest of the whole society and strengthening the role of Nurses as educator in primary and secondary care could be of importance.

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Effective Student Practices and Their Contribution to Formation of Students

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Original Article

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Abstract:

Starting a new model of effective student practices using counseling in families with specific social problems, we planned to deal with the examination, verification and description of the counseling method.

How do we perceive counseling? Its main competences are empathy and ethical reception. Other competencies include ability to identify the specificities of the conversation using multicultural competencies; engagement of positive psychology and overcoming the negative tone in theory and practice of counseling; finding more about conversation methods; crisis counseling practice; as well as anticipation of client´s responses.

Introduction

In this paper, we focus on research we have conducted in order to verify the newly-formed method of Social Work. It is called counseling; in Slovakia, it is more known as "accompaniment". It is a method that helps to cope with difficult situations affecting an individual on personal, social and spiritual levels. Application of this method is relevant in all areas of human life. The essence of this new method is to promote people's capacities to help themselves; to lead them to self-help. This means to mobilize person's inner strength to solve a particular life situation on her/his own. The research refers to preparation and implementation of multi-day meetings of teachers, lecturers, students - volunteers and clients. The aim of these meetings is to create an atmosphere of safety and comfort, where the participants pass on their experience resulting from mutual communication. They spend several days actively together finding out more about their abilities, needs and skills. (Trebski, 2016)

1. Research Definition

The Effective Practice Model was based on an experiential learning where students go through different situations and then talk about them; evaluate them; receive an explanation of correct behavior. Meeting new people with special needs in an environment which allows them to spend several days together represented a new dimension of understanding of disability issues and other matters that such a state means for disabled person and her/his family.

2. Research Problem and Objectives

The research question was aimed at evaluating the accomplishment of objectives of the Effective Practices Model stated prior to the implementation of the pilot project. In the research, we wanted to find out to what extent the project participants perceived them as present and accomplished.

The main objective was to analyse the perception of the effective student practices application by its participants. Other research objectives:

1. The atmosphere of safety and comfort for students and clients of the Practice.
2. Promotion and professional and personal coaching of students while accomplishing assigned tasks.
3. Gaining new skills concerning the work of Social Workers with specific group of clients (especially training of communication between students and clients).
4. Gaining personal experience, meeting a new group of people and situations.

The research was exploratory in nature and therefore we have selected the following research questions:

1. What were the participants´ expectations of the effective practice?
2. Whether, to what extent and based on what did the participants feel the atmosphere of safety and comfort during the meeting?
3. Whether, to what extent and based on what did the participants feel during the

meeting support and the professional and personal guidance while completing assigned tasks?
4. Whether, to what extent and based on what did the participants acquire new skills related to the Profession of Social Workers with a specific group of clients?
5. Whether, to what extent and based on what did the participants acquire personal experience, meet a new group of people and experience new situations?

3. Research Methodology

This qualitative research was aimed at exploring the all-over benefit of the Effective Practices Model for individual participants. Research was exploratory in nature, since the main variable has not been empirically verified. With the questionnaire, we tried to define the assessments of certain areas that we have set as objectives of these events. In the questionnaire, we first asked participants to evaluate the level of accomplishment or satisfaction with completing a given objective, and then we asked them for explanation of their evaluation. It served as a tool helping participants to think deeper about their statement.

3.1 Sample and Data Collection

The sampling was controlled, based on the participants´ attendance at the Effective Practices Study. The sample included families, students, teachers and guests (Breakwell *et al.* 2012).

3.2 Data Analysis

For this qualitative research, we chose the data categorization method, known as the CQR-m (Hill *et al*., 2005). It was a consensual qualitative research for simple qualitative data. The analysis consisted of creation of domains and categories; creation of a coding system; review of domains; subsequent categorization of answers. This part was done by two researchers who were creating domains and categories by themselves, and subsequently were looking for consensus in their arguments. The auditor was the last person evaluating their work from an outside perspective, or resolving disagreements in consensus. Several categories were created in the text, presented with relevant quotations from statements that clarified denotation of categories. Data analysis consisted of coded data. This analysis was done by two researchers independently. They met afterward trying to find consensus in coding. The result was a common version. This process included three following stages: creation of domains; main ideas; cross-analysis. Domains were keywords or phrases and based on them groups of responses were created. These domains were created based on responses categorization. At the main ideas stage, repeating words were eliminated from the data; the terms were simplified but without courageous paraphrasing.

4. Discussion

The research results suggest that effective student practices as one of several forms of counseling skills training are eligible. Teachers prepared this pilot project as a way to a better preparation of students for specific practical assistance in their future careers. The aim was to combine theory which represented a new method of Social Work with practical training in an authentic setting. During this Practice it was necessary to deepen the knowledge of a new target group, namely people with special needs and their families in the most natural environment. Research was examining the effectiveness of assistance to these clients. (Binarova M., Sobotkova I., 2007). This represents a new dimension of understanding of disability issues and everything else that such a state means for a disabled person and her/his family.

This objective was met; participating students verified theoretical knowledge directly through the contact with such clients. At the same time, they were able to see these people in their natural environment in which they live; in their family. The presence of parents and other siblings during this stay created a true picture of the quality of life and relationship links between family members.

Students´ expectations resulting from their motivation to enrich their understanding with new practical experiences that could help them to become acquainted with a new client with whom they had no prior experience were fulfilled. It was interesting for them to see the life of people who despite their disadvantage lived a positive life. Students were also able to test their skills in Practice. It was also essential for students to create an environment of peace and friendship to participating families. Acquired experience has created a new positive effect for students, specifically finding self-dignity arising from personal experience that their service was meaningful.

A very significant and positive effect of the practice was the feeling of reassurance that was formed based on a proper understanding of roles and safety resulting from the fact that students had the opportunity to consult all the problematic situations with the teachers. A feeling of imminent acceptance was perceived by students during informal communication. Openness and trust in communication was manifested through the possibility to express their feelings both positive and negative without fear that their opinion will not be correct or accepted.

This reinforces one of the main tools of counseling - communication. Students did not perceive the practice as a counseling training, but understood through experience what its main tool is. It was confirmed that counseling is a specialized help which includes relationship of equal value whereby the Professional has competency and qualification and communicates this equally with the client. The approach towards clients is better because of the example perceived during the Practice by teachers, i.e. teaching through personal example.

Understanding of particular situations in relationships is an important factor for empathy growth. One can create empathic understanding only through personal experience and knowledge of a particular problem in real experience. Based on the well-managed practical experience during the Effective Practice, and on personal experience with others, it is possible to reconsider our own feelings and achieve a change of attitude and life perspective.

In this respect, organizing of Effective Student Practices has significant importance not only in terms of education, but also in terms of forming mature people who will be ready to help in their profession.

Conclusion

Effective Practices focused on counseling of families going through specific stressful situations presumes that the participants will learn and/or improve counseling skills. Their preparation is made up of two levels: The first level consists of personal growth of students; it merges with, as well as further develops in the second level. The central objective of this second level is to create a space for formation meetings of people who will become their clients and will need their help. Practicing such assistance in an atmosphere of security, support and mutual trust creates space for better understanding of the problem as well as a platform for creation of greater awareness about themselves; about their own character, strengths

and weaknesses of their personality; desires; needs; last but not least, skills. At the same time, they strengthen their cognitive, relational and emotional skills, as well as capability of internal resources self-updating.

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