

**Ministry of Labour, Social Affairs and Family of the Slovak Republic**

**NATIONAL ACTION PLAN FOR THE TRANSITION FROM  
INSTITUTIONAL TO COMMUNITY-BASED CARE IN THE SOCIAL  
SERVICES SYSTEM 2016 – 2020**

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## **LIST OF ABBREVIATIONS**

<b>DI</b>	Deinstitutionalisation
<b>SSH</b>	Social Services Home
<b>ERDF</b>	European Regional Development Fund
<b>ESF</b>	European Social Fund
<b>EU</b>	European Union
<b>NP(s)</b>	Natural Person(s)
<b>MLSAF SR</b>	Ministry of Labour, Social Affairs and Family of the Slovak Republic
<b>MARD SR</b>	Ministry of Agriculture and Rural Development of the Slovak Republic
<b>DI NAP</b>	National Action Plan for the Transition from Institutional to Community-based Care in the Social Services System 2012 – 2015
<b>DI NAP 2016 – 2020</b>	National Action Plan for the Transition from Institutional to Community-based Care in the Social Services System 2016 – 2020
<b>Pilot DI NP</b>	National Project Support of Deinstitutionalisation and Transformation of the Social Services System
<b>DI NP</b>	National Project Deinstitutionalisation of Social Service Facilities – Support of Transition Teams
<b>DI National Centre</b>	National Centre for Support of Deinstitutionalisation
<b>OP EaSI</b>	Operational Programme Employment and Social Inclusion
<b>OP HR</b>	Operational Programme Human Resources
<b>ROP</b>	Regional Operational Programme
<b>IA MLSAF SR</b>	Implementation Agency of the Ministry of Labour, Social Affairs and Family of the Slovak Republic
<b>IROP</b>	Integrated Regional Operational Programme
<b>Report of the Ad Hoc Group on DI</b> Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care	
<b>SR</b>	Slovak Republic
<b>DI Strategy</b>	Strategy for Deinstitutionalisation of the Social Services System and Foster Care in the Slovak Republic

<b>HTU</b>	Higher Territorial Unit
<b>COLSAF</b>	Central Office of Labour, Social Affairs and Family
<b>DIS</b>	Disability
<b>SSF</b>	Social Service Facility

## **1 BASIC OBJECTIVE OF THE NATIONAL ACTION PLAN**

By its Resolution No. 761/2011 of 30 November 2011, the Government of the Slovak Republic approved the Strategy for Deinstitutionalisation of the Social Services System and Foster Care in the Slovak Republic in line with the global trend of systematic elimination of still prevailing model of segregated institutional care provided to people in need of long-term assistance of another person (NPs with severe disabilities, the elderly with impaired health, children in foster care) and replacing it with a model of community services and measures of social and legal protection of children and social guardianship in natural social environment of the community.

Such change in the model – the transition from institutional to community-based care in the social services system is one of the objectives of the current EU policy in social inclusion and disability and is part of Slovakia's commitments in the international human rights agenda (it concerns the European Disability Strategy 2010 – 2020, the Common European Guidelines on the Transition from Institutional to Community-based Care, Tools for the Use of Structural Funds for the Transition from Institutional to Community-based Care, the UN Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention, the UN Convention on the Rights of the Child, the European Social Charter).

Preparation of the National Action Plan for the Transition from Institutional to Community-based Care in the Social Services System 2012 – 2015 (the “DI National Action Plan”) was one of the fundamental tasks of the Strategy for Deinstitutionalisation of the Social Services System and Foster Care in the Slovak Republic (the “DI Strategy”). The DI Strategy and the DI National Action Plan were prepared in cooperation with a broad working group of experts in social services and foster care. The DI National Action Plan was limited in both time and contents to the first pilot phase of transformation and deinstitutionalisation of social services in 2012 – 2015.

**The basic objective of the DI National Action Plan was to support the deinstitutionalisation of the social services system by implementing pilot projects and**

**creating additional support mechanisms in legislation, financing and organisation of the DI process.** The aim and purpose of changing the traditional model of social services to the system of community care services is to create system conditions for the realisation of the full citizenship of people dependent on social services in their daily lives (i.e. human rights aspects), and not only a technical and self-serving change in the organisation of services consisting in the “transfer of care” from one organisational form and level to another.

In accordance with the timetable of the implementation of transformation and deinstitutionalisation in the DI Strategy, DI NAP 2012 – 2015 was evaluated<sup>1</sup> based on the outputs of the pilot National Project Support of Deinstitutionalisation and Transformation of the Social Services System (the “Pilot DI NP”). The Pilot DI NP helped gain practical experience with the process of deinstitutionalisation of the social services system that are valuable data forming the basis for setting other measures and more effective implementation of deinstitutionalisation in the next period. The revision of DI NAP 2012 – 2015 showed that a number of the tasks assigned are also current in the coming period and were transferred to the submitted updated National Action Plan for the Transition from Institutional to Community-based Care in the Social Services System 2016 – 2020 (“DI NAP 2016 – 2020”).

The objective of this updated document is to set objectives and measures to continue with the DI process, adjust the procedures by which the institutional care of persons with disabilities and the elderly will gradually be replaced with community services, depending on the individual needs of their clients – the recipients of these services. The task is (if possible) to renew family and friendly ties and create new networks of social relationships, exploit and expand the existing ones and create new field and outpatient services used by locals who are equally dependent on such services. And last but not least, the task of DI NAP 2016 – 2020 is to provide information and allow the greatest possible number of persons who are responsible for providing, ensuring and the level of social services provided in Slovakia to participate in its implementation.

The results of the pilot phase of DI of selected social service facilities served as a basis for updating and concretising the procedures, tasks and measures needed for achieving the

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<sup>1</sup> The evaluation of DI NAP 2012 – 2015 came up for discussion at the meeting of the MLSAF SR leadership held on 21 July 2016. The evaluation of DI NAP 2012 – 2015 was approved by Resolution No. 32/16. The evaluation of performance of the tasks of the National Action Plan for the Transition from Institutional to Community-based Care in the Social Services System 2012 – 2015 can be found on : <https://www.employment.gov.sk/files/rodina-soc-pomoc/soc-sluzby/vyhodnotenie-plnenia-uloh-narodneho-akcneho-planu-prechodu-z-institucionalnej-komunitnu-starostlivost-systeme-socialnych-sluzieb-2012-2015.pdf>

vision and objectives of the DI Strategy, while initiating the process of transformation and deinstitutionalisation of social services on a broad scale in 2015. With the data gathered and experience gained, it is possible to continue with the commenced process more progressively, target individual tasks in a more personalised way and propose them in accordance with the legitimate interests and needs of all actors involved.

The individual tasks of DI NAP 2016 – 2020 are updated with regard to the incorporation of the Final Recommendations on the Initial Report of the Slovak Republic which were sent to the Ministry of Labour, Social Affairs and Family of the Slovak Republic based on the defence of the Initial Report of the Slovak Republic to the UN Convention on the Rights of Persons with Disabilities in April 2016. In accordance with Recommendation no. 56, it is necessary to introduce a timetable for cooperation with organisations of persons with disabilities and also put in place measures to ensure that persons with disabilities, particularly women and the elderly with disabilities are supported to live in a community setting. In accordance with Recommendation no. 58, it is necessary to ensure a uniform distribution of resources for social care with regard to community-based social services.

## **2 BASES FOR THE TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE**

The main basis for the transition from institutional to community-based care in the social services system is to introduce the principles of “independent living” and the Madrid International Plan of Action on Ageing (2002) in providing social services to all citizens in the Slovak Republic<sup>2</sup> who are the recipients of social services. A legal basis for the transition from institutional to community-based care in the social services is the UN Convention on the Rights of Persons with Disabilities, ratified by the Slovak Republic in 2010. The UN Convention on the Rights of Persons with Disabilities is based on the following general principles:

- respect for inherent dignity, individual autonomy, including the freedom of choice and personal autonomy;
- non-discrimination;
- full and effective participation and inclusion in society;
- respect for differences and acceptance of persons with disabilities as part of human diversity and humanity;
- equal opportunities;
- accessibility;
- gender equality;
- respect for the evolving capacities of children with disabilities and respect for the rights of children with disabilities to preserve their integrity.

The general principles of the UN Convention on the Rights of Persons with Disabilities clearly reflect the principles of “independent living” and the Madrid International Plan of Action on Ageing (2002), which are essential for the transition from institutional to community-based care in the social services system.

Independent living is a philosophy and a movement of people with disabilities aimed at achieving equal opportunities, civil rights and full participation in all aspects of life in society. It is a process of increasing awareness, strengthening and emancipation of persons with disabilities based on the principles of solidarity, mutual support and self-help, advocacy,

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<sup>2</sup> Target groups of the social services DI: citizens (children, adults) with disabilities, seniors.

deinstitutionalisation, demedicalisation<sup>3</sup> of the model of disability and assistance, democracy and self-determination.

The three pillars of independent living are:

- work as the main source and a means for economic independence (education, of course, precedes work);
- community social services – personalised services provided in a natural social environment;
- assistive technologies and devices/compensation.

In order to create optimal conditions for the implementation of the UN Convention on the Rights of Persons with Disabilities, including institutional provision of the process of its implementation and monitoring, the Ministry of Labour, Social Affairs and Family of the Slovak Republic prepared a new Report on the Implementation of Measures under the National Programme for the Development of Living Conditions of Persons with Disabilities 2014 – 2020 and the proposal for its update the main objective of which is to ensure progress towards the protection of the rights of persons with disabilities recognised by the UN Convention on the Rights of Persons with Disabilities and progress in their use through defined tasks and measures.

The Madrid International Plan of Action on Ageing (2002) was adopted at the First International Assembly on Ageing in Vienna. The international action plan sets out the main priorities and activities in the field of ageing that make up the concept of ensuring independence, participation, care, self-fulfilment and dignity of the elderly.

The basic priorities of the Madrid International Plan of Action are:

- Priority direction I. – Older Persons and Development;
- Priority direction II. – Advancing Health and Well-being into Old Age;
- Priority direction III. – Ensuring enabling and supportive environments.

By its Resolution no. 688 of 4 December 2013, the Government of the Slovak Republic approved the National Programme for Active Ageing 2014 – 2020 which was prepared by the Ministry of Labour, Social Affairs and Family of the Slovak Republic and by which the Slovak Republic is committed to the issue of active ageing as a political priority in all its

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<sup>3</sup> “A social process which transforms “sick” behaviour into “normal”” (OpenStax College 2012), <http://sociologydictionary.org/demedicalization/>.

complexity. This programme document is aimed at promoting human rights of older persons by way of their activation through public supporting policies, including support for their independence, dignity, economic and social security or protection against ill-treatment.

**The main principles that guided the pilot phase of DI of the social services system were:**

- respect for human rights,
- demedicalisation,
- self-fulfilment,
- self-help,
- self-advocacy/advocacy,
- removing barriers,
- examples of good practice,
- cross-cutting approach.

### **Institution (institutional culture) and deinstitutionalisation**

According to the WHO, the institution is every environment in which persons with disabilities, seniors or children live together outside their family; an environment in which people have no control over their lives and daily activities<sup>4</sup>. The DI National Action Plan uses the term institution in social services and related fields to denote a social service facility showing the main features of **institutional culture**<sup>5</sup>, which are:

- **Depersonalisation** – lack of respect for personal possessions, signs and symbols of own individuality and humanity;
- **Rigid, stereotyped and routine activities** – fixed time and structure of activities, disregard for personal needs and preferences;
- **Uniform medical and professional practice** – collective treatment of the recipients of social services, without respecting the privacy and individuality;
- **Social distance and paternalism** – different status of staff and clients;

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<sup>4</sup> World Health Organisation, The World Bank. (2011). *World Report on Disability*. p. 305

<sup>5</sup> Report of the Ad Hoc Expert Group on the Transition from institutional to Community-based Care (2009). European Commission

- ***Segregation from local community*** – eccentric position of a social service facility, distance from local communities and concentration of services in one place;
- ***Learned passivity*** – passively acquired behaviour of the recipients of social services and their powerlessness;
- ***Poorly developed social relations.***

The term **institutional care** means each method of providing social services in which:

- the recipients of social services are isolated from a broader community and/or compelled to joint coexistence;
- the recipients of social services do not have sufficient control over their lives and over decisions which affect them;
- requirements of the organisation itself tend to take precedence over the individual needs of the respective recipients of social services.

A size (capacity) of a social service facility is just an indicator of a more fundamental feature that makes the service more institutionalised, i.e. the larger the size (capacity) of a social service facility is the less the individual access and participation in society and its life are usually provided for. On the other hand, the opposite may not necessarily be true and there may be low-capacity services with prevailing institutional culture. International experience shows that a limiting size of a social service facility, in which a process of developing institutional culture takes places almost automatically, ranges from 6 clients.

Deinstitutionalisation is philosophically based on a principal value-related change in the relationship to people in need of long-term assistance of society; it is a deep and long-term process of change (transformation) of the social services system, their form, structure, contents, location and organisation manifesting, inter alia, in moving away from the model of traditional care in classic facilities bound by institutional culture, i.e. from the passive model of protection to the active model of support in a natural inclusive environment of a local community (i.e. community care), to the model involving a change in approach to clients, particularly by respecting them as individuals and right-holders. DI is a process of clients' transition from traditional facilities of social services where they are physically and mentally isolated from everyday life, to community-based services which overall create conditions for life on an equal basis corresponding to the mainstream society, conditions of equal

citizenship. The transition from institutional to community-based care will be based on the following recommendations of the Report of the Ad Hoc Group on DI:

- a) respect for the rights of the recipients and their involvement in decision-making processes,
- b) prevention of institutionalisation,
- c) creation of community services,
- d) closing institutions,
- e) limiting investments in original institutions,
- f) human resource development,
- g) efficient use of resources,
- h) quality control,
- i) holistic (comprehensive) approach,
- j) constant awareness raising.

In 2014, MLSAF SR elaborated and endorsed the National Priorities for the Development of Social Services 2015 – 2020 (the “National Priorities”), which are a reflection of the real situation of the provision of social services in the Slovak Republic, based on the needs identified in the Slovak Republic as well as the priorities of the European Community (availability and accessibility of social services and their financial sustainability).

In accordance with the Social Services Act, the National Priorities are the basic document in developing and approving a community plan of social services of municipalities and the social service development concepts of self-governing regions, which take account of local specifics and needs of individuals in social services provided within its territorial boundaries and identify needs for the development of social services.

The National Priorities reflect the current situation of the provision of social services in the Slovak Republic, especially the lack of capacities of social services provided in the natural (home and community) environment of citizens, the need to ensure sustainable funding of social services and the development of their quality. They are based on the needs identified in the national and European context, with an emphasis on the availability and accessibility of social services and their long-term financial sustainability and efficiency.

In the transition from institutional to community-based care, the National Priorities for the Development of Social Services 2015 – 2020 are mainly to ensure access to social services according to the needs of a community and support the transition of the recipients of social services from institutional to community-based care.

Requirements for achieving the set priorities are:

- to support the development of existing and new social services and professional activities of a community nature with an emphasis on services for families caring for a family member dependent on the assistance of another person in self-servicing;
- to promote and develop selected types of field, outpatient and residential services at the community level that enhance independent living, which implies the discontinuance of the provision of original residential social services of an institutional nature so that the recipients of year-round residential services may leave the original residential facilities.

The process of transition from institutional to community-based care in the Slovak Republic will also take account of the experience with regional projects of transformation and deinstitutionalisation implemented by non-governmental organisations (NGOs) and self-governing regions in previous years.

As part of the Operational Programme Employment and Social Inclusion in the programming period 2007 – 2013 (“OP EaSI”), IA MLSAF SR (that assumes the role of the DI National Centre) implemented two national projects of DI support (01/2013 – 12/2015, more developed and less developed regions) aimed at creating the basic conditions for a successful transition from institutional to community-based care and starting and promoting the process of DI of the social services system. Both national projects involved a total of 10 social service facilities and 6 self-governing regions across the Slovak Republic. Activities implemented in the national projects were focused on support, education and dissemination in the transition from institutional to community-based care. In total, both projects (DI NP and DI NP of Bratislava Self-Governing Region) directly involved 1,301 participants, mainly employees and the recipients of social services (737 people), civil servants and employees of public administration and residents of the communities in which the facilities involved are located. The facilities involved in the initial project underwent support activities for the pilot verification of the DI process, but none of the facilities involved drew investment funds under the Regional Operational Programme (“ROP”). Pilot methodologies for the preparation of a transformation plan were developed during the project in its final phase; the facilities involved began to draw up their transformation plans based on these methodologies.

### **3 BASIC PROCESSES OF CONTINUANCE OF THE TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE IN THE SLOVAK REPUBLIC 2016 – 2020**

The transition from institutional to community-based care in the SR 2016 – 2020 envisages a number of interrelated tasks and activities. These activities cannot be achieved without a comprehensive and multi-departmental approach utilising involvement of all relevant segments of society which form public policy at individual levels. The activities must have a clear time frame and budget.

#### **3.1 MANAGEMENT OF THE PROCESS OF TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE IN THE SOCIAL SERVICES SYSTEM**

The process of transition from institutional to community-based care in the social services system is a difficult and lengthy process requiring a unified coordination and management. The process of coordination and management will be based on the principles of project management and programme management.

##### **3.1.1 The main tasks of the successful implementation of deinstitutionalisation:**

###### *Management and coordination of the DI processes*

When managing DI of the social services system, systematic attention must be paid to the coordination of key partners at both national and regional/local levels.

*The national level* will concern the coordination of the National Project for the Support of Deinstitutionalisation of the Social Services System in terms of contents and time, the coordination of individual investment pilot projects implemented by social service provided in selected social service facilities and the coordination of the preparation of proposals for necessary legislative changes, including proposals for legislative changes in related public services (especially education, work, housing, health care). At the national level, there will be the vertical coordination of the processes taking place primarily at the level of the self-governing regions involved.

*The regional/local level* will include implementation of the preparation of community services, and training and development of human resources for these services. The self-governing regions will have important coordinating roles in relation to the staff and recipients of social services in facilities that will be deinstitutionalised, but also will be responsible for comprehensive building of community services in selected localities (cities) within their statutory coordinating role in a given area.

### ***Involvement of key partners in the DI processes***

An important role in the DI process will pertain to inter-departmental cooperation with all relevant government departments, particularly with the Ministry of Health of the Slovak Republic in long-term care and the Ministry of Justice of the Slovak Republic in nursing care. The Committee of Experts on Deinstitutionalisation was established just for this inter-departmental type of tasks within the DI strategy.

Management of DI of the social services system requires introduction of a mechanism for respecting the rights of the recipients of social services and for their involvement in the process of taking related decisions. The recipients of social services and their families will be full partners in the process of transformation and DI; they will be actively involved and the course of creating, providing and evaluating new services will be discussed and approved with their representatives. The recipients of social services will be informed and involved in an appropriate manner which is easily understood. If necessary, when making decisions the recipients of social services will be supported by a person chosen by themselves. Their specific needs and individual requirements will be respected to the greatest extent possible. All measures affecting children as the recipients of social services must be implemented in the best interests of the child. It is necessary to review and amend the legislation, internal regulations and administrative procedures and processes that prevent the recipients of social services from being involved in active decision-making about themselves and the form of new services provided to them.

The outcome of DI of the social services system – the integration of people with disabilities and seniors in the community life – entails the risk of confrontation of the stakeholders within this community. It is important to prevent this confrontation so that all members of a community will be timely informed in a manner allowing them to understand the process and objectives of this transformation and DI. A significant role in this process can be played by NGOs representing the interests of persons with disabilities and seniors and those who influence public opinion.

### **3.2 PROJECT SUPPORT OF DEINSTITUTIONALISATION OF THE SOCIAL SERVICES SYSTEM**

Since DI of the social services system has become a new social policy for the next 20–30 years, this process must be centrally coordinated from the level of MLSAF SR in very close cooperation with the self-governing regions as the founders of DI facilities, with COLSAF, concerned ministries and in cooperation with cities and municipalities which are to become a natural social environment in which they will create and distribute (already existing) services and measures of a community nature for children, youth, adults with disabilities and seniors.

DI NP – Support of Transition Teams will be a system project of a nationwide character which will provide support for DI of the social services system and verification of a uniform DI procedure of existing social service facilities for people with disabilities and mental disorders, as well as support in the transformation of institutional services into community-based services.

MLSAF SR will be the DI NP implementer in cooperation with the Section of Social and Family Policy of MLSAF SR and selected partners. The DI National Project will be financed from the European Social Fund.

The main objective of this national project is preparation, creation and systematic methodological support for the transition teams in specific social service facilities involved in the transition from institutional to community-based care, and the result of this support will be development of transformation plans for particular facilities that are essential to ensure synergy with IROP. Social service facilities involved in DI NP will be prepared mainly by ensuring continuous methodological support, education and dissemination activities, supervision, a national campaign to support the process of transition from institutional to community-based care.

The active involvement of key actors and provision of technical information will support the raising of knowledge and awareness of the lives of persons with disabilities and seniors dependent on the provision of social services and constitute a means of accepting a new approach to their individual needs on the same basis. A complex of alternative community services arises in the process of DI from creating new services or disseminating and utilising the existing network of community services.

The main specific objective is to apply the procedures of transition from institutional care based on the experience gained from the implemented pilot DI NP in selected social service facilities. DI NP will be focused on the identified need for intensive training and support of founders and social service providers (employees of self-governing regions, towns and municipalities, as well as management staff of the facilities themselves and other relevant actors) in drafting and developing transformation plans.

The DI NP sub-activities will include the establishment and operations of the Project Steering Committee, the establishment and operations of a methodological and coordination DI team, choice of social service facilities, monitoring and assessing the readiness of the involved social service facilities and professional external examination of the transformation plan in the involved social service facilities, training and education of the management of the providers and founders of social services in the field of management and control of the transition from institutional to community-based care, support for the transition teams, dissemination and community work.

In accordance with the Operational Programme Human Resources (“OP HR”), the target groups of the recipients of social services involved in DI NP are:

- children and adult individuals which are provided with social services,
- public and private social service providers,
- employees implementing policies and measures in the field of social inclusion in both public and non-public sectors.

### **3.3 IMPLEMENTATION OF THE PROJECTS (INVESTMENT RESOURCES FROM THE EUROPEAN REGIONAL DEVELOPMENT FUND)**

In the new programming period, the DI NP result will be facilities ready for further DI process that through a quality transformation plan will be able to apply for a financial support from IROP to implement investment infrastructure projects of community social services. Funding for these projects will be provided in accordance with the revised IROP objectives. Selected projects that fulfil the eligibility criteria will be able to use these investment resources for the preparation and implementation of the conditions of special-purpose construction and lease of houses/flats for assisted living and refurbishment and purchase of suitable premises for the community services required. This is related to the preparation of project documentation, arranging for construction permits, conducting tendering procedures to select builders for the construction or renovation and modification of premises and the construction of the building, including construction supervision. In accordance with the transitional provisions of the Social Services Act, a social service provider registered after 1 January 2014 is legally obliged to meet the conditions of accessibility thereunder.

### **3.4 FINANCING OF DEINSTITUTIONALISATION IN THE SOCIAL SERVICES SYSTEM**

The DI Strategy and DI National Action Plan are highly consistent with the trends advocated by the European Commission through its financial instruments. Under the revised targets, the funding from the European Regional Development Fund may be used to cover the costs of an investment nature, i.e. refurbishment of existing buildings and construction or acquisition through purchase of new buildings – structures – family houses, flats and non-residential premises for the purpose of social services of a community type – assisted living facilities, outpatient service facilities, day care centres, etc.

#### ***European Regional Development Fund***

It is anticipated that the funds from Priority Axis 2 will be used: Easier access to efficient and better quality public services. It is not assumed that this fund will be used for other investments in existing buildings of the facilities not meeting the requirements placed on community services. Neglected maintenance and repair of some buildings which serve for providing institutionalised social services will be solved by relocating the recipients of social

services to new buildings in the implementation of the DI process, and thus the high investment from the structural funds in the refurbishment of the original buildings is not effective and efficient. Otherwise there is a danger that too extensive investments in buildings may be likely to hinder taking away of these buildings from being used for social services in the future – “closing of these institutions” to provide social services. Smaller investments necessary to remedy emergency situations will be funded from other resources, not from structural funds within IROP.

During a certain period of time, DI of the social services system involves a temporary increase in operating costs in facilities undergoing changes in spatial conditions. These costs must be included in the budgets of strategies and transformation projects accompanying DI. It is important to ensure that this system works only temporarily, and it is also necessary to determine the timing of any transformation project unless the original unsuitable buildings of social service facilities are closed.

#### ***European Social Fund***

DI NP will be implemented with a budget of about EUR 8 million from OP HR. ESF can provide funds mainly for training of management and staff, preparation of the founders and social service providers to handle the transition to the new environment, coordination, consulting and supervision activities related to the transformation, monitoring and evaluation of results, etc.

### **3.5 EVALUATION OF QUALITY CONDITIONS IN THE SOCIAL SERVICES SYSTEM**

Social Services Act No. 448/2008 Coll. established the obligation of a social service provider to meet the conditions of the quality of the social service provided in accordance with Annex 2 paragraph (A) to this Act which defines in detail the criteria, standards and indicators of the quality of the social service provided, divided into four areas (respect for basic human rights and freedoms, procedural conditions, personal conditions, operating conditions).

Establishment, fulfilment and evaluation of the conditions of quality of the social service provided is one of the basic tools for improving the quality of lives of the recipients of social services, their social inclusion and professional provision of social services, while

strengthening the human rights dimension and focus on the needs and preferences of the recipient.

When evaluating the quality of the social services provided, it is also necessary to focus on the DI process of the social services system and create a system of evaluation which takes account of the quality level of lives of the recipients of social services and their satisfaction.

It is assumed that the implementation and setting of the quality evaluation system will be supported by the National Project Support of the Establishment and Evaluation of the Conditions of Quality of the Social Services Provided.

### **3.6 AMENDMENTS TO LEGISLATION AND STRATEGIC DOCUMENTS**

On 28 November 2013, the National Council of the Slovak Republic approved the government bill amending and supplementing Social Services Act No. 448/2008 Coll. and on amendments and supplements to Act No. 455/1991 Coll. on Trades (Trade Licensing Act), as amended, as amended. The amendment to the Social Services Act was published under no. 485/2013 Coll. in the Collection of Laws and entered into force and effect as of 1 January 2014.

The amendment introduced a number of changes to support the DI process. It introduced changes associated with the transformation of residential social services into alternative community social services supporting the DI process in order to create conditions for the client to remain in the natural environment as long as possible:

- the law provides for **the capacity and target group** of selected residential social service facilities, i.e.
- **an assisted living facility**: people with disabilities aged from 16 years to reaching the retirement age;
- a maximum number of clients in one flat (6 persons);
- a maximum number of housing units in one block of flats (2 housing units);
- **a facility for seniors** a maximum of 40 clients in one building – the objective: a family-type social service facility
- **a social services home** (“SSH”) a maximum of 40 clients in one building – the objective: a social service facility of a long-term care nature, i.e. provision of health and

social care and the possibility of admitting **only adults** to the already operated SSHs with year-round residence and the impossibility of admitting seniors to SSHs;

- it is **not possible to admit children under 18 years of age** to social services homes with year-round residence (SSHs with daily or weekly residence are designated for them);
- **a specialised facility** a maximum of 40 clients in one building – the objective: SSFs of a long-term care nature for clients with specific disabilities (e.g. Alzheimer's disease, various types of dementia, organic psychosyndrome)
- a period of providing **a social service in the rehabilitation centre** was limited to 3 months with an option to extend this period only once by the same period of 3 months in order to respect the nature and purpose of the facility by providing social rehabilitation – to allow return to the natural environment and prevent permanent placement of clients in this type of facility;
- **the impossibility of expanding the capacities** in social service homes, facilities for seniors, assisted living facilities that were established before 1 January 2014 and exceed the capacity determined;
- **the impossibility of registering new year-round residential facilities of a SSH type** (only daily and weekly residence) and **the impossibility of registering new** facilities for seniors, assisted living facilities, social services homes and a specialised facility exceeding the statutory capacity;
- **new types of social services and professional activities were introduced** (support for independent living, early intervention service, field crisis intervention social service, stimulation of the comprehensive development of a disabled child under 7 years of age, preventive activities, detailed modification of an individual plan and introduction of the institute of a key worker (the individual plan coordinates, supports and guides the client) in order to individualise the social service provided and its adaptation to the objectives and needs of the recipient, including involvement of the family and community).

Conditions of the quality of the social service provided were altered in detail:

- evaluation of the quality was introduced, inter alia, in terms of respect for basic human rights and freedoms (in accordance with the UN Convention on the Rights of Persons with Disabilities);

- conditions of the quality of the social service provided are evaluated in **four basic areas** which are subsequently defined by a number of criteria, standards and indicators in order to enhance the objectivity of the assessment. The overall quality of the social service provided is evaluated by percentage, points and verbal expression.

Conditions of **the accreditation** of educational programmes and professional activities in social services are further specified and detailed because the quality of provision of social services is also related to the quality of the accreditation process (e.g. an extension of the accreditation from 2 to 5 years, the qualifications of teachers of training programmes are determined).

Specific measures under the transitional provisions of the Act responding to existing legal relationships arising under the current legislation with regard to the arrangements supporting changes in the DI process:

- a fundamental requirement reflected in the transitional provisions – protection of the recipients of social services which were provided with residential social service under the current legislation – guarantee of the continuity of provision, application of the principle of non-retroactivity to the already existing legal relationships.

Even the change provided for in Section 110(p) was aimed at supporting the process of transformation of social service facilities in the interim period (in 2014, 2015 and 2016) so as to create optimal conditions for these changes (limitation of the capacity, the impossibility of admitting children, youth and seniors to the facility of a SSH type) without threatening their operation. Therefore, the proposal provides for that even if, with regard to the social service provider in SSH, the facility is transformed only to a facility for seniors and a specialised facility, or although it retains a certain number of rooms in SSH, but at the same time, it operates a facility for seniors or a specialised facility and in this respect, it is also entered in the register of social service providers, even after change in the rules such providers shall receive financial support from public funds. However, such registration must be made no later than the time limit set for the settlement of the financial contribution. In case of such change, however, the provider is not entitled to exceed its original capacity, i.e. the one it had in SSH. Under these conditions, it may be provided with a financial contribution from MLSAF SR for the relevant financial year in the original amount and for the original number of contracted clients. The provider is obliged to immediately notify the Ministry of Labour, Social Affairs and Family of the Slovak Republic of the change in the facts mentioned above (termination of

the provision of the social service in SSH and the change in the type of the social service) and it is also obliged to present MLSAF SR with the Extract from the Register.

Although a maximum number of clients is directly provided for by law for selected types of newly-established social service facilities (an assisted living facility, facility for seniors, SSH and a specialised facility), Section 110(r) of the law also provides for an exception to that rule for newly built facilities which were issued with valid building permits on or before 31 December 2013. The aim of the proposal was to eliminate the risk of large-scale damage and take account of the fact that at the time of construction or refurbishment of their buildings, the future social service providers did not know the conditions of the amended Social Services Act related to capacity constraints, and therefore they could not perform construction work in accordance with such conditions.

Another transitional provision (Section 110(s)) stipulates conditions for those social service providers that will implement projects within the agreed transformation plan in accordance with the DI strategy approved by the Government of the Slovak Republic. Such providers will not be obliged to comply with personnel standards in accordance with Schedule 1 to Social Services Act No. 448/2008 Coll. during the implementation of the transformation project (a change in the location and type of the social service provided in order to transit to community-based social services) as it would not even be possible during the project implementation because there will be a progressive reduction in the number of clients leaving such social service facility.

As the Final Evaluation Report of the Pilot DI NP also shows, it is necessary that the self-governing regions and municipalities reflect the DI principles and the development of community services and connection with the DI Strategy and DI NAP in their strategic documents in the area of social services (concepts and community plans).

In its several parts, Social Services Act No. 448/2008 Coll. prefers the principles of independent living, e.g. in Section 9 the obligation to plan the provision of a social service according to individual needs, abilities and goals of the recipient, in Section 13(6) a preference for the provision of a field social service or an outpatient social service over a residential social service and others.

Currently, there are no substantial legislative obstacles to DI of the social services system in the Slovak Republic.

### **3.7 HUMAN RESOURCE DEVELOPMENT**

DI of the social services system requires a sufficient number of well-trained staff that will implement the change. The staff must have quality knowledge in the field of community care which is, as opposed to institutional care, based on partnership, a holistic and interdisciplinary approach. A new retraining should be completed by the employees who work directly with the recipients of social services in the institutional environment, even when they are connected to the system of lifelong learning. It is also appropriate that representatives of a group of the recipients of social services are involved in education in the position of trainers. The quality of new community services depends considerably on the setting and motivation of the staff that will provide them. Offering the opportunity to work in a community and ensuring a good training of employees for new work can increase their motivation to adopt changes.

The interest of residential social service facilities in transformation and DI is a key factor to achieve the changes. Motivation also concerns the founders, providers and recipients of social services and can also positively influence a wider community in which services will be provided.

Low salary, lack of support and supervision of staff, and a low status of social service employees are risk factors that can significantly influence the content changes and access to persons with disabilities. Insufficient emphasis on ethical principles and the relationships between providers and recipients may only lead to minor changes and humanization, but not to the system transformation which primarily implies a change in attitudes to persons with disabilities and respect for their human rights.

Based on the analysis of the initial state and the readiness of SSFs for DI in the Final Evaluation Report of the Pilot DI NP, lack of quality and professional personnel resources would pose major risks in the system transformation and its long-term sustainability. Such risks are reduced by a sophisticated system of long-term education, trainings, workshops and support of staff and management of social service facilities. The founders and providers of social services should be not only familiar with the concept of DI, but also actively engaged in its creation. A high degree of awareness facilitates the professionalization of work performance and more effective progress in the DI process. Ensuring active communication with employees of the founders of social service facilities has already proved necessary during the implementation of the Pilot DI NP. The education system needs to be

supplemented with supervision and the opportunity for flexible regular consultation with experts in the respective DI fields.

### **3.8 CREATION OF COMMUNITY SERVICES**

It is necessary to create a range of accessible and affordable services of high quality to replace institutional care. These services should be derived from the needs and preferences of individual clients. At the same time, they should provide systematic support for families and other informal and formal carers to ensure the quality of the care provided. The main purpose of creating new or expanding existing community services is to provide social services for the persons who are currently in an institution and prevent placement of other applicants in institutional social facilities, even by developing the offer of available social services.

In parallel with DI of a social facility, it is also necessary to verify the processes to support such a complex of community services which will serve not only the clients of the original institution, but it also extends the offer of social services for other members of a local community (who were not and are not provided with social services and who did not live in institutional facilities). Therefore, the transformation plans must also take account of the local needs of the inhabitants of a particular city or region and possible extension of the offer of social services corresponding to their needs. The DI process of the social services system needs to be supported by local authorities. Creation of accessible and quality services for the inhabitants may be a suitable motivation for cooperation for representatives of towns and municipalities. It is essential to ensure that the DI processes are reflected in conceptual documents, namely a community plan of social services developed by a municipality and a concept of social services development drawn up by a higher territorial unit.

Creation and support of new community services will be efficient only if at the same time, numbers of the recipients of social services are progressively and gradually reduced and the remaining institutional facilities are gradually closed. As part of DI of the social services system, it is necessary to stop the process of “filling up” the original facility with new recipients of social services in the gradual transition of the original recipients of social services to community services.

When creating and supporting new community services, it is important to ensure that the recipients with severe and multiple disabilities are also involved in the DI processes of the social services system right from the start.

## **4 TASKS OF THE NATIONAL ACTION PLAN 2016 – 2020**

### ***Task 1 – To prepare and implement the National Project to Support the Deinstitutionalisation of Social Services***

In the programming period 2014 – 2020, to prepare projects to support the deinstitutionalisation within OP HR. The aim of the national projects is to ensure the fulfilment of deinstitutionalisation processes and a specific objective of OP HR. To actively engage the founders of the facilities in the deinstitutionalisation process within the activities of the national projects through regular information conferences, seminars and dissemination activities.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR in cooperation with selected partners

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### ***Task 2 – To ensure comparability of the planned indicators of deinstitutionalisation and their compliance with the DI Strategy objectives in evaluating transformation projects of the social service facilities involved.***

To develop new criteria for evaluating the implemented projects of the applicants for grant assistance from IROP, the specific objective 2.1.1 – To support the transition of the provision of social services and ensure the implementation of the measures of social and legal protection of children and social guardianship in a facility from an institutional to a community-based form.

**Deadline:** 31 December 2016

**Responsible authorities:** MLSAF SR in cooperation with MARD SR

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***Task 3 – To issue binding opinions on the transformation plans***

The Ministry of Labour, Social Affairs and Family of the Slovak Republic will issue an opinion on the projects of IROP on compliance of the project and the Transformation Plan of a facility with the applicable legislation and the principles of deinstitutionalisation set forth in the DI Strategy and other strategic documents.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR

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***Task 4 – Education of the management of the providers and founders of social services in controlling the transition from institutional to community-based care***

To provide for education of the management of social service facilities, the founders of these facilities and personnel of other relevant authorities in the transition from institutional to community-based care, as well as in preparing and developing the transformation plans.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR in cooperation with IA MLSAF SR and other relevant authorities

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***Task 5 – To ensure timely, comprehensible and objective population awareness of the objectives and reasons for DI at national and particularly at regional and local levels***

To define the target groups of the awareness campaign at national and particularly at regional and local levels. To implement targeted awareness programmes about upcoming changes, reasons for them and their consequences.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR, Coordinating-Methodical Team for the DI National Project, IA MLSAF SR, involved HTUs, pilot DI facilities, associations of towns and municipalities of Slovakia, the Union of Towns and Municipalities of Slovakia

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***Task 6 – To identify and summarise the need for legislative changes supporting deinstitutionalisation and preventing the further expansion of services with institutional culture even in relation to other departments concerned***

To identify and summarise the need for further legislative changes supporting the process of deinstitutionalisation.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR in cooperation with the Committee of Experts on the Deinstitutionalisation

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***Task 7 – To continuously verify the effectiveness of new social community care services that will increase its directness and accessibility for people who are dependent on them***

To continuously verify the effectiveness of new social services provided at the community level in the facilities involved in the process of deinstitutionalisation within national projects, with respect to satisfying the needs of the target groups of seniors and persons with disabilities.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR, IA MLSAF SR, HTUs, associations of towns and municipalities of Slovakia, the Union of Towns and Municipalities of Slovakia

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***Task 8 – To ensure coordination of IROP and OP HR in deinstitutionalisation of social services***

To establish a coordination working group which will be responsible for synergy of IROP and OP HR in the area of announcing calls and interconnected activities in deinstitutionalisation of social services.

**Deadline:** 31 December 2016

**Responsible authorities:** MLSAF SR, MARD SR

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***Task 9 – To base the creation of strategic documents at regional and local levels on the principles of deinstitutionalisation and ensure conditions for the development of community social services***

To base the preparation of community plans of social services and concepts of social services development on the principles of deinstitutionalisation of social services and ensure the needs of the social services development at the community level according to the needs of the inhabitants of a particular region.

**Deadline:** continuously by 2020

**Responsible authorities:** HTUs and associations of towns and municipalities of Slovakia, the Union of Towns and Municipalities of Slovakia

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***Task 10 – Ensure the distribution of resources with regard to the development of social services at the community level***

In accordance with Recommendation No. 58 of the UN Committee on the Rights of Persons with Disabilities “to provide even distribution of financial resources for social care with regard to community services”; to ensure financial support for the development of social services at the community level from available resources (structural funds).

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR, MARD SR, HTUs, associations of towns and municipalities of Slovakia, the Union of Towns and Municipalities of Slovakia

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***Task 11 – To prepare and implement the National Project Support of the Establishment and Evaluation of the Conditions of Quality of the Social Services Provided***

In the programming period 2014 – 2020, to prepare and implement the National Project Support of the Establishment and Evaluation of the Conditions of Quality of the Social Services Provided aimed at supporting social inclusion of the recipients of social services through the promotion of the human rights dimension of social services and focus on

individual needs and preferences of their recipients. Improvement of the quality of the provided social services associated with the support and implementation of the conditions of quality of the social services provided by the founders and providers of social services is part of the recommendation of the European Expert Group on the Transition from Institutional to Community-based Care in the transformation and deinstitutionalisation of social services.

**Deadline:** continuously by 2020

**Responsible authorities:** MLSAF SR in cooperation with other relevant authorities

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***Task 12 – To collect data relating to the process of deinstitutionalisation of social service facilities within the competence of HTUs***

To regularly provide MLSAF SR with information on the number of social service facilities within the competence of HTUs which intend to become involved in DI NP through OP HR/IROP in a given year.

To regularly provide information on the number of HTU employees who are interested in education in the field of deinstitutionalisation.

**Deadline:** continuously by 2020

**Responsible authorities:** HTUs

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