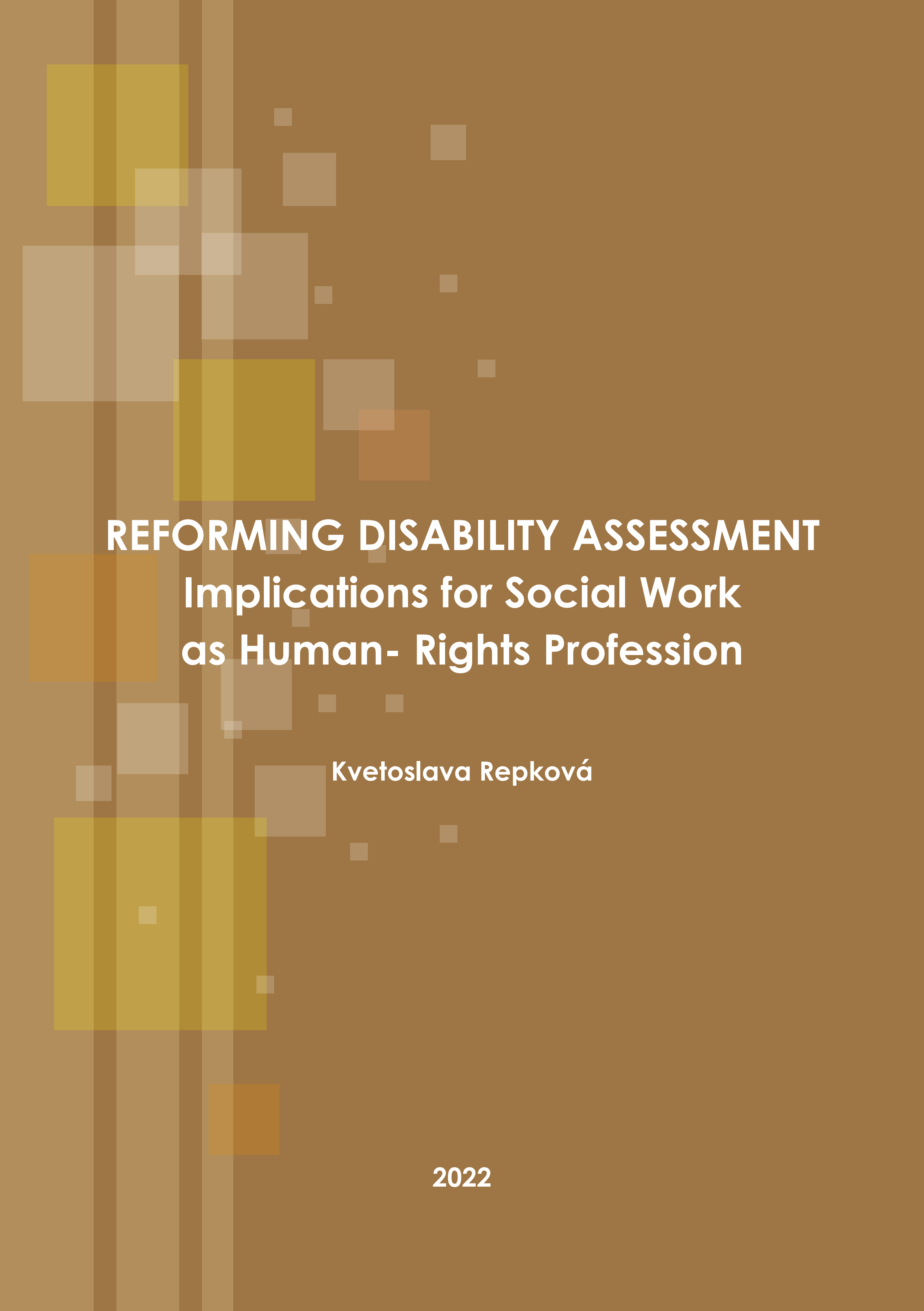

REFORMING DISABILITY ASSESSMENT
Implications for Social Work as Human- Rights Profession

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1 INTRODUCTION

The scientific monograph addresses the issue of **disability assessment** with special emphasis on the **social assessment of disability** (sociálna posudková činnosť; hereinafter referred to as „ **SAD** “) as a prominent area of the professional involvement of social workers. We approach SAD as a specialized field of social work anchored in the traditional model of the individual social work and social diagnostics (Richmond, 1917, 1922). Social diagnostics covers professional activities on the continuum from basic and permanent performance of social work related to all its action fields (Levická and Iľašová, 2009; Levická et al., 2015), up to a specific professional involvement of social workers related to a respective area of social sphere (Repková, 2021). While the first position of the SAD is derived and shaped by its affiliation to social work, another is strongly determined by the institutional framework of social protection, in our case the framework, which refers to the disability and long-term care policy.

In the international literature, the disability assessment is associated with the activities of medical assessment specialists, social workers, or experts of other helping disciplines, depending on, what basic interpretation of the disability is used. In the history, such assessment can be seen as the gradual transition from the impairment-based to the functioning-based assessment, which lies in the heart of social security of persons with disabilities (Baumberg Geiger et al., 2018). In other words, transition from the medical-based to the context-based assessment, where human-rights issues have become to be a principal value of the social protection for persons in support and care needs (Arnould et al., undated; Waddington, Priestley, Sainsbury, 2018).

In line with the paradigm shift in approaching disability and its assessment, also approach to specification of the professionals, who should be involved in such assessment, has been historically changed. In addition to the experts for assessing the medical aspects of disability, the reference is made to the growing numbers of social workers engaged in this field (Munday, 2007a; 2007b). It is due to the core characteristics of social work as a human-rights profession in accordance with the global definition of social work (IFSW, 2014; Staub-Bernasconi, 2012; Alseth, 2020; Hermans and Roets, 2020), and its mission to support persons with disabilities and those in care needs (Leichsenring and Scoppetta, 2016). Individually shaped persons´ wellbeing became central to the design of disability-related social provisions (Schulmann et al., 2017) and to the pivotal professional roles of social workers to embedding such more holistic view into the assessing and helping practice.

In Slovakia, the term "disability assessment" was traditionally, and still is, associated with medical assessment provided by assessment doctors of the Social Insurance Agency, who focus on an unfavourable health status of an assessed person and its impact on his working capacities. Based on the medical assessment conclusions, various social insurance benefits (e.g., sickness, accident, or other insurance benefits), or other supportive measures (e.g., occupational rehabilitation or retraining) are provided to the assessed person. However, since the 1960s, the medical aspects of disability assessment have always been linked in some way to the assessment of the wider (social) aspects of people's unfavourable health status and its impact on their daily lives, although such assessment has not been explicitly referred to as SAD. The formal integration of SAD into the disability assessment system for social security purposes took only place in the last two decades. And, it is only a little over a decade, that we explicitly associate the SAD with the social work profession, and only in the last few years the SAD has been recognized as a specialized field of social work being conditioned by a specialized education.

At the beginning of this decade, Slovakia announced certain reform intentions in the area of disability assessment, which have been embedded into all key documents - starting with the *Memorandum of the Slovak Government for 2021-2024* (Programové vyhlásenie vlády SR na roky 2020/2021-2024; 2021), through the *Vision and Development Strategy of Slovakia until 2030 - Long-term Strategy of Sustainable Development of the Slovak Republic - Slovakia 2030* (Vízia a stratégia rozvoja Slovenska do roku 2030 – dlhodobá stratégia udržateľného rozvoja Slovenskej republiky – Slovensko 2030; 2020); the *Recovery and Resilience Plan* (Plán obnovy a odolnosti; 2021), up to several currently adopted documents of the social sector[1]. The common value denominator of the documents is an effort to maximize the potential of people, including people with reduced functional capacities and people in care needs, support their quality of life, all by increasing the availability of public services and supportive measures of various kinds. An application of the modern and administratively not burdensome assessment mechanisms and procedures is a natural part of this effort.

The strong interest addressed to disability assessment is not derived only to the planned changes of the respective institutional framework in Slovakia. There are also important connotations towards the professional legislation of social work, whereas the program "Social assessment of disability" (SAD) has been recognized as a specialized field of social work since 2016. The respective education of social workers starts since 2022.

Thus, there are several reasons (ideological, economic, professional, or otherwise), for which it is scientifically legitimate and socially beneficial to deal more comprehensively with Slovakia's latest reform efforts in setting up new institutional framework of disability assessment to support people with disabilities and those in care needs. Such research can have multiplier potential: it can help for bettering to understand conditionality of the planned reform by a joint

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[1] *The National Priorities on Development of Social Services for years 2021-2030* (Národné priority rozvoja sociálnych služieb na roky 2021-2030; 2021); *The National Program on Development of Living Conditions for Persons with Disabilities for years 2021-2030* (Národný program rozvoja životných podmienok osôb so zdravotným postihnutím na roky 2021-2030; 2021); *The National Strategy on Deinstitutionalization of Social Services System and Substitute Care* (Národná stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti; 2021); *The Strategy on Long-term Care in the Slovak Republic* (Stratégia dlhodobej starostlivosti v Slovenskej republike; 2021); *The National Program on Active Ageing for years 2021-2030* (Národný program aktívneho starnutia na roky 2021-2030; 2021).

international effort to promote the human rights of people with disabilities in line with the commitments arising from the *UN Convention on the Rights of Persons with Disabilities* (hereinafter referred to as „CRPD “[2]). It can also help to understand the roots of the planned reform in the historical development of the disability assessment system in Slovakia. Finally, to understand the specific challenges that arise from the forthcoming reform of the disability assessment system for social work as a human-rights profession.

The monograph consists of six chapters. After an **introduction** that justifies our professional motivations and wider social context for preparation of the scientific monograph, in the **second chapter** we deal with basic terminological and conceptual issues. The basic hermeneutic orientation of the monograph, which determines the division of all other chapters in terms of their content, is also presented. The **third chapter** addresses the evolution of the disability assessment system in the Slovak social security system from the middle of the last century up to the present, when reform intentions of policy makers in the field of integrated long-term care, and the disability assessment as its inherent part, have been announced. The following **fourth chapter** presents and analyses the reform intentions in detail, comparing them with the conclusions and recommendations resulting from European studies addressed to the issue of disability assessment, which are based on the human rights obligations arising from the CRPD. In the **fifth chapter**, we pay special attention to the implications of the planned reform for social work, which is a professional foundation for assessing social aspects of disability. Text of the chapter comes out from the constructivist nature of both - social work and social assessment of disability. The social constructivism is also reflected in the specialised educational program “Social assessment of disability” (SAD), which is presented in the fifth chapter in detail. In the last **sixth chapter** of the monograph, intensive attention is paid to summarizing the research findings related to the examined reform documents and other research sources, combined with a discus-

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[2] The Slovak Republic ratified the document in August 2010.

sion of selected issues that emerged from the findings, and which deserve special attention.

In the **annexes**, the central text of the monograph is supplemented by overview tables on the diversity of disability assessment mechanisms, which are applied in the Slovak public policy at present. Moreover, certain additional information on the diversity of purposes and methods of disability assessment applied in European countries, are placed.

2 TERMINOLOGICAL BACKGROUNDS, CONCEPTUAL FRAMEWORK, AND HERMENEUTIC ORIENTATION

Study focused on the reform intentions in the field of disability assessment, with special emphasis on the SAD conducted by social workers, is not possible without clarification of basic terminological issues. There is a necessity to clarify concepts as: need; living/social situation; social assessment; needs assessment; or disability assessment. All these concepts have a constructivist character, and are rooted at interfaces of broader ideological and socio-political frameworks of the respective country, and academic (professional) definitions applied in social work, or other disciplines. We consider the clarity of the basic terms (concepts), and their consistent use throughout the text, to be a necessary precondition for establishing the conceptual framework and hermeneutic orientation of this monograph. Our ambition is to promote a mutual understanding of, what is a joint effort of the international community, including Slovakia, in the field of disability assessment, and what can be expected in terms of the contribution of social workers to achieving this effort.

2.1 Terminological backgrounds and their discursive shifts

We were considering, what terms to choose in order to shape the basic terminological architecture of our theoretical reasoning and, how to arrange them to provide the monograph with an adequate gnostic and structural basis. At first, it seemed sufficient to start with basic terms such as assessment, to continue with term disability assessment, as it is the core of the forthcoming national reform. And, to end with term social assessment of disability (SAD), as this term assigns the disability assessment issue to social work profession. However, during processing the text, it turned out that all these terms refer to the assessment process (how the assessment takes place), and, that they need to be supplemented by those focused on assessment itself (what is being assessed). Therefore, other terms, such as a need and a person´s life/social situation, have been included into the substantial terminological portfolio. Finally, all these terms are integrated within the concept of reform, as it was the reform what attracted our interest in studying the disability assessment issues.

2.1.1 Concept of a need

Already at the early 1980s, Bradshaw (1972) derived the history of social services from the history of recognizing people's needs and from the way, how a society approaches meeting of those needs. Despite the strong interest for people´s needs, it was often not clear in a particular situation, what exactly the term "need" meant as there was a general lack of clarity about this notion (Bradshaw, 1972; Ife, 1983). It is therefore important to specify, how the concept of need should be conceptualized for the purposes of social policy as that has important implications not only for the study of this concept, but also for its practical use, especially in the disability and long-term care field.

Concept of need is most frequently used by scholars in the fields of psychology and philosophy where it refers to individuals, needs are ascribed to individual people. In psychology, a **need** is a central pillar of the motivational theory and serves to understand the inner forces of human behaviour towards satisfying one's needs (Coon, 1989). Need is attributed to an individual lack, scarcity, or deficits (Flaker, 2019) and meeting of an individual´s needs is ascribed to be his own responsibility. There is another traditional postulate, that **human needs** as behaviour motivators are **hierarchically arranged**, what means that higher-level needs can only be met if are met the needs of lower level. Basic needs, e.g., food, water, warmth, rest, or safety are the most pre-potent of all other needs referred to the psychological and self-fulfilment areas (Maslow, 1943; In Flaker, 2019).

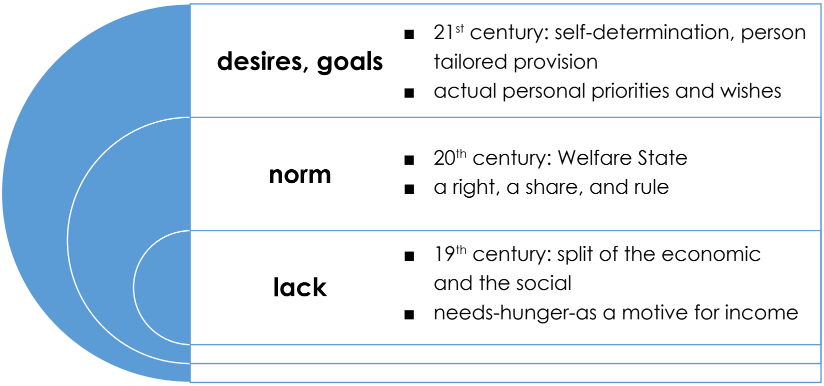
Theoretical and methodological problems with the use of the traditional concept of need and hierarchical arrangement of needs are often mentioned in the professional literature focused on the area of social policy and practice of social assistance. Here are some of the problems that are particularly important in terms of disability and long-term care policy as a prominent agenda of this monographs. Firstly, there is necessity to make distinction between needs and wants, between needs and problems, and between needs and prescriptions (Ife, 1983). Based on the **taxonomy of needs**, which was processed by Bradshaw in the early 1980s (1972), there are four separate definitions of need. First of them is a *normative need* defined by the experts, professionals, administrators, or social scientist for any given (standardised) situation. Another is a *felt need* which is equated with an individual´s want and perception and therefore limited to be used as a linear basis for service provision. When the felt need turns into the demand of a service, and into an action, such need Bradshaw (ibid.) called as an *expressed need.* Finally, the taxonomy accounts *a comparative need* which is obtained by studying the characteristics of the wider population in receipt of a service. With regards to the last category, Ife (1983) mentioned a need at an aggregate level, and titled it as *social need* or *community need*. Certain needs may be experienced at an individual level (e.g., the need for individual transport for a person), others may be emerged at an aggregate level (e.g., the need for community development workers). There are also needs which can be contextualised both at individual and comparative/aggregate level (e.g., the need for barrier-free public transport).

In terms of the possibility to capture human needs through public policy instruments, Nico (2016) points for a necessity to distinguish between the *objective components* of human needs and well-being (e.g., geographical and social location, household income, poverty rate, employment situation, living conditions, health status, etc.) and *subjective components* (e.g., individual perception of relationships to parents, peer; satisfaction with income, etc.). While the objective components are easier to integrate into social policy, the subjective ones are more private and, therefore more difficult to integrate into the policy measures.

According to Flaker (2019), Maslow's model of the hierarchical arrangement of human needs evokes certain problems also in terms of setting up the social policy goals and social practice, what the author documented in the context of long-term care services. He considered the hierarchy of needs as only an ideological construct, something what does not really exist. He illustrated this with the example of *breathing*, which the traditional theory considers to be a basic need that must be saturated in order to saturate the higher needs. However, Flaker points out that the needs of different levels are interrelated and that needs of higher level can determine to what extent and how will be satisfied needs of lower level (e.g., in the case of breathing, how a person breath). In certain instances, breathing can be termed as a need, sometimes as a life activity, and in certain places as a life or vital function.

Based on that, need should be approached as a multifaceted concept, in which three normative axes are traditionally intertwined - determining the social redistribution, coding the behaviour and lifestyle, and rights to statutory provision. In the last decade, a fourth importance has been added to these axes, which is attributed to the *desires, goals and real personal priorities and wishes of service users*. It was a response to a fundamental shift away from the conventional approach, where standards for individual sets of needs for service recipients were a priori pre-determined, towards human rights and empowerment. „ *The concept of need has, in its 200 years of existence, arched a trajectory from needs as a lack, scarcity, deficit, to norms and rights to arrive to the desires, priorities, and goals* “, Flaker summarised (2019, p. 126). In the diagram1, the evolution how needs have been re-conceptualised over the centuries, is displayed.

Diagram1: Layers of the needs´ conceptualisation



desires, goals	▪ 21st century: self-determination, person tailored provision ▪ actual personal priorities and wishes
norm	▪ 20th century: Welfare State ▪ a right, a share, and rule
lack	▪ 19th century: split of the economic and the social ▪ needs-hunger-as a motive for income

Source: Flaker, 2019, p. 125

This theoretical shifts in approaching needs - from the concept of lack and scarcity throughout the concept of norms and standardization towards the concept of the client´s self-determination, his individual desires, and goals - was also reflected in the social diagnostics and individual case work. Based upon the human-rights interpretation of needs for the social policy purposes, gradual departure from the authoritarian concept of working with the client to strengthening his will, responsibility and self-determination, has been occurred. Cooperation of actors started to be centred to the acceptance of the client´s views and needs as crucial inputs into assessment process and its results (Navrátil and Matoušek, 2013; Kvašňáková, 2017).

In terms of the human rights interpretation of needs for the purposes of social policy and disability assessment practice, in our original works we criticized the notion of **specific needs**, which became familiar in the terminology related to people with disabilities (Repková, 1998, 1999, 2003). We have considered the phrase "the specific needs of people with disabilities" as inappropriate or even discriminatory. As more appropriate and in line with the human rights model, we recommend a term **requirement** through which people enter relationships and interactions with other people, social systems and public services. Through requirements the human needs are transformed into the subject of public policy and its priorities (cf. Ife, 1983). This is important, as systems and services can either allow or limit the satisfaction of persons´ needs (Repková, 1999).[3]

Although Matoušek (2013) admits use of the term "specific needs" in social policy and social work, he refers them to defined social situations and events which people might perceive as difficult to manage without special social interventions (benefits, services, supportive programs). Similarly to our conclusions, the author does not refer in social work (or more generally, in social policy) to the concept of need as of a universal motive of people's behaviour, but points to certain shortcomings or disadvantages in the interactions between an individual and his environment.

Due to the persistent ambiguities and methodological problems in defining the concept of need in the social sciences and for its direct link with the purposes of social policy/social work, according to Ife (1983), it is not appropriate to trying for a priori definition of a need. The author suggested to examine rather the making of **social needs statement** (in another words **social needs assessment**)

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[3] Such approach corresponds with the definition who are persons with disability according to the UN Convention on the Rights of Persons with Disabilities, its Article1: „ *Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others* "(CRPD, 2006).

what is defined as a judgment of the type „ *X needs Y* “ where X is a person in need of certain form of social provision - Y. This re-conceptualizes the concept of need from an imaginative definition of human need *per se* towards a social intervention, which a person needs for his social functioning and daily living activities (Nico, 2016). In accordance with this re-conceptualization the „ needs “acquire to be defined as a human rights issue (Flaker, 2019), where the basic question is not “*What are a person's needs*?”, but rather “*What does a particular person need in order to be able to carry out his life activities (self-care, housekeeping or social activities) and exercise his own lifestyle?*” “*How to redistribute public resources so that a person can meet his own needs?*” And finally, „*What are a person´s actual needs in terms of his autonomy, self-regulation and self-definition?* “The positivist concept of need (potreba) is thus re-conceptualized into a functionally understood necessity (potrebnosť). This is a gnostic approach, how to find out and organise appropriate public-policy response to people´s needs.

2.1.2 Life/Social situation of a person

For the scientific and socio-political purposes, it is necessary to establish a frame of reference which displays the current person´s needs plastically, and enables to study them. In social work, such a framework refers to the life/social situation of a person. Musil (2004) considers the **life situation** to be a unique set of circumstances and factors that social workers must first understand to subsequently support a person in his efforts to cope with everyday life (normal life activities). Also, in his effort to deal with difficult life circumstances, when there is an imbalance between a person´s needs and the conditions for their satisfaction. Navrátil (2013) emphasizes as important to examine not only dynamic side of a person´s life situation (the current tension between a person and his environment in specific spatial and time circumstances), but also static aspects of his life situation formed by various elements and systems. They are e.g., age, gender, marital status, number of children, household composition, employment, hobbies, membership in various groups, sources of support, use of formal and informal resources. These aspects are related to personal priorities and wishes of a person, they refer to his self-determination, and should be addressed in the process of needs assessment. Thus, the life situation is always multidimensional and its reduction to only one dimension can be problematic or even dysfunctional.

A person's life situation is the basic "unit" of the professional interest of a social worker within the model of individually organised social work. On the one hand, life situation presents input for a social worker´s professional efforts, as it provides necessary information that needs to be understood and considered, when looking for a helping intervention. On the other hand, the changed person´s life situation is a result (output) of the social worker´s effort as it refers to how was the intervention chosen and used, what has been expecting and what are real effects of the intervention.

In social work, terms such as life situation and social situation are often used as synonyms. However, in the context of social policy, the term "social situation" is preferred. This is due to its constructivist nature, when one's social situation is viewed through normative rules. As a rule, the presence of certain predetermined characteristics of a person's social situation is sought, on the basis of which he can be provided with the necessary social intervention from public sources. In addition, there are certain predetermined types of social interventions that can be used in the individual social situations (Musil, 2013, speaks about procedurally oriented social interventions). Therefore, representatives of the critical social work emphasize that institutional and normative frameworks (laws, other regulations or official documents) can be counterproductive and adversarial for helping practice (Healy, 2001). It is especially true in neoliberal conditions that may contribute to the end of the professional autonomy of social workers (Staub-Bernasconi, 2012; Alseth, 2020; Janebová, 2019; 2021), or may weaken the professional identity of social work (Levická, 2015).

2.1.3 Social assessment & needs assessment

In accordance with the tradition of individual/case social work, social assessment can be seen as an assessment of the needs of a person in social need in order to provide him with social intervention intended to his activation, solving a social problem, or to prevent the recurrence of a social problem (Repková, 2020).

However, in the professional literature, other concepts can be associated with assessment for social purposes, as well as assessment can be associated with different levels, depending on whose needs are the subject of professional interest. This has to do with the fact that the initial concept of "need" is defined at several levels (from individual to aggregated or comparative, as we have shown above). In the professional texts, such terms as „social assessment "and „needs assessment "can be, not exceptionally, used synonymously, what reflects on the intertwining of social, scientific, and professional perspectives in social assessment (Hibbard, 1984).

In order to ensure a better gnostic orientation, in the monograph we will use the term social assessment primarily in a broader socio-political context and the term needs assessment will be used especially in the context of its professional affiliation to individual/case social work. However, depending on the context, the occasional confusion of the both terms is possible.

Within the social-reform context, **social assessment** is recognized to be of a crucial importance for social welfare policy and social planning and it is conceptualised as attempts to elicit the view of the public on whatever issue concerned to the social planning process (Bradshaw, 1972; Ife, 1983; Hibbard, 1984). Also, Taylor, Bryan and Goodrich (1990) attribute social assessment towards major social changes that lay in the restructuring and reform of the public services and resource economy. The attribute "social" gives to assessment the potential to boost anticipatory and participatory planning, and change management with an aim to reach the best outcomes for society in the long-term perspective. Such a broad definition of social assessment opens the frame of reference for conceptual and analytical work at a lower level. It helps to explain partial reforms in the context of broader socio-economic reforms (e.g., planning the reform of disability assessment as part of ensuring sustainable goals of society in line with the values of environmental social work; Besthorn, 2015; MoF SR, 2020). Community-oriented social planning, in turn, offers initial frameworks for individual or family-oriented assessment, which is a specific form of broader community-oriented needs assessment (Gates, 1980; In Ife, 1983), as broader social reform and social casework are progressing together (Richmond, 1917). Finally, social assessment helps to understand the reform intentions of a respective country in the context (as part of) the global reform intentions of the wider international community (e.g., national reform addressed to disability assessment is part of the joint effort of the international community to enhancing human rights of people with disabilities in accordance with the CRPD; Waddington, Priestley and Sainsbury, 2018).

The concept of **needs assessment** is derived from a scientific background and from the professional affiliation to social work. In the process of needs assessment, a need is a central focus for dialogue between a social worker and an assessed person. Firstly, they try to reach a mutual understanding of a person´s felt needs and experience, then to interpret his needs in terms of a social structure (barriers, limits for participation and living activities), and finally, to seek for an appropriate social intervention necessary to meeting a person´s needs (Ife, 1893). This concept relates to such other concepts as **social diagnosis** (Richmond 1917; 1922), **assessment of life/social situation** or **evaluation** (Levická and Ilľašová, 2009). All these terms (concepts) belong to the terminological portfolio of the psychosocial approach in social work (Navrátil and Matoušek, 2013; Payne, 2014). The terms are used to standardize the approach of social workers in assessing people's needs and to minimize the application of their subjective criteria (Kvašňáková, 2017). The purpose is to obtain credible data to establish a social diagnosis for comparable types of social cases (Strieženec, 1999) as a basis for equal treatment of people in "comparable" situations and to ensure their access to public resources and support at equal basis.

When introducing the concept of **social diagnosis** into professional social work, Richmond (1917) argued about the advantages of this concept over the concept of **investigation** that has traditionally been used in medicine, education, jurisprudence, and industry. She pointed out that investigation is exclusively focused on an effort to get the essential facts bearing upon a person´s social difficulties before arriving at a way of meeting his needs. The author introduced **social diagnosis** with an aim to fix essential facts in the case worker´s mind from the first step up to the end of his work with a client. Such conceptualization has broadened the horizon of understanding social diagnostics not only as an initial stage of social work to get initial data for determining the social diagnosis (Strieženec, 1999; Čechová et al., 2002; Mátel and Schavel, 2015; Mátel, 2017), but also as a method of social work (Kvašňáková, 2017). Perspectives related to both - "stage" and "method"- are in the social diagnostics interconnected (cf. Repková, 2020), what results from the systematic and cyclical nature of social diagnostics itself. Therefore, Navrátil and Matoušek (2013) consider the initial diagnostic ideas as only "work probabilities", which need to be continuously re-assessed based on the results of the applied social intervention.

Levická and Iľašová (2009) contributed to the basic terminological portfolio of social diagnostic with the concept of **evaluation**. The authors considered differences between the diagnostic (assessment) of a problem situation and a problem evaluation as a fundamental theoretical question of the dispute between objectivism (being related to diagnostic activity) and constructivism (being related to evaluation activity). They introduced the concept of evaluation into professional discourse in order to prevent certain negative connotations associated with the original concept of diagnostic in social work, as it can stigmatize, evoke the application of a medical approach, emphasize human dependence and pathology.

The answer to the question of whether social workers assess (diagnose) or evaluate a person's social situation can be found in those social contexts in which the term evaluation is currently used. This is, for example, in the national legislation of social services or in the system on compensation for severe disability, where the assessment of a person's individual factors (assumptions) is approached as an evaluation of a person´s abilities to solve his unfavourable situation also by own efforts. Another example: the assessment of a person´s family environment means an evaluation of presence and scope of an assistance provided by family to a care dependent person. We are of the opinion that the legislator did not consider the possible conceptual differences between concepts of assessment and evaluation, and both terms are meant synonymously. In the still valid national system focused on the evaluation of social services´ quality, the term evaluation is applied much more consistently. Evaluation means finding an evidence of the presence, resp. absence of rules and procedures in performing social services according to the legally set quality standards, and measuring the quality on the basis of established quality indicators.[4] In such an evaluation system, certain elements of a positivist approach can be identifiable,

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[4] Act No. 448/2008 Coll. on Social Services, as amended; Annex 2.

as quality is understood as something that can be “objectively” measured and output-oriented. Nevertheless, certain constructivist elements are present too, as the assessment is standardized on the basis of established rules.

Another example of the output-based approach represents the system focused on **measuring of enabling environment** (Zaidi et al., 2016), which is used to evaluate countries’ progress in implementing active ageing policies.[5] In this case, the introduction of a focus on the human environment is considered to be an important scientific contribution to enhance wellbeing and quality of people´s lives. However, it is not a system primarily focused on an individual person-in-environment relationships that lay in the heart of the individual/case social work (cf. Richmond, 1922). It is rather a system on measurement for the purpose of a broader social reform and planning.

Social needs of individuals cannot be understood in a positivistic sense as „things “that can be measured objectively (Ife, 1983, Flaker, 2019). Introduction of **assessment mechanisms** is always constructivist based, as they serve to identify needs of an assessed person and to find the best match between his needs and the social provisions (benefits, services, other means of support) available in the given socio-political context (Waddington, Priestley and Sainsbury, 2018). We therefore consider the use of such result-oriented (output-oriented) evaluation to assess people’s social situation to be limited, if at all possible. On the other hand, it cannot be ruled out that the term evaluation, or its derivatives, will continue to be used in the academic literature with regards to assessment activities aimed at life situation of individuals. In such a case, the concept of evaluation should be considered to be a process of continuous assessment of people’s needs and changing conditions for their satisfaction (Ma-

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[5] *Measuring of enabling environment* is defined as a combination of a person´s internal capabilities (those which with a person was born and which were developed throughout his life) and external physical and social capabilities (Zaidi et al., 2016).

toušek, 2013) rather than "one-time action" linked to the initial phase of obtaining necessary data for making decision about a social intervention. After all, Levická and Iľašová (2009) admitted the possibility of using both terms (diagnostic or evaluation) for the purpose of assessing the social situation and needs of individuals. According to the authors, both concepts are connected to assessing the situation of clients according to different standards (norms), which determine the practical performance of evaluation. Norms are not only meant as institutional frameworks of social policy (laws, other regulations), but also professional standards of social work, paradigms in which individual practical interventions are incorporated (Payne, 2014; Healy, 2014), or the possibility to combine different theoretical approaches in social work practice (Balogová, 2015).

2.1.4 Disability assessment

As mentioned above, concepts such as needs assessment, social diagnostics, social situation assessment and evaluation are in the individual/case social work relevant to the widest range of its action fields and target groups (Musil, 2004; Navrátil, 2013; Levická et al., 2015). Moreover, social assessment remains a basic and permanent performance of social work (Levická and Iľašová, 2009) in order to harmonize people›s needs and support provided to meet them. Then, it is surprising that the professional activity of social workers focused on social assessment (sociálna posudková činnosť) is not explicitly mentioned in majority of legislative norms that regulate respective social agendas, e.g., helping people in material need, social support provided to families with children, social and legal protection of children and social guardianship, or area of employment services. Of course, this does not mean a complete absence of activities focused on assessing the living situation of individuals (and families). However, it is not an institutionalized assessment system with the defined assessment terminology, precisely defined content, process and its outputs, or competence rules. In Slovakia, such requirements are present only in those areas of social security, where an assessment focused on a person´s health conditions and/or disability (**disability assessment**) is carried out. The disability assessment aims to examine the broadest contextual impact of a person's unfavourable health conditions or disability on his social situation and individual life spheres (on his family life, employment, education, economic security, self-serving, household keeping, social activities and leisure, or civic engagement). Brichtová, Gašová and Repková (1999) used the related term **assessment with a focus on social consequences of severe disability** at a time, when a new disability assessment system was launched in Slovakia in July 1999 under the Social Assistance Act.

Just as there are various spheres of human life that can be impacted by a person´s unfavourable health status or disability, and, just as there are various intervention schemes to provide people with social help and support, comparably there are diversified disability assessment mechanisms, functions, and purposes they may serve. According Arnould et al. (undated), Waddington, Priestley and Sainbury (2018), the disability assessment mechanisms can be used to determine whether a person meets the criteria to be officially recognised and/or registered as a person with disability. They can also be used to determine eligibility for specific benefits (e.g., disability pension); and/or to identify an individual´s need for support and care with a view to providing services to meet that need; and/or to determine whether a person could benefit from employment-oriented support. Üstün, Kostanjsek, Chatterji and Rehm (Eds.) (2010) summed up, why the disability assessment is useful for health care and policy decisions. It serves to identify individual needs, align treatment and interventions, measure outcomes and effectiveness, set priorities and allocate resources (ibid., p. 4).

However, the disability assessment mechanisms may also serve to ration scarce resources when supportive interventions are provided only to those who meet tightly defined criteria. This is not far a new phenomenon. In her original works of 1917, Richmond pointed out that the introduction of investigation, and later of social diagnostics, was forced in particular by the initiatives of social reformers, who were mainly economists. At present, the "resource phenomenon" is associated with impacts of legal discourse (Healy, 2014; Janebová, 2019), and discourse of neoclassical economics and managerialism/New Public Management on social work practice. Managers of service organisations rely on rationalist techniques, such as eligibility criteria for services, target and performance indicators (Payne, 2014; Healy, 2014), and take control over resources and decision-making, what all can lead to loss of professional identity and autonomy of social workers (Levická et al., 2015; Janebová, 2019; 2021).

In accordance with the conducted terminological clarification, we will use the term disability assessment throughout the whole next text of the scientific monograph, by which is meant disability assessment for the purposes of social services provided due to dependency of a person on assistance of another person, as well as disability assessment for the purposes of direct payments for people with severe disabilities.[6] Such operationalization of disability assessment is not accidental for the purposes of monographic processing. The mentioned agendas lay in the heart of reform intentions in area of disability assessment at the national level, with a direct impact on professional interests and the position of social work.

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[6] As we show later, the planned reform sets up a common target group of disability assessment - *persons with a need of long-term care* (osoby s potrebou dlhodobej starostlivosti) which subsumes both above mentioned groups.

2.1.5 Reform of social welfare policy

The monograph focuses on the national reform of disability assessment system in the context of a broader international effort to improve disability assessment in line with the CRPD. Then, it is important to define the term "reform" as the basis for further research work and for specification of its analytical optics.

In the most general sense, reform is associated with improvement, especially with the improvement of human behaviour or the structure of something (Cambridge Dictionary, [online] [2021-12-27]). In sociological theory, reform is defined as a centrally determined substantial change in the conditions of functioning and development of the activities of entities (economic, social, or other). It is therefore necessary, to address both conditions (for change) and outputs (of change). Although reform can have varying degrees of complexity, in principle it always affects the behaviour of individuals and groups, changes their position in the system of relationships, degree of influence, opens or closes mobility channels, thereby restructuring society, especially in the case of major changes (free according to Veľký, 1996).

According to Kuhn (1962), progress in any field, especially progress in science, is not linear ("from ignorance to knowledge"), but passing through certain levels. As "normal" the author considers a situation, when additional knowledge gained through experiments and studies, is added to existing knowledge. If there is a problem of inconsistency between new knowledge and existing understanding, then may be a need to change the paradigm as a basis for reshaping the broader framework of the question or area of understanding. A crisis arises when different actors perceive discrepancies in knowledge in different ways (those who are loyal to the current paradigm try to dismiss the discrepancies, while others try to show that the current paradigm is wrong). To a revolution – to a „paradigm shift" (in our meaning to a reform) comes up when the old paradigm is overthrown by new information, and eventually a new paradigm takes its place.

Within an evolution of social welfare policy systems, Leichsenring and Scoppeta (2016) (based on work of Idenburg and van Schaik, 2013) identified **three paradigms shifts (reforms)** which correspond with Flaker´s layers of needs conceptualisation. They described the structure of a pathway which started with a paternalistic regime, passing through the Ego-system, and directing towards the Eco-system. *Paternalistic system,* titled also as a *welfare state,* builds upon top-down solutions, central steering mechanisms, and paternalistic central government. Supply of social interventions is centrally regulated with a financing of their inputs. The system is focused on "self-reproduction" of institutions and their professional workers and legally based on causality of people´s social needs. Regulations, norms, and protocols are applied rigorously. The mentioned characteristics impact social services´ terminology and practice as they refer usually to patients, residents, institutions, and their operational issues.

The central characteristic of the *Ego-system* associated with the *New Public Management,* lies in an existence of the central frameworks for operating and funding of different agencies, providers and consumer organisations and the rules for controlled competition among them. The organisations are funded on a basis of their outputs or performances. Such type of social welfare system is primarily focused on people as users, service consumers, clients or customers who are provided with a choice and necessary information to make correct and informed decisions concerning their social lives. To ensure a quality of the services, certifications on fulfilling of externally constituted standards are required.

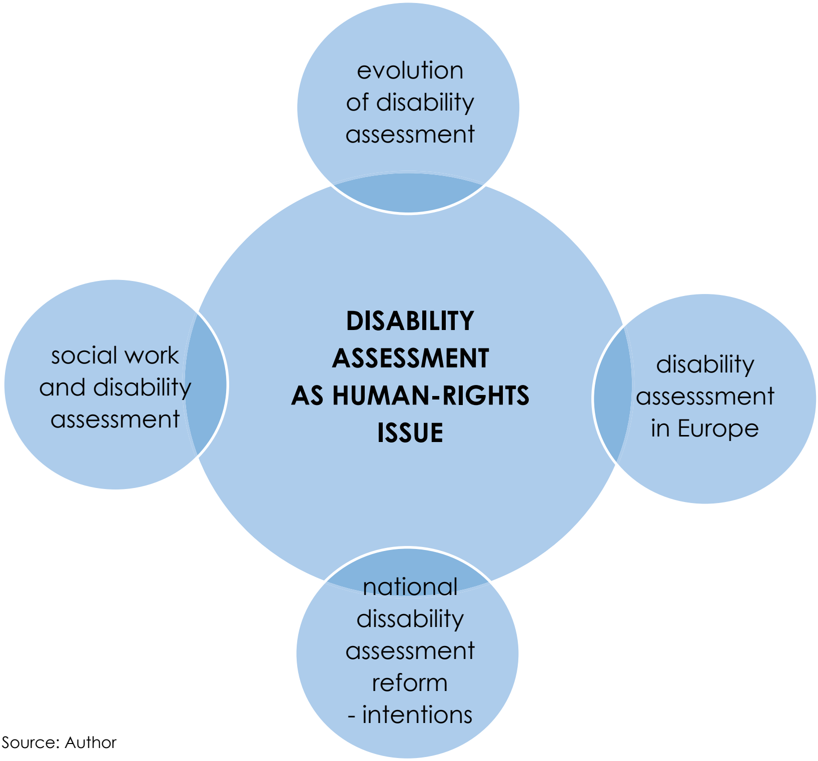
Both mentioned systems (models) used to be criticized due to certain characteristics and their social impacts. The authors emphasized their limitations in accepting individual, community or country-based traditions in offering support and assistance for persons, groups, or communities in social needs. Therefore, the latest development leads to enforcement of the *Eco-system*, or system of the *value creation* which works to replace the central position of governments or centrally funded agencies by so called *eco-network.* From the theoretical point of view, it reflects on the person-in-environment concept, or the socio-ecological model of helping disciplines (Göppner and Hämäläinnen, 2004; Matoušek, 2013). The network is based upon sustainable values which are created by individuals and communities in cooperation with connecting governments (at all operational levels), formal, informal, and non-formal actors, all on a basis of reciprocity and flexibility of solutions and mutual respect (Levická et al., 2009). The Eco-system is primarily focused on human rights and empowering people to their active citizenship, vitality, resilience, and well-being, to their balanced personal functioning and active participation in their communities (Flaker, 2019). In the system are combined traditional forms of problem solving with comparative good practices (examples) and with social innovations worked out in tailored - made patterns. All these values are the basis for providing good (high) quality services that are funded on the basis of their outcomes.

For establishing the conceptual framework of the monograph and for its hermeneutic orientation, understanding of the parameters that allow to consider a change as a paradigm shift (reform), is crucial. It is also important for evaluating the content and results of our study focused on relevant national documents dealing with disability assessment reform.

2.2 Conceptual framework and hermeneutic orientation

The conceptual framework for the study of reform intentions in the area of disability assessment is based on certain initial and contextual assumptions that form the hermeneutic orientation (spiral) of the monograph. It is shown in diagram 2.

Diagram2: Hermeneutic orientation for the purposes of the monograph



Source: Author

Within the hermeneutic orientation on the "subject in context" (Göppner, Hämäläinen, 2004), the subject (*initial assumption*) of the monograph is understanding of **disability assessment as a human rights issue**, in terms of a tool through which the public policy supports exercising of the human rights of persons with disabilities and those in care needs in their daily lives. The integrative human rights approach to disability assessment is reflected in the mutual efforts of the wider international community based on requirements formulated in the CRPD. According to Article 19 of the CRPD „ *States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community* ". If ensuring people's access to such measures is conceptualized as a human rights issue, then it is also necessary to look for such (disability) assessment mechanisms that are in line with the CRPD. They should serve as information system enabling policymakers and other stakeholders to boost anticipatory and participatory planning in the pursuit of the best and long-term outcomes for the whole society (Taylor, Bryan and Goodrich, 1990). Moreover, they should enable to get better knowledge of the obstacles the individual persons with disabilities (and their families) face, as well as knowledge of their needs for necessary support (Arnould et al., undated).

The initial human rights assumption binds a series of *other (contextual) assumptions*, through which it is possible to study Slovakia's reform intentions in the field of disability assessment, namely, that:

- in order to understand the reform intentions in the field of disability assessment, it is important to know and understand the driving forces of the disability assessment evolution in the national context, including its current institutional framework;

- the national reform intentions are part of a wider international effort in the field of disability assessment and, that international practice and experience can be inspiring to seek for the best national solutions;

- the available official documents make it possible to understand the essence of the national reform intentions, although at the time of elaborating this monograph the corresponding legislation has not yet been adopted and no relevant institutional changes have been made);

- social work as a human rights profession has the professional potential to contribute to the fulfilment of reform intentions in area of disability assessment which is considered as a human rights issue, while systematic and targeted work with human resources is necessary to use this potential.

In order to study the Slovakia's reform intentions focused on disability assessment and interpret the findings, we will primarily build on the historical method and the analysis of respective documents in combination with a secondary analysis of existing research data relevant for the subject.

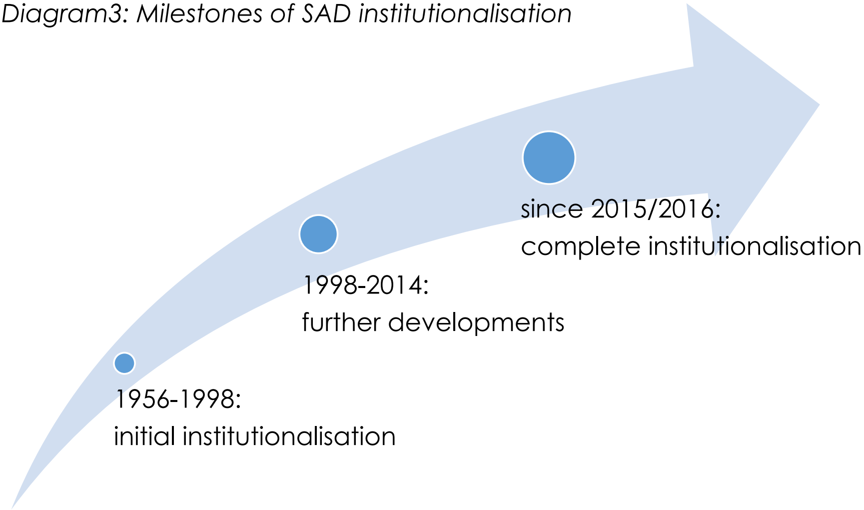
3 EVOLUTION OF DISABILITY ASSESSMENT IN SLOVAKIA

Slovakia's current reform intentions in the field of disability assessment cannot be examined without understanding the historical context of transformation of the national welfare state (Alseth, 2020). According to Hermans and Roets (2020, p. 914) „... *the development of the welfare state was one of the vehicles to realise human rights* ". In terms of the focus of this monograph, special attention is paid to the process of transforming the **social assessment of disability** (SAD), where social workers are exclusively engaged (Repková (ed.), 2019).

A double benefit can be expected from the use of the historical method ("history of ideas"; Taube, 2021). The first attributes to understanding of the driving forces of the social security system´s development, including disability assessment as part of it. In this context, the important question arises as to whether the changes were continuous or rather revolutionary, which led to a paradigm shift in the disability assessment system (Kuhn, 1962). Another benefit can lay in understanding of the context for emerging and growing role of social work as a human rights profession in disability assessment, the formation of its positions in this area of social security and own professional domains.

In the following text, we will focus mainly on the identification of key milestones related to the institutionalization of SAD. Milestones are captured in the diagram 3.

Diagram3: Milestones of SAD institutionalisation



Source: Author

These **parameters** will be taken into account in terms of the SAD institutionalisation:

- definition of SAD, its position and goals in the social security system;
- terminology and content of SAD in social legislation;
- SAD target groups;
- social security bodies (public administration bodies) with competencies to performing SAD;
- qualification prerequisites to performing SAD;
- working methods applied in SAD.

3.1 Initial institutionalization

This phase is intensively connected with the period of adoption and implementation of social security legislation under the Czechoslovak conditions. It refers to years 1956-1998 when legislative and other conditions for implementation of the disability assessment system for the purposes of social security, were laid. However, if we take a closer look at the SAD, then the whole period from the mid-1960s to the end of the last decade of the 20th century can only be considered as an initial period of the SAD institutionalization, for reasons that will be specified later.

Although this period lasted more than four decades, in terms of disability assessment, especially SAD, it was a period with predominant and fundamentally unchanged characteristics. During this time, the form and structure of the Czechoslovak welfare state was completed, which no longer approached social care for vulnerable groups as a charitable activity, a matter of sacrifice and mercy, but rather as a matter of state responsibility for caring for its citizens in need (Brnula, 2013; Repková (ed.), 2020). This period was connected with the beginnings of the adoption and gradual development of socialist social security legislation (**Social Security Acts of 1956, 1964, 1975, 1988**) with a key role of district and regional *national committees* (okresné a krajské národné výbory). The national committees were responsible for, among other things "... *the development of comprehensive care for persons with disabilities and citizens with altered working ability*" (Section 84 (2) of Act No. 101/1964 Coll. on Social Security). In order to carry out their tasks, the national committees set up social security commissions and, within them, *social security assessment commissions* (posudkové komisie sociálneho zabezpečenia). They decided, in particular, whether a person's health conditions or ability to work justified the provision of social security benefits or services.

Details on the organization and competence of the assessment commissions were regulated by **decrees** issued to individual laws (e.g., Government Decree No. 151/1960 Coll.). Members of the assessment commissions were elected by the national committees, and they were mainly assessment doctors of the social security system. On the basis of medical findings and re-examination of the persons´ health status, they assessed, in particular whether a person had a deteriorating state of health, whether was expected to be disabled (partially disabled) or had a changed working capacity. In the assessment committees, also employees of the Social Security Departments (odborov sociálneho zabezpečenia) of the national committees, were engaged with responsibilities to prepare basic materials for the commission's meetings. They obtained medical reports, as well as statements from the trade union bodies (Revolučné odborové hnutie) of the organization in which the assessed person last worked. The requirement for systematic co-operation of the social security authorities with the trade union bodies was regulated directly by the Social Security Act. For the purpose of social investigation, clerks were entitled to visit a citizen at his dwelling, children at school and where they spent their free time, or a juvenile at work. Moreover, they were claimed to ask for information and explanations all authorities, organizations and citizens concerned. Examining of social conditions of the assessed persons performed by trade union bodies, and mediating relevant information to the social security institutions for the purpose of providing social security benefits, all these activities were considered to be the initial forms of SAD. However, in social legislation, these activities were no longer referred to as SAD, nor as social work performed for social security purposes.

Performing SAD for the purposes of social security was extended by **Act No. 100/1988 Coll. on social security**. It was a comprehensive pension law that regulated pension insurance, social care, certain sickness insurance measures and the security of citizens in connection with military service. With regards to the disability assessment, important role played the **Decree no. 151/1988 Coll.**, through which the Act on Social Security and the Act on the Competence of Bodies in Area of Social Security, was implemented. In the introductory section, the decree set up the legal regime of social security assessment commission. Elements of SAD could be seen in the system of *coordinated care for children and adolescents* (under 18) *with disabilities*, which was managed by the district offices on the basis of cooperation between professionals representing authorities of health care, education and social affairs. According to the assessed needs, the severity of disability, and the family's ability to provide the necessary care, children and adolescents were enrolled in a special register in order to provide families with counselling, and to establish suitable facilities for target group of the coordinated care.

Also changes after 1989 may be included in the period of initial institutionalization of SAD, when the previous system of social security started to be transformed into a system based on the European model of social protection with its individual pillars (social insurance, state social support and social assistance). One of the most significant results of the political changes since 1990 was the loss of the previous state monopoly in the area of social security and the establishment of self-government as part of the public administration on the basis of **Act no. 369/1990 Coll. on General Establishment (Act on General Establishment)**. The reform of national committees as institutions of previous state paternalism into the state social and municipal administration took place by **Act no. 518/1990 Coll. on Transfer of the founding function of national committees towards the municipality, central state administration and local state administration bodies**.

The **Act no. 543/1990 Coll. on the State administration of social security** became crucial in terms of shaping conditions for the performance of disability assessment for the purposes of social security. The law stipulated that the *disability assessment for the purposes of social security* includes assessment of health status and work abilities of citizens with regard to the efficient use of social security funds, control of compliance with the treatment regime and assessment of work capacity. The Slovak Social Security Administration (Slovenská správa sociálneho zabezpečenia) and the District Social Security Administration (okresná správa sociálneho zabezpečenia) set up *social security assessment commissions* for the assessment of health status and work ability of citizens. The commissions were chaired by social security assessment doctors. They decided about a person's disability; about a child's long-term unfavourable health condition and his dependence on the specialised care for the purposes of state social benefits; whether it is a person with altered work ability; or about a need to transfer the worker to another job due to his health conditions. They recommended measures to restore persons´ working capacity (e.g., adjustment of the working environment, treatment regime or necessary aids), or another employment with regard to their health status.

In summary, significant progress has been made since the 1960s in terms of institutionalizing disability assessment for social security purposes, of course, progress considered by optics of the paternalistic social welfare policy system (cf. Leichsenring and Scoppetta, 2016). Disability assessment became part of social security law (legislation); the target groups and life situations concerned, were defined; the competencies of public authorities in this area were explicitly identified, as well as disability assessment procedures. On the other hand, disability assessment was principally defined as medical assessment activity performed by social security assessment doctors. However, the social dimension of disability assessment was not ignored, in terms of identifying and evaluating social situation of individuals and families to provide them with social care tools. For the purposes of social security, the law imposed an obligation for social security authorities to cooperate with other public authorities (trade union bodies, bodies of the Farmers' Cooperative Union), organizations (civic associations, churches, charities, and other organizations), and citizens. However, the detail rules of such cooperation were not legally defined. Moreover, there were no rules regarding to qualification requirements for persons who performed socio-diagnostic work and managed cooperation with other social subjects. Connections with social work, resp. expectations from social workers were not legally specified, they were generally referred to as "social security staff".

The manual titled as *Social Worker*, issued by the Ministry of Labour and Social Affairs in 1968, was to be a partial solution. Under the heading of "social work", the ministry expressed its interest to systemize work of social security departments focused on persons in social need. Social workers were expected to perform such tasks as screening of persons in social risks, co-operation with social security authorities, provision of social counselling and support. Activities of an investigation and assessment nature were also expected - e.g., investigation of social situation of citizens in their households, including the ability of family to provide the necessary care for disabled members and the elderly, to formulate proposals for the provision of the necessary assistance (Brnula, 2013). Despite the promising potential of the manual, according to Brnula (ibid.), it was not fully used in the national social practice. We assume, it was due to the absence of an explicit definition of SAD as a specific area of the social work profession in the relevant social legislation, without which its complete institutionalization according to the required parameters was not fully possible.

3.2 Further developments

Although the second phase of the SAD institutionalization (1998-2014) lasted much shorter than the first, it was more dynamic and progressive in terms of its outputs. We divided the phase into two sub-phases. The first relates to the period when social work was introduced into the social security legislation. Following sub-phase brought the precise specification of the terminological and content basis for the SAD, and SAD began to be explicitly linked to social work. In addition, disability assessment competencies (and thus also competencies for SAD) were divided between specialized state administration and self-government.

3.2.1 Social work & social assistance legislation

The key milestone in the institutionalization of SAD within the social security system was the adoption of the **Act no. 195/1998 Coll. on social assistance** (came into legal force since 1998), especially in its part focused on social assistance to persons with severe disabilities, elderly or care dependent persons (came into legal force since July 1999).

For the first time, the position of social work was institutionalized directly in the law. Social work has been approached as the main tool through which social assistance is provided to various target groups. Section 3 of the Act stated that *"Social assistance is provided mainly through social work. Social work is the acquisition and processing of information on the reasons for emerging or potential emerging of a person´s material or social need; on the necessity to provide social assistance; choice and application of the social assistance forms; and monitoring of their effects*". The *circuit of persons* whose needs became the subject of SAD for the purposes of social assistance, was also defined. Although the law did not use explicitly the term "social assessing activity" (resp. SAD), content of the social workers´ activities implicitly referred to such social situations where it was necessary to solve a person's material needs or social needs, including situations addressed to the social consequences of severe disability or unfavourable health conditions.

The Act also merged medical assessment and SAD performed for the purpose of social assistance to persons with severe disabilities and care-dependent older persons into the competence of district and regional authorities (since 2004 into the competence of the specialized state administration bodies in area of social affairs, family and employment services). This organizational merger responded to criticisms of the previous division of medical and social assessment into the competence of two separate public authorities (Social Insurance Agency and social departments of district and regional authorities). Brichtová, Gašová and Repková (1999) in the material *Assessment on social consequences of severe disability* (Posudzovanie sociálnych dôsledkov ťažkého zdravotného postihnutia) from 1999 expressed their postulate that "...*in a social intervention, the work of experts should be based on comprehensive social diagnosis of a person´s life situation*" (ibid., p. 11). Reasons, why former model of organizationally divided competencies for disability assessment did not meet such a requirement, the authors summarized as follows:

- assessment of the social consequences of a severe disability carried out by the Social Insurance Agency was reduced to the identification of a person's functional impairments (disability), thus promoting a medical model of disability assessment;

- there were limits for the provision of social assistance according to the persons´ individual needs, as social workers of district or regional authorities had only minimal opportunities to comment on the assessment conclusions of assessment doctors of the Social Insurance Agency, if at all;

- information and findings from field social work (surveys in the person´s household or in his wider social environment) were used only to a limited extent; moreover, only those findings related to a specific disability benefit, were applied in the administrative procedure;

- staff of the offices were in a "schizophrenic" position, as they were requested to provide social counselling, assess persons´

individual needs and activate them, while being expected to "guard" public resources (the impact of the New Public Management model).

The model of assessment work valid until 1999 was thus not internally balanced, as the social dimension of disability assessment was marginalized against the medical, including the marginalized position of social workers against the specialists for medical aspects of the assessment. These factors were considered as an obstacle to a more integrated and comprehensive assessment of a person´s functional capacities in the broader context of his individual needs and the overall family and social situation. The idea for more comprehensive disability assessment was driven by the general profile of social work profession, its methods and the cyclical nature of working with the client. Within this idea, a social worker was expected to fulfil these roles (Repková, 1998):

a) to be a *diagnostician and counsellor* (to help a person orientate himself in social space and his own social situation and sources; to identify his needs in relation to the possibilities of support through social assistance);

b) to be a *mediator* of the chosen intervention;

c) to be a *co/evaluator* of the applied intervention´s effectiveness;

d) to be a *change strategist* (to plan together with the client further interventions on the basis of changes in his social situation).

3.2.2 SAD – terminology & competencies

The **concept of SAD** was introduced into the national social legislation only after the "breakdown" of the Social Assistance Act into several separate laws regulating individual areas of social assistance, and after adoption of the **Act no. 447/2008 Coll. on direct payments to compensate for the social consequences of severe disability** (hereinafter referred to as "ADP") and the **Act no. 448/2008 Coll. on Social Services** (hereinafter referred to as "ASS"). We will summarize the basic parameters of SAD contained in the new social legislation:

- *organizational position of SAD*

  SAD became part of the overall disability assessment performed within the competence of public administration bodies (specialized state administration and self-government); the organizational status of social workers in ensuring the disability assessment has been strengthened, as they have become managers of the assessment departments of labour, social affairs and family offices;

- *definition of SAD*

  The term SAD began to be used explicitly and exclusively only in connection with the assessment of a person´s functional impairments and their impact on everyday life; it refers to the legislation of disability related direct payments (ADP) and social services for care-dependent persons (ASS);

- *SAD as part of interdisciplinary based disability assessment*

  In both acts, the SAD is defined as part of the overall (comprehensive) disability assessment, in which not only social workers, but also medical/health assessment professionals, are involved; within the SAD carried out for the purpose of direct payments, it is even expected that social workers can cooperate with experts in the field of construction, architecture, occupational therapy or compensatory aids/devises;

- *complexity of SAD*

  In accordance with the psychosocial and ecological approach in social work, SAD is defined in the unity of assessing the personal factors (person´s abilities to solve an unfavourable social situation through his own efforts and resources), a person´s family environment (family´s ability to provide a person in care needs with necessary assistance and scope of such assistance) and his wider social environment (e.g., housing conditions, availability of public services or civic facilities); SAD includes also the assessment of an individual's dependence on the help of another person in the field of self-service, household keeping and by various social activities; within the compensatory assistance for persons with severe disabilities, the SAD also includes designing forms of such assistance;

- *active position of the assessed person in the disability assessment process*

  SAD builds upon the principle of activating the assessed person and recognizing his unique expertise to ensure the course and results of the disability assessment process of an appropriate quality; both acts stipulate that SAD is carried out in the natural environment of the assessed person who has a right to express his own needs and ideas about solving the social situation; the right to invite into the assessment process even another person according the assessed person´s choice, is also guaranteed;

- *SAD as a phase of overall social intervention*

  In the social legislation, the SAD is primarily approached as one of the initial phases of work with the client, which results in a (comprehensive) assessment protocol as a legal basis for further steps of the administrative bodies about direct payments or social services. Unlike the medical assessment activities, in a case of the

SAD, there are no explicit rules for social re-assessment when the person´s circumstances change. Stimulus for social re-assessment is expected to be done from the person´s side. In a case, when a person pays the full fee for social service, the disability assessment is not performed;

- *competences to performing SAD*

  The competence for the performance of SAD for the purposes of direct payments has a specialized state administration (organizational units of labour, social affairs and family offices); in the case of social services for care dependent persons, it is either local or regional self-government, depending on the type of social service.

In summary, the second phase of the SAD institutionalization for the purposes of social security system can be described as dynamic. Firstly, the medical/health assessment and the SAD were integrated under one organizational roof (district and regional offices). Social work became the professional basis for performing SAD and the position of social workers became strengthened against the medical assessment experts. Social workers were appointed to senior positions in the assessment departments of district and regional offices (later of labour, social affairs and family offices). At the same time, in this phase, the competencies in the area of disability assessment were divided into specialized state administration bodies and self-government bodies. The competence to perform disability assessments for the purposes of disability related direct payments was attributed to the specialized state administration and the competence to perform disability assessments for the purposes of social services was set up for local and regional self-governments.

In the respective period, elements of several social welfare models were mixed, with the predominance of those typical for the

Ego-system (cf. Leichsenring and Scoppetta, 2016). There were central legal frameworks for operating and funding of different agencies, providers and consumer organisations; and, organisations were funded on the basis of their outputs or performances. People were treated as users, service consumers, clients or customers who were legally, albeit often declaratory, provided with a choice and necessary information to make informed decisions to choose the preferred service provider (agency). The links between the SAD and social work resulted not only from the presumed content of the social work carried out in this area, but also from the statutory condition that only persons with the appropriate qualifications in social work could perform the SAD. In accordance with the principles of the New Public Administration, the assessment of disability for the purposes of social services was performed only in cases where the provision of social services was co-financed from public resources. When a person was self-payer, no disability assessment was made.

Since the first decade of this century, certain elements of the eco-system have begun to appear in the disability assessment system. For example, competences in disability assessment for social services, especially for the elderly, have been transferred to regional and local authorities. This was in line with the idea of "management-closer to people", the community and the unique life contexts of people in need.

Despite the progressive legal framework, the professional standard for the performance of the SAD remained unresolved at this stage, as this standard was also absent for social work itself. The SAD was performed by persons with various professional backgrounds and level of formal education, and, according to the law, they gained the status of social workers. Social work, and thus SAD, was primarily defined through the content of the professional activity, not through the qualification standard relevant to social work as a profession.

3.3 Complete institutionalization

In terms of the established parameters, the SAD institutionalization was completed by the adoption of relevant professional legislation, in particular the **Act no. 219/2014 Coll. on social work and conditions for the performance of selected professional activities in the field of social affairs and family,** and related **governmental regulation no. 5/2016 Coll**., by which certain provisions of the Act no. 219/2014 Coll. are implemented. This legislation established:

- *qualification for acquiring the professional competence to perform social work which is defined as a professional activity of a social worker or social work assistant in various action fields of social work, including SAD for the purposes of direct payments for persons with severe disabilities and social services for persons in care need;*

- *special qualification for acquiring the specialized professional competence to perform a specialized field of social work;*

- *SAD as a specialized field of social work with a legal condition to pass the specialized educational program "Social Assessment of Disability" (Sociálna posudková činnosť) for its performing. Standard of this educational program was set up by the governmental regula*tion no. 5/2016 Coll.[7]

3.4 Summary

We have presented the main milestones of the evolution of SAD as a specialized field of social work and its institutionalization within

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[7] Following the created legal conditions, since 2020 runs the national project *"Support for increasing the professionalism of performance and development of human resources in the field of social inclusion for state and self-government - II."* (hereinafter referred to as "PROFI-II"). Within the project, since first half of 2022 starts the education of social workers to acquire specialized professional competence for performing SAD.

the development of social security system in the national conditions. We have shown how the statutory set of conditions for performance of the SAD became gradually completed; how the position of SAD in the social security legislation and its organization, was crystallized. Even goals, target groups, and competencies of public administration bodies to implement the SAD, were legally defined. In addition, relevant assessment terminology, content and methods of assessment work rooted in the social work discipline were established; as well as the system of education of social workers for the purpose to gain special qualification for performing SAD as a specialized field of social work.

4 INTENTIONS AND DETERMINANTS OF DISABILITY ASSESSMENT REFORM IN SLOVAKIA

We concluded the previous chapter by the statement that during the second decade of this century, the initial preconditions for the assessment activity, including the preconditions for the SAD, were completed in Slovakia and put into practice. Then a question, why public authorities took the initiative to reform disability assessment? What makes the current situation unsatisfactory, that it requires reform and therefore fundamental change? We will try to find the answers in this chapter.

To do it, we will use the method of *studying key socio-political documents* that explicitly mention the reform intentions in the field of disability assessment, in combination with the *secondary research analysis* of selected research findings with a focus on the field of disability assessment. We will also apply the *comparative method*, as we place national reform intentions in the field of disability assessment in the context of mutual international efforts to improve the living conditions of people with disabilities, interpreted in human rights perspective.

Importantly to emphasize, that the research work and comparisons will be explicitly related only to the current socio-political intentions of Slovakia to reform the disability assessment system, thus not to the relevant legislation and practice, as they were not yet processed and adopted in time of preparation this monograph.

4.1 Disability assessment in Europe: diversity and human-rights framework for improvements

Comprehensive picture of disability assessment systems applied in the EU countries provides the synthetic report *Disability Assessment in European States* (Waddington, Priestley and Sainsbury, 2018; hereinafter referred to as "report"), published in 2018 as an output of the Academic Network of European Disability experts (ANED). The report also refers to the results of a thematically comparable report on the similarities and differences of disability assessments in Europe, prepared by the Council of Europe in 2002. The 2018 report thus integrates the knowledge and experience of the European countries built in this field for more than 15 years, what makes the report to be an important source of knowledge for socio-political reforms related to the disability assessment issues in countries. We summarize the most important findings from the report.

4.1.1 Reasons, purposes, and models of disability assessment

The introduction of the report synthesizes the **reasons** why individual European countries approach the reforms of disability assessment and introduce disability assessment mechanisms into their policies. Most often, it is an attempt to harmonize their own national practice with the obligations arising from the CRPD, and to apply a **human rights perspective** in the disability assessment system. In the broad context of the CRPD, disability does not reside in a fixed status, but results from the interaction between persons with impairments and attitudinal and environmental barriers (the CRPD Preamble). The reasons for the introduction of disability assessment mechanisms may also relate to limited public resources, where governments under the influence of New Public Management principles adopt a model of restrictive measures and provide support schemes only to those who meet tightly defined conditions for legal claims, resp. to those who need it most. Alternatively, assessment mechanisms may focus on identifying the needs of the assessed persons and to find the best match between their needs and services and/or benefits which are available.

The implementation of assessment mechanisms can serve several **purposes**. From basic determination of whether it is a person with a disability according to established criteria; through assessment for specific legal entitlements (e.g., for disability pension) or provision of support in a specific area (e.g., for employment purposes); until the assessment of a person´s needs to provide assistance and support appropriate to his needs.

From an organizational and institutional point of view, two basic **models** can be identified: (a) " *one-stop-shop-approach* " based on the results of a single assessment provided an access to all possible legal entitlements to services, benefits or other forms of support; b) *model of individualized/separate evaluation for each type of intervention*, usually always by a different institution. In practice, however, there may also be two independent assessments, in which a subsequent independent assessment for special benefits or services is carried out based on an initial assessment and recognition of the status of a person with disability.

4.1.2 Approaches to and methods of disability assessment

Based on the synthesis of data from individual countries (including Slovakia), a high degree of variability of approaches to disability assessment influenced by the choice of disability definition by an individual country, was reported. In principle, however, all variable approaches are implemented within two **general perspectives**:

a) *medical perspective* (when the presence of a medical diagnosis is identified with the presence of a disability);

b) *context/environment-based perspective* (when the influence of attitudes, social and environmental parameters on the life of a person with a diagnosis and the resulting functional disorder, is examined).

Within both general perspectives, different **assessment methods** may be applied, an overview of which is given in the table.

Table 1: Overview of approaches and methods aimed at assessing disability

Approach	Method	Focus
Medical-based disability assessment	*Diagnosis of a specific impairment or condition*	
	Barema method or use of impairment tables	
Context-based disability assessment	*Functional capacity method*	Functional capacity and employment
		Functional capacity and self-care
		Assessing functional capacities using WHODAS 2.0
	Assessment of care or support needs	
	Assessment of economic loss	
	Procedural assessment method	
Assessment based on several different approaches		

Source: Author on the basis of Waddington, Priestley, Sainsbury (2018)

The individual disability assessment methods are described in more detail in Annex B of this monograph.

Here are certain important findings coming out from the comparative analysis and current international experience. *Firstly,* some countries experience a lack of consistency of disability assessment processes as they are based on different methods, what can create inequities, confusion and barriers for people with disabilities to access benefits and services. *Secondly*, despite of the effort of the international community to work at promoting the rights of persons with disabilities through developing disability assessment mechanisms, the necessary reforms to achieve it are perceived by the actors as too complex and costly, with only a little added value. Application of disability assessment mechanisms is considered as a necessary burden rather than as a tool to enable and document public disability policies (Arnould et al., undated).

However, based on results of the comparative analysis of disability assessment practices in EU countries, it has been possible to create a (non-exhaustive) **list of "best practices"** that are considered to comply with the requirements of the CRPD. According to Waddington, Priestley and Sainsbury (2018, p. 176), the application of human-rights perspective in the disability assessment system should mean:

- *„The involvement of disabled people's organisations in the design of disabilityassessments;*
- *Recognition and incorporation of the social-contextual or human rights model ofdisability in assessments;*
- *The active engagement of persons with disabilities in generating the informationon which individual disability assessments are made, for example through self-assessment questionnaires;*
- *Eliminating multiple (methods of) assessment, which should reduce the burdenon applicants, and aiming to promote consistency and transparency in decisionmaking;*
- *The provision of user-friendly information for benefit applicants and claimantsusing appropriate media and formats covering application processes, eligibilitycriteria and the services available;*

- *Independent, regular reviews and scrutiny of disability assessment processes;*
- *Use of multidisciplinary teams to make disability assessments*".

The review of best practices may serve as an inspiring source for our further research work addressed to analysis of the latest national documents devoted to the disability assessment reform.

4.2 Intentions for disability assessment reform in Slovakia

Reform intentions in the area of disability assessment for the purposes of social security are incorporated in all key governmental documents adopted in 2020-2021 with (also) a focus on the social area.[8] We will present a brief overview of the documents, emphasizing those parts that explicitly refer to disability assessment issues. We will also set out the reasons given in the documents why the reform is needed and what it should mean. Finally, the main features of the planned reform will be compared with the recommendations and practices outlined above. In the final summary, we will focus on selected issues of the planned reform, which, based on the analysis, appear to be debatable and require further clarification and research work.

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[8] Of course, this does not mean that critical references to disability assessment issues did not appear before this period. Since the last decade, the atomisation of the disability assessment system has been repeatedly criticized: different assessment purposes have been carried out, assessment has been carried out by different public institutions and different assessment criteria have been used. In addition, there was a lack of assessment staff or an imbalance in the positions of specialists in health and social aspects of disability assessment (cf. Brichtová, Gašová, Repková, 1999; Repková, Požár, Šoltés, 2003; Repková, Sedláková, 2014).

4.2.1 Contextualisation of disability assessment reform in relevant national documents

Commitments explicitly aimed at reforming the disability assessment system first appeared in the **Memorandum of the Slovak Government for 2020-2024** (Government of the Slovak Republic, April 2020, April 2021; hereinafter referred to as "MSG"). In the chapter focused on improving public health care, there is a commitment to introduce a reform of long-term care for care dependent persons, including adoption of a corresponding dependency allowance in order to unify claims resulting from care dependency, and "*to unify disability assessment system*". The intention to create such unified system is also linked to the re-evaluation of the system on direct payments to compensate for severe disability.

The MSG commitments were followed by the approved **National Program on the Development of Living Conditions for Persons with Disabilities for 2021-2030** (MoLSAF SR, 2021a; hereinafter referred to as "National Disability Program"; "NDP"), within which in section 4.3 (Habilitation and rehabilitation) is formulated a measure: "*To prepare a model for the unification of the assessment system in the field of social security law and labour law*". In the NDP, the basic commitment to reform the SAD was also linked to the specification of the way in which disability assessment would be carried out in terms of its methodology. A commitment has been made: „*To unify the assessment system for people with disabilities based on the instrument of the World Health Organization*" (being meant the WHODAS 2.0 which will be presented in more detail later). The fulfilment of this measure is planned for the period 2022-2025 under the responsibility of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. The output should be not only the adopted legislation, but also an increase in the number of medical assessors, and reduced number of assessment systems.

Another related document is the **National Strategy for the Deinstitutionalisation of the Social Services System and Substitute Care** (MoLSAF SR, 2021b; hereinafter referred to as „NSDI“). Within the medium-term goal aimed at linking health and social care for people with disabilities and the elderly, the document defines a strategic measure: „*Creating a system of long-term social and health care in the Slovak Republic*“. It should also include the introduction of a unified disability assessment system in the area of family and social affairs, including supervision over the quality of assessment activities. The document also clarifies the basic terminology, which has been so far absent in the national policy framework. For the first time, it defines the concept of **deinstitutionalisation**, as “*...the process of transition from institutional to community-based services that guarantee individuals the right to independent living, activity and participation within their individual needs and external conditions*“. Subsequently, **community-based social services** are defined[9] as „*... interconnected and coordinated social services which are provided in a natural environment directly in the community, respond to the needs of community members and do not have characteristics of institutional care, they enable people to live a full social life and provide them with access to a range of support for independent living in their community, regardless of their disability. They are provided in field form in a person‘s home environment, outpatient form or residential form in social services facilities with the character of family accommodation directly in the apartments or family houses in the natural environment of the community* “(NSDI, 2021, p. 5).

In the **Recovery and Resilience Plan - Roadmap for a Better Slovakia** (MoF SR, April 2021; hereinafter referred to as “PRR”), the main goal of the Component 13 “Affordable and Quality Long-Term Socio-Health Care” is set up, as follows: „*...strengthening an integra-*

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[9] Until the adoption of the NSDI, community social services were defined in Annex no. 1 *National priorities on the development of social services for the years 2015-2020* only as a set of individual types of social services and community-based activities provided at the community level (MoLSAF, 2014).)

tion of health and social care as a prerequisite for ensuring quality and more accessible care for all age groups ". To this end, three reforms are planned, namely: a) reform of the integration and financing of long-term social and health care; (b) *disability assessment reform*; (c) reform of social care supervision, including supervision over the quality of disability assessment, and provision of infrastructure for its implementation. In the context of the reform of disability assessment, the term a **person in need of long-term care** is introduced. It is a person who needs support and assistance in various areas of life (e.g., mobility and self-care, education, work integration, participation in society, health protection and material security).

The obligations defined in Component 13 of the PRR were followed by the **Long-Term Care Strategy in the Slovak Republic. Integrated social and health care** (MoLSAF SR, 2021c, hereinafter referred to as "SLTC"). The SLTC defines the reasons and shape of the planned *reform of disability assessment* as one of the four reforms in this area (reasons will be presented in more detail later), also some key concepts, such as long-term care and social and health care. **Long-term care** is defined as "... *all activities carried out to ensure that persons with severe or permanent disabilities, or persons at such risks, can maintain a level of functional capability that is consistent with their fundamental rights, freedoms and human dignity* ". Consequently, **socio-health care** is defined: "... *as a care, which combines social and health (especially nursing) care, regardless of whether it is assistance provided in the labour, social affairs and family sector or in the health sector* "(SLTC, 2021, p. 6).

The process of preparation and approval of documents that form the strategic and programmatic basis for reform changes in the field of disability assessment, was completed in 2021 with the adoption of the **National Program of Active Ageing for 2021-2030** (MoLSAF SR, 2021d; hereinafter referred to as "NPAA"). The need to create a coherent assessment system is formulated in the document as part of the general public interest in *promoting the dignity, independence, and quality of life of older people*. For 2022, the document envisages "*Introduction of a system of unified disability assessment system for the purposes of social services conditioned by dependence, and direct payments to compensate for severe disability*", and for 2023 with " *Re-evaluation of the system of providing direct payments to compensate for severe disability* ".

4.2.2 Justification of disability assessment reform

We will take a closer look at how the intentions and commitments set out in the documents are justified. Elsewhere (Repková, 2020), we criticized that neither in the PVV from 2020, nor in its updated form from 2021, there were no detailed reasons why changes in the area of disability assessment are needed. There was no talk of a reform of disability assessment, but rather talk of a reform of long-term care for persons in care needs, which presupposes the unification of disability assessment system. Only in other documents, the expected reform of disability assessment was explicitly mentioned and its reasons specified (cf. NSDI, PRR, SLTC). The **need for disability assessment reform** as one of the pre-conditions for ensuring quality and more accessible long-term care, was justified in particular by facts that:

- the social security assessment system is fragmented and inefficient, as a result of which the same person is assessed repeatedly, by different institutions, for different purposes and according to different criteria (it corresponds with criticism of a lack of consistency in other European countries mentioned above; Waddington, Priestley and Sainsbury, 2018);

- fragmentation, inefficiency and inconsistency of results also concern the area of long-term care assessment, which is currently carried out by a specialized state administration, local and regional self-government depending on the type of social intervention; this is a burdensome situation for the persons being assessed, and increases their distrust in the assessment system;

- the disability assessment system is overly bureaucratic and not sufficiently digitized (e.g., assessment doctors do not use e-health services);
- there is a conflict of interest for public social services providers; on one side, they determine the persons´ care dependency level, and establish and operate of long-term care facilities, for which the Ministry of Labour, Social Affairs and Family of the Slovak Republic provides financial subsidies, on another side; this may lead public providers to determine higher levels of dependency than the assessed persons actually have, in order to obtain higher financial contributions from the ministry;
- the assessment is difficult to control due to its fragmentation; when inspections are carried out, they identify, in particular, shortcomings in the assessment activities performed by the local government for the purposes of social services (e.g., findings the Prosecutor General’s Office);
- poor attractiveness of medical assessment activities due to low financial remuneration of medical assessors, what makes difficult for cities and municipalities to fulfil their original competence to perform disability assessment for the purposes of social services.

In terms of the human rights interpretation of disability assessment, the particular attention should be paid to a reason mentioned in the documents that criteria for assessing care dependency are defined narrowly what can lead to an unequal access to public support for people according to type of disability. For example, access to support have people for whom modern treatment methods can minimize disadvantages resulting from disability, while for people with mental disorders is difficult to access support. Thus, the disability assessment mechanisms can contribute to inequalities in people's access to the necessary public support and assistance.

The Association of Towns and Municipalities of Slovakia (hereinafter referred to as "ATMS") conducted **representative survey** aimed on the problems of local governments to performing disability assessment for the purposes of social services. The survey was conducted in 2020 as one from the outputs of the national project *Support for the quality of social dialogue* funded by the ESF and ERDF (Repková, Gruchalák and Iglarčíková et al., 2020). The motivation for conducting the survey was not to prove that the local government is not able to provide disability assessment as its own local competence, but rather to find out whether the local government considers this competence as a real problem, resp. what are its causes. A total of 493 municipalities participated in the mapping survey, of which almost 95 % represented small municipalities with less than 2,000 to 5,000 inhabitants. The survey showed that almost 60 % of the participating municipalities and cities ensured disability assessment for the purposes of social services at the time of the survey, when they either provided it in their own capacity or through merged local offices (spoločné obecné úrady). The remaining approx. 40 % of the participating self-governments most often justified their "inaction" in disability assessment by personnel or financial reasons. The smallest municipalities also pointed the lack of interest of their inhabitants in social services as a reason why they do not consider it necessary to assess disability and care dependency. It is worth to note, that in almost half of the cases, after the disability assessment for the purposes of social services, the actual provision of social services did not follow, especially in the case of small municipalities.

Respondents also identified *general problems* with the disability, resp. care dependence, assessment, provided by local governments. In addition to the lack of personnel or financial resources, they blamed the overall atomisation of the disability assessment system, when for different social security purposes it is necessary to assess people separately, and thus repeatedly, by different public institutions. They also pointed to the unrealistic expectations of some people that their situation would be addressed "immediately, here and now", which makes it difficult for municipalities to plan disability assessment procedures and subsequently ensure the provision of social services. Self-government is often under increased pressure from families to deal with the situation of their care dependent members through residential care, what makes it difficult for cities and municipalities to seek for individualized solutions, increases demands on their counselling work with families, and complicates strategic management in the field of social services. Other experts co-operating with ATMS in the field of disability assessment, in turn, criticized the lack of strategic planning of local authorities in the field of disability assessment, which is an essential part of overall strategic planning in the field of social services at local level.

The survey also aimed *personnel capacities* of towns and municipalities for the performance of health and social assessment for the purposes of social services. It was found that medical assessment of disability was most often provided by physicians with a completed specialization in the field of assessment medicine or with another specialization, primarily on the basis of ad-hoc job arrangements. Social assessment was performed mainly by persons with completed education in the field of social work, most often as the municipalities´ own employees, on the basis of permanent job contract.

The respondents of the survey considered atomization to be a main *problem of the health assessment of disability*, as it is performed for different purposes and by different social security entities (Social Insurance Agency, offices of labour, social affairs and family, cities, and municipalities). They also stated that the medical assessors are not interested in getting involved in this area (also for financial reasons) and pointed to their high turnover. Also, insufficient quality of basic medical documentation for the purposes of medical disability assessment, was considered as problem. Similar problems have been identified in terms of SAD for the purposes of municipal social services. It is mainly a lack of interest of social workers in performing SAD, their work is complicated by frequent delays in administrative proceedings in order to assess a person´s dependence on the assistance of another person. Other experts criticized the lack, and poor-quality of social counselling provided by local government staff which often leads to improvisation in finding solutions for individuals and families and using the "put-out problems strategy" (stratégia hasenia problémov). Experts also identified the failure of certain systemic conditions for the performance of SAD, especially the absence of systematic training of social workers in this area.

As concluded by the research team (Repková, Gruchalák and Iglarčíková et al., 2020), for the above and other (unnamed) reasons, the social needs of cities and municipalities may remain unsatisfied, or only partially satisfied, with the risk of escalating into crisis life situations. However, according to the representatives of ATMS, this should not be primarily interpreted as a failure of local self-government in performing disability assessment activities. They perceive the competence of disability assessment as a natural part of their own social services policy, for which better systemic conditions should be established (especially in funding of social services). Despite the differing views of government and local government officials, the Ministry of Labour, Social Affairs and Family of the Slovak Republic assessed the situation in the provision of disability (care dependency) assessments by local governments as a reason to "return" to the period before 2009, when disability assessment was performed by the state administration also for the purposes of social services.

To be able to understand more comprehensively the reasons leading to the intention for reforming the disability assessment system, findings would also be needed on the situation in specialized state government offices that perform disability assessment for the purposes of disability related direct payments. The reasons given in the documents point to a general critique of inconsistency and the absence of standardization in assessing people's dependence on the help of another person for various forms of social interventions (cf. SLTC, 2021) what leads to non-addressability of the provided support and assistance with consequences for their funding. Another criticism is repeatedly directed at the self-governing level: for the frequent placement of care dependent persons in residential social services; for the limited financial possibilities of municipalities in supporting non-public social service providers to cover their operating costs; or for the predominant funding of the domiciliary care service from European sources (ibid.).

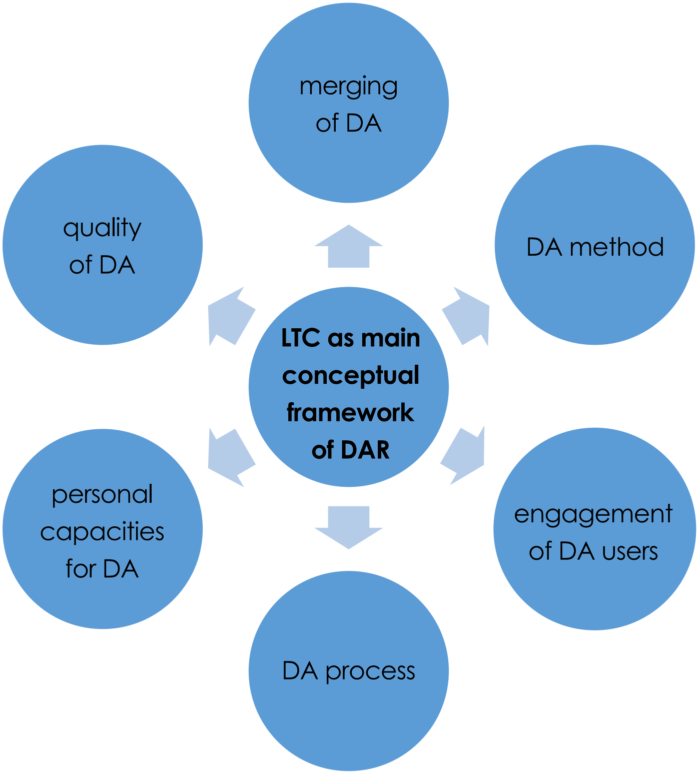
The identified problems with performing disability assessment have broader systemic penetrations into the overall situation in long-term care and disability policy in Slovakia (in terms of competencies, strategic planning, financing, methodology and methods of work, working conditions; cf. Repková, 2010). Therefore, it is not easy, if possible at all, to identify what systemic conditions are currently failing primarily, and for what specific reasons. The integration of the unified disability assessment into the organisational structure of specialized state administration is perceived by policy makers as a way how to solve problems currently faced by both specialized state administration as well as self-government in this area. Possible effects of this step on the future planning and provision of social services at local level is not the subject of current political and professional discussions, at least, information about such discussions, their course and results, are not available.

4.2.3 Main results (topics) of the analysis

What should be drawn from the overview of relevant parts of the national documents in terms of the possibility to understand the broader context of the reform intentions focused on the disability assessment system and its future design? Do the planned changes reflect the experience and recommendations from the international context?

In particular, the analysis showed the existence of certain defining lines and themes (topics) related to the reform of disability assessment and its future structural setting, which were identifiable in all documents. The set of topics is captured in the diagram.

Diagram4: Disability assessment reform (DAR) in documents – determining characteristics and topics



Source: author

Legend: DAR – disability assessment reform; DA – disability assessment

The study shows that the **planned reform of disability assessment is not “self-serving”**, but rather conceived as part of the planning and future implementation of wider public interests and policies. This reform is most intensively communicated in the context of the interest in improving the health care of the population of all ages (cf. MSG), creating a system of more accessible social and health care, and care of better quality (cf. PRR, NSDI, SLTC). Particular attention is paid on elderly people, to promoting their dignity, independence, and quality of life (cf. NPAA). Disability assessment reform is then defined as one of the reforms that condition the establishing of such a system (cf. PRR, SLTC).

The defining characteristic of the planned changes is also the **specific concept of the unified system of disability assessment**. Eliminating multiple (methods of) disability assessment for different purposes (application of the one-stop-shop-approach) has been recommended as a way, how to enforce human-rights dimension within the disability assessment system (Waddington, Priestley and Sainsbury, 2018). However, based upon the study of relevant national documents, such unification will only concern the assessment for the purposes of direct payments to compensate for severe disability and dependency-based social services, and the unified disability assessment will be performed by specialized state administration bodies (relevant organizational units of labour, social affairs, and family offices). No other disability assessment purposes will be included – e.g., for the claiming an invalidity pension or for the purpose of promoting the work integration of persons with disabilities (cf. MSG, PRR, SLTC). It follows that it will be about a specific type of disability assessment system, namely about the **unified system of disability assessment for long-term care purposes**. The seeds of such specific system go back to the earlier period, to the Government Decree no. 5/2016 Coll., which established a system of specialized departments of social work, specialized educational programs and their standards. At that time, only the disability assessment for the purposes of direct payments and social services conditioned by care dependency, were integrated into the specialized field of social work named the “SAD“(Sociálna posudková činnosť).

Certain national documents also mention a **single methodological tool** to unify and standardize disability assessment in the mentioned fields. It is the **WHODAS 2.0** instrument (the WHO Disability Assessment Schedule 2.0), which is based on the *International Classification of Functioning, Disability and Health* (hereinafter referred to as „ ICF “, 2001) and builds upon the CRPD principles (cf. PRR, SLTC). Although the initial ICF from 2001 took each function of an individual at body, person, or society level, and provided a definition for its operational assessment, it was impractical for assessing and measuring disability in daily practice. Therefore, WHO developed the WHODAS 2.0 to address this need, and provide a standardized way to measure health and disability across cultures (Üstün, Konstanjsek, Chatterji and Rehm (Eds.), 2010). The assessment focuses on **six areas** (domains) of functioning:

- *Cognition* (understanding & communicating);
- *Mobility* (moving & getting around);
- *Self-care* (hygiene, dressing, eating & staying alone);
- *Getting along* (interacting with other people);
- *Life activities* (domestic responsibilities, leisure, work & school);
- *Participation* (joining in community activities).

The tool aims to assess the limitations in the activities and the restrictions in participation opportunities experienced by the persons being assessed, regardless of their medical diagnosis, what is considered as a basis for the necessary reform in the field of disability assessment, respectively in the disability policy as such (cf. Arnould et al., undated; Nico, 2016; Flaker, 2019). It is used for all diseases, including mental, neurological, and addictive disorders. The applied questionnaire is processed in several versions (from 12 to 36 questions), considering the problems with functioning in individual domains in the last 30 days, and the answers can be translated into an overall functional score. WHODAS 2.0 is a tool for a comprehensive assessment of human needs, thus not only in the field of mobility and self-care, but also in area of education, work integration, participation in society, health protection or material security. Therefore, the disability assessment system is planned to be linked to support tools in the field of occupational rehabilitation, early intervention, personal assistance, or other social services (cf. PRR).

The ambition to introduce WHODAS 2.0 reflects not only the human rights requirement for the complexity of disability assessment. It also responds to the need for the **active engagement of persons with disabilities** in generating the information on which individual disability assessments are made, for example through self-assessment questionnaires. The WHODAS 2.0 allows it, as it is processed in several questionnaire versions, which may be administered to the person being assessed, but also to a family member, acquaintance, or guardian.

Activating the target group for evaluation purposes also has a broader dimension. Based on European experience and in line with the CRPD, the **involvement of organizations of people with disabilities** in the design of a disability assessment model is also required. Accordingly, the SLTC states that the draft of new legislation on disability assessment will be discussed with representatives of citizens with disabilities, local and regional self-government and state administration. However, during the preparation of this monograph, no information was available on whether such consultations, negotiations or other forms of cooperation took place, so this issue cannot be further addressed.

As part of the announced reform changes, the commitment **to establish, and operate user-friendly disability assessment processes**, especially from an administrative point of view, can also be considered very promising. The digitization of the assessment process is planned, thus relieving doctors, other assessment specialists and assessors from unnecessary administrative burdens. For the purposes of medical assessment, the use of the e-government/e-health system is envisaged, and the necessary information on the „non-medical" aspects will be obtained from the public administration registers (e.g., information on the income and assets conditions of the assessed persons; cf. PRR, SLTC).

The reform also concerns the issue on **building personal capacities** for disability assessment, including an appropriate qualification for its performance. In accordance with the current practice, the disability assessment will be performed by assessment doctors and social workers. By 2024 at the latest, new administrative equipment will be ensured for assessment workers at the social offices (cf. PRR, SLTC).

Regarding the issue on **qualifications for assessment work**, an amendment of the Act on direct payments[10], which came into legal force since January 2022, removed the "unnecessary" qualifications for medical assessors to make the assessment system available to all doctors. This measure, together with more attractive financial remuneration, should lead to increase in the number of assessment doctors at employment, social affairs, and family offices (cf. PRR, SLTC). While the reform has brought for medical assessors a shift towards de-professionalism, more precisely towards de-specialization, the SAD notes the opposite trend - the trend of strengthening professionalization of social workers engaged in the

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[10] Section 63 par. 1 of the valid *Act no. 447/2008 Coll*. in combination with Annex no. 3 of Part A of the *Regulation of the Government of the Slovak Republic no. 296/2010 Coll.* on professional competence for the exercise of the medical profession, the method of further education of medical staff, the system of specialized departments and the system of certified work activities, as amended

disability assessment field. The NSDI (MoLSAF SR, 2021) dedicated creating conditions for increasing professionalism in the field of social affairs and family, through introduction of the departmental educational system (systém rezortného vzdelávania). This goes in line with the valid professional legislation of social work which stipulates the required education of social workers for performing SAD through accredited specialized educational program "Social assessment of disability" (Sociálna posudková činnosť; SAD). Conditions for passing the program ensures since the first half of 2022 the national project Profi-II..

The adopted documents also set up future commitments in the field of **quality assurance of disability assessment**. Quality is approached comprehensively, as disability assessment is considered to be part of a more comprehensive long-term care policy. Not only the departmental education system, or the organizational unification of disability assessment, as mentioned above, will serve as a contribution to the quality of disability assessment. The important mechanism will also be the performance of independent supervision of social care. Supervision will cover all professional areas and activities that are the subject of our professional interest: supervision of the provision and quality of social services, supervision of the quality and scope of assistance that will be financed from the personal budget, supervision of provided health care in social services, as well as *supervision over the quality of disability assessment* (cf. PRR, NIPI).

5 SOCIAL WORK AND DISABILITY ASSESSMENT REFORM

In accordance with the hermeneutic cycle of the monograph, in the next chapter we will address challenges that arise from the planned reform of disability assessment for social work as a human-rights profession, and not only from the national point of view. Conceptually, the **SAD will be approached as a professional performance of social work** conducted within the comprehensive disability assessment for the purposes of long-term care. In line with this approach, following issues will addressed in this chapter:

- the constructivist nature of social work as a professional basis for the SAD interpreted through the human rights paradigm;
- SAD as part of a comprehensive disability assessment performed on a multidisciplinary basis;
- departmental education of social workers for the purposes of performing SAD as part of the professionalization of social work.

5.1 Constructivist nature of social work & disability assessment

Hypothetically, we can ask whether social work has been changing with the institutionalization of socio-political goals and content of the SAD (legal framework), or, conversely, whether the SAD has been profiling according to the development of social work, its professional identity, intervention methods and tools, thus according to the offer of social work for the area of disability assessment (professional framework). The answer to such a question might be complicated by the fact of overlap and interdependence between social policy and social science (Hibbard, 1984), resp. between legal and professional framework. In addition, both social work and SAD have a socio-constructivist character (Berger and Luckmann, 1966), as broader socio-political and other circumstances influence the formation of social work as a science and helping profession, as well as the formation and implementation of SAD which is an action area of social work (Payne, 2014; Healy, 2014; Levická et al., 2015).

Interlinks and interfaces between legal and professional aspects in setting up disability assessment mechanisms, which should be in line with the CRPD, refer to the essential characteristics of social work as a human rights profession (IFSW, 2014; Alseth, 2020). Human rights have a long tradition in social work theory and practice, they are a central, regulative idea throughout the discipline, including integration of the human rights perspective into the educational curriculum of social work (Staub-Bernasconi, 2014). From the practical point of view, social workers can contribute in two specific ways (Ife, 2001). Within the *deductive approach*, social workers start in their practice from the formally and legally recognised rights of citizens, and are engaged in ensuring these rights in their daily professional bases. In the *inductive approach*, the involvement of social workers is much more complex. They start with realities and complexities emerging in their daily practice, and ask what the human rights of citizens at stake are, and how they can be realised (Hermans and Roets, 2020).

The boundaries between the legal and professional framework in disability assessment mechanisms, can be illustrated by the still valid national social services legislation (MoLSAF, 2008). The Act states, that social services are provided mainly through social work and procedures corresponding to the knowledge of the social sciences (professional dimension) and at the same time that SAD for the purposes of social services is provided by social workers (legal dimension). This means that social work and the SAD “need” each other, with human rights as their common normative and value basis (Alseth, 2020). The SAD constitutes a legislative-institutional framework and action field of social work; and, vice versa, the social work is professional basis for SAD, for its practical performance (Payne, 2014; Musil, Bareš and Havlíková (eds.), 2017). Since both are ideologically, professionally, and practically constructed and negotiated (Healy, 2014), the angle of professional view and analytical interest are decisive for the study of their interdependence.

For determining the goals, position, and tasks of social work in the intervention field of SAD, the actors who should be involved to negotiate this issue, are crucial. Payne (2014) identified three social constructions which are important to set up purposes of social work in any interventional field (including disability assessment area). One is the *political-social-ideological arena*, in which social and political debates form the policy that guides purposes of agencies where social workers operate. Another is the *agency-professional arena*, in which employers, trade unions, and professional associations negotiate of, how social work operates, what are the roles and professional tasks of social workers. Finally, there is the *client-worker-agency arena*, where clients through their relationships with social work practitioners in the organisations, can influence how social work practice is constructed and implemented.

Comparable to Payne´s theory, Healy (2014) identified four elements that are in dynamic interactions and negotiations for constructing professional purposes of social work, namely: a) *the institutional context of practice*, which provides the terms of reference for social work practice through the laws, public and organisational policies and other regulations directing professional social work and tasks in organisations; b) *the formal professional base of social work*, referring to a range of philosophical perspectives, theories about and for practice, values and beliefs, and the formal skills of social work; c) *service users and their communities*, based on the idea that individuals, families and communities are the central vehicle of any change; d) *framework for practice*, which covers a mixture of formal and informal knowledge and skills developed by social workers in their practice.

In determining the tasks of social work for the purposes of setting up and applying disability assessment mechanisms, a common effort of the representatives of all affected actors is assumed, namely: concerned ministries (especially those in charge of health and social issues, the disability and long-term care policy), users organisations (prominently organisations representing persons with disabilities, and/or elderly people in long-term care needs), service providers and professional organizations. The actors should be offered with opportunity to contribute to preparation of the reform that considers the perspective of all of them (Arnould et al., undated), while fair compromises are needed. Without mutual contributions and compromises, the operationalization of social work goals in the SAD intervention field would not be possible (Staub-Bernasconi, 2014).

Relevant documents declare cooperation of key actors in the preparation of respective legislation (cf. SLTC), especially in the form of consultations with representatives of users, self-government and state administration. At the time of preparation of this monograph, no information was available as to whether or how such consultations took place. In addition, the documents do not mention the mechanism of cooperation with professional organizations (especially with the *Chamber of Social Workers and Social Work Assistants in the Slovak Republic*), which is crucial for the formation of broader professional goals, interests and opportunities for social work in this action field, as we have emphasized above.

5.2 SAD as a type of individual social work

The SAD is one of the main areas of social work, and their relationship and interdependence have evolved in line with, how the approach to disability in social policy has evolved and changed. Following the paradigm of transition from a medical to a socio-functional and human rights approach (Baumberg Geiger et al., 2018; Arnould et al., Undated; Waddington, Priestley, Sainsbury, 2018), an approach to defining professionals who should be involved in the disability assessment has been also changed. Traditionally, a variety of medical professionals were engaged in this area, ranging from medical doctors to nurses, therapists (physiotherapists or occupational therapists), and rehabilitation specialists (Waddington, Priestley and Sainsbury, 2018). Currently, the importance of the growing numbers of social workers engaged in this field is highlighted (Munday, 2007a; 2007b) due to core characteristics of the social work profession in line with the global definition of social work (IFSW, 2014), and its roots in such stable ideas as participation, empowerment, and social justice (Staub-Bernasconi, 2014; Alseth, 2020; Hermans and Roets, 2020; Taube, 2021).

More than a century ago, Richmond (1917, 1922) emphasized the need to link the medical and social aspects of assessing people's living conditions in the context of individual/case social work. The author recognized in the professional activities of social workers a powerful tool for more accurate diagnosis and more effective treatment. Richmond considered finding answers to four questions that are common in each individual case to be a basis of social-diagnostic work, namely: "*What is the physical state of this patient? What is the mental state of this patient? What is his physical environment? What is his mental and spiritual environment?* "(Richmond, 1917, p. 35). The author admitted, that experts of various professional backgrounds can have their proper field, what concerns the comprehensive diagnosis and treatment. She considered the position and roles of social workers to be irreplaceable by any other profession, "... *as they come, contrary to other professionals (mainly medical doctors), to every case with all four points in their mind* "(ibid.).

Interesting, though perhaps not coincidental, the basic questions that Richmond formulated for determining the social diagnosis of a person related to his health conditions and for setting follow-up interventions, are similar to those that are the basis of SAD in Slovakia since the last decade and still apply. For the purposes of social services and direct payments for compensation for severe disability, social workers are interested in: a) *individual/personal factors* (an assessment of persons´ ability to deal with their unfavourable social situation also through their own efforts; (b) *the family environment* (an assessment of the presence and extent of support and assistance provided by family); c) *the wider social environment* that affects persons´ integration into society (e.g., housing conditions, availability of public services or civic facilities). The central identity of social work, enshrined in its socio-ecological basis, is incorporated into such assessment. Social workers approach problematic situations based on a cognition of person - in - environment, by exploring his own eco-space, in which is involved the profile of a person´s everyday life, and the potential of the components that make up this space (Göppner and Hämäläinen, 2004; Thiersch et al., 2012; Leichsenring and Scoppetta, 2016; Göppner, 2017).

Based on a study of the relevant national documents, there is no reasonable assumption, that the basic orientation of disability assessment for long-term care purposes will be fundamentally changed under the planned reform. There is a plan to introduce the methodological instrument WHODAS 2.0, which is based on the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The ICF is rooted in the concept of social functioning, has the ambition to overcome the dichotomy of the medical and social model of disability, and offers a comprehensive *bio-psycho-social model of* *disability*. Not only the title of the document, but also its initial terminological and structural setting, correspond to the basic focus on the social functioning concept. In the ICF, **functioning** is defined as "... *an umbrella term for body function, body structures, activities and participation. It denotes the positive, or neutral aspects of the interaction between a person's health condition(s) and the individual's contextual factors (environmental and personal factors)* ". Subsequently, **disability** is approached as "... *an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and the individual's contextual factors (environmental and personal factors)*" (WHO, 2001, p. 8,10).

The connection of disability assessment to "normal" human functioning is also evident from which domains of functioning the WHODAS 2.0 focuses on. Includes: cognition (understanding & communicating); mobility (moving & getting around); self-care (hygiene, dressing, eating & staying alone); getting along (interacting with other people); life activities (domestic responsibilities, leisure, work & school); and participation (joining in community activities) (Üstün, Konstanjsek, Chatterji and Rehm (Eds.), 2010). What this will mean in practice within the new organizational structure of disability assessment in terms of cooperation of assessors of different specializations (especially experts for health and social assessment), it is not yet clear from the available data.

5.3 Education as part of the professionalization of disability assessment

The analysis of the reform documents offered interesting clues on the issue of professionalization of disability assessment activities. Interestingly, the approach to professionalization varies according to whether it is a health or a social aspect of the assessment. As we have already stated in the previous text, in the case of the medical assessment, there is a trend towards de-professionalization, more precisely towards de- specialization, what is justified by the request of "...*eliminating meaningless qualifications and opening up the system to all doctors* "(PRR, 2021, p. 484), and has been implemented since January 2022. Even practice in other countries does not preclude the various involvement of doctors or other health professionals in the disability assessment process. Some of them are involved as individuals who are already familiar with the assessed persons and provide them with medical treatment, while others are working on behalf of the assessment agencies (Waddington, Priestley, Sainsbury, 2018). However, the question remains what such a change will actually mean for the functioning of medico-social assessment teams in the offices and how to provide "all doctors" with professional guidance in carrying out disability assessments for long-term care in order to guarantee a comparable level and quality for all assessed persons.

Another direction concerns the professionalization of SAD. It is approached as a specialized field of social work, which requires the completion of specialized education and subsequent quality control of the performed disability assessment, including the performed SAD (Payne, 2005; Levická et al., 2015; Kuzyšin and Schavel, 2021).

There are at least two specific reasons why we are interesting for educational aspect of the social work´s professionalization. Firstly, **developing and ensuring of the specific training (education)** for authorities and persons responsible for disability assessment (Arnould et al., undated) is part of the requirements for fulfilling the human rights approach to SAD as a specialized performance of social work (Staub-Bernasconi, 2014). It is in accordance with the obligation formulated in the Article 4 of the CRPD: „*To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to* *better provide the assistance and services guaranteed by those rights*". And secondly, the education is a way, how to support social workers in their ability to use the obtained information in complex contexts and various human life situations (Janebová, 2021, speaks of a new/modern professionalization of social work in neoliberal conditions). Therefore, it is important to analyse the content and organisational settings of such education.

5.3.1 Qualification prerequisites for performing SAD

In order to ensure the complexity of this part of the text, we consider as useful to first recapitulate the national institutional framework for the performance of SAD, which also includes the definition of the necessary education and the required qualifications for this area of social work:

- the concept of SAD was explicitly incorporated into social legislation by the Act no. 447/2008 Coll. on direct payments to compensate for severe disabilities, and the Act no. 448/2008 Coll. on social services;
- according to these laws, SAD is performed by social workers;
- qualification requirements for performing of social work are established by the Act no. 219/2014 Coll. on social work, and on the conditions for performing of certain professional activities in the field of social affairs and the family;
- qualification prerequisite for performing social work is a second university degree obtained in the field of social work;
- according to the law, persons who meet the condition of a second university degree obtained in other fields as psychology, law, social services and counselling, public policy and public administration, or in pedagogical fields, are also considered to be

social workers, if, as of 1 January 2015, they carried out professional activities which, by their nature, correspond to social work;

- social workers perform also specialized professional activities, while a special qualification prerequisite for their performing is the completion of an accredited specialized educational program established for the relevant specialized field of social work;
- **the SAD is recognised to be a specialized professional activity performed within a specialized department of social work;**
- the standard for SAD as the specialized educational program is regulated by Government Regulation no. 5/2016 Coll., by which certain provisions of the Act no. 219/2014 Coll. are implemented;
- the specialized educational program "SAD" was accredited by the Accreditation Commission of the Ministry of Labour and Social Affairs of the Slovak Republic for education according to Act no. 219/2014 Coll. on November 24, 2021;[11]
- social workers who want to perform SAD must successfully complete the specialized educational program SAD no later than December 31, 2023 through the relevant educational institution.[12]

5.3.2 Parameters of the specialized educational program „ Social assessment of disability “

Foundations for the **specialized educational program Social assessment of disability** (hereinafter only „ SEP-SAD “) were laid in 2015. Within the national project PROFI-I.[13], a draft of the *specialized edu-*

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[11] Accreditation certificate is available on-line: https://ivpr.gov.sk/wp-content/uploads/2021/12/Osved%C4%8Denie-o-akredit%C3%A1cii.pdf

[12] At the time of preparing the monograph, the Institute for Labour and Family Research was such educational institution.

[13] Available on-line: https://ivpr.gov.sk/wp-content/uploads/2020/09/vp_kompenzacna_pomoc.pdf

cational program Compensatory assistance (Langová, Repková and Tvarožek, 2015), was elaborated. It was addressed to social workers who perform SAD at offices for labour, social affairs, and family for the purposes to provide claimants with disability-related direct payments. Subsequently, since 2016, this proposal has been adapted to a broader scope, which includes assessment for both purposes - direct payments as well as social services for care-dependent persons. The SEP-SAD has these **structural characteristics**:

- SEP-SAD is intended for employees of public administration bodies who perform SAD, or are under preparation to performing SAD; also, professionals who perform this activity as independent social work practice, may be engaged;
- the total scope of SEP-SAD is for 200 hours; it is a combination of theoretical and practical, full-time and distance learning, including parts of training under the supervision;
- the total content of SEP-SAD is divided into six modules, and each module consists of several topics; the education is completed by taking up a specialization exam and issuing a specialization certificate;
- for the purposes of SEP-SAD, a guarantor and a teaching staff have been established;
- composition of the teaching staff corresponds to the diversified content of SEP-SAD, when experts from universities, scientific community, labour, social affairs and family offices, cities and municipalities, upper territorial units, users-organisations, and from independent think tanks are involved.

The table summarizes the modules of SEP-SAD and corresponding topics and time dotation.

Table2: Review of the modules, dotation and themes included into the SEP-SAD

Modules	Dota-tion	Themes/Topics
M1: Fundamental backgrounds of the human rights and freedoms of persons with disabilities	20 hours	T1: Societal and project – based context of SEP-SAD; structure of SEP-SAD
		T2: Human-rights approach to needs of target groups
		T3: Disability in people´s experience
		T4: Human – rights approach to disability and needs for LTC: international and national framework
M2: SAD in the social inclusion context	20 hours	T1: Comprehensive approach to social inclusion of persons in LTC needs* in public policies and documents
		T2: Specificities of SAD for LTC purposes in comparison to other purposes
		T3: SAD for LTC purposes- international experience and examples
		T4: Community-based context of the SAD for LTC purposes
M3: Current institutional framework of the SAD (legislation, organisational ensuring)	40 hours	T1: Societal and scientific perspectives of SAD, SAD principles
		T2: Evolution of SAD as part of social security system
		T3: Concept of SAD in current legislation
		T4: SAD and administrative proceedings (competencies, activities)
		T5: Method to assessing LTC needs
		T6: Cooperation of organisations and professions for SAD purposes
		T7: Reflexion on changes in SAD over times (continuity and new aspects)
M4: Assessing personal aspects/ factors of LTC needs	40 hours	T1: Concept of persons´ individual needs in public policy
		T2: Assessing personal factors for LTC purposes
		T3: Activation of assessed persons and self-assessment; supported decision making
		T4: Gender dimension in SAD
		T5: Dilemmas in assessing personal factors
M5: Assessing family and wider societal environment	60 hours	T1: Subsidiarity in SAD
		T2: Assessing family setting of persons in LTC needs
		T3: Assessing wider community-based setting of persons in LTC needs
		T4: Dilemmas in assessing wider community-based setting of persons in LTC needs
		T5: Complex-based assessing of environment: accessibility as essence of the human-rights based approach in SAD (combination of universal and compensatory based measures)
		T6: SAD sensitive to individual kinds of disabilities
		T7: Dilemmas in assessing of wider societal environment
M6: Controlling in SAD	20 hours	T1: Changes in persons´ needs over times
		T2: Controlling and optimisation of support for persons with LTC needs
		T3: Selected dilemmas and paradoxes of SAD
		T4: SAD as part of controlling and optimisation in practice – from rejection towards support of community-based developments
Totally	200 hours	

Source: Author based on the accredited SEP-SAD

Legend: LTC – Long term care

*In the original SEP-SAD the assessed persons are titled as persons with disabilities and older persons in care needs; the term „**person/s in LTC needs** "corresponds with terminology of the planned national reform (cf. SLTC)

The intention in setting the content parameters of the SEP-SAD (individual modules, subsidies and topics) was, to offer employees with different levels of education and scope of previous assessment experience the opportunity to understand and master not only the current legal framework for SAD performance, but also its **wider value and system context**, namely:

- *human rights approach to SAD* (also in the context of a mutual international effort to promote the human rights and freedoms of people with long-term care needs by using social work as a human rights profession to achieve that);
- understanding SAD as an integral part of *supporting the social inclusion of people with long-term care needs*;
- application of the *concept of social functioning*, including the search for possibilities, how to influence its determinants (personal factors, family environment, wider physical and attitude environment, community);
- *cyclical nature of SAD* and the understanding of social work performed for this purpose as a comprehensive performance (including control and optimization activities, as well as intervening at the micro, mezzo- and macro levels);
- *ethical aspects of SAD performance* (selected dilemmas and paradoxes of SAD and active work with them);
- *mutual learning*.

We will deal with selected aspects of the future departmental education for the purposes of SAD in more detail in the following text. The education will be discussed within the broader issue focused on the professionalization of social work.

6 SUMMARY AND DISCUSSION

The monograph focuses on the planned reform changes in the disability assessment system in Slovakia, which were for the period 2022-2024 announced by national policy makers through key socio-political documents adopted in years 2020-2021. The documents reflect, among others, the international obligations of the Slovak Republic to protect human rights of persons with disabilities and those in need of long-term care.

We are aware to be a bit risky to prepare a scientific monograph on such topic at the time when the reform is presented only in its programmatic contours, and when adoption of the necessary legislative and organizational measures are expected only since 2023 (approval of new legislation on disability assessment by the first quarter of 2023, and provision of a new equipment for assessment employees by the first quarter of 2024 at the latest; cf. PRR, SLTC). We are also aware that certain hypotheses and questions we have formulated as open will be at baseline clarified during the years 2022-2023. However, the elaboration of the monograph under these "risky" conditions was our intention. We wanted to use scientific tools (analysis the various contexts and specific aspects of the forthcoming changes) with an aim to contribute to the process of preparing reform changes so that they would finally be adopted in accordance with the currently available scientific knowledge.

In the final part of the monograph, we focus on certain selected findings and topics that deserve deeper attention and discussion. We place special emphasis on the interests and implications for social work, which, in line with its human rights nature, is the professional basis of the SAD.

6.1 The reform nature of the planned changes

Based on the results of the document analysis, we can suppose that the initial value setting of disability assessment for the purposes of long-term care will not be the subject of fundamental changes. Its value foundations were laid in 1998/1999 with the adoption of the Act on Social Assistance and clarified in 2008 by the Act on direct payments to compensate for severe disability, and the Act on social services. This setting in most parameters corresponds to international recommendations and good practice (cf. Waddington, Priestley and Sainsbury, 2018), at least declaratory. The socio-contextual or human rights model of disability is already recognized and integrated into the current national disability assessment framework; assessment takes place in integrated socio-medical teams; it is declared to respect the individual needs of the assessed persons, or their activation. Changes are rather expected in the organizational aspects and staffing of assessment activities, in the adoption of a new assessment methodology, which should better reflect the purpose of a comprehensive assessment of people's needs, and in simplifying the administration of assessment process for all stakeholders.

Considering the nature and scope of the planned changes, the question arises as to whether it is justified to speak about reform of SAD, especially if the term of reform is not in the documents used consistently. Changes in disability assessment are not planned as self-serving, but in the interest of "something higher" - establishing of the effective system of long-term socio-health care for people in need of long-term care. While the MSG (2020; 2021) considers the introduction of long-term care system to be a reform, in the PRR (2021) the planned changes in disability assessment are referred to as reform. The latter document (PRR) defines as the basic goal to prepare Slovakia for aging population, through the provision of quality, more accessible and comprehensive support for people in need of long-term care. To meet this "global" objective, the reform of disability assessment will be implemented. We admit, that the concept of reform has been applied in relation to the disability assessment in order to draw European resources on the priorities defined in the PRR. In the document, such terms as "reform" or "investment" are used in a conditional way, while planned and implemented reform is a condition for obtaining European resources for respective priority. Such an interpretation means a two-track approach to reform (cf. UNECE, 2021), where the reform of disability assessment is considered a "minor reform", a condition for the implementation of a "major" long-term care reform. Despite this interpretation, we have used the phrase "disability assessment reform" throughout the text of the monograph, as we referred to the official documents that formed the basis of our expertise as well as our conclusions.

6.2 Disability assessment & target groups of long-term care policy

Our caution to use the term "disability assessment reform" may be related, resp. may be reinforced by the fact that the planned changes will only refer to the systems of direct payments to compensate for severe disability and social services for care dependent persons. That is not surprising, while disability assessment changes are planned as part of the changes in the area of long-term care (cf. PRR, SLTC). Thus, if a unified disability assessment system will be used "only" for the long-term care purposes, it is not clear, how WHODAS 2.0 can unify disability assessment for social security and labour law with an aim to provide habilitation and rehabilitation to people with disabilities (cf. NDP). , 2021). It is known from practice that the needs of people with disabilities may not always be the same as those who need long-term care (although this is often the case).

However, the issue of specifying the target group of long-term care policy and its distinction from the target group of disability policy is not clarified even in the foreign literature. OECD (2006) traditionally relates long-term care with the provision of services for people who need help with daily living activities (e.g., bathing, dressing, grooming, using the toilet, eating, and moving around). Such assistance is often linked to basic health services (e.g., wound care, pain management, medication, prevention and rehabilitation or palliative care services), and traditionally refers to the elderly (Leichsenring, Billings and Nies, 2013). However, Döhner and Kofahl (2006) speak of a much wider target group of long-term care that needs not only help with daily living activities but also with household keeping, in the field of emotional and psychological support, moving at home and outside, in the field of financial management, organization and management of assistance to others, health care, or needs financial assistance.

Even under the influence of the obligations arising from the CRPD, the new national documents build on a broad concept of long-term care and its target group. A key national document (SLTC) identifies problems with "... *inconsistent and non-systematic assessments of disability and long-term care needs*" (SLTC, 2021, p. 30). Such wording may lead to the understanding of disability and long-term care as two relatively independent policy frameworks, albeit significantly overlapped. However, the same document defines **long-term care** (dlhodobá starostlivosť) as a set of all activities which are provided to enable persons with severe or permanent impairment or at such a risk to maintain a level of their functional capability that is consistent with their human rights, freedoms and human dignity (ibid., p. 6). From a practical point of view, such a broad definition of the long-term care target group may include the very diverse life situations of people with functional disorders. For example, it may be a person with a sensory disability who needs a direct payment to purchase technical equipment to overcome the social consequences of his sensory impairment, and is otherwise self-sufficient. It is an example of a disability policy target group. However, it can also be a person with complex needs for support and assistance in all life activities as an example of the target group of long-term care.

The SLTC also defines the **concept of socio-health care** (sociálno-zdravotná starostlivosť) as a combination of social and health (especially nursing) care, regardless of whether it is assistance provided in institutions of the sector of labour, social affairs, and family or health care sector. In practice, this concept is most often associated with the situation of older people with a high degree of dependence on the help of another person who require care of a combined health and social nature. Finally, component 13 of the PRR (2021) uses the combined **concept of long-term socio-health care** (dlhodobá sociálno-zdravotná starostlivosť) which refers to all persons of all ages.

In summary, the overarching concept will be the **disability assessment for long-term care purposes** for the target group of **persons in need of long-term care**. The nature and extent of their needs will be assessed at employment, social affairs and family offices through the unified WHODAS 2.0 assessment methodology, as a basis for provision of interventions of a various nature (benefits and/or services), in different environments, and by different authorities under the Ministry of Labour, Social Affairs and Family of the Slovak Republic or the Ministry of Health of the Slovak Republic.

6.3 Organisational merger of disability assessment

Within the discussion to the planned disability assessment reform, the organizational merging of disability assessment under competencies of the specialized state administration bodies also deserves special attention. Organizational issues have been accompanying social security reforms since the second half of the 20th century. Initially, the progress was considered in establishing the assessment commissions in social security legislation and practise with clearly defined competencies for the performance of medical assessment in combination with rather intuitively implemented elements of social assessment (years 1956-1998). With the adoption of the Act on Social Assistance, the importance of social work for the activities of public administration bodies in the field of social assistance, was recognized. Social work became the knowledge base for the performance of "social" assessment of disability, although so far without such explicit naming in social legislation. The year 2009 brought further considerable progress. The explicit assessment terminology was introduced into social legislation (use of the terms "medical assessment activity" and "social assessment activity"), with a simultaneous division of competencies for disability assessment according to the type of provided social interventions. The self-government started to conduct disability assessment for the purposes of social services for care dependent persons, and the specialized state administration conducted disability assessment for the purposes of direct payments to compensate for severe disability. The transfer of a part of the competencies to performing disability assessment to self-government was interpreted as part of the model of social affairs management closer to the citizens, to the community where they live, which best knows the needs of its inhabitants, and the possibilities of satisfying them with self-government tools. Moreover, there was an assumption about a higher quality and objectivity of the assessment results, as the assessment was performed by the local government's own employees (cf. Brichtová and Repková, 2010).

For more than a decade, we have been returning to strengthening the competencies of specialized state administration bodies for disability assessment by "removing" these competencies from self-governing bodies. Interestingly, the reasons for this step coincide with the reasons used in the previous period to justify the need for the division of assessment competences between self-government and state administration. The organizational merging of assessment activities to the competence of labour, social affairs and family offices is presented in the context of interest in promoting the dignity, quality of life and independence of people with disabilities and older people dependent on care (cf. (MSG, NPAA). Also in the framework of shaping the system of long-term health and social care for these people based on community organized interventions, including simplified and fairer functioning of this system, and reducing its administrative burden for the involved actors (cf. PRR, NSDI, SLTC).

The intention to the organizational merging of disability assessment may be considered as step towards the streamlining of the provision of support and assistance to people in need of long-term care and corresponds with European recommendations to reduce the number of assessment systems and assessment methods (Waddington, Priestley and Sainsbury, 2018). However, the question arises as to whether such a step is based on sufficient analysis and evidence that it will be more effective than investing in improving the readiness of municipalities to conduct disability assessment for the purposes of social services, they provide. Research points to the need for high flexibility of self-government in addressing the urgent social needs of its inhabitants, which places high demands on the management of social services, including assessment activities (Repková, Gruchalák and Iglarčíková et al., 2020). Such an *optics of flexibility* would favour the provision of disability assessment through self-governing bodies within the overall policy of social services provided at the self-governing level.

Of course, there may be other optics in the game - *the optics of practicality*. As the above-mentioned survey has shown, more than half of the disability assessment protocols issued by local governments have not been used for the actual provision of social services. This means that the disability assessment process may in some cases be “self-serving”, without a direct link to the provision of social services themselves (but what the current social services legislation does not exclude). Citizens may be motivated to ask for a “preliminary assessment” on behalf of their future real social service needs. In this case, based on the existing assessment protocol, the choice of social service provider may be more operational and the provision of the service may be less administratively demanding.

As the details of the forthcoming changes in terms of ensuring the flexibility and effectiveness of disability assessment were not known at the time of preparation of this monograph, these issues remain open for further discussion.

6.4 Capacity building for the disability assessment reform

As part of the summary of research findings we address also the issue of building professional capacity for the purposes of future assessment activities. As we have emphasized in several contexts, progress in the disability assessment systems was evaluated also according to, how the socio-contextual model of disability was gradually domesticated and institutionalized. And how the cooperation of assessment experts with different professional backgrounds has developed (most often medical professionals and social workers; cf. Waddington, Priestley and Sainsbury, 2018). Appropriate staffing is still one of the central issues on the disability assessment agenda, as it is a key means of ensuring the quality of disability assessment as well as the fulfilment of its social mission within the social security system.

The available resources have repeatedly pointed to the problems of engaging for the assessment activities of both medical assessors and social workers, usually due to their poor financial remuneration; the ambiguity of certain legal conditions for the disability assessment; but also, the lack of training for assessment activities, especially for social workers (cf. Repková, Gruchalák and Iglarčíková et al., 2020). It is therefore surprising that no more comprehensive attention is paid to this issue in the analysed documents. They inform that new equipment for assessment staff will be provided by 2024 at the latest (cf. PRR, SLTC). However, further attention is paid primarily to the provisions addressed to the medical assessment staff. Lack of medical examiners, their only a weak interest for medical assessment activities, was the basis for the formulations of the planned measures on, how to address these problems (removal of qualification barriers, use of e/health, higher financial remuneration of doctors).

Reform intentions related to professional capacity building for SAD are not specified, what may raise certain questions. For example, whether the conditions for the SAD and for the position of social workers in the integrated disability assessment teams, will not be re-marginalized due to the intensive focus on measures aimed on staffing the future medical assessment activities at labour, social affairs, and family offices? Whether the digitization of assessment activities, the networking of public administration will not lead to a reduction in the number of social workers at the offices, and to strengthening of the administrative dimension of assessment work (cf. Repková, 2018; Lauri, 2019)? Whether the issue of better financing of the SAD activities will be addressed as part of the overall increase in the prestige of assessment activities for long-term care purposes? Based on the available resources, it is not yet clear how the comprehensive disability assessment based on the WHODAS 2.0 tool will be organized and performed at offices, how the necessary cooperation between medical and social assessors will be managed and conducted. It is also not clear, how the intentions of linking the process and results of disability assessment activities with labour, educational or other legal claims of people with disabilities will be implemented (cf. PRR, NDP, SLTC).

On the other hand, the explicitly formulated commitments to create the conditions for improving the professionalism of performance of SAD are gratifying. Gradually, the institutional basis for the start of departmental education in the specialized field of social work "Social Assessment of Disability" (for details see sub-chapter 5.3) is being created. In addition, a system of independent supervision over the quality of disability assessment will be introduced as part of a broadly designed supervision over the quality of social care in the area of social affairs and family (cf. NSDI, PRR).

6.5 Strengthening the professionalization of SAD

We have repeatedly emphasized that social work is a professional basis for SAD. Therefore, the reform intentions in the field of education for SAD, or the creation of a system of supervision over the comprehensive disability assessment quality, fall within the broader framework of the issue of professionalization of social work and creation, resp. strengthening its institutional framework. It is no coincidence that the issue of professionalization has become part of the hermeneutic arrangement of this monograph. It is very complex in itself, and we will address it within the discussion to such an extent that offers the opportunity to better understand and interpret the research findings, especially from the perspective of professionalization of social work performed at the offices for the purposes of long-term care.

The professionalization of social work is a matter of relentless professional interest, which is contextualised in a range of academic discourses, e.g., Neoclassical Economics, New Public Management, Neoliberalism and/or Legal Discourse (cf. Healy, 2001, 2014; Janebová, 2019, 2021; Marthinsen et al., 2019). Based on the analysis of research findings, as well as on the supporting academic literature, professionalization can be approached from **two perspectives**:

- in terms of the potential contribution of professionalization to the quality of social work, and thus to the benefits for its target groups;
- in terms of the potential risks of professionalization communicated especially in the context of critical social work.

These two interpretations do not have to be dichotomous, they do not have to be completely mutually exclusive, so Janebová (2021) titled professionalization as a "*double-edged sword*" (ibid., p. 90). Which perspective will be chosen by a particular author for the discourse, it depends on several factors. For example, whether or not the main institutionalizing pillars of social work (in particular professional legislation, professional chamber, quality standards, education, or code of ethics) are established in a particular country; but also which sector the author entering the discussion represents (state institutions, the university sector, the provider sector or the civic sector). Causality in thinking can also play a role: whether professionalization is perceived as a prerequisite (input) for quality social work; or, conversely, as a result (output), when developments in the provision of practical social work lead at a certain stage to the creation of an institutional framework for its professionalization.

Diversity in approaching professionalization of social work can be captured through statements of the authors from the Czech and Slovak social work environment. Usually positively tuned, resp. the unquestionable narrative, by which the Slovak authors enter the professional discourse on the professionalization of social work, may be interpreted in the context of certain facts: since 2015, professional legislation of social work was codified in Slovakia; professional chamber was established; conditions for further education of social workers according to professional legislation, were created. Mátel (2021) most recently states, that after 1989, Slovak social work "... *in a relatively short period of time became successfully professionalized, and continues to be professionalized*" (ibid., p. 44). Kuzyšin and Schavel (2021) highlighted the procedural essence of professionalization which is always socially contextualized, reflects on socio-political and economic aspects, or on other phenomena conditioned by social events, and thus professionalization "... *as a process is a phenomenon that can be never stopped*" (ibid., p.28). Also in the core chapters of this monograph, we tried to demonstrate the progress in the professionalization of social work in the area of disability assessment in Slovakia, in terms of the gradual development of both – existing as well as planned institutional support (context and purpose; field of action; target group; methods of work; organizational affiliation and competences; professional standard; specialized training; quality evaluation). Of course, the spirit of the "benefits from professionalization", in which we have linked the individual research findings and their interpretations in the monographs, does not mean, that certain risks and problems are not associated with the social work professionalization in the national conditions. However, we perceive them as socially and developmentally conditioned (cf. Kuzyšin's and Schavel's procedural perspective of professionalization, 2021), and incorporated into the reasons why it is necessary to adopt corrections and certain (reform) changes of the disability assessment system over time.

Contrary to the "procedural" understanding of social work professionalization, there are the views of representatives of the critical social work who call into question the importance of the institutional framework (laws and other regulatory practices of social work), as it may suppress professional identity of social work. The professionalization of social work is perceived as a tool for strengthening the professional prestige of social workers, power asymmetry to the detriment of clients, or strengthening the inclination towards legalism and conservatism. Therefore, a call for "non-professionalization", or a need to de-professionalise social work, are emerging, arguing that the most effective assistance to target groups of social work is provided by organizations, that do not declare the implementation of social work, or persons who do not have a formal education in this field (cf. Janebová, 2019, 2021).

In the space between these two interpretations, contributions gradually appear in the Czech academic literature, which try to find a balance in the discourse for the professionalization of social work. They call for ending the debate on whether the professional pillars of social work are necessary or not, and call for a consensus on their content, structure, formal anchoring and implementation mechanisms (cf. Hubíková, Pavlíková and Trbola, 2021). Finally, the trend towards de-professionalization and its potential impact on social work as a profession can only be discussed against the background of certain institutional and formal guarantees. Janebová (2021) concludes that the key question ultimately is how the professionalization of social work should develop in order to fulfil its potential contribution to improving the quality of social work and exercising the rights of its clients.

If we relate the discourse on the issue of professionalization of social work to the institutional framework of social work performed within the disability assessment, then the current knowledge offers certain clues to formulate some preliminary conclusions. First, that *social work cannot be un-professionalised* if we take into account its constructivist nature and its goals and content, which are negotiated by key social actors (cf. Healy, 2014; Payne, 2014; Staub-Bernasconi, 2012). Furthermore, that due to the conditionality by wider social events, it *is not possible to approach the professionalization of social work statically, but rather contextually and procedurally* (cf. Kuzyšin and Schavel, 2021), as a never-ending process. Finally, although certain general aspects of social work as profession are negotiated and shared (cf. Payne, 2005), for practical reasons, the idea of professionalizing "one social work" turns into *professionalizing as many "social works" as social action fields social work includes* (cf. Levická, 2015; Balogová, 2022). One such "specialized professionalization" is social work performed as SAD within the long-term care system. We are of the opinion that only at the level of individual action fields and individual institutional frameworks is it possible to negotiate and create ideas about specific problems of people, which can be solved mainly by social work tools, and create conditions for its professional provision (cf. Hubíková, Pavlíková and Trbola, 2021).

Based on the research analysis, it is not possible to predict, whether the potential of extended professionalization of social work in Slovakia will be used in favour of the planned reform of the SAD, as many details of implementation and practical questions remained open at the time of this monograph´s preparation.

6.6 SAD as a comprehensive performance of social work

In terms of conditions for the development of social work and the fulfilment of its mission as a human rights profession, the forthcoming reform of disability assessment indicates some promising elements. It is about education for performing the SAD, supervision of the disability assessment quality, and optimization of working conditions for social workers engaged in assessing disability. The planned elements, in combination with the existing, we will discuss towards the question of, whether new conditions will support *performing SAD as a comprehensive social work* (cf. Göppner and Hämäläinen 2004; Musil, 2017). Respectively, what the comprehensive performance of social work in this case should mean.

For the purposes of the discussion, we will conceptualize the comprehensive performance of social work within the disability assessment as:

- *multi-level professional performance*
  a) SAD as individual work with an individual (case social work) and help to individuals in need of long-term care;
  b) „ public role "of SAD, when social workers advocate for policy changes in the long-term care area;
- *multi-sectoral performance*
  a) social work performed at the social office for long-term care purposes in the form of SAD;
  a) social work performed by providers of long-term care interventions.

All structural perspectives are equally important for fulfilling the mission of social work as human rights profession in the field of long-term care, although all are not equally considered (analysed and discussed) in this monograph, as not all are a matter of the reform.

6.6.1 Comprehensiveness of the SAD from the case work perspective

Based on the study of available documents, we believe that the planned changes strengthen the requirements for comprehensive performance of SAD as a form of social work focused on the individual (person in need of long-term care). This is deductible from the content of specialized education for SAD, as well as from the professional profile of persons who will perform disability assessments at social offices for the purposes of long-term care. Equally promising is the intention to link the findings and results of disability assessment to different areas of human life (e.g., education, employment or health), although the details of implementing such a plan are not yet clear (as repeatedly stated in previous chapters). All this could promise (at least declaratory), that the future disability assessment will not be longer approached as an administrative and costly burden (Arnould et al., undated), a moment-to-moment interaction with clients in order to determine, whether they meet the legal conditions for the provision of long-term care benefits or services, or not (cf. Marthinsen et al., 2019). The disability assessment will be considered as part of effective interventions for people in long-term care needs, based on matching their needs with existing options (cf. Arnould et al., undated; Üstün, Kostanjsek, Chatterji and Rehm (Eds.), 2010).

Such a model of work corresponds to the expectations formulated by the respondents of our previous research focused on the position and tasks of social work performed at the offices for the purposes of social services (Repková, 2018; 2021). Managers of social services, social workers, and care workers of the municipal offices expected, that social workers should not be involved only in the "initial" social assessment of a person's dependence on social service as a legal condition for its provision. Specifically, within the domiciliary care service, they perceived social-diagnostic (assessment) activities as part of the overall coordination of all professional processes taking place in this type of social service (initial and ongoing social counselling, ongoing professional communication with elderly people or family, coordination and support of caregivers, problem solving between service actors).

On the other hand, even the current (pre-reform) institutional rules for disability assessment performed at the offices, including SAD, create conditions for the comprehensively approached social work. According to the valid legal requirements, social workers are expected to provide social counselling (basic and specialized), comprehensively assess the social functioning of a person in the context of individual, family, and wider social circumstances of his life. In the case of changes, they should provide new assessment activities to optimize support and assistance. Social workers are obliged to perform field social work, co-operate with other social entities, or experts of other professional backgrounds. The legislation also regulates the mechanisms for activating persons in need of long-term care in the assessment process, although so far, out of the possibility for officially recognized self-assessment for this purpose.

Despite this favourable setting, a reform of the established model of assessment work is planned, as its current outputs are considered to be inconsistent, and unfair (SLTC, 2021). Beyond the reasons given above (see part 4.2.2), our previous research findings shown also other reasons (cf. Repková, 2018; 2021). According to the independent social services experts, problems with the position of social workers at offices often stem from the fact, that managers and co-workers do not have clear idea, what to expect from social workers, what are their professional roles; that social workers are only engaged on an ad-hoc basis for the purpose of issuing dependency assessments protocols; that they are being abused to ensure different agendas of the offices; as well as, that they are not provided with adequate training.

Literature also mentions other practical obstacles to the complexity of social work. It can be legalism, thus subordination of the practical performance of social work "only" to those options which are offered by the relevant legislation (cf. Janebová, 2019; Healy, 2014). According to the critics of the neoliberal reorganization of the welfare system, thus social workers, as products of their socio-political, economic, and cultural conditions, divert their attention from the needs of their clients, and turn it to the needs of the system, they represent. And, that can contribute to the reproduction of social inequalities (cf. Alseth, 2020). Therefore, the initiative to align the reform of disability assessment with the reform aimed at establishing a system of supervision over the provision of social care, including supervision over the quality of disability assessment (cf. PRR, 2021), can also be welcomed.

6.6.2 Comprehensiveness of the SAD from the public role perspective

The comprehensiveness of SAD extends also to the broader public role of the social work profession which should serve to identify macro-forces at work, and intervene at the mezzo- and macro levels (Hermans and Roets, 2020). From this perspective, social workers are expected to reach beyond the (re) mediating roles in individual cases, but takes up their public mandate to re/formulate troubles of individuals, resp. their families into public issues (Lorenz, 2016). This public role and professional mandate of social work is filled in as advocating for policy change, or by developing innovative social work practice (Hermans and Roets, 2020).

The public parameter of the professional mandate of social workers engaged in the respective action field of social work is enshrined in The *Ethical Code of Social Workers and Social Work Assistants of the Slovak Republic* (SCHSWSWA, 2021). In the Chapter 2.6 of the Codex, „Responsibilities towards society "are formulated. They consist of commitments of social workers to be engaged in improving social circumstances in society, in fairer approaching, as well distributing resources and wealth among members and groups in society. There are also commitments of social workers for helping efforts of professional community to make social work services accessible to the widest possible public. No research sources are available to document, how these commitments are perceived by social workers engaged in the SAD, or by their employers and, how they are actually implemented. We assume, that these wider public roles of social work are performed only by a narrow group of social workers, for example through their professional organization (Chamber of Social Workers and Social Work Assistants, 2015), or through honorary ad-hoc memberships in expert groups for preparing strategic documents or legislative rules for the area of long-term care.

We have already pointed out the absence of adequate scientific evidence on the issue of the activating and advocacy role in social work (in general) in our previous works (cf. Repková, 2018). Partial findings document the rather marginalized position of this role in relation to other roles of social work (e.g., in counselling; Levická, 2017). The involvement of social workers at the macro level is considered less typical for social work than engagement in the provision of social assistance organized at the micro level (Botek, Žáková and Bánovčinová, 2017). According to Musil (2017), it is a legacy of modern development in postmodern conditions, where social work is perceived as the primary help in managing personal deficits of individuals and when the therapeutic model (paradigm) of social work is dominating (Levická et al., 2016).

If social workers are expected to be professionally engaged on both individual as well as broader public level, this also poses challenges for the reconceptualization of individual (case) social work, which is and will remain to be the dominant way of engaging social workers at offices for the purposes of long-term care. Re-conceptualisation should mean to understand the SAD (social diagnostics) as a combination of the *stage* of individually oriented social work defined by the formation of data for further decision-making of social subjects (cf. Strieženec, 1999; Čechová a kol., 2002; Mátel and Schavel, 2015; Mátel, 2017) and the *method* of comprehensively conceived social work, that ranges from the individual case work to the community work and advocacy. Such double-track re-conceptualization could be enabled, among others, by using the basic methodology focused on a person´s social functioning (WHODAS 2.0.). And by respecting the systematic and cyclical nature of disability assessment activities (cf. Navrátil and Matoušek, 2013). Furthermore, there is a requirement to include community dimension into the disability assessment process (Langová, Repková and Tvarožek, 2015; Repková, 2016), to promote the interests of the target group towards a wider range of social actors in the community or at a wider (municipal, regional, central) level and to provide specialized education of social workers in this field.

6.6.3 Comprehensiveness of the SAD from the sectoral perspective

The issue on complexity of social work may be interpreted and discussed also in the context of a new (modern) professionalization of social work performed in a neoliberal context. The new (modern) professionalization means moving away from professional exclusivity in social work, increase the permeability of its professional boundaries, or diversity and openness to other helping disciplines, workers and environments (cf. Janebová, 2019). All with an aim to overcome growing fragmentation of knowledge and practice. The idea of so-called *transdisciplinary integration* is worked-out mainly in the field of transdisciplinary research, knowledge production as a promising way of, how science can be engaged in societal problem solving (cf. Klein, 2015; Pohl et al., 2021). If such integration is defined as the act of *bringing* different effected stakeholders *together,* or *bridging various perspectives* and interest with an aim to reach more effective processes and their outcomes, then the issue of transdisciplinarity is also relevant in relation to the organization and provision of public social services (cf. Pillinger, 2001), including the performing SAD for the purposes of long-term care. It is almost not realistic to expect that, on behalf of an integration, disability assessment will be performed by a "professionally neutral" assessor. Or that SAD for the purposes of long-term care will be integrated with social work conducted directly by long-term care service providers or by other social actors who support and assist to people in long-term care needs. Such "sharp integration" would require „boundary redefinition process ", which is not viewed as a way of configuring closer ties between professions or sectors, but rather as modifying the relationship between professions or sectors by transforming themselves (cf. Gobet and Emilsson, 2013, 118-119).

Based on the study of available reform documents, it is evident, that although a uniform assessment methodology (WHODAS 2.0) is planned to be introduced, combination of medical and social assessment activities, represented by experts with the medical and social professional backgrounds, is still envisaged. At the same time, although a higher level of activation and advocacy agility of social workers of the offices is expected, their professional organizational background will be defined independently of the background of social workers operating in the field long-term care services. On the other hand, it is reasonable to expect that the goals defined for the creation of transdisciplinary knowledge can also be achieved also by organizing and carrying out the assessment process. Tailored to the disability assessment agenda, the objectives can be formulated as follows: focus on the complexity of assessment work related to the current situation of the assessed person and his life context; to take into account the different views and perspectives of the different actors involved in, and affected by assessment process; linking general and case specific knowledge; developing descriptive, normative and transformative knowledge for sustainable SAD practice (adapted according Pohl et al., 2021).

6.7 SAD – reform or continuity?

In the last part of the discussion, we return to the question which started the discussion: whether, based on the announced reform intentions, a paradigmatic change of the SAD can be expected. According to Kuhn (1962), paradigm shifting is a revolutionary change in which the old way of thinking and solving is refuted by new information and evidence of the workings of a new way that has been experimentally tested. And it is proven that the new way will be more effective than the previous solution. We offer reasons why we do not think about such a fundamental change in the field of disability assessment, at least based on available data. And that in terms of the basic value settings of the SAD as a specialized performance of social work, the system will remain more or less continuous.

In Slovakia, there is a clear continuity in the application of the human rights approach to SAD, what used to be a main reason, why countries changed their disability assessment approaches and mechanisms (Waddington, Priestley and Sainsbury, 2018). Public authorities had been appealed to the application of the human rights perspective in disability assessment since the effectiveness of the Social Assistance Act (1998/1999), explicitly since 2009, when the SAD was completely introduced into social legislation for long-term care purposes. In our original works aimed at supporting the social integration of people with disabilities (Brichtová, Gašová and Repková, 1999), we defined tasks of the nascent social work in the field of social assistance as promoting the human rights of people with disabilities, eliminating all forms of discrimination and contributing to strengthening social justice. We have linked the competences of a social worker with a comprehensive performance in which he is a social diagnostician and counsellor, mediator of a person´s interaction with other social subjects, co-evaluator of the support and assistance effectiveness, change strategist and co-planner of other supportive interventions (cf. Repková, 1998).

The content and structure of future education for SAD also indicates continuity in the application of the human rights and systemic dimension of assessment activities. The educational standard for

SEP-SAD, which was accredited in November 2021, follows the original document from 2015 prepared within the national project PROFI-I. If any major changes are expected, they will rather concern the new social legislation and SAD organization. Modules dealing with broader SAD systemic issues (human rights perspective, SAD as part of promoting social inclusion, cyclical and optimizing nature of SAD, or ethical aspects of SAD) will remain the same as originally set out in the Regulation, as they are in line with the philosophy of SAD reform for long-term care purposes.

In the light of the above mentioned, we believe, that the human rights nature of the SAD, its relations to the obligations arising from the CRPD, cannot be considered something that has only begun to be enforced in Slovakia in the context of current reform plans aimed at disability assessment. It is a continuous value orientation of the national public policy in the field of disability and long-term care. Its fulfilment is evaluated over time, not only in terms of national progress, but also in terms of new socio-political contexts and challenges, including those arising from international environment.

CONCLUSIONS

The monograph dealt with the broader human-rights context of the **disability assessment reform**, which adoption is planned in Slovakia in years 2022-2024. We conducted qualitative analysis of the international experience and disability assessment models, in combination with analysis of the available national documents related to the planned reform. Special emphasis was placed on the professional interests of social work as a human-rights profession in this interventional field. In line with this prominent interest, the analysis was aimed to study the future parameters for assessing social aspects of disability that will be performed exclusively by social workers as part of the comprehensive disability assessment process performed at social offices. Moreover, the focus was addressed on ensuring the specialised education of social workers to perform standardized social assessing for these purposes.

Results of the qualitative analysis may contribute to boost theoretical and practical knowledge addressed to the matter of professionalization of social work with a special focus on roles the social workers have, and will have, in the comprehensive disability assessment process. At the same time, we consider the results as an important source of information for public authorities responsible for the preparation of the planned reform with an aim to contribute for its future legitimacy. The reform should be beneficial not only for the target groups of long-term care – people who will need the professional support for exercising their rights and freedoms, and for fulfilling tasks and responsibilities in their everyday lives. Reform changes should be legitimate and beneficial for all those, who will be affected by them, whether in terms of their personal, professional or civic life. Examining the legitimacy and impact of the adopted reform changes on the actors involved will therefore be an interesting challenge for social work research. Such research should aim, among others, to highlighting the quality of experience and practical wisdom referred to the disability assessment processes, as well as to promote justice, social change and social inclusion of persons in long-term care needs (Shaw, Holland, 2014).

The outlined possibilities of the future research focused on disability assessment for the purposes of long-term care serve to the end of the monograph to highlight the triple mandate of social work. According to Staub-Bernasconi (2014), the traditional „double vocational" mandate of social work (mandate of help in combination with mandate of control*)* needs to be complemented by its third mandate, which comes from the profession itself as third party. The third mandate of social work refers to building up a scientific descriptive and explanatory base for policies, interventions and reliable methods to solve or prevent social problems; as well as to creating an ethical base which is oriented explicitly towards human rights and social justice. With its third mandate, the social work is legitimised for criticism of society and social agencies, as well as for science-based advocacy and social change. Although the issue of building up scientific and ethical basis of social work was not the primary subject of this monograph, it should be reflected as a starting point for the future social work research in this area.

Our motivation to prepare a scientific monograph in English was neither accidental nor self-serving. We approached the national reform intentions as part of a joint international efforts to promoting the human rights and freedoms of persons with disabilities and those in need of long-term care. Previous experience of international organizations (e.g., Council of Europe, 2002) has shown that the basic principles of disability assessment can be remarkably similar between countries. Current disability assessment mechanisms also have a common platform derived from the CRPD commitments, although there is no specific guidance on how to ensure them (Waddington, Priestley and Sainsbury, 2018). Therefore, details of the current implementation of disability assessment methods and mechanisms lie in local laws, as well as in attitudes and practices that reflect the culture of each country and the institutional set-up of the professions involved in the disability assessment process.

We consider the elaborated monograph to be a national contribution to this joint effort, with a special focus on the roles that social work as a human rights profession plays in achieving it.

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ANNEX A: Diversity of disability-related assessment mechanisms in Slovakia (areas, concepts and their definitions, legislation, competence, purpose)

Area	Term/ concept	Definition	Regulation/ law	Competence for assessment	Purpose
General constitutional rights	*Disabled person*	Refer to individual laws	Articles 38-39 of the Slovak Constitution (Act No. 460/1992 Coll.)		• Guarantee of the right to increased protection in labour relations, in preparation for a profession, for increased protection of health at work, for special working conditions • Guarantee of the right to material security in case of incapacity for work
Labour Code	*Employee with disability*	A person recognized as disabled, with a decrease in the ability to perform work by more than 40 %	§§ 158-159 of the Act No. 311/2001 Coll. Labour Code	Social Insurance Agency	Obligations of the employer when employing employees with disabilities (e.g., creation of suitable working conditions, possibility to establish a sheltered workshop or sheltered workplace, retraining)
Support of employment	*Citizen with disability* (disadvantaged job seeker)	A person recognized as disabled	§9 of Act no. 5/2004 Coll. on employment services in connection with §71 of Act no. 461/2003 Coll. on social insurance	Social Insurance Agency	Provision of various forms of support for the employment of people with disabilities (e.g., mandatory share of their employment, self-employment allowances for people with disabilities)
Pension insurance	*Disabled insured person*	Due to the long-term unfavourable health status, he has decrease in the ability to perform paid work more than 40 %	§71 of Act No. 461/2003 Coll. on social insurance	Social Insurance Agency	Provision of disability pension (in two bands - with a decrease in the ability to perform paid work by 41 % -70 % and over 70 %)
Accident insurance	*Suffered person*	An employee who has suffered an accident at work or has been diagnosed with an occupational disease	§83 of Act No. 461/2003 Coll. on social insurance	Social Insurance Agency	Provision of accident benefits (e.g., accident surcharge, accident annuity, one-off settlement)

State social support	*Child with long-term unfavourable heath conditions*	A child with a long-term unfavourable health condition in need of special care	§5-6 Act No. 600/2003 Coll. on child allowance	Office for labour, social affairs, and family	Provision of state social benefits (e.g., parental allowance up to 6 years of a child age)
Compensation for severe disability	*Person with severe disability*	A person who has at least a 50 % rate of functional impairment of physical, sensory or mental abilities	§2 Act No. 448/2008 Coll. o direct payments to compensate for severe disability	Office for labour, social affairs and family	• Provision of a card for a person with severe disability and a parking card for a person with severe disability • Provision of direct payments for compensation
Social services	*Person with severe disability*	A person who has at least a 50 % rate of functional impairment	§§ 34 - 51a Act no. 448/2008 Coll. o social services	Office for labour, social affairs, and family	Provision of social services to address an unfavourable health condition due to severe disability, unfavourable health condition or reaching retirement age
	Person with disability	A person who relies on assistance of another person at a particular level of care dependency		Respective health facility	
	Person with unfavourable health condition			Municipality or upper territorial unit	
Education	*Child/ Pupil with special educational needs due to his/ her health disadvantage*	Children/pupils with disabilities, illness or impairment, with a developmental learning disorder or a behavioural disorder	§2/j)-o) Act No. 245/2008 Coll. on education	educational counselling and prevention facilities: centre of pedagogical-psychological counselling and prevention; centre of special pedagogical counselling	Provision of special support for children with disabilities in educational process

Housing support	*Person with severe disability*	A person who has at least a 50 % rate of functional impairment of physical, sensory, or mental abilities	§2 Act No. 448/2008 Coll. o direct payments to compensate for severe disability	Office for labour, social affairs, and family	Provision of support within the State Housing Development Fund (e.g., for the construction or purchase of an apartment)
Health care	*Person with disability*	Person with disability or person with severe disability	§12/2 Act No. 580/2004 Coll. on health insurance; §87a)/5/a/1-3 Act No.363/2011 Coll. on amount and conditions for reimbursement of medicines	Social insurance Agency (disability) or Office for labour, social affairs, and family (severe disability)	Provision of discounts for health care, e.g., insurance discounts; co-payment limit for medicines
Foster/substitute care	*Person in a need of special care*	Child in a need of special care (in a Centre for children and family)	§11/16 & §11/1/g) Act No. 447/2008 Coll. on direct payments §23/2 & §51/7 Act No. 305/2005 Coll. on socio-legal protection of children and on social guardianship	Office for labour, social affairs, and family	Placing a child in a specialized independent group, a specialized independent group for children with a mental disorder or providing special care in the form of a stay

Source: Repková et al., 2020, pp. 106-108

ANNEX B: Methods of disability assessment

(Source: adapted on the basis of Waddington, Sainsbury and Priestley, 2018)

1 Medical-based assessments of disability

1.1 Diagnosis of a specific impairment or condition

Assessment is based on the existence of a medical diagnosis which identifies an individual as having that impairment or illness. The assessment does not take account of the ability of needs of the assessed person.

1.2 The Barema method or use of impairment tables

The method has a long tradition in the effort to achieve standardized procedures leading to the same results in people with the same disorders, respectively to the same results for different assessors. The applied table is divided into several parts according to the physical and mental components of the body and its systems and health criteria (benchmarks), which are applied in the assessment. The assessment is performed according to a standardized protocol by a physician, while the functional disorder is determined in percentages and in part to individual parts of the body. The total impairment is determined as the addition of the partial impairments. The traditional Barema method has sometimes been referred to as the "*direct measurement*" *approach* without taking into account its impact on a person´s life. At present, modern Baremas also allow consideration of "disabling effects" of functional impairments for important life activities of the assessed person.

2 Context-based assessment methods

2.1 Functional capacity method

The method is aimed at establishing (assessing) functional limits (inability to perform physical, mental or social activities) related to a person´s health. The assessment of functional capacities is most often linked to two areas: (a) *ability to work* (for invalidity insurance and social assistance benefits); (b) *ability to self-care* (for independent living support and care needs). The assessment may also cover other areas, e.g., support for education or employment, public transport, or parking.

■ *Functional capacity and employment*

Assessment identifies and establishes the relationship between a person's total or partial inability to perform paid work and a health status, using various assessment techniques, such as:

- *expert assessment* - however, show a degree of variability as a result of the assessment of the various specialists, poor reliability and consistency;

- *procedural/demonstrated assessment method* - based on a cyclical learning process in which occupational rehabilitation procedures are applied during a person's illness and their impact on their ability is assessed. At the end of the process, the assessor qualifies the status of the assessed person - either becomes an employed or disabled person or an unemployed person. It is sometimes criticized that such a "dual-purpose" assessment with two possible outcomes - entitlement to an invalidity pension or to rehabilitation schemes leading to a return to the labour market - can be ineffective, as just a purpose for which the assessment is used may affect the relationship between the assessed and the assessing person;

- *structured assessment* - are based on the assessment of complex person´s functional capacities, which are compared to the required functional profile set for existing jobs. Assessing is performed by an expert on employment being experienced in the health aspects of work.

In the context of discussions on the functional assessment of the ability to work for disability pension entitlements, it is necessary to examine other factors, e.g., a person's efforts to undergo the necessary procedures and rehabilitation in order to return to work, his/her job career, a forecast of a possible return into work and an effectiveness of possible interventions. It is an application of a dynamic time perspective, which, according to experts, it is not sufficiently responded to the International Classification of Functioning, Disability and Health (ICF), in its section "Activities and Participation". It is stated that the variability of job requirements and types of situations related to individual jobs makes it difficult to standardize the assessment of functional capacities to perform paid work.

■ *Functional capacity and self-care*

The method is focused on assessing a person's ability to take care of himself. Assessment specialists compare a person's capacity with a list of established activities, often in combination with an assessment of their care needs as a basis for providing the necessary help and support.

■ *Assessing functional capacity using the World Health Organisation disability assessment schedule (WHODAS 2.0)*

A more detailed specification was given in the main text of the monograph (see part 4.2.3).

2.2 Assessment of care or support needs

It is based on the links (relationships) between health status and the ability to perform basic self-care and other activities, as well as on assessing support needs in this area. This assessment is considered to be a disability assessment. The *Barthel Index* (developed in 1965 and updated in 1988) is used as a tool to assess the needs of care in *10 areas of life* (incontinence, toilet use, eating, moving, transport, dressing and undressing, bathing, walking upstairs). The lower the person is assessed the more is he dependent on the help of another person. An interview with a person, family members, acquaintances or guardians is used, and observations for the last 24-48 hours are also important. Sometimes it is about assessing and identifying needs and support with direct implications for legal entitlements to services or cash benefits, even outside the area of self-service support (e.g., for support of education, employment, or specialized transport). Sometimes the result of the assessment are indicators rather than exact identification of needs.

2.3 Assessment of economic loss

It is a calculation of the loss of income of the assessed person due to his disability, either a direct calculation of losses according to his income or tax return or a calculation of what income he could have if he did not have a disability.

2.4 Procedural assessment method

The procedural or *demonstrated assessment* approach is based on an ‘iterative learning process’ to assess an individual´s capabilities. The identification of a person as disabled marks the end of the process, where it has not been successful and a continuing inability to work has been demonstrated. During the intervening stages, the person may be classified as sick or as in rehabilitation. After reaching the end of the set of procedures and has still not be placed in employment, a decision must be made whether to classify a person as disabled, or as unemployed or having some other status.

3 Assessment involving several different approaches

There is often a combination of several approaches, although medical assessment is always present in some way. Although a holistic approach to disability assessment is preferred (assessment of medical aspects combined with assessment of functional capacities, care needs, including assessment of the effects of environmental factors on the situation of the person being assessed), it is acknowledged that its implementation can be very challenging. This also follows from the fact that various assessment experts use various documents (legal, scientific, social) for their professional considerations and conclusions.

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