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From institutional to community-based care – the case of Slovakia

REPORT ON THE PROCESS OF DEINSTITUONALISATION IN SLOVAKIA

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TABLE OF CONTENTS

INTRODUCTION

The official process of deinstitutionalisation in Slovakia started when the government adopted a Strategy of Deinstitutionalisation in November 2011. In spite of the availability of structural funds to support the whole process, the development has recently rather slowed down than accelerated. In this context, we believe it is important to offer the Slovak audience a comprehensive overview of the transition from institutional to community-based care – seen through the historical and contemporary perspective on social services in Slovakia, analysing the need for transition in the historical context. The SOCIA Foundation commissioned Miroslav Cangár from the Social Work Advisory Board to write such a comprehensive overview and he turned this idea into reality. In his book he captures the history of social services and historical perspectives, while naturally focusing mainly on the period after the Second World War. His overview may assist in enhancing the understanding of a much needed change in the set up of social services, along with desired direction and progress of the social perspective and attitude towards people with disabilities.

Miroslav has been vigorously working on the challenges of deinstitutionalisation in both the Slovak and European context, such as withdrawing of European structural funds or upholding various international commitments on human rights in Slovakia. Often we have strived to explain the Slovak context at various international forums which has led us to the idea to prepare an abridged English version of Miroslav´s book in order to help the international audience understand and learn about the process of deinstitutionalisation in Slovakia.

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SOCIAL SERVICES UNTIL 1989

Like in other European countries, provision of social services dates back to the Middle Ages, when the first services for the needy and sick were established (hospitals for poor and infirm, almshouses) with Hospital of St. Elisabeth in Banská Bystrica from 13th century[1] being one of the examples. The first institution for people with mental and intellectual disability in Slovakia was established in Plešivec in 1898. Over the years, it was scaled up from the original capacity of 10 beds[2] to a couple of hundreds.

Between the world wars, that time Czechoslovakia encouraged establishment of the first state institutions and centres of social services in our area, while various types of facilities had already existed – like the centre for deaf in Jelšava (1903), Kremnica (1903) and Bratislava (1904), transferred under the jurisdiction of the Ministry of Education and Awareness Raising in 1919.[3] In that time the system pursued mainly a **charity approach,** i.e. social services and care were rendered primarily by church institutions that worked mostly on a voluntary or charity basis.[4] The charity perspective sees the people in need as those who cannot take care of themselves in their difficult or tragic life situation. In that time government focused on the issues of insurance and unemployment benefits.

Care for people with intellectual and mental disabilities was partially taken over also by the Psychiatric Clinic at the Comenius University in Bratislava where one of the most prominent figures of the 20th Century, Prof. **Karol Matulay, M.D.** started to work in 1932. Professor Matulay was one of key experts who influenced the trends and approaches in health and social care for persons with mental and intellectual disabilities. While at the clinic, he banished cells, cage beds, straight jackets; replacing passive care for the ill by active therapy and ergo therapy. Step by step, he introduced those approaches in other institutions and facilities he worked at.[5]

The first basic data collection about people with health disabilities goes back to the period between the wars. The biggest subgroup in the data set were people with physical disability (25,366 by the end of 1927), representing primarily people injured during the First World War. In 1928, there were about 6,000 dependent patients with mental illness; and in 1936 there were 5,911 registered deaf people in Slovakia.[6] The primary beneficiaries of social care at that time were persons with health disabilities. Care was also offered in about thirty state-owned and district children houses.

After the Second World War institutional care started booming.[7] In the aftermath of the war, the demand for care for persons with health disabilities, mainly physical disabilities caused by war injuries and disfigurations, increased. As a result of the war, the number of orphaned children and people without family or community support was much higher. In that time in Czechoslovakia, issues of health disability started to be treated systematically under the Act on Social Welfare from 1956, while there was **a shift towards a medical approach**.

Before that, mainly after 1948, the local self-governments had become part of a network of so-called *national committees* and lost their independence. Associations and institutions that used to render care before were gradually and involuntarily merged by the Communist Party into a *National Front.* In 1950, religious orders and charity were

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[1] A. Tokárová et al. 2003. Sociálna práca. Kapitoly z dejín, teórie a metodiky sociálnej práce. Faculty of Arts, Prešov University. ISBN: 80-968367-5-7.

[2] http://www.pl-plesivec.sk/hist.html

[3] A. Falisová. (2005). Pokusy o prelomenie izolácie. Starostlivosť o hendikepovaných v medzivojnovom období. http://www.historiarevue.sk/index.php?id=2005falisova5

[4] M. Cangár. 2015. Prechod z inštitucionálnej na komunitnú starostlivosť ako východisko ľudsko-právneho prístupu v poskytovaní sociálnych služieb. In Integrácia 3—4/2015. Social Work Advisory Board. Bratislava. ISSN – 1336-2011.

[5] M. Tichý, E. Sedláčková. 1996. Prof. MUDr. Karol Matulay. Nestor slovenskej psychiatrie a neurológie. JUGA. Bratislava. ISBN 80-85506-45-9.

[6] A. Falisová. (2005). Pokusy o prelomenie izolácie. Starostlivosť o hendikepovaných v medzivojnovom období. http://www.historiarevue.sk/index.php?id=2005falisova5

[7] K. Repková. (2005). Rozmach ústavnej starostlivosti. http://www.historiarevue.sk/index.php?id=2005repkova5

banished. Many of their members eventually ended up working in residential social care institutions for many years. Monetary reform from 1953 resulted in decline of the quality of life. The ambition of a newly-adopted Act on Social Welfare was to facilitate and render care to all in need.[8] Social care fell under the jurisdiction of *national committees.* In 1957, there were already 89 institutions in Slovakia providing care to elderly or to people with health disabilities.[9]

The communist regime gave room to promotion of the institutional care and culture, albeit in the 1980s, more support and attention started to be paid to **community services** and designing the alternative to the traditional, institutional care. In the beginning of the 1980s, as a result of the effort of the Ministry of Health Care and Social Affairs of the Slovak Republic, the national committees intensified their efforts to open day-care centres for *mentally disabled.* This effort reacted to the needs and demands of families with children with intellectual disability and the aim to render social care in line with the international trends.

In 1987, a resolution of the Slovak government within Czechoslovakia requested the national committees to open day care and centres with weekly care. In that time the Ministry of Health and Social Care described the situation from the end of the 1980s as follows: *"Regional national committees, with the exception of the Committee in Central Slovakia do not sufficiently use this opportunity, even though the social service centres with daily and weekly programs seem to be the ideal form of institutional social care. Typically with the capacity of 15 to 30 places and the possibility to establish them in vacant buildings or premises, they do not require significant investments. On the top of that these centres can offer modern forms of social care combined with psychological services, methods of special pedagogy, parent counselling; and prepare persons with intellectual disability to independent living in sheltered housing and work in sheltered workshops."*[10]

The pioneering institutions in Slovakia were mostly those in Bratislava and Žilina. It comes as a striking paradox that even then the Ministry of Health and Social Care pointed to the need of a systemic change, i.e. implicitly a shift from institutional to community-based care but did not manage to implement it. This historical perspective just proves that **a chance to systematically change care and support to people with health disability** so that they become equal citizens in the mainstream society has been wasted repeatedly over the past thirty years.

The situation in the Slovak centres of social care can be demonstrated by their capacity as of 31 December 1989: there were 8,914 places for persons with intellectual disability, of those 5,659 places were in institutions for adults. The comparison of those figures with the contemporary situation points to a significant, almost four-fold increase in institutional care for people with intellectual disability (in 2016, the estimated number of clients in institutional care was 20,000). In 1989, there were 386 places in weekly care and day care centres and in 2014 it was 4,966 places.[11]

[8] A. Tokárová et al. 2003. Sociálna práca. Kapitoly z dejín, teórie a metodiky sociálnej práce. Faculty of Arts, Prešov University. ISBN: 80-968367-5-7.

[9] K. Repková. (2005) Rozmach ústavnej starostlivosti. http://www.historiarevue.sk/index.php?id=2005repkova5

[10]. Situation Report on Care for Persons with Intellectual Disability in Institutional Social Care, draft measures (Správa o stave v starostlivosti o mentálne postihnutých v ústavoch sociálnej starostlivosti a návrh opatrení). The report was submitted to the meeting of the minister of health and social affairs of the Slovak Republic, May 1990.

[11] Report on Social Situation of the Population for 2015 (Správa o sociálnej situácii obyvateľstva za rok 2015). MSPVR SR. Bratislava https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/sprava-socialnej-situacii-obyvatelstva-za-rok-2015.pdf

SOCIAL SERVICES 1990 – 2003

In May 1990, the Ministry of Health and Social Affairs prepared a Situation Report on Care for Persons with Intellectual Disability in Institutional Care (social care centres) and the draft measures.[12] The aim of this report was to review the scope and quality of institutional care for persons with intellectual disabilities in that time. Likewise, this report's intention was to offer solutions to acute challenges related to the improvement of this type of care pursuant to the European trends and the commitments of Czechoslovakia resulting from the **UN Convention on the Rights of Mentally Retarded Persons**.

The authors of the report describe the situation as follows: "The c*urrent situation of social care for persons with intellectual disabilities is unsatisfactory. There is no thorough prevention and early diagnostics of mental retardation, the public is not well informed about this situation and the concealing of information feeds into the existing prejudices against this group. The health and social sector lacks qualified experts in social care and institutions of social care are mostly situated in unsuitable premises at the outskirts of municipalities."*[13] In 1990, there were 38 institutions of social care for children and youth and 45 institutions of social care for adults with intellectual disability.

The legislative changes between 1991 and 1992[14] opened the possibility of rendering social care by non--profit organizations. **In 1991,** in a reaction to long-stated needs of families and young people with intellectual disability **Slavomír Krupa** established the **first centre of supported housing – Bretania Senec** with a capacity for eight persons.[15]

After 1989, the first non-governmental organizations fundamentally contributed to drafting Key Challenges of People with Intellectual Disabilities and Their Social Integration – Draft Solutions (Návrh riešenia zásadných problémov ľudí s mentálnym postihnutím a realizácia ich spoločenskej integrácie).[16] Its authors pointed to the fact that there were about 10,000 people living in residential social care and that intellectual disability was a medical, ethical, pedagogical, psychological, social and economic issue, therefore early diagnostics and intervention were needed. This report underpinned the need for transition and a multi-sectoral approach to issues of supporting people with health disability.

At that time, Slovakia started to embrace a **social approach to persons with disabilities.** This development was connected with the social changes unfolding on the global level since the 1960s. It also represented a shift in the perception of health disability, when the structure of society challenged the possibilities of citizens with disability to equally participate in activities of daily living. Society started to **eliminate barriers and humanize the environment** where citizens with disabilities live and various initiatives aimed at changing the approach to citizens with health disability started to emerge.

There were no major systemic changes from the point of transformation and deinstitutionalisation but gradually cooperation with international stakeholders, mainly from non-governmental institutions, brought about establishment of innovative and community services. Various day-care facilities with a strong community component for people with

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[12] Situation Report on Care for Persons with Intellectual Disability in Institutional Social Care, draft measures (Správa o stave v starostlivosti o mentálne postihnutých v ústavoch sociálnej starostlivosti a návrh opatrení). The report was submitted to the meeting of the minister of health and social affairs of the Slovak Republic, May 1990.

[13] Situation Report on Care for Persons with Intellectual Disability in Institutions of Social Care, draft measures (Správa o stave v starostlivosti o mentálne postihnutých v ústavoch sociálnej starostlivosti a návrh opatrení). The report was submitted to the meeting of the Minister of Health and Social Affairs of the Slovak Republic, May 1990.

[14] Act No. 135/1992 on Provision of Social Services by legal and natural persons drafted by the Ministry of Labour, Social Affairs and Family under Minister Helena Woleková allowed providers outside the state service to render social services. This act also heavily supported the development of community-based services by non-governmental organizations in the Slovak Republic.

[15] Betánia Senec was established with the support of Bethanien Solingen, with Ms. and Mr. Krupa, Ms. and Mr. Markuš, Dušan Kintler, Igor André and František Ciesar playing the crucial roles in the process.

[16] Justification report to Draft Principal Problems of People with Intellectual Disabilities and Their Social Integration – Draft Solutions.

health disability were established, including **Detský klub in Košice, Betánia in Senec, and sheltered housing in Rusovce, hand in hand with public services – Symbia in Zvolen, Méta in Martin, Domino in Prievidza and others.** When assessing the level of transformation of social welfare in that period, Woleková concluded that: "*Transition goals for the system of social welfare, that was a legacy from socialistic regime, were not achieved until 1996. None of the policies under preparation, including the state social support system, were introduced into practice, only partial steps.*"[17]

In **1998,** a new **Act No 195/1998 on Social Assistance** was adopted. Its goal was to regulate legal provisions for rendering social assistance that was aimed at decreasing or overcoming material need or social need of an individual with his/her active participation; provide for basic living conditions of a citizen in his/her environment; prevent causes of developing, promoting or repeating disorders in psychological, physical and social development of a citizen and facilitate his/her integration into society. The law approached the issue of social assistance from various perspectives, including through social and legal protection (as of 2005) and social services.

TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED SERVICES IN THE SLOVAK REPUBLIC - FIRST PILOT PROJECTS

In 1999, the Regional Office in Košice established cooperation with the Advisory Council in Social Work, commissioning **a quality monitoring** in six centres of social services under its jurisdiction. As a result, it picked two institutions that were to be subject of transition and deinstitutionalisation: **Centre of Social Services in Hodkovce and Centre of Social Services in Kráľovce**. The quality monitoring performed by the Council in the Centre of Social Services in Hodkovce identified multiple institutional problems, while some of them had resulted in violations of human rights, including: placing of immobile patients into cage beds, unauthorized fixing of residents to still objects while some of them had their extremities tightened by straps, prioritizing care and health services, forced sexual and physical abuse among the residents, depriving residents of their legal capacity.

The Council, in cooperation with the Regional Office, prepared a transition project for Centre of Social Services in Žehra, Hodkovce branch. This project was implemented within the 1999 Phare ACCES Programme, Macro-project Scheme. At that time, the Centre accommodated 132 adult men with intellectual disability. It was established in 1959 in an old spacious mansion originally as housing for senior citizens with a capacity of 60 beds. Core project activities focused on changing the quality of rendered social services through establishing housing of a family type, changes in ownership structure (from state into non-profit organisation) and changes in funding scheme – to multi-source financing. The main activities carried out under this project by the Council included assistance in employee training and education to requalify them for work in sheltered housing facilities and preparing the clients for change in their lifestyle from institutional into community life in an urban environment. Other areas of focus included preparation of general transition principles for centres of social services in the Slovak Republic, project coordination with project partners, both Slovak and international. Among other things, the project facilitated establishment of Socialtransform, n.o. – an organization that continues until now to offer social services in Spišské Vlachy municipality.

One of the main positives of this project was that the original wording of **Act No. 195/1998 did not create any legal room for institutions of social services in transition. A j**oint initiative of Socialtransform, SOCIA Foundation and Council for Social Counselling, however, led to **amending the Act and defined conditions for providing financial contributions also to transforming institutions.** This project showed that the key factor for good and effective transition and deinstitutionalisation is quality education and training of the staff. Another lesson learned was that so-called humanisation in the institutions of social services had not been a qualification for successful transition and deinstitutionalisation. The most important thing is to change the attitude towards people with health disability. The Council also issued its first publication focused on transition and deinstitutionalisation – **Manual on Preparing Transition of Centres of Social Services** (**Manuál k príprave transformácie domovov sociálnych služieb v podmienkach Slovenskej**

[17] Radičová et. al. Sociálna politika Slovenska po roku 1989. Nadácia S.P.A.C.E. Bratislava. http://archiv.vlada.gov.sk/old.uv/data/files/7195.pdf

republiky) (Krupa, Holúbková, 2002) and Transition of Centres of Social Services (Transformácia domovov sociálnych služieb) (Krupa et al. 2003).

Between 2000 and 2001, ideas of transition and deinstitutionalisation of social services were promoted by the **SOCIA Foundation** (for instance in a project Supporting Systemic Changes in Social Services) and **Agency for Supported Employment in Bratislava** (e.g. its project Supported Employment as a Tool of Systemic Changes in Transition of Social Area and others). **Those non-governmental organizations have been promoting the need for changes in the social field and need for transition and deinstitutionalisation.** Pilot projects aimed at transition of social services have clearly demonstrated the key importance of **synergies between soft activities (education, support and preparation of staff, clients and the environment) and hard, i.e. investment activities.** These experiences were later taken into account in the preparation of national projects of deinstitutionalisation after 2011.

MONITORING OF HUMAN RIGHTS OF PEOPLE WITH HEALTH DISABILITY IN THE SLOVAK REPUBLIC

In describing the perspective of transition and deinstitutionalisation, **three reports on human rights in institutional care in Slovakia between 2000 and 2003** need to be brought to attention. The first one was prepared by the **European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment** (hereinafter the "CPT"). The CPT commission visited Slovakia in October 2000 when it monitored police stations, a refugee camp, prisons and two centres of social services. The Commission was very critical about the situation in the two centres, identifying principal violations of human rights. Its conclusions mentioned unsuitable spatial and hygiene conditions, excessive use of psychotropic medications, use of cage beds or the practice of locking up of clients or solitary confinement.[18] The CPT commission concluded that pursuant to its information, a similar situation was also present in other centres of social services in the Slovak Republic. The CPT also noted that the staff in those centres lacked qualifications, centres were understaffed and there was no individual approach to the clients. In both cases, the results of the monitoring led to initial changes in both centres; management of one of them (in Okoč) was replaced. The new director, Tibor Vereš, now continues to actively promote changes aimed at deinstitutionalisation until today.

In reaction to the CPT report, the **Mental Disability Advocacy Centre (hereinafter the "MDAC") prepared a report titled Cage Beds – Inhuman and Degrading Treatment of Punishment in Four EU Accession Countries (2003)**. MDAC representatives repeatedly visited one of the institutions mention in the CPT report. This report not only paid detailed attention to the CPT monitoring and its results and the use of cage beds but it also commented on statements of the ministerial representatives who objected to the CPT report. The report concluded inadmissibility of continuous confinement of clients into the cage beds and requested these procedures to be discontinued. In their reaction to the CPT statements, the ministerial representatives concluded that the report was unjustified and misleading since *if somebody wants to be in a cage bed, it is his/her free will and it is in his/her best interest.*

After the CPT report and MDAC report on cage beds and certain legislative changes, the practice of using cage beds and isolating the clients has been slowly abandoned in the centres of social services. The cage beds are no longer allowed to be used in such centres but even so, the freedom of social service beneficiaries tends to be often limited (they are locked up) even now, in 2018.

The third report on human rights in respective institutions was prepared by the Council for Social Counselling. **Upon a commission from the Slovak Helsinki Committee,** It carried out a monitoring of the **implementation of human rights in centres of social services in the Slovak Republic between May and June 2003.**[19] During these two months, the

[18] Report to the Government of the Slovak Republic on the visit to Slovakia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). http://www.cpt.coe.int/documents/svk/2001-29-inf-eng.pdf

[19] Monitoring Report on Upholding Human RIghts in Centres of Social Services; Council for Social Work Counselling, 2003.

representatives of the council carried out monitoring in 21 centres of social services. The methodology used in the study was developed by an expert committee in an advisory position to the Centre of Legal Aid to Persons with Health Disabilities. The monitoring exercise involved direct observation in the facilities and interviews with their clients.

The monitoring confirmed poor quality of the rendered social services in traditional institutions. Most of the monitored centres offered social services in old, refurbished historical buildings. Some had been transformed from houses for old-age pensioners to centres of social services and the original clients – old age pensioners lived side by side with people with intellectual disability. The report observed high maintenance and reconstruction costs of the buildings and concluded that they did not offer adequate housing for their clients – with big passable rooms with a high number of beds, limited privacy and low hygienic standard for the residents. Only some of the clients could leave the institution unaccompanied. Social services housed in prior mansions and monasteries were usually for 100+ clients and were offered on a gender-separated principle. Lack of staff in direct contact with the clients was substantial, mainly during weekends and holidays. There were no individual plans for the clients or efforts to encourage activity or employment and cooperation with the families was very limited. Almost 90 percent of their clients were deprived of their legal capacity and only exceptionally the conditions for such a decision were specified. The monitoring also showed that most of the centres did not manage to render social services for people who needed the highest level of support and aggressive clients, who were placed in individual groups with a minimal level of activating the clients. The institutions used confining procedures, such as attaching clients, cage beds, and the use of medication to suppress sexual and problematic behaviour without active therapy. Medical care and nursing represented more than 70 percent of the total services in traditional institutions and as it has been stated already, medicating clients was the preferred way of approach to social, psychological and pedagogical methods of work. The attitude of the staff was predominantly paternalistic, with one-way use of familiar address (staff towards the clients) along with minimum possibilities of decision making and influencing the environment by the residents.

An important initiative in this context was a **series of seminars organized by the SOCIA Foundation in cooperation with Czech experts and representatives of the Council for Social Work Counselling on quality of social services and evaluation methodology**. In terms of the quality of social services, the key publications included the **publications of the Council – Quality Social Services I (2000) and Quality Social Services II (2003)** that deal with systemic quality assessment and evaluation of social services rendered in the Slovak Republic. These publications, developed by the Council in cooperation with the SOCIA Foundation, represent the first unofficial quality standards for social services in Slovakia.

All of those changes gradually and slowly led to shifts in attitude of the professionals in social services to transition and deinstitutionalisation and the issue of human rights in the centres of social services started to be discussed more. These events were unfolding in the context of accession to the European Union in 2004. Simultaneously, **in 2002 the Slovak public administration was decentralised.** As a result, a great number of residential institutions – centres of social services – ended up under the jurisdiction of self-governing regions and municipalities. Self-governing regions and municipalities are entitled to establish social services, fund them – to great extent - and on the top of that they decide about the level of dependence of the persons on social services. As a result, they can significantly impact the quality of these services in Slovakia. From then on, the self-governing regions tended to keep and operate those residential services that they perceived as "theirs", while discriminating against services organized by non-governmental and church organizations labelled as "other". This set up led to strong resistance by the regions against transition and deinstitutionalisation of the services, striving for their artificial maintenance and support. This system allowed the self-governments to keep long-term control and power over the services and citizens dependent on them, creating room for non-transparent, but moreover inefficient funding and provision of services. Such a set-up fed into a grey economy in the system of social services that was prioritized over the quality of life and needs of the citizens with health disability.[20]

[20] Most prominent examples include often non-transparent investments into repairs and operation of social services with no impact on their effectiveness; procurement of goods and services for the operation of centres of social services through muddled procurement process, illegal labour of the beneficiaries of social services with no adequate remuneration. Some of these activities were also discussed publicly: http://zivot.cas.sk/clanok/7211/koniec-zlatej-bane-milionova-kauza-je-opat-na-sude.

SOCIAL SERVICES 2004 – 2007

In 2004, the Slovak Republic joined the European Union. This opened room for introducing systemic changes with the support of structural funds. Nevertheless, even with the EU funds and long-term activities of Slovak civil society in deinstitutionalisation and transition, this initiative remained uncomprehended by the state administration. On the other hand though, legislative changes were introduced through amendment to the Act on Social Assistance. Those actions introduced the level of minimum financial contribution to municipal and private/non-governmental service providers. Such measure allowed for improving the quality of rendered social services at the community level and increased the potential for implementing principal changes in the field of social services.

Between 2004 and 2005, the Ministry of Labour, Social Affairs and Family implemented a **project titled Transition of Existing Centres of Social Services that, however, did not bring about any principal changes. The project had been initiated in 2003** when the Slovak government approved a request for a loan from the World Developmental Bank of the Council of Europe for funding infrastructure for centres of social services through its Resolution No. 430 from 21 May 2003. I**n spite of its title, the project itself did not represent real transformation of social services; it was rather an investment into the existing infrastructure of institutional social care and its partial humanisation.** The state administration and later even structural funds continued to support institutional care and the above trends in social services. **One of the negative consequences of this project was the perception of "transition of social services" merely as investment support and humanisation. This challenge became evident also later on, when some of the experts and self-governing regions combined two profoundly different processes: humanisation and deinstitutionalisation.** Still it is important to explain that transition and deinstitutionalisation is not only an investment, but primarily a qualitative and substantive change in rendering social services, a change of paradigm represented by the client-centred approach.

Accession to the European Union opened the possibility of withdrawing structural funds, anchored in the **Community Support Framework for 2004-2006.**[21] This very document did not directly mention support of structural changes in the area of disabilities but it **used the notion of "social inclusion and socially isolated groups".** However, even though persons with health disability were mentioned here their support was always closely linked to employment issues – supporting employment and decreasing unemployment.

One of the important transition and deinstitutionalisation projects was the **EQUAL Community Initiative.** This operational programme supported various important civil society projects that focused on enhancement of community-based services and deinstitutionalisation, including:

1. The Project of the **Social Work Advisory Board titled Transition of Centres of Social Services with the Aim of Social and Labour Integration of Their Residents.** This was the first more systemic transition and deinstitutionalisation project of social services in Slovakia. The Council, in cooperation with the self-governing region of Banská Bystrica, implemented it between 2005 and 2007. The region had decided to participate in this initiative mainly due to a prevailing high number of clients with health disability in round-the-clock institutions that had not been adequately offered and given the opportunity to participate in work life. In the long run, the region was also committed to enhance socialisation of the clients of those centres, deal with a low qualification, and staff with limited commitment to enhance the labour and social integration of the clients.
2. The project of **SOCIA Foundation: Increasing Chances for Disadvantaged Groups of Citizens through Working with Municipalities and Civil Society Organizations** that prepared and supported 85 municipal social workers with the aim to support community-based care.
3. The project of the **Agency of Supported Employment** titled **Examples of Good Practice – Supporting Deinstitutionalisation in the Social Area is** a good example of initiative in the field of transition and deinstitutionalisation.

[21] For more information see: http://www.nsrr.sk/sk/programovacie-obdobie-2004---2006/zakladne-dokumenty/.

SOCIAL SERVICES AND REGIONAL OPERATIONAL PROGRAMME 2007 – 2013 (+2)

The programming period 2007-2013 offered support to infrastructure development through the Regional Operational Programme (hereinafter the "ROP")[22]. One of the goals set in its original version in the area of social services, social and legal protection was to increase the quality of rendered services in the social area. The total amount of proposed allocation for this measure was **€270 million**, which represented about **16 percent of the total ROP allocation.** ROP support could be allocated to all regions and locations except the Bratislava region. In the context of NSRR analysis, the following projects were supported in the first round:

- **Reconstruction, scale up and modernisation of the existing centres of social services;**
- **Construction of new centres;**
- **Procurement of new equipment and refurbishment of the centres, including upgrade of information-communication technologies as a follow up to their renovation, scale up, modernisation and construction.**

Measurable indicators were set for reconstruction, modernization and scale up of 310 establishments (centres) and construction of 30 new ones that were to form a part of the existing social infrastructure. This measure was not necessarily direct support of institutional care and traditional types of social services but the eligible interventions approved by ROP included the following problematic specification:

- Priority will be given mainly to the following type of establishments: senior centres, adult centres of social services, child centres of social services (with the exception of children homes), nursing homes **with a capacity of 50+ clients** with minimal space standards **(8 m^2 per person).**

This measure was counter to the **new law No. 448/2008** on Social Services. However, nobody suggested its revision during the review process of ROP. **SocioForum, an independent platform of organisations,** pointed to this discrepancy **requesting the ROP monitoring committee members to make appropriate changes in this operational programme.** In its request, the platform stated: "For the competition for clients to be fair, free access of all types of social service providers to EU funds earmarked for support of social infrastructure, among other things, must be guaranteed. Equally important is that the eligibility requirements for non-returnable funds should not be against the trends in a given area. Hereby we conclude that by adopting the Act on Social Services, such contradiction emerges."

In July 2009 the Ministry of Labour, Social Affairs and Family approved the **National Developmental Priorities for Social Services.** For the first time, a document drafted by the ministry contained the notion *deinstitutionalisation.* In spite of quite an optimistic tone in the national priority, the measurable indicators did not mention transition or deinstitutionalisation but only increasing the share of centres with day care and weekly programmes and stronger municipal financial support of non-profit organisations operating those services. Not even the activities supporting these national priorities led directly towards transition and deinstitutionalisation, but only towards partial support of establishing community-based services. This priority clearly described humanisation of existing social services, which was reflected in the investments allocated through the ROP in that programming period.

CHANGES IN THE EUROPEAN CONTEXT

In **February 2009,** the then Commissioner for Employment, Social Affairs and Equal Opportunities **Vladimír Špidla approached various independent experts to take a comprehensive look on the issue of institutional care in Europe.**

[22] Regional Operational Programme, Version 1. Approved on 27 September 2007. http://www.ropka.sk/download.php?FNAME=1300713652.upl&ANAME=Regionalny_operacny_program_verzia_1_schvalena_24_9_2007.zip&attachment=1

In September 2009, the expert committee under the leadership of Doctor Pfeiffer published a breaking **Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care.** [23]

In the follow up to this report, the European Commission started to shift its attitude to the use of EU structural funds in the field of social inclusion. The first changes in the Regional Operational Programme started to unfold in 2010. As indicated in the INESS study of Monitoring the Use of Structural Funds in the Social Area between 2007 – 2011,[24] **as of the end of September 2010, 136 applications were approved under the ROP – social services in the amount of €209 million of the total allocation for social services of about €234 million. Almost half of the approved amount was geared towards construction of large institutions with a capacity of over 50 clients.** INESS pointed to the fact that as of the end of September, the financial value of the approved projects represented 101 percent of the total allocation. The shift at the European level was thus not translated into practice. There was a proposal for a new allocation within ROP for developing new community-based services in the approximate amount of €119 million. A draft ROP revision had been sent to the Commission at the end of October 2010. The Commission reviewed it until February 2011 and required revisions in the area of social infrastructure towards transition and deinstitutionalisation.

In this time, Jan Pfeiffer, the chairperson of the European expert group for deinstitutionalisation approached Slovak non-governmental organizations. He assisted DG REGIO and DG EMPL in reviewing the draft applications of several countries. Pfeiffer prepared a short Situation Report for the European Commission on social services in the Slovak Republic in the context of transition and deinstitutionalisation, building on civil society expertise. The Commission turned down the requirement to revise the ROP and to support deinstitutionalisation. The Ministry of Labour, Social Affairs and Family dealt with the issue and showed its interest to contact and cooperate with Mr. Pfeiffer and non-governmental organisations with long-term experience in deinstitutionalisation. Helena Woleková, an advisor of that time to Prime Minister Iveta Radičová from the SOCIA Foundation, became heavily involved with this issue. The first working meeting at the ministry was organized on 18 February 2011 with the aim to design further steps in support of deinstitutionalisation of social services with representatives of the EEG, Ministry of Labour, non-governmental organisations and self-governing regions. Experts at this meeting suggested drafting a national action plan of deinstitutionalisation and pilot deinstitutionalisation projects along with a recommendation to create a position at the ministry to kick off the process in Slovakia. An intense and productive cooperation between non-governmental organizations and the ministry had underpinned the importance of an initial recommendation to closely link soft support from ESF funds with investment from ERDF. In April 2010, the ministry opened a position that would deal solely with preparation of deinstitutionalisation. Later on, personnel changes at the ministry in the leadership of the Section of Social and Family Policy were adopted, with **Mária Nádaždyová** becoming the general director. Ms. Nádaždyová was a strong supporter of transition and deinstitutionalisation of social services. **The activities of the ministry related to deinstitutionalisation of social services were supervised by the Section of Social Services under the leadership of Lýdia Brychtová.**

As a result, the ministry started to prepare revision criteria for ROP. There was still an allocation of €40 million in ROP that the ministry had wanted to invest into supporting deinstitutionalisation. This process led to a **revised version of the ROP that specifically highlighted qualitative shortcomings in the existing social infrastructure and took the principles of deinstitutionalisation into account; emphasised the need to discourage further support of medium to large-sized centres of a boarding type; and to support community-based centres.** The ROP acknowledged only two types of eligible activities: **pilot projects of deinstitutionalisation of the existing centres of social services and centres of social and legal protection; and support of building community-care centres for marginalized groups of citizens.**

From the very start, the **synergies with the Operational Programme Employment and Social Inclusion** were in the centre of attention. They were to provide for much needed support of centres of social services that would embark on the deinstitutionalisation process. The ministry started to draft a **Strategy of Deinstitutionalisation of the System of**

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[23] Report in Slovak: http://www.zdomovadomov.sk/wp-content/uploads/2013/08/ad-hoc-DI_svk.pdf

Report in English: http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes

[24] Ďurana R. et al. (2013). Monitoring of withdrawing EU structural funds in social field 2007 – 2011 (Monitoring čerpania štrukturálnych fondov v sociálnej oblasti v období 2007 – 2011). INESS. Bratislava. ISBN: 978-80-969765-1-5.

Social Services and Foster Care in the Slovak Republic. The National Action Plan – Transition from Institutional to Community-based Care and National Project of Supporting Deinstitutionalisation that was to be carried out within the Operational Programme Employment and Social Inclusion. Intense cooperation with self-governing regions was established in search for suitable locations that could be incorporated into the deinstitutionalisation project. At the beginning, all self-governing regions had been involved in this exercise and 16 to 20 undertakings were expected to participate in the pilot. The ministry created a broad working group that was to prepare strategic documents. The baseline material supporting transition from institutional to community-based care became the ***Strategy of Deinstitutionalising the System of Social Services and Foster Care*** (hereinafter the "DI Strategy"), approved by the government on 30 November 2011. **This strategy represented primarily a declarative document by which the Slovak Republic pledged itself to support transition from institutional to community-based care.**

THE COMMITTEE OF EXPERTS ON DEINSTITUTIONALISATION

The Committee of Experts on Deinstitutionalisation, an advisory body to the Minister of Labour, Social Affairs and Family, was established at the beginning of March 2012. Its internal structure reflected the fact that the strategy focused on both social services and foster care. It has been a multi-sectoral committee, combining representatives of various ministries, self-governing regions, the Association of Towns and Municipalities, public and non-profit providers and expert and client organisations. It has also included a representative of the European Expert Group on the Transition from Institutional to Community-based Care (hereinafter the "EEG"). The articles of association define its primary role as follows:

- Monitoring, evaluating and coordinating processes and entities rendering social services and foster care that are in the process of DI;
- Drafting measures to enhance support and effective DI in the system of social services and foster care and creating synergies between those two systems;
- Identifying risks and obstacles to DI and drafting legislative and conceptual solutions supporting DI.

It is questionable if those tasks are going to be transformed into reality, if because of nothing else, the frequency of the Committee meetings – about once a year.

SLOVAKIA – EXAMPLE OF GOOD PRACTICE

The DI Strategy gave rise to the **National Action Plan for the Transition Plan from Institutional to Community-based Care** (hereinafter the "National Plan"). **For the first time** ever the Ministry **presented synergic connection between two operational programmes – Employment and Social Inclusion** (non-investment, educational activities) **and ROP** (investment support of building infrastructure for new community-based services). The resources from the Operational Programme Employment and Social Inclusion were to be used in establishing the National Support Project of Deinstitutionalisation. The implementing agency was to be the Centre of Education of the Ministry that was to implement the project together with the Ministry and partners selected through a tender. The project planned to involve 24 institutions around Slovakia out of which 16 were to be selected based on monitoring that reviewed their preparedness for DI. Two centres per each self-governing region were to be selected and apply for ROP investment support. ROP earmarked €20 million for supporting deinstitutionalisation of social services. The National Project Supporting Deinstitutionalisation of Care and Services within the Operational Programme Employment and Social Inclusion allocated €1.05 million for this purpose.

This module of synergies was considered to be an example of good practice at the European level. Together with the proposed way of implementing the National Plan DI (partnership-based) it was mentioned in the **Common European Guidelines on the Transition from Institutional to Community-based Care** and the **Toolkit on the Use of European**

Union Funds for the Transition from Institutional to Community-based Care[25]**,** prepared by the European Expert Group for Deinstitutionalisation. Even with all those well-designed reference documents used by Slovakia in implementing its commitments to uphold human rights of people with health disability, the country did not manage to turn the plans for National Plan for DI implementation into practice.

FIRST SLOW DOWN IN THE DI PROCESS

In spring 2012, a new government was appointed. As a result, deinstitutionalisation and transition of social services was significantly slowed down. The new leadership of the Ministry of Labour, Social Affairs and the Family stopped the selected partners in their preparation of the national deinstitutionalisation project (OP EMP SI) without notifying them officially or officially cancelling the public tender through which they had been selected. Then, the new leadership of the Ministry commissioned a review and redraft the deinstitutionalisation project in a way that the final beneficiary was the Social Development Fund. **The redesign of the project lasted until the end of 2012. The project counted only with involving natural persons as experts supporting the DI process and it also decreased the number of involved entities (institutions).**

Since the new design was not built on partnership but on direct subcontracting to natural persons, its implementation involved a heavy administrative burden. This led to conflicts between the management of the Unit of Social and Family Policy and the Social Development Fund (hereinafter the "SDF"). Hence, the **national project implementation was delayed until March 2013.** On the top of that, the position of head of the methodological team was not filled for almost six months and the project's operation was only formal. The actual implementation did not start before summer of 2014.

Things started to change only after the ministerial agencies merged into the Implementation Agency of the Ministry and based on personnel changes in its leadership. In May 2014 there were personnel changes in the project methodological team and **the implementation was extended to December 2015.** As a result a three-year project had to be squeezed into one and one-half years.

Among other things, the pilot NP DI offered: trainings, supervision, dissemination of information, support to involved institutions, and study trips for their staff and service beneficiaries to transformed institutions in the Czech Republic; an international conference and several methodological and expert publications on the transition process and deinstitutionalisation. [26] A Final Evaluation Report was prepared that offered project evaluation and presented legislative and non-legislative recommendations for further implementation of the transition process and **systemic deinstitutionalisation in Slovakia**[27].

MISSING SYNERGIES BETWEEN OPERATIONAL PROGRAMME EMPLOYMENT AND SOCIAL INCLUSION AND THE REGIONAL OPERATIONAL PROGRAMME

As a result of changes after the elections in 2012, the **informal synergy between OP EMP SI and ROP did not last.** Originally, the plan was that the National Project supporting deinstitutionalisation would be kicked off, then ROP

[25] http://www.deinstitutionalisationguide.eu/wp-content/uploads/2016/04/2013-10-18-Toolkit_Slovak-version_EDITED.pdf

[26]All publications are available at: https://www.ia.gov.sk/sk/narodne-projekty/programove-obdobie-2007-2013/narodny-projekt-di/publikacie-na-stiahnutie

[27] Brichtová et al. Final Evaluation Report. IA MPSVR SR. Bratislava. 2015. https://www.ia.gov.sk/data/files/np_di/publikacie/Zaverecna_hodnotiaca_sprava.pdf

investment support should have been rendered and afterwards, support for the transition of participating institutions should have been offered based on a demand-driven call for proposals organized under the OOP EMP SI.

In reality the calls for proposals and projects were implemented in exactly reversed sequence. As a result, not a single institution rendering social services submitted its application to the demand-driven call for proposals organized with the aim to support the transition process (within the OP EMP SI). ROP's call for proposals to support transition and deinstitutionalisation was published in December 2012. The National Project Supporting Transition and Deinstitutionalisation of Social Services had been kicked off in March 2013, albeit with personnel challenges, but its real implementation started only in the second half of 2014. Only four centres of social services submitted their applications to the ROP call for proposals: Centre in Okoč – Opatovský Sokolec, Centre in Slatinka, Centre in Ladomerská Vieska and Centre in Lidwina Strážske. ROP approved three applications for a non-returnable financial contribution: 1) Centre in Okoč – Opatovský Sokolec, 2) Centre in Slatinka and 3) Centre in Ladomerská Vieska. The application of Lidwina Strážske Centre was turned down since it was mainly about humanization of existing services, not their deinstitutionalisation. In reality, **not even the selected projects were implemented under ROP.** In one case it was due to disapproval of a newly-established head of the self-governing region of Banská Bystrica and in the second case it was due to failed public procurement for a construction company in the Trnava Self-Governing Region.

CONVENTION ON THE RIGHTS OF PEOPLE WITH DISABILITIES AND SLOVAKIA

2010 was a turning point from the perspective of transition from institutional to community-based care. Implementation of various important changes in that year continues to impact systemic development in the Slovak social sector. The **National Council of the Slovak Republic (hereinafter the "National Council") endorsed the Convention through its Resolution No. 2048 from 9 March 2010.** It also ruled that the Convention, as an international treaty, is superior to national legislation pursuant to Article 7 of the Slovak Constitution. The Convention was ratified by the Slovak president on 28 April 2010 and the ratification letter was deposited with the depository of the UN General Secretary on 26 May 2010. The Convention became effective in Slovakia on **25 June 2010.** This allowed for the **process of transition from institutional to community-based care in social services to be integrated at the systemic level.**

In Februrary 2010, the Slovak government requested the Minister of Labour, Social Affairs and Family to provide for implementation of the Convention and its Optional Protocol once it becomes effective. One of the main tasks was to create a main focal point that should have been an impartial body. After long deliberations and rejected options, t**he main Convention focal point was eventually created at the Ministry of Labour, Social Affairs and Family where it continues to exist.** Concurrently, **there are secondary Convention focal points established at each ministry.** The whole process lasted almost three years and only in February 2013 the establishment of the main focal point for the Convention implementation was approved. As of **15 March 2013, this main focal point operates at the Department for Integration of Persons with Health Disabilities at the Ministry of Labour, Social Affairs and Family.** For more information on its activities see the ministerial webpage.[28] Practical experiences with the secondary focal points are not encouraging; many ministries do not even know they are accountable for implementing tasks resulting from the Convention and in many cases nobody has been appointed to those positions.

AMENDMENT TO ACT ON SOCIAL SERVICES IN 2014

The last measure set by the DI Strategy was **creating a legal framework for supporting *deinstitutionalisation and transition.*** In 2013, a substantial amendment to Act No. 448/2008 on Social Services was drafted. Among other things, it introduced various changes in relation to deinstitutionalisation and transition as of 1 January 2014. Those changes were to help create conditions for transition and deinstitutionalisation directly in the legislation. The legislators wanted

[28] https://www.employment.gov.sk/sk/rodina-socialna-pomoc/tazke-zdravotne-postihnutie/kontaktne-miesto-prava-osob-so-zdravotnym-postihnutim/

to emphasize that transition and deinstitutionalisation should be a long-term process that would result in changing the quality of life of persons with health disabilities. Various provisions of the law were amended.

- The amendment introduced a detailed definition of individual planning focused on comprehensive **support of self-sufficiency and an independent living** of the beneficiaries of social services in the community. A new position of a **key staff in individual planning** was created within the system. His/her role is to guide and support the beneficiaries of social services.
- The law defined two new types of social services with crucial importance for enhancement and support of community-based services: **early intervention service for children with health disability and support of an independent living.** Those are primarily field and ambulatory services. Their goal is to offer alternative support to people with health disabilities in the community environment.
- **Importantly, eligibility criteria for provision of selected social services were changed and various limitations in registering institutional social services were introduced.** Entities offering supported housing could accept clients over 16 years while the maximum capacity of one flat was set at six persons. There may be at most two flats in one building with supported housing.
- The capped capacity was introduced for registering centres for elderly, centres of social services and specialized entities. **The Ministry of Labour, Social Affairs and the Family had originally planned to set the cap at 22 clients per centre but the revision of the amendment in the National Council increased the cap to 40 residents.** Another change included: a ban on **registering new centres of social services with residential, round-the-clock care, a ban on admitting residents below 18 years into residential care along with citizens at retirement age.**
- **Probably the most principal change was specification of Annex No. 2 – Quality of Social Services –** so-called **Quality Standards for Social Services** that are based directly on the UN Convention on the Rights of People with Health Disabilities. The core idea behind this is that when taking into consideration the human rights perspective, quality social care cannot be rendered in establishments with an institutional set up. **Quality standards for Social Services entered into force as of 1 January 2014 and the Ministry should start evaluating them as of 30 September 2019.**
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NATIONAL PRIORITIES FOR DEVELOPING SOCIAL SERVICES 2015 – 2020

New **National Priorities for the Development of Social Services in 2015-2020 were adopted in December 2014.**[29] Contrary to the National Priorities from 2009, these priorities **clearly support transition and deinstitutionalisation of social services**. Though the national priorities should primarily serve as baseline for concept papers and community plans at the regional level, the Ministry set forth various tasks that it plans to and must deal with under its jurisdiction. Since the social services must be fundamentally changed, the Ministry presented a **need to prepare a long-term Strategic Framework for Developing Social Services until 2030.** However, its preparation has not been officially announced and it is quite questionable if it is going to materialize but the will to introduce changes and acknowledgement of their need exists at least at a formal level. The analytical part of the document states there are more than 30,000 people with health disabilities placed in the institutions of social care. The number of clients in residential centres of social services has recently been increasing (with more than 89.4% of all beneficiaries); weekly care was rendered to 1.5% of beneficiaries and day care to 6.4% of beneficiaries. Just like in the case of centres for senior citizens, the capacity in centres of social services has long outnumbered the number of clients receiving the services – by approximately 5 to 6%.

NGO ACTIVITIES

The SOCIA Foundation, together with the Slovak Union of Supported Employment and CEDA STU informally continue to support the centres of social services in their transition and deinstitutionalisation after the termination of the RPSP

[29] https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/nprss-2015-2020.pdf

project. They also continue to support transition and deinstitutionalisation at the systemic level through the national project.

Examples of other activities include: **M.E.S.A. 10 project – Supporting Integration of Institutionalized Clients into Local Communities:** a project that analysed and examined the impact of transition and deinstitutionalisation in the region of Banská Bystrica[30]; INESS activity - **monitoring of withdrawing of structural funds in the social sector** and its outputs (see the previous sections). As a part of this exercise, INESS also prepared two interesting publications: **Monitoring of Withdrawing Structural Funds in the Social Area 2007-2011** (**Monitoring čerpania štrukturálnych fondov v sociálnej oblasti v období 2007-2011)[31] and Courage to Provide New Social Services (Odvaha na nové služby).**[32]

With all these activities and underperforming transition and deinstitutionalisation, long-term experts and organisations established an **independent Platform for Community-based Services (*Z Domova domov)***. It was established with the aim to offer assistance to all who support the concept of community-based services in Slovakia, want to promote and support it. From its very beginning, the Platform has been very active in supporting transition from institutional to community-based care.

[30] For more information on M.E.S.A. 10 project see: http://mesa10.org/projects/support-for-integration-of-institutionalized-clients-into-local-communities/.

[31] http://www.iness.sk/stranka/8058-Monitoring-cerpania-strukturalnych-fondov.html

[32] http://www.iness.sk/stranka/8494-Odvaha-na-nove-sluzby.html

PREPARING PROGRAMME PERIOD 2014 – 2020, LESSONS TO BE LEARNED

The report of Commissioner Špidla, supported by the ratification of the Convention by the European Union and failed synergy between operational programmes for the benefit of the DI process in Slovakia created good grounds for designing a new **Programming Period – Guidance for Withdrawals and Recoveries of Structural Funds between 2014 and 2020.** Supporting transition from institutional to community-based care has become a clear and integral part of this programming period and is also defined as a **specific goal** supported by the European Union. The first draft of the Partnership Agreement, the basic document for withdrawing structural funds in 2014 – 2020 concludes: "Changing contemporary, mostly hierarchically-organized provision of services to horizontally-integrated services, enhancement of an output-oriented culture in the public administration and deinstitutionalisation of public administration services in favour of community-based services is a response to current challenges."[33]

This principle of supporting transition and deinstitutionalisation remained also in the final version of the Partnership Agreement for 2014 – 2020 that justifies this kind of support within Thematic Objective No. 9 – The Fight Against Poverty, Social Exclusion and Discrimination as follows: "With the view to decrease the level of social exclusion of beneficiaries of social services or those that are in foster care, the deinstitutionalisation must gradually progress. The final outcome of this process should be provision of community-based social services and foster care that will allow for a higher level of independence and respect of the human rights of persons receiving social services and foster care compared to institutional care." [34] Implementation of DI Strategy has thus become ex-ante conditionality for withdrawing structural funds between 2014 and 2020.

Already then the analytical documents of the Central Coordinating Body pointed that: "The aim of both the European Union and Slovakia was to support deinstitutionalisation, i. e. transition from big centres of social services to community-based facilities with a smaller number of clients or preference of a family environment. The process, however, is very slow and the community-based services are still underdeveloped in Slovakia."[35] **The Partnership Agreement also defined the need of synergies and an integrated approach to deinstitutionalisation**, indicating the need for creating working groups between operating programmes – Integrated Operational Programme and Operational Programme Human Resources. Both programmes include the transition from institutional to community-based care became a specific objective with clear conditions and criteria.

OPERATIONAL PROGRAMME HUMAN RESOURCES 2014 – 2020

Deinstitutionalisation became an independent, specific objective in the Operational Programme Human Resources No. 4.2.1 Transfer from Institutional to Community-based Care. Being aware of the challenges with transition and deinstitutionalisation within the Regional Operational Programme and OP EMP and SI and missing synergies, the Ministry had suggested in 2014 to **divide the support to transition and deinstitutionalisation within the new Operational Programme Human Resources to two stages. In the first stage, the priority was to support the transition teams** in various facilities rendering social services and drafting of needed transition plans. Once the facilities had their plans ready (approved by the establishing agency and the Ministry of Labour, Social Affairs and Family) they could apply for investment support within the Integrated Regional Operational Programme. Selected facilities with contracted

[33] 1st Draft Partnership Agreement with Slovakia for 2014 – 2020.
http://www.nsrr.sk/download.php?FNAME=1376654441.upl&ANAME=1+_navrh_PD_SR_2014-2020_11+7+2013.pdf

[34] Partnership Agreement with Slovakia for 2014 – 2020.
http://www.nsrr.sk/download.php?FNAME=1402992629.upl&ANAME=Partnersk%C3%A1+dohoda+SR+na+roky+2014-2020.docx

[35] Analysis of developmental potential of the Slovak regions and their spatial disparities with a reflection on thematic concentration of ESIF in the Partnership Agreement with Slovakia for 2014 -2020.
http://www.partnerskadohoda.gov.sk/data/files/109_analyza-rozvojoveho-potencialu-regionov-sr-a-ich-uzemnych-rozdielov-s-priemetom-na-tematicku-koncentraciu-esif-v-partnerskej-dohode-sr-na-roky-2014-%E2%80%93-2020-aktualizacia%E2%80%9C.pdf

investment support from this Operational Programme would then enter into **the second stage of supporting** transition and deinstitutionalisation within the Operational Programme Human Resources. In this stage only those facilities **supported through IROP were eligible.** The activities would focus on preparing the beneficiaries of social services and employees in the centres receiving support to transition and deinstitutionalisation.

Already in March 2015, preparations started for the first stage of a new national project supporting deinstitutionalisation in the system of social services. Since the pilot national project to support deinstitutionalisation showed that subcontracting to natural persons as project experts resulted in a heavy administrative burden in implementation, a decision was made to implement it **in partnership.** Such an approach was in line with recommendations from the European Union for implementing partner projects with civil society organisations.

INTEGRATED REGIONAL OPERATIONAL PROGRAMME 2014 – 2020

The **Integrated Regional Operational Programme** defines transition from institutional to community-based care under a **specific objective 2.1.1.:** TO FACILITATE THE TRANSITION OF INSTITUTIONALLY-PROVIDED SOCIAL SERVICES, SOCIO-LEGAL PROTECTION OF CHILDREN AND SOCIAL GUARDIANSHIP TO COMMUNITY-BASED SERVICES AND TO SUPPORT THE DEVELOPMENT OF COMMUNITY-BASED CHILD CARE SERVICES FOR CHILDREN LESS THAN THREE YEARS.

This objective was supported with an allocation of **€200 million**. IROP supported its decision to allocate such an amount to this objective as follows: "Last but not least to provide for continuous transition of social services, social and legal protection of children and social guardianship from institutional to community-based care. The experience of the 2007-2013 programming period shows those activities are costly, hence the amount of available allocation."[36] **The actual project support within the IROP has been influenced by the so-called Regional Investment Area Strategies, designed by the self-governing regions.** For a long time, IROP did not have a methodology for designing such investment strategies and the self-governing regions did not sufficiently involve non-profit service providers or smaller municipalities, reacting only in a very limited way to the need for systemic change in transition and deinstitutionalisation. The **quality of these documents remains as a matter of concern,** hence it is a huge risk to implement IROP in the area of social services and foster care under their framework. Later on, a decision was made to **cut the allocation for deinstitutionalisation to €70 million and about €70 million to support new community-based services** based on an analysis produced in the framework of these documents. Unfortunately, the validity of this analysis was questionable. Considering the costs related with the transition and deinstitutionalisation, it is quite a risky situation.

COORDINATION WORKING GROUP FOR OP HR AND IROP FOR DEINSTITUTIONALISATION.

In a follow up to the previous programming period 2007-2013 and in the efforts to provide for more effective coordination of activities between IROP and OPHR, the **Partnership Agreement expects the cooperation to be formalized at the level of a multi-sectoral coordination working group for deinstitutionalisation.** Its members include representatives of the Managing Authorities from both programmes (general directors), representatives of respective sections at the Ministry of Labour, Social Affairs and Family (general director) and representatives of regional self-governments, local self-governments and civil society.

Even though this working group was created in 2014, so far it has had only three meetings (one in fall 2016, one in 2017 and one in February 2018). The last meeting focused on the delayed process of transition and deinstitutionalisation in both operating programmes. In spite of these meetings, the much needed effective synergies have not been achieved.

[36] Integrated Regional Operational Programme. http://www.partnerskadohoda.gov.sk/data/att/330.pdf

SOCIAL SERVICES AND DEINSTITUTIONALISATION FROM 2016

Even with all the declared full support to DI, including support in the Programme Manifesto from 2016, the transition and deinstitutionalisation is not close to making any progress even now, in the beginning of 2018. The following facts will assist in a better understanding of the full picture.

OP HR – NATIONAL DI PLAN – SUPPORTING TRANSITION TEAMS

Already in June 2015, the Commission at the OP HR Monitoring Committee approved a **Letter of Intent (LOI) for a National Deinstitutionalisation Project – Support of Transition Teams. The** LOI was followed by an application for non-refundable project support.

CHALLENGE NO. 1: PARTNERSHIP WITHIN NATIONAL PROJECT:

Preparatory works on this project started in summer 2015. The challenge was that the Main Project Partner was to be the Implementing Agency (hereinafter the "IA") of the Ministry of Labour, Social Affairs and Family with no experience in implementing partnership projects. Originally, this project was supposed to smoothly follow up on the project supporting deinstitutionalisation. The Ministry was interested in implementing the project in partnership with experts in deinstitutionalisation, inter alia, due to the fact that all its experts in deinstitutionalisation had left at the beginning of 2015.

The IA prepared a public tender for partnering with the National DI Plan – Supporting Transition Teams (hereinafter the "NP DI PTT"). The eligibility criteria were similar to those in 2011: partners were to assist in drafting and implementing the process of transition and deinstitutionalisation. There was no project requirement for the partner(s) to co-fund the activities, which later on complicated the whole project launch. **The following organizations were selected: 1. Social Work Advisory Board that was to offer support in social services; 2. Slovak Union of Supported Employment that should support mobilisation and employability; and 3. Research and Training Centre of Design for All (Výskumné a školiace centrum bezbariérového navrhovania - CEDA STU) to support universal design.**

At the end of the year they were notified about being selected and they started to draft (pro bono) a new national project in cooperation with the ministry and its Implementing Agency. **The substantive part of the project was already prepared at the end of February 2016.** In the months to come the preparatory works were slowed down, first due to parliamentary elections, then project budget preparation and specific requirements of the Implementing Agency in this area. The project was presented to the public at the beginning of summer. The reviewing agencies recommended a swift project kick off and implementation. **At that time it already was delayed six months,** with all the new centres and those that had been involved in the previous project waiting for its start. IROP calls for proposals were linked to the project kick off as well.

The next months showed that the system for selecting NP partners was problematic, especially when it came to reviewing state aid. If the partners had been selected through public procurement (and not only through a tender that did not meet the public procurement requirements), some of the issues related with state aid or co-funding would not have needed to be dealt with (both issues were discussed for almost two years).

CHALLENGE NO. 2: PROJECT CO-FUNDING

In summer 2016, selected organization started to negotiate with the Ministry of Labour Social Affairs and the Family about the Partnership Agreement for the project implementation. At that moment, the **European Social Fund at the Ministry announced the partner organizations were to co-fund the project implementation even** in spite of the fact that they were not direct beneficiaries of non-returnable financial aid from the ESF and they did not have any sort of agreement with the Ministry of Labour, as the Managing Authority of the Operational Programme. Likewise, in none of the prior stages had it been announced that there would be a requirement to co-fund the project. The requirement of co-funding did not apply to the Implementing Agency.

This resulted in an absurd situation: on one hand, the Ministry of Labour and its Implementing Agency were not able to provide for effective and quality implementation of the transition and deinstitutionalisation – which had become a state policy – while on the other hand they required the organisations they had selected to co-fund the project even though they had not set this requirement at the beginning of the process. The Ministry and the Agency should have, in the first place, materialized commitments of the Slovak Republic and those of the Ministry.

The Minister of Labour, Social Affairs and Family was notified about this situation in a letter addressed to him by the selected partners and almost 20 other non-governmental organizations joining persons with health disability and social service providers at the beginning of September 2016. This letter was also sent to the attention of the European Commission, the Office of the Vice-Prime Minister for Investments and IT and the Ministry of Agriculture and Rural Development. The Ministry of Labour, Social Affairs and Family reacted to it in the second half of October 2016. In its reaction, it offered general information, confirmed the requirement of co-funding and announced the expected start of implementation for the last quarter of 2016.[37] The Ministry of Labour started to negotiate with the Ministry of Finance for an exception from the co-funding requirement to be made for the projects of transition and deinstitutionalisation. For a couple of months, the representatives of the Ministry of Labour declared the exception to the National DI Plan would be made and the project would start at the latest by the end of 2016. In December 2016, the Expert Committee for Deinstitutionalisation agreed on making an exemption within the national scheme to all deinstitutionalisation projects.[38] Both the Minister of Labour and the Deputy Minister presented this information in public meetings and alike they provided an answer to the letter of the organisations representing people with health disability.

On 19 December 2016 the Platform for Community-based Services named *Z Domova domov* organized a roundtable on the progress/regress of deinstitutionalisation in Slovakia. The representatives of the Ministry of Labour informed that the NP DI PTT was ready for kick off. Unofficial, contradictory statement followed: the National DI Plan in Slovakia, where the representatives of the Ministry informed that the exemption from co-funding for selected NP DI PTT partners was **turned down by the Ministry of Finance** and was awarded only to so-called social partners from the tripartite in other projects.

Non-governmental organizations representing persons with health disabilities immediately reacted.. On 20 January 2017 they sent a letter to the Minister of Labour, Social Affairs and the Family where they pointed again to "the situation in the implementation of transition and deinstitutionalisation of the social services in Slovakia."[39] This letter was signed by 26 organizations and service providers along with university teachers and the Slovak Chamber of Social Workers and Assistants to Social Workers. The letter was also sent to the attention of the Slovak president, relevant ministries and the European Commission. Representatives of the non-governmental organisations met with the Office of the President, Public Defender of Human Rights in the Office of the Plenipotentiary for Civil Society and the Commissioner for Persons with Health Disabilities.

However, the Labour Ministry did not answer and no major changes and activities were carried out until March 2017. Then, on 10 March 2017, the deputy minister met with the partners where they were informed about on-going communication between the Ministry of Labour, Social Affairs and the Family and the Ministry of Finance about the exemption from the co-funding requirement and that the issue will be resolved shortly. At the end of April 2017, the partners approached the deputy minister, requesting an update. However, their request remained unanswered. Then, the partners together with other organizations representing persons with health disabilities (40 organisations and university teachers together with a co-chair of a European Expert Group for DI) addressed an open letter to the Slovak prime minister dated 26 May 2016, requesting an urgent solution. The letter was also covered by several media; however, the prime minister did not react to it at all. On 1 July 2017, the Minister of Labour, Social Affairs and Family in

[37] Letter of the Minister of Labour, Social Affairs and the Family, Ján Richter from 19 October 2016. File No.: 17229/2016-M_OSS.

[38] Minutes for the meeting of the Expert Committee for Deinstitutionalisation of the System of Social Services and Foster Care in Bratislava from 15 December 2015 at 10:00 a.m. OSS MPSVR SR.

[39] Letter of the organizations representing persons with health disabilities dated 20 January 2017.

response stated: "Preparation of the National Project under the Operational Programme Human Resources, Priority Axes 4 Social Inclusion was a standard process, with participation of representative organisations. **There was no requirement for co-funding from the partners.** But since the 0% requirement on co-funding was challenged, the approval process was suspended. Those shifts resulted from the amendments to the Guidance on the European Structural and Investment Funds for the Programming Period 2014 – 2020 – version 1.1 certified by the Ministry of Finance of the Slovak Republic. "This version of the Strategy expected the non-profit organizations to co-finance the National Project at the level of 5% which, in case of non- profit organizations working in the field of social and family services, is if not impossible, than at least very challenging."[40] In its conclusion and also in its press releases the Ministry stated that the solution – settling required co-funding from the state budget – had been already discussed. However, the **memorandum on co-funding with the partners was not signed even in February 2018;** nor was its final version submitted to them at the time of drafting the final version of this text.

First, it is important to shed some light on the sequence and justification of adjustments to the Guidance on the European Structural and Investment Funds for the Programming Period listed in the explanation of the delayed implementation of NP DI in foster care[41]: "The principle of 0% co-funding by the partners was challenged pursuant to the revised version of the Guidance. As a consequence, the approval process was suspended. **The amendments came into effect as of 15 December 2016 and were not subject to sectoral revision (Strategy version 1.0 was approved by the government resolution No. 658** on the European Structural and Investment Funds for the Programming Period 2014 – 2020; version 1.1 **/13 November 2013; the Slovak government authorized the Minister of Finance to approve, upon prior consent of the Vice-Prime minister for Investments and in case of the European Agricultural Fund for Rural Development also upon negotiations with the Minister of Agriculture and Rural Development, possible revisions and amendments to the Guidance in line with the approved EU legislation and needs of the project implementation, operations and ESIF programmes)**." This clearly indicates that the two sectors accountable for withdrawing the funds and substantive issues had not cooperated sufficiently and effectively and the sectors did not have the opportunity to review the documents during the multi-sectoral review process.

These events got the NP DI PTT moving again and the Ministry started to revise the project budget and draft memorandum on co-funding almost with a year delay. In March 2018, two and half years from the start of the preparation of the NP DI PTT the call for proposals was to be announced by the NP DI PTT. However, the issue of co-funding remains unresolved (processes and provisions in the memorandum) and the Partnership Agreement between IA and the partners has not been signed yet. The NP DI PTT may be launched only once these questions are resolved.

PROBLEM NO.3: STATE AID

At the end of August 2017, the IA started to deal with the issue of state aid in connection with the NP DI PTT. Within the project, the Managing Authority identified *education* as *state aid.* Unclear rules for state aid and social services resulted in yet another delay in launch of the NP DI PTT project. This problem was only identified shortly before expected project launch, which in itself may be a source of concern. Ineffective cooperation in drafting the National Plan can be a potential explanation, since the authorized representatives of the Managing Authority who were to review issues of state aid first reviewed only the concept of the National Plan and only then the final version. In some instances, it is impossible to specify aspects of state aid from the concept document.

The architecture of state aid for NP DI PTT was subject of discussions until January 2018 but still, the solution is far from ideal. Only those entities involved in the project may receive the state aid, which represents multiple limitations for training participants of the NP DI PTT. Due to these restrictions only a limited number of participants from one entity

[40] Reaction of the Minister of Labour, Social Affairs and the Family as of 1 June 2017, File No.: 13916/2017-M_OSS.

[41] Information on amendments to the National Project *Support of Deinstitutionalisation of Institutional Foster Care* submitted to the Committee at the Monitoring Committee for the Operational Programme Human Resources. Document submitted to the Committee review on 26 June 2017; changes were approved in both draft versions of the NP DI-PTT and NP DI NS.

may participate in the training. This set up has also severely limited the chance to involve all relevant community stakeholders.

IROP – INVESTMENT SUPPORT TO THE DI PROCESS

Investment support to the DI process also started to progress in 2017. However, expected links and synergies between IROP and OP HR still did not materialize; nor did the planned logical DI implementation.

The first meeting of the working group for facilitating synergies in DI between IROP and OP HR had been organized in October 2016. On the break of the years, the Ministry of Labour, Social Affairs and Family announced a call for proposals to support deinstitutionalisation and cut the original amount earmarked for DI from about €200 million to €67.5 million. At the end of May 2017, the Ministry opened the call for proposals for non-returnable financial contributions to support transition from institutional care, social and legal protection of children and social guardianship to community-based care (i.e. deinstitutionalisation of existing entities). It is an open call for proposals reviewed in regular, three-month cycles, while the deadline of the first round was at the end of August 2017. When the call had been drafted not all substantive comments and suggestions of the experts and representatives of the Ministry of Labour were accepted. As a result, the call for proposals had been already updated four times within three quarters of a year.[42] Various eligibility criteria and a heavy administrative burden for the providers resulted in a lower turnout than expected (also due to the absence of NP DI PTT). An applicant must submit a valid construction permit along with the application, which substantially complicates the submission process. Thus, only nine applications in the area of social services and social and legal protection were submitted by the end of the year, and out of those only two by entities involved in the NP DI between 2013 and2015. At the same time, the Ministry was asked to comment on transition plans. That opened questions regarding implementation of the investment projects that should have been dealt with during NP DI PTT.

Delays in NP DI PTT and unclear criteria for submitting applications with the IROP have weakened support that should be offered to those entities that want to participate in DI; its implementation has been significantly hampered. Therefore, it is outstanding that those entities that had already been involved in the DI process in the previous period still continue to carry out activities either on their own or with the support of their original partners – SOCIA Foundation, CEDA STU, SUPZ and the Social Work Advisory Board and the Centre for Support of Deinstitutionalisation[43] that have created an informal platform.

IROP – INVESTMENT SUPPORT TO THE DEVELOPMENT OF COMMUNITY-BASED SERVICES

Development of community-based social services in the process of DI is a key topic that needs to be discussed and supported: both for existing ones or those newly established. The IROP call for proposals should serve that purpose – rendering new and existing social services and social and legal protection of children and social guardianship at the community level under the specific objective 2.1.1.

The call should have two rounds – in the first one the applicants would only submit a letter of intent (LOI) and only later file their application for non-returnable financial support. Such architecture of the call should avoid the burden of preparing the whole application at this stage; the LOIs will be reviewed to judge if they comply with the IROP goals and objectives. It has been almost a year since the preparation of this call for proposals has started: analysis based on multiple criteria is no longer required since the Monitoring Committee concluded there was lack of relevant data on the need of services in Slovakia. This call for proposals was discussed by the Coordinating Working group for DI, thus synergies with NP DI are expected. The call should be announced in the upcoming months.

[42] http://www.mpsr.sk/index.php?navID=1124&navID2=1124&sID=67&id=11593

[43] http://deinstitucionalizacia.sk

INTERNATIONAL REACTION TO THE PROCESS OF DI IN SLOVAKIA

For the past two years, especially in 2016, Slovakia received several warnings and recommendations on how deinstitutionalisation is (not) progressing. In April 2016, the **UN Committee on the Rights of Persons with Health Disabilities** made a clear statement in its final recommendations that Slovakia needed to set a clear timeframe for the DI process and the funds geared towards supporting community-based services must combine the European Structural Funds topped up by national resources.[44] In May 2016, the meeting of the **Committee for the Rights of Children** with the Slovak government representatives checked on the commitments of Slovakia within the UN Convention on the Rights of the Child. This committee also noted the need to prioritize family and community-based care and for full commitment to carry out deinstitutionalisation with a view that children with health disability should not continue living in segregated institutional services.[45] Similar statements were made in October 2016 by the **UN Commission on Human Rights and the Council of the Europe Commissioner for Human Rights** and in the fall of 2016 also by the **Permanent Committee for Petitions of the European Parliament (PETI Committee).** Based on a petition sent by various international NGOs pointing out that EU structural funds were being used to support institutionalisation of persons with health disabilities, the PETI Committee embarked on a fact-finding mission to Slovakia. International experts prepared a report for the committee members titled: ***European structural and investment funds and people with disabilities: Focus on the situation in Slovakia. In-depth analysis for the PETI Committee.***[46] This report describes in detail the current situation in transformation and deinstitutionalisation in Slovakia.

AMENDMENT TO ACT ON SOCIAL SERVICES 2018

The amendment to the Act on Social Services from January 2018 seems to be quite problematic. It has brought about many significant changes in funding of social services that have actually led to strengthened support of institutional services against the community-based and ambulatory services. That is indeed a step away from legislative support to the DI process. It will be seen in 2018 how much this change in funding will impact the development and sustainability of community-based services, mainly ambulatory and field services that are of crucial importance for the DI process.

[44] https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/tazke-zdravotne-postihnutie/zaverecne-odporucania-k-vychodiskovej-sprave-slovenskej-republiky.docx

[45] Recommendations of the UN Committee for the Rights of Children to the State Report on Slovakia. http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC/C/SVK/CO/3-5&Lang=En

[46] http://www.europarl.europa.eu/RegData/etudes/IDAN/2016/571371/IPOL_IDA(2016)571371_EN.pdf

CONCLUSIONS

Despite all the declared full support to the process of deinstitutionalisation in Slovakia (conventions, legislative framework and strategic documents) the first quarter of 2018 shows that the process has practically not yet started. The Ministry of Labour, Social Affairs and Family does not have a clear vision and concept of DI, which is obvious from the latest Report on DI Strategy for 2017. The report only offers a general coverage of social services and it repeatedly describes the results from the very first NPDI from 2014-2015.

The Ministry of Labour, Social Affairs and Family is either incapable or unwilling to actively approach the DI process. This can also be seen in the Ministry's unwillingness to incorporate a framework timeline for terminating institutional care in Slovakia into strategic documents. As noted above, its most recent legal position to transitory provisions of Act No. 448/2008 opens up a possibility to continue in facilitatingthe existence of round-the-clock residential institutions and their humanisation.

A brief summary of the current situation:

- **A two-year delay in the launch of the National Plan of DI and Support to Transition Teams and its implementation;**
- **Discussions about the second stage of NP DI have not even started;**
- **Delayed announcement of the IROP Call for Supporting Deinstitutionalisation** – service providers are less interested in the call than expected while the deterring factors are: a lack of systemic support planned to be offered within NP DI – PTT and a requirement to submit a construction permit with the application;
- **The DI Expert Council operates only formally;**
- **Funding of social services is not** client-cantered or focused on ambulatory and field services;
- **The legal position of the Ministry of Labour, Social Affairs and Family de facto allows humanisation of existing institutions.**

But there is even a much more pressing challenge related with the DI process. The experts point to the systemic violations of human rights of people with health disabilities in the centres of social services. The Ministry of Labour, Social Affairs and Family has reluctantly admitted these problems, as shown by the annual reports on the social situation of the residents.[47] It is as if the decision makers, in contrast to people with health disabilities, have magnitude of time. In the words of Roman, a client in the Centre of Social Services in Slatinka: "I don't have years to wait until there are community-based centres in Slovakia".

[47] https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-socialnej-situacii-obyvatelstva-slovenskej-republiky.html