

INFORMATION OF NGOs - SLOVAKIA

1. Lack of DI coordination

2020 brought two main issues – the COVID-19 pandemic and a new Government. A crisis in social services facilities in the country showed that Slovakia lacks cross-sectoral cooperation especially between the Health and Social sectors, national and regional/local levels, and among public and non-public service providers. Although the importance of DI has been recognised by the new Government, we still have serious concerns concerning implementation. A primary concern relates to the lack of coordination, and this is because DI is not managed by a single Ministry. In order to make progress, we proposed that DI is managed by a single Government body, both soft activities (education, consultations etc.), as well as management of investments.

2. Introduce a DI commitment into law

Further, Slovakia lacks a legal commitment to DI. There is a national DI strategy and pending national project on transition from institutional to community-based services.¹ However, these documents are not accompanied by legal commitments. It is proposed to incorporate the DI commitment into national legislation and introduce clear legal obligations into law.

¹ The 2011 DI strategy is available at: <https://www.employment.gov.sk/files/legislativa/dokumenty-zoznamy-pod/strategia-deinstitucionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-1.pdf>

3. Ensure that DI covers all persons with disabilities and all institutions, regardless of founders

Within the DI process, it is necessary to pay careful attention to include all persons with disabilities and all institutions, regardless of their founders. In Slovakia, most commonly regional authorities are founders of institutions and they oppose DI. It is important that any legal obligations concerning the right to independent living and inclusion in the community must address all founders and services, regardless of whether they are founded by a regional self-governing authority or a central Ministry.

4. Ensure affordability of community-based services

The financing of social services is based on an 'assessment of dependency' and persons with disabilities have no possibility to control these finances. Institutions are direct beneficiary. This model does not allow PWD to freely choose services, nor does it provide any impetus to founders of institutions to create community-based services. The system of financing should allow free choice and control and should prefer community-based services.

5. Review responsibility for deaths that occurred in social care institutions

During the Covid-19 pandemic, it is believed – concrete data are not available - that thousands of PWD – clients of institutions - died. This situation could and

should have been prevented or mitigated. Hence, the State should review who bears responsibility and introduce, regardless of the outcome of this inquiry, effective mechanisms to provide reparations, redress and compensation, as well as guarantees of non-repetition.



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