

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 2012–2015**

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Abbreviations used

- *DI* – Deinstitutionalisation
- *ERDF* – European Regional Development Fund
- *ESF* – European Social Fund
- *MPSVR SR* – Ministry of Labour Social Affairs and Family of the Slovak Republic (*Ministerstvo práce, sociálnych vecí a rodiny SR*)
- *MPaRV SR* – Ministry of Agriculture and Rural Development of the Slovak Republic (*Ministerstvo pôdohospodárstva a rozvoja vidieka SR*)
- *DI National Action Plan* – National action plan for the transition from institutional to community-based care in the social services system 2012 – 2015
- *DI National Project* – National project supporting deinstitutionalisation of care services
- *DI National centre* – National Centre for Deinstitutionalisation Support
- *OP E&SI* – Operational Programme Employment and Social Inclusion
- *ROP* – Regional Operational Programme
- *Report of the Ad hoc group on DI* – Report of the ad hoc expert group on the transition from institutional to community-based care
- *DI Strategy* – Strategy for deinstitutionalisation of the social services system and substitute care in Slovakia.
- *VÚC* – Higher-tier territorial unit (*Vyšší územný celok*)
- *UPSVR* – Central Office of Labour, Social Affairs and Family (*Ústredie práce, sociálnych vecí a rodiny*)

1. Basic objective of the National Action Plan

The development of the National Action Plan for the transition from institutional to community-based care in the social services system 2012–2015 (**DI National Action Plan**) is one of the basic tasks set out in the Strategy for deinstitutionalisation of the social services system and substitute care in Slovakia (**DI Strategy**) approved by government regulation no. 761/2011 of 30 November 2011. The DI Strategy and the DI National Action Plan have been developed in cooperation with a broadly-based working group of experts in the field of social services and substitute care. The DI National Action Plan is limited in terms of time and content to the first, pilot phase of the transformation and deinstitutionalisation of social services covering the years 2012–2015.

The basic objective of the National Action Plan for the transition from institutional to community-based care in the social services system 2012–2015 is to support the deinstitutionalisation of the social services system by means of the successful implementation of pilot projects and the creation of legislative, financial and organisational mechanisms to support the DI process. The aim and intention in changing the traditional model of social services to a system of community-based care services is to create systematic conditions for people who are dependent on social services in their daily lives to exercise their full rights as citizens (i.e. human rights issues) and not only to implement a technical, self-serving reshuffling of services involving a “transfer of care” from one organisational form and level to another.

The purpose of the document is to define subordinate objectives and measures to activate DI processes for the “pilot” testing of procedures that can help to replace institutional care for people with disabilities and seniors with community-based services tailored to the individual needs of community residents. The aim is (as far as possible) to renew ties of family and friendship and create new networks of social relations, to use and extend existing field and outpatient services used by local populations that are also dependent on such services. Last but not least, the National Action Plan aims to provide information and participation in its implementation to the greatest possible number of persons with responsibility for social services provided in Slovakia.

The results of the pilot phase of DI in selected facilities will be used as the basis for updating and specifying the procedures, roles and measures necessary for fulfilling the vision and the objectives of the DI Strategy and beginning the process of transformation and deinstitutionalisation in social services on a broader scale from 2014.

2. Starting points for the transition from institutional to community-based care

The main starting point for the transition from institutional to community-based care in the social services system is the application of principles for “independent living” and the Madrid international plan of action for ageing (2002) in social services in Slovakia for everyone¹ who receives social services. The legal basis is the UN Convention on the rights of persons with disabilities (**CRPD**), which the Slovak Republic ratified in 2010. The CRPD is based on the following general principles:

- Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

The general principles of the CRPD clearly reflect the principles of “independent living” and the Madrid international plan of action for ageing, which are of key importance for the transition from institutional to community-based care in the social services system.

Independent living is a philosophy and movement of persons with disabilities that aims to achieve equality of opportunity, civil rights and full participation in all aspects of life in society. It is a process of consciousness raising, strengthening and emancipation for people with disabilities based on principles of solidarity, mutual assistance and self-help, advocacy, deinstitutionalisation, dismantling the medical model of disability and assistance, democracy and independence.

The three pillars of independent living are:

- work as the main source and means of economic independence (work, naturally, comes after education)
- community social services – services tailored to individual needs provided in a natural social environment
- technical aids and equipment/compensation

¹ Target groups for DI: children who have been placed in institutional care, citizens (children, adults) with disabilities, seniors.

The Madrid international plan of action for ageing (2002) was adopted at the first World assembly on ageing in Vienna. This international plan of action defines the main priorities and activities in the area of ageing that lead to the achievement of independence, participation, care, self-fulfilment and dignity for seniors.

The fundamental 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

The main principles that will be followed in the pilot phase of DI are:

- The upholding of human rights
- Demedicalisation
- Self-fulfilment
- Self-help
- Self-advocacy/Advocacy
- Accessibility
- Sharing of good practice
- Cross-cutting approach

Institutions (institutional culture) and deinstitutionalisation

The WHO defines an institution as any place in which persons with disabilities, seniors or children live together from their families; a place in which people do not exercise full control over their lives and day-to-day activities.² The DI National Action Plan uses the term institution in social care and related areas to refer to a social service facility that manifests an **institutional culture**, the main indicators of which are:

- ***Depersonalisation*** – removal of personal possessions, signs and symbols of individuality and humanity,
- ***Rigid, stereotypical and routine activities*** – a fixed timetable and structure of activities that does not respect individual needs and preferences,
- ***Block treatment*** – people are processed in groups, without respect for their privacy and individuality,
- ***Social distance and paternalism*** – staff and clients have different status, unequal power relations,

² World Health Organisation, The World Bank. (2011). *World report on disability*. p. 305

- *Segregation from the local community* – social services facilities are situated in remote locations, separated from the local community and services are concentrated in one place,
- *Acquired passivity* – people develop passive behaviour and become powerless,
- *Inadequate socialisation.*

The term **institutional care** is used to refer to every type of social care in which:

- users of social services are isolated from the broader community and/or compelled to live together,
- the users do not have sufficient control over their lives and decisions which affect them,
- the requirements of the organisation itself tend to take precedence over the users' individualised needs.

The size of a social services institution is just an indicator of more fundamental characteristics which make a service more institutional, i.e. the larger the social services facility, the fewer the chances are for an individual approach or for participation and inclusion in the community. The reverse is not necessarily true, however, and there can be small-scale services that are dominated by an institutional culture. International experience has shown that approximately six clients is the maximum size of a social services facility above which an institutional culture almost automatically begins to develop.

The philosophical basis of deinstitutionalisation is a values-driven change in the principles guiding relations with people who are dependent on long-term assistance from society; it represents a deep, long-term process of change (transformation) in the system of social services, in their form, structure, content, location and organisation including, amongst other things, a departure from the model of traditional care in classical facilities wedded to an institutional culture, i.e. a passive model of protection, to an active model of support in the natural, inclusive environment of the local community (i.e. community-based care), a model based on a different approach to users, involving in particular respect for them as individuals and subjects with rights. DI is the process by which clients move from traditional social services facilities where they are physically and mentally isolated from day-to-day life, to community-based services that collectively create conditions for a life corresponding to that of majority society and 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) Respecting users' rights and involving them in decision-making
- b) Prevention of institutionalisation
- c) Creation of community-based services
- d) Closure of institutions

- e) Restriction of investment in existing institutions
- f) Development of human resources
- g) Efficient use of resources
- h) Control of quality
- i) Holistic approach
- j) Continuous awareness-raising

The process for the transition from institution to community-based care in Slovakia will also take into account experience in regional transformation and deinstitutionalisation projects carried out by non-governmental organisations and self-governing regions in previous years.

3. Basic processes for the transition from institutional to community-based care in Slovakia 2012–2015

The transition from institutional to community-based care in Slovakia in the years 2012–2015 depends on a number of interconnected tasks and activities. These activities cannot be completed without a holistic, interdepartmental approach that makes use of the involvement of all relevant sections of society that form public policy at each level. The activities must have a clear time frame and budget.

3.1 Management of the process for transition from institutional to community-based care in the social services system

The process for the transition from institutional to community-based care in the social services system is a difficult process that will require a coordinating and managing organisational unit. The coordination and management process will be based on principles of project management and programme management. For this reason it is essential that a *National Centre for Deinstitutionalisation Support*³ be established in MPSVR SR as part of the DI National Project; the centre will bring together a team of internal and external experts and regional/local partners (VÚC, towns and villages).

The main functions of the DI National Centre will be:

1. Managing and coordinating DI processes

Managing the deinstitutionalisation of the social services system involves paying systematic attention to the coordination of key partners on the national and regional/local levels.

Coordination *on the national level* applies to the content and timing of the National project supporting the deinstitutionalisation of care services, individual pilot investment projects undertaken by selected facilities, and the preparation and approval of the necessary amendments to legislation including changes relating to public services (education, work, housing). On the vertical axis, coordination on the national level will relate mainly to processes taking place on the level of the participating self-governing regions.

Coordination on the *regional/local level* will relate to the implementation of investments to prepare community-based services; the preparation and development of human resources for these new services. The self-governing regions will play an important coordinating role in

³ The National Centre for Deinstitutionalisation Support will be established as part of the DI National Project and will be financed from its resources. The National Centre for Deinstitutionalisation Support will not be part of the formal structure of MPSVR SR and will be made up of a group of experts on DI.

relation to the staff and users of the service facilities undergoing deinstitutionalisation, and will also be responsible for the holistic building up of community services in selected locations (towns) in the performance of their coordination function within their territory established by law.

2. Involvement of key partners in DI processes

An important task for deinstitutionalisation will be interdepartmental cooperation with all departments of government, in particular the Ministry of Health of the Slovak Republic in connection with long-term care and the Ministry of Justice of the Slovak Republic in connection with custody. It is recommended that a Committee of experts for deinstitutionalisation should be created for such interdepartmental functions as part of the DI Strategy.

The management process for deinstitutionalisation of the social services system must incorporate a mechanism to ensure that the rights of users of social services are respected and to involve them in the decision-making process. Users of social services and their families will be full partners in the transformation and deinstitutionalisation process; they will be actively involved and they and their representatives will be consulted during the development, delivery and evaluation of new services. The users of social services will be provided with information in an appropriate manner and in a form that they can easily understand. If necessary, social services users can be assisted by the person of their choice in making decisions. Their specific needs and individual requirements will be respected to the greatest possible extent. All measures affecting children in social services must be taken in the best interests of the child. It is essential to identify and amend legislation and administrative regulations that prevent users of social services from participating in active decision-making about themselves and the form of new services to be provided to them.

The result of deinstitutionalisation of the social services system – the integration of people with disabilities and seniors into community life – will create confrontation between many of its members. It is important to take measures to minimise such confrontation by providing all members of the community with timely information enabling them to understand the process and the aims of transformation and deinstitutionalisation. Opinion makers and civic associations representing the interests of people with disabilities can play an important part in this process. One of the strategic tasks of the National DI Centre will be to ensure support for these processes from relevant organisations (the Slovak disability council, the Association on help for persons with intellectual disabilities in Slovakia, the Slovak blind and partially-sighted union, the Union of pensioners and so on) with a view to making these organisations ambassadors for the objectives and values of transformation and deinstitutionalisation, not only for their own members but also the broader community. Special attention must be given to the development of a holistic approach in locations where new services will operate.

3.2 Projects supporting the deinstitutionalisation of care services

Since deinstitutionalisation of the social services system and substitute care is becoming the new social policy for the next 20–30 years, this process must be centrally coordinated from the level of MPSVR SR in very close cooperation with the self-governing regions which operate the facilities to be deinstitutionalised, the Central office of labour social affairs and family (UPSVR), other relevant government departments and the towns and villages that are to become the natural social environment in which services will be created or extended (in the case of existing services) and community-based measures will be implemented for children, young people, adults with disabilities and seniors.

The National project supporting the deinstitutionalisation of care services (the DI National Project) will be the MPSVR SR Education Centre in cooperation with the Social and Family Policy Section of MPSVR SR and selected partners. The DI National Project will be financed from the European Social Fund.

The DI National Project is the most suitable way to test the process for transition from institutional to community-based care. The process must be consistently monitored and evaluated in specific facilities and specific areas to facilitate the design of binding solutions for the next steps in the transition from institutional to community-based care and the transformation of the whole social services system. A fundamental and essential requirement for the success and effectiveness of this project is achieving synergies with the Regional Operational Programme to support particular facilities. A further support mechanism will be focussed provision of information to the public to promote the social inclusion of the target group, especially in areas where the process will take place.

The objective of the DI National Project is to support the transformation and deinstitutionalisation of the social services system, which will free users of these services from dependency on a single institution and instead provide a system of high-quality alternative public services⁴ that will permit them a free and independent style of life with support from the community (experts, family members, volunteers). The system of alternative community services will be created in the deinstitutionalisation process by the establishment of new services of the extension and use of the existing network of community services.

The main specific objective is to test the procedures for the transition from institutional care in selected social services facilities to a system of supported community-based public services tailored to the individual needs of the residents of these facilities, taking into consideration the needs of other dependent residents of the territory in which deinstitutionalisation will take place. Achieving this objective requires preparation of:

- the users of social services and children in institutional care
- the staff of the social services facilities

⁴ For example: Early diagnostics services, care service, assisted living facilities, respite services and so on.

- public sector employees – MPSVR SR, UPSVR, higher-tier territorial units and municipal government
- the parents and family members of children and social services users

Framework activities for the planned DI National Project are based on the Strategy for the deinstitutionalisation of the social services system and substitute care in Slovakia and are as follows:

- a) Preparation and support for users of social services and their social network, the management and employees of social services facilities focussing on the process of transition from institution to community-based care in the social services system (deinstitutionalisation) at all levels of management and social work (tailored to the individual needs of individual users of social services). The main areas covered by this framework activity will be:
- preparing trainers and homogenising project partners' approaches and procedures, and the creation of a methodology for monitoring deinstitutionalisation processes,
 - selecting and monitoring the initial group of social services facilities (3 in each VÚC – 24 facilities)⁵, chosen to participate in the project. The results of monitoring will be then be used to narrow selection to 16 social services facilities (2 in each self-governing region),
 - preparing and training selected management employees in the 8 VÚC, 16 social services facilities for the management of transformation and deinstitutionalisation processes and supporting them in the development of transformation projects,
 - selecting 5–8 transformation social services projects⁶ that will become DI pilot projects.
 - preparing and training all users and employees of the 5–8 social services facilities chosen for pilot projects in order to increase their professional skills and competences for the transition from institutional to community-based care and in order to create new community-based services,
 - supervision of the whole process of transition from institutional to community-based care
 - providing preparation, training and consulting on legal capacity and custody.
- b) Preparation and support for the users of social services and the management and employees of social services facilities for the development and application of disabled persons' potential for work in a natural community environment. Work and

⁵ The precise conditions for the selection of three facilities in each self-governing region will be set during preparation of the DI National Project.

⁶ A regional balance will be applied when selecting pilot projects.

employment are amongst the most fundamental components of day-to-day life in the community. The employment of users in community services is one of the risk factors for deinstitutionalisation in the social services system. Inadequate long-term support and opportunities to find work in the open labour market subject to equal conditions (particularly financial conditions) could make the quality of user's lives in the community low and vulnerable. It is essential to create an integrated system to support employment in the local community so that service users can become its full members. For this reason the offices of labour, social affairs and family, local employers, supported employment agencies and local government must all be involved in the deinstitutionalisation process for the social services system.

- c) Support for the design of a modern and functional social services infrastructure in the community. Such support for social services facilities is essential especially during the preparation of the pilot transformation projects, which must provide a universal (inclusive) design for facility buildings and their situation within the community. New community services must be accessible for everyone regardless of disability.
- d) Support for local communities, the professional community and policy makers in developing community-based social services during the project and afterwards; Media communication and the provision of information on the DI process; coordination with partners on content and timing and coordination of financial flows.

Target groups of social services users for participation in the DI National Project 2012–2015:

- Natural persons who were in care in facilities for the socio-legal protection of children and social rehabilitation, especially in children's homes
- Children and adults with disabilities in social services facilities

3.3 Implementation of pilot projects (using investments from the ERDF)

Based on an expert appraisal of 16 transformation projects prepared during implementation of the DI National Project, 5–8 pilot social services facilities will be selected to apply for financial support from the Regional Operational Programme (ROP). The funding for these pilot projects and the projects of facilities for the socio-legal protection of children and social rehabilitation will be provided in accordance with the revised objectives of the ROP and will amount to at least EUR 20 million. The selected pilot projects will be able to use this investment funding to prepare and implement conditions for the construction of special purpose houses/households for assisted living and the reconstruction of facilities suitable for the required community services. Areas covered include the preparation of project documentation, procedures for obtaining building permits, public procurement proceedings for contractors to build or rebuild and modify premises as well as the building works themselves, including quantity surveying. These projects must meet the conditions of a universal design and comply with the architectural-structural and typological-operational criteria for accessibility laid down by Decree of the Ministry of Environment of the Slovak Republic No. 532/2002 Z.z. on the general technical requirements for buildings used by

persons with impaired movement and orientation. The pilot projects will be closely linked to the transformation projects financed from the ESF and will be implemented simultaneously according to a coordinated timetable.

3.4 Financing for the pilot phase of deinstitutionalisation in the social services system

The DI Strategy and the DI National Action Plan are strongly in line with the trends that the European Commission promotes through the use of its financial instruments. Under the revised rules for the European Regional Development Fund (ERDF), it can be used to finance investment costs, i.e. the reconstruction of buildings for new and existing community-based social services – assisted living facilities, buildings for outpatient services, day-care centres and so on. It is important that the funding from the ERDF and ESF cover the costs of transformation and deinstitutionalisation of the selected facilities without the need for a contribution from their controlling authorities, as this will increase the local authorities' motivation to participate in the transformation process.

European Regional Development Fund

We would expect to use at least EUR 20 million from the Regional Operational Programme under Priority Axis 2 Social Infrastructure in the period 2012–2015 to cover 5–8 deinstitutionalisation pilot projects. We do not expect the fund to pay for other investments in existing facility buildings. When the social service deinstitutionalisation processes get underway, the self-governing regions will not doubt take into consideration the technical condition of facilities when selecting which ones to recommend for the pilot projects. The critical condition of some buildings will be dealt with by transferring the users of social services to new services and large investments in reconstruction will therefore not be necessary. Otherwise there is a risk that too much investment in buildings would make it difficult to close the institutions in future. Small investments necessary for emergency repairs will be financed from other resources, because the remaining amount of ERDF financing is very limited.

European Social Fund

We plan to finance the DI National Project with at least EUR 1.05 million from the OP Employment and Social Inclusion. The transformation projects financed from the ROP will be supported as pilot projects with around EUR 1.5 million from the OP Employment and Social Inclusion and in this way there will be a synergy between the ERDF operational programmes and the European Social Fund (ESF). The ESF will be used in particular to finance training for management and staff, to prepare the users of the services of facilities undergoing transformation to cope with the transition to a new environment, for coordination, consultation and supervision in connection with the transformation, for monitoring and evaluation of the results and so on. Facilities participating in pilot projects funded by the ERDF will submit individual projects to the ESF. Their purpose will be to cover the costs of

operating the closing facilities and the new community based services in parallel for a limited period.

Deinstitutionalisation of the social services system requires that a dual social services system operates for several years, which places a heavy burden on funding (the increase in operating costs is a temporary consequence of the need to finance multiple types of services in facilities undergoing a transition from institutional to community-based care). These costs must be taken into account in the budgets of strategies and transformation projects accompanying deinstitutionalisation. It is however important that the system should function only temporarily (a time limit must be set for each transformation project) otherwise the original facilities will never close. Greatly delayed modernisation and the need for large capital investments in the buildings and material equipment of existing institutional care facilities represent a serious risk for the financing of new and existing alternative social services. The negative and relatively long-lasting effect of such investments is that they support the retention of an institutional system of care despite the fact that the quality of social services provided by such facilities has not fundamentally changed. We can expect management to disagree with and oppose any closure of facilities where large sums have been invested in recent years in reconstruction or material equipment even though these investments were not part of a systematic programme to improve the quality of social services. We expect that in the next programming period it will not be possible to use the structural funds for such investments, which will at least partially reduce this risk.

3.5 Monitoring, control and quality increase in the social services system

The control and quality evaluation systems must focus on the processes for deinstitutionalisation of the social services system, the related new services, and the satisfaction of the users of social services. The involvement of the users of social services, their families and representative organisation in the monitoring of quality is a high priority. It is necessary to create both a quality evaluation system for social services users' quality of life and also a system for evaluating the DI processes themselves. The creation of such monitoring and quality control systems will require the amendment of Act No. 448/2008 Z.z. on social services and on the amendment of Act No. 455/1991 Zb. on trade licensing (the Trade Licensing Act), as amended, as amended by Act No 317/2009 Z.z., judgement of the Constitutional Court of the Slovak Republic No. 332/2010 Z.z. and Act No. 551/2010 (the Social Services Act).

3.6 Amendments of legislation and strategic documents

It is equally important to amend legislation that directly or indirectly supports institutionalisation or blocks the transformation and deinstitutionalisation of social services. The amendment of the Social Services Act must include in particular changes reflecting the rights of the users of social services in the duties of service providers and the conditions for

the registration of new providers (e.g. no registration of new high-capacity facilities). It will be necessary to define missing community-based services and activities such as early intervention centres, assisted living accommodation, individual planning as a preventative measure against institutionalisation. The success of the transition from institutional to community-based care requires a definition of quality standards for social services on the national level. The temporary absence of quality standards in the Social Services Act should be replaced on the one hand by criteria for evaluating deinstitutionalisation processes and the quality of life of service users, which will be a component in the monitoring of pilot projects, and on the other hand by a set of standards designed for the new community-based services, which will be prepared by the management and of the service. The amendment will also establish a system of lifelong learning for social services employees. In the area of employment services it is essential in the public interest to establish a legislative duty to finance supported employment agencies, without which the objectives of deinstitutionalisation cannot be achieved. The Civil Code requires recodification of the provisions on legal capacity, which improve conditions for assisted decision-making.

Self-governing regions and municipalities must incorporate the principles of deinstitutionalisation and the development of community-based services into their strategic documents on social services (conceptions and community plans) and link them to the DI Strategy and the DI NAP.

At present there are no fundamental legislative obstructions to the deinstitutionalisation of the social services system in Slovakia. In several points the Social Services Act already gives priority to the principles of independent living, e.g. in Section 9 on the duty to plan the provision of social services according to the individual needs, abilities and aims of the user and Section 13(6) on the provision of field social services or non-residential social services before residential social services and so on. Nevertheless, there are other provisions of the Social Services Act and also the National priorities for the development of social services that do not directly support the deinstitutionalisation of social services. The necessary legislative steps that must be taken to eliminate these risks and support deinstitutionalisation processes in the social services are as defined in the proposed measures in the DI Strategy.

3.7 Development of human resources

Deinstitutionalisation of the social services system requires an adequate number of well-trained personnel to implement the change. They must be equipped with knowledge of community-based care which differs from institutional care in that it is based on partnership and a holistic and interdisciplinary approach. Employees who work directly with users of social services in an institutional environment should receive retraining even if they are participating in the lifelong learning system. The offer of work in the community and the provision of good preparation for new work to employees could help to reduce opposition to the reform. Representatives of groups of users of social services must be involved as staff trainers at all levels. Informal family carers should also have access to training programmes designed to improve the provision of care. The transition from institutional to community-based care, its principles and procedures should be incorporated into the teaching materials of formal education in the caring professions.

The transformation projects shall also provide adequate assistance to staff who will not work in community services. Either work will be arranged in another social services facility or they will receive requalification training for another sort of work.

The quality of the new community services will depend to a large extent on the preparation and motivation of the staff that provide them. The preparation and motivation of residential social services facilities for their transformation and deinstitutionalisation is crucial for achieving change. Motivation affects the controlling authority, the providers and the users of social services. Insufficient knowledge of the processes for deinstitutionalisation of the social services system and inadequate political and public support will create fear amongst all users and lead to resistance to changes in the system.

Low pay, inadequate support and supervision of employees and low status are risk factors for social services employees that can strongly affect changes in content and the treatment of persons with disabilities. An insufficient emphasis on ethical principles and relations between providers and users can lead only to insignificant changes and humanisation, not the transformation of a system, which above all requires a change in attitudes to people with disabilities and an emphasis on their human rights. The lack of high quality and qualified staff and their long-term preparation and support is a major risk for transformation of the system and its long-term sustainability.

The risk can be reduced by incorporating a well-developed long-term system of education, training and work placements into the national project supporting deinstitutionalisation. It will have specialised blocks for management at all levels, for specialised and operational staff and for the users of services and their families. The education system will be accompanied by supervision. The interim and final results will be applied in the implementation of the national project – Support for higher professional standards and respect for human rights in activities and services connected with social inclusion for the civil service and local administrations.

3.8 Creation of community-based services

In order to replace institutional care it is necessary to ensure the accessibility and availability of a system of high quality services. These services should reflect the individual needs and personal preferences of the residents of the selected institution. They should also provide systematic support to families and other informal carers in order to guarantee the quality of the care provided for all members of the local community. The new services must also provide equal protection for the quality of life of informal carers. The main purpose of creating new community services or extending existing ones is to provide social services for persons who are currently in institutions, to prevent the placement of new applicants in institutional care by offering alternative services and to provide services that improve conditions for people who live in the community without adequate support.

In parallel with the deinstitutionalisation of social services facilities it is necessary to undertake pilot projects to verify process to support integrated community services that will benefit not only the residents of closing institutions but that will also increase the range of alternative services available to other members of the local community (who were not and are not users of social services, who have not lived in institutional facilities). It is therefore

proposed that the DI National Project should also take into account the local needs of the inhabitants of the given town or region. The process for deinstitutionalisation of the social services system requires the support of local authorities, and creating accessible, high quality services for the local population could help to motivate municipal representatives to cooperate. It is essential that DI process be incorporated into the conceptual materials of the self-governing regions and municipalities.

The creation and support of new community services can only be effective if it is accompanied by a progressive and gradual reduction in the number of social services users and the closure of the remaining institutional facilities. The process for deinstitutionalisation of the social services system must include measures to stop the original facilities being “re-filled” with new social services users as the original social services users gradually leave into the care of community-based services.

It is important for the creation and support of new community services that users with severe and combined disabilities are involved in processes for the deinstitutionalisation of the social services system from the very beginning. If these users are not immediately involved at the start of the project, there is a risk that they will remain in their original institutions with the remaining staff and it will then be difficult to find them places in the new community services.

3.9 Prevention of institutionalisation

The DI NP and the transformation projects for particular facilities will be wasted if steps are not taken to prevent social services users from being placed in institutions. It is necessary to establish legislative protection for a family where a child is born with a disability starting from birth (not from the child’s third birthday) and to support the development of social services for vulnerable families including accommodation, as an important instrument for preventing the child from being taken from the family. It is necessary to restart the operation of early intervention centres, to prepare a methodology for helping families and other non-professional carers, to incorporate the individual planning method into social work and to ensure that there is an adequate, diverse range of community-based care services covering all the stages of the life of a person with a disability. The individual plans for social services users must be based on their individual needs and their ability to make the transition to a normal life with the highest possible degree of independence⁷.

One of the steps necessary to prevent the placement of social services users in institutions is to focus support on informal carers. Families where a member has a disability should receive support permitting family members with disabilities to live at home or in the community because at present the conditions for supporting them in a natural social environment (e.g. at home) are lacking.

In view of the increasing need to provide full day care for people with disabilities and the current problems in connection with monetary support for care (the amount of the allowance

⁷ Individual plans must in no case propose an institutional solution for the life situation of a social services user.

for care, the gradual reduction of the allowance as the amount of disability benefit provided to persons with severe disabilities increases) it will necessary to deal with the care system as a whole.

The successful deinstitutionalisation of the social services system requires universal political and public support. The current inadequate awareness of human rights and social services (in particular as regards alternative types of services) means that there is no broad public or political support for changes in the social services system. Without such support it will be very difficult to achieve the necessary changes in the transition from institutional to community-based care in social services. The tasks of the DI NP for the prevention of institutionalisation therefore include an information campaign on the national, regional and local levels aimed at various target groups.

Poverty affecting social services users is one of the risk factors for the transformation of the system. The majority of users live in conditions of poverty and their incomes are often insufficient to cover living costs or the costs of providing social services. As a result, there is a risk that some social services users will not be able to finance their use of community-based services from their income. Even now facilities are unable to make users pay out of their own pocket for standard services such as their basic needs (medicines, clothing etc.) or participation in social life outside the facility. It will therefore be necessary to open the question of co-financing for community services from public funds so that the poverty of users does not become an obstacle to DI.

In 1990 as many as 93% of the users of social services had been deprived of legal capacity. The Ministry of Interior of the Slovak Republic is unable to provide information on the number of users without legal capacity and therefore it is impossible to know how many such users there are at present. In the last twenty years the trend to make provision of social services dependent on loss of legal capacity has remained largely unchanged, as can be seen from the numbers of decisions in this area taken by Slovak courts. In the period 2001–2009 Slovak courts issued 8 423 decisions on the withdrawal of legal capacity (there has been a slight increase since 2006, with over 1 000 decisions per year) and 278 decisions on restrictions on legal capacity due to mental breakdown. In the other direction, a decision to withdraw legal capacity was cancelled in only 228 cases and restrictions on legal capacity were lifted in only six cases between 2001 and 2009. From the perspective of social services and supported employment, the use of the more limiting measure (withdrawal of legal capacity) rather than the looser measure (restriction of legal capacity) significantly obstructs the exercise of fundamental human rights and support for independent living in the community. This situation represents a serious risk to life in the community and could complicate the whole process of transformation and deinstitutionalisation. It is important that legislation supporting assisted decision-making should be developed in parallel with these processes; the new legislation will be incorporated into the Civil Code. The proposals for recodification of the Civil Code already include fundamental changes as regards legal capacity, one of the most significant of which is that it will no longer possible to deprive someone of their legal capacity. It is therefore necessary to continue intensive cooperation

with the Ministry of Justice of the Slovak Republic to support all proposals in this area that lead to a strengthening of assisted decision-making in accordance with the UN Convention of the rights of persons with disabilities (Article 12).

4. Tasks of the National Action Plan

Task No. 1 – To ensure adequate personnel, institutional and financial resources for the management and implementation of the transition from institutional to community-based care in the social services system through the creation of a National Centre for Deinstitutionalisation Support

This task involves increasing the expertise of the ministry by involving external human and financial resources. The task is to prepare a call for external partners to create a National centre for Deinstitutionalisation Support. The National Centre will act as a consultative body for the competent section of the ministry and a coordination body for deinstitutionalisation processes.

Deadline: 31 March 2012

Responsibility: MPSVR SR

Task No. 2 – To prepare and implement the National project supporting the deinstitutionalisation of services

To prepare a national project under the OP Employment and Social Inclusion in accordance with the timetable of calls for national projects, pilot projects and global grants for 2012.

To submit it for approval by the Managing Authority for OP E&SI and the management of the ministry. The purpose of the national project shall be to ensure completion of the deinstitutionalisation processes through support for the activities of the National Centre for DI Support.

Deadline: 30 April 2012; subsequently ongoing until 2015

Responsibility: MPSVR SR Education Centre, in cooperation with the Social and Family Policy Section of MPSVR SR and selected partners

Task No. 3 – To ensure the comparability of the planned indicators for deinstitutionalisation and their correspondence with the objectives of the DI Strategy for the evaluation of the transformation projects of participating social facilities

To develop a methodological guide for the preparation of a pilot transformation project which will explain to planners the common procedures and objectives of the DI Strategy and the DI National Action Plan. To prepare a standard form for transformation projects and criteria for evaluating the technical quality of the transformation project. To prepare new criteria for the evaluation of the implementation projects of applicants for non-reimbursable financial contributions from the ROP, Priority Axis 2 – Social infrastructure.

Deadline: 31 July 2012

Responsibility: The National Centre for Deinstitutionalisation Support in cooperation with MPaRV SR

Task No. 4 – To select 5–8 social services facilities (social services homes for children and adults) whose transformation and follow-up DI pilot projects will seek support from the ROP – Priority Axis 2.

Deadline: 31 September 2012

Responsibility: MPSVR SR

Task No. 5 – To prepare a binding opinion on the transformation projects

Deadline: ongoing

Responsibility: MPSVR SR

Task No. 6 – To prepare, publish and evaluate a call for pilot projects for transitional financing for new community services established in connection with the implementation of the supported DI transformation projects, to cover the temporary period during which both types of service must be in operation.

To prepare the call and evaluation criteria, to provide applicants with technical assistance in preparing their projects, to decide on the amount of assistance and to conclude contracts.

Deadline: 31 October 2012

Responsibility: ESF Management Section of MPSVR SR in cooperation with the Social and Family Policy Section of MPSVR SR; self-governing regions, DI pilot facilities

Task No. 7 – To provide timely, comprehensible and objective information for the public on the objectives and rationale for DI on the national and particularly on the local level

To define target groups for an information campaign, particularly on the national and local levels. To prepare and implement targeted programmes to increase awareness of the proposed changes, their rationale and their consequences.

Deadline: ongoing

Responsibility: MPSVR SR, National Centre for DI Support, participating VÚC, DI pilot facilities

Task No. 8 – To draft legislation supporting deinstitutionalisation and restricting the further expansion of services with an institutional culture within the competence of the Ministry of Labour, Social Affairs and Family.

To draft amendments to the Social Services Act and to initiate a review of Act No. 305/2005 Z.z. on the socio-legal protection of children and on social rehabilitation and on the amendment of certain acts, as amended, Act No. 5/2004 Z.z. on employment services and on the amendment of certain acts, as amended, and other legislation, to carry out a review of related acts falling within the competence of the health and education ministries.

Deadline: 31 December 2014

Responsibility: MPSVR SR

Task No. 9 – To propose legislative amendments supporting deinstitutionalisation and restricting the further expansion of services with an institutional culture within the competence of other relevant ministries.

To propose amendments to legislation and to carry out a review of related law falling under the competence of the health, justice and education ministries

Deadline: 31 December 2014

Responsibility: Committee of experts for deinstitutionalisation

Task No. 10 – To standardise selected programmes and activities in the pilot phase in order to create the basis for implementation of the DI programme in the years 2016–2020

To prepare, verify and accredit an education programme for managers on the levels of self-governing regions and social facilities concerning the preparation and management of transformation processes. to carry out the same process for the training of employees and other specialists (e.g. the employees of investment departments).

Deadline: 31 December 2015

Responsibility: National Centre for DI Support, the department for social services of MPSVR SR

Task No. 11 – To test new community-based care services that improve the targeting and availability of care for those who are dependent on it

The national project shall include testing of individual planning (case management) as a means of preventing institutionalisation in cooperation with selected towns and organisations representing two target groups: people with disabilities.

Deadline: ongoing

Responsibility: MPSVR SR, National Centre for DI Support, selected towns and VÚC

Task No. 12 – To carry out objective monitoring of progress in the implementation of the pilot phase of implementation of the DI Strategy and to evaluate the results of the transition from institutional to community-based care in each DI facility according to this process. Specify objectives, procedures and tasks for the deinstitutionalisation of other facilities for children, young people and adults with disabilities in the years 2016–2020 on the basis of the overall evaluation of the results of the pilot phase

To define indicators and criteria for interim monitoring of progress in the implementation of the national project and the pilot projects for DI. To develop a system for evaluating progress in the quality of life of the residents of DI facilities after the transition to community-based care. To compare the set and achieved objectives and to evaluate the success of the pilot phase of DI including recommendations.

Deadline: ongoing

Responsibility: MPSVR SR, National Centre for DI Support, participating VÚC, facilities implementing pilot projects

Task No. 13 – To use knowledge acquired in the implementation of the National action plan for the transition from institutional to community-based care 2012–2015 to prepare and implement overall objectives of the DI Strategy drawing on the available support mechanisms for the period after 2015

To evaluate the implementation of the National Action Plan, to define new DI objectives.

Deadline: 31 December 2014

Responsibility: MPSVR SR, National Centre for DI Support
