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PROMOTING SOCIAL ICLUSION THROUGH THE DE-INSTITUTIONALIZATION OF SOCIAL SERVICES IN THE SLOVAK REPUBLIC

Abstract:

The structure of social services in the Slovak Republic long dominated by traditional institutional social services, providing mostly year-round residential services. The structure of social services profiled in the second half of the twentieth century, when the institutional care was considered the most effective way of providing social care. Nowadays that the EU emphasis on values like human dignity, autonomy and social inclusion user, Member States targeting attention to the transformation of existing systems of social services. In order to fulfill the obligations arising from several international documents relating to implementation of the rights of its citizens, Slovakia held several important reforms in the social services in order to improve them. The contribution is focused on the formation of the social services in Slovakia and creation of community social services as interconnected and coordinated services supporting the integration of people with disabilities and seniors in the community.

Keywords:

social services, social rights, community based care, institutional care.

JEL Classification: L84, J18

Introduction

Social services are means for the implementation of social rights of the citizen and are targeted to alleviate and help citizens overcome the social emergency. The system of social services in the Slovak Republic in the past twenty years has gone through significant changes and it can be stated that currently represents a good starting point for further improvement through targeted measures for the reform of institutional care. The current focus of the EU's social policy, as well as the current developments in the international human rights agenda emphasizes the need to change the system of legal and institutional social care and transform it to a system with a predominance of services and measures provided in communities, as much as possible of the natural and cultural places like a normal family.¹

1. Framework Starting Points of Deinstitutionalisation of Social Services

The term institutional care refers to any type of social care, where the beneficiaries are isolated from a wider community or forced to cohabitation. International experience shows that limit of the size of facilities providing social care, which almost automatically gives rise to a process of social services for the development of an institutional culture was around 6 clients.²

The basic philosophy of deinstitutionalization is creating the conditions for independent living of users of social services in integrated community. It means moving of clients of social services into the natural environment of the community, ensuring the provision of alternative community-based social services. They represent a set of interrelated and coordinated services provided in the region bounded by the community, which respond to the needs of community members and do not show signs of institutional care.³

The starting point for deinstitutionalization of social services have become a number of international documents establishing the social rights of citizens and the states' obligations to ensure these rights. In terms of meaning of the UN Convention on the rights of persons with disabilities in article 19 states made a commitment to ensure that persons with disabilities will have the opportunity to choose the place of residence, as well as, where and with whom they will live. They made a commitment to ensure that these citizens have access to the full range of supportive services, either domestic, residential or other community support services necessary for an independent life in society, and to incorporate it. Community services and facilities for the general public should be accessible to persons with disabilities under the same

¹ Stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti v SR (návrh), MPSVaR, november 2011, s. 2.

² Národný akčný program prechodu z inštitucionálnej na komunitnú starostlivosť v systéme sociálnych služieb na roky 2012-2015, MPSVaR SR, 2011, s. 6.

³ Stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti v SR, MPSVaR SR, 2011.

conditions and take into account their needs. The Slovak Republic by ratification of the Convention took on the commitment to implement its provisions.

The European Disability Strategy 2010-2020, underlined the importance of the transition from institutional to community care. The following objectives and EU instruments necessary for the successful implementation of the transition have been formed:

- building of a social infrastructure,
- ensuring the training of human resources,
- providing of systematic support to non-professional caregivers, especially to members of the family,
- making the work in the social services sector more attractive.

The complexity and intensity of the deinstitutionalization process reflect the conclusions of the expert group D-I, which drew up the guidelines for the transition to a community care and in November 2012 recommended that Member States: ⁴

- review and amend the legislative and administrative provisions in order to ensure an active involvement of beneficiary care in the decision-making process,
- identify the legislative and administrative rules which promote the institutionalization, as well as those that are blocking the development of community care,
- adopt appropriate strategies, action plans and allocate budgets in the area of deinstitutionalization,
- establish a system of compulsory monitoring of the quality of life of beneficiaries of social services,
- support the improvement of the working conditions of professionals in care services,
- provide systematic support to non-professional caregivers,
- use the structural funds for the purposes of de-institutionalization.

The Slovak Republic has adopted a document of strategic importance in 2011 - Strategy of deinstitutionalization of system of social services and foster care in the Slovak Republic for the period 2012-2015, in context of which it defined: ⁵

- objectives: to ensure the availability of community services and the measures taken at Community level to create the conditions for life, i.e. in the natural social environment,

⁴ Report of the Ad-Hoc Expert Group on the Transition from Institutionalised to Community-based Care. <http://www.mpsv.cz/files/clanky/8387/Zprava-Ad-hoc-expertni-skupiny.pdf>

⁵ Stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti v SR, MPSVaR SR, 2011, s. 18,19.

- short-term goals: pilot verification of the transformation of institutional care practices of selected facilities and gradually introduce community support services,
- specific objectives: to re-profile existing facilities for the elderly and facilities for social care into facilities of a temporary/short-term or weekly care and rationalize their capacity for the needs of the inhabitants of a territory/community. This procedure is subject to a maximum strengthening of social services of a field and the ambulatory character, including non-formal social care.

In 2013, with the support of the European Social Fund within the framework of the Operational programme employment and social inclusion in synergy with Regional operational program Priority axis 2 - Social infrastructure, the implementation of a national project was launched with an objective to verify the model of transition from institutional to community care. The objective of the project was to promote the selected facilities in the process of preparation and implementation of projects providing education, methodology and expert assistance, strengthening their personnel capacity, dissemination of information and opening up public debate on de-institutionalisation.⁶ Pilot projects implemented in six municipalities, counties and in selected facilities of social services for persons with disabilities and mental disorders represent a first concrete step in pursuit of the objectives of the strategy.

2. The Process of Creating a System of Social Services and Social Infrastructure in the Slovak Republic

Social services in the Slovak Republic have seen significant changes in the past twenty years. Already in 1990, within the framework of the reform of the public administration, there has been a decoupling of the tasks of the State administration in the field of social care, since 1992, it is allowed for non-state subjects to join the social sphere. In 2004, the transition of responsibilities to the municipal social services and municipal level was completed. With effect from January 1, 2005, on the basis of fiscal decentralization, the provision of social services as the performance scope of the autonomous regional authorities is mainly financed from their own bodies, on the basis of the new tax revenue distribution mechanism.

A comprehensive analysis processed in 2007 by the Ministry of Labour, Social Affairs and Family, in cooperation with self-governing regions pointed to the weaknesses of the current system of social service, in particular on community planning, poor conditions for the continuation of the system of a citizen in need of the social service in the natural social environment, a lack of assured continuity of social and health care in long-term care to help another person, insufficient number of

⁶ Informácia o procesoch deinštitucionalizácie v podmienkach SR a Banskobystrickom samosprávnom kraji, <http://www.vucbb.sk/portal/sites/default/file/bbsk/stranky/2011/aktualne-projekty/inf>.

qualified staff to ensure the provision of social services, the absence of a systematic improving of qualification in the area of social services, the lack of quality standards and insufficiency of regional inequality and the network of social services and the social services, the lack of variability in the field of social services.⁷ The analysis has become one of the cornerstones in the development of legislation, which was based on the conditions for granting social services in a new way, extending the range of social services with new types.

At present, the area of social services is governed by the law on social services, adopted in 2008 which responded in its provisions to the abovementioned findings. The law defined the conditions for the provision of social services, determined the method of its financing, set the standards of quality of social services regarding personnel, procedural and material-technical conditions. At the same time it put an emphasis on support and activation services, which enable to mobilize the potential of a citizen towards his integration and expanded the range of social services as well as new types of services for persons with severe disabilities, and for people in retirement age. Types of social services for persons with severe disabilities and persons in retirement age.

The efforts and support of the state in pursuing the objectives of deinstitutionalization has its reflection in the legislation. The Act on social services had established that the provision of terrain or dispensary social services has precedence over social services of a stay-type. In case that the provision of terrain social services or dispensary social services is not appropriate, advisable or it doesn't solve the need of help to another person, a stay-type social service will be provided. While providing social services a weekly, daily stay service or temporary stay takes precedence over its provision in a form of a year-round stay form.⁸

Table No. 1: Types of Social Services for Persons with Severe Disabilities and Persons in Retirement Age.

Social services for solution of unfavorable social situation due to severe disability, adverse health or due to reaching of	facilities of supported housing
	facilities for the elderly
	day care facilities
	rehabilitation Center
	social services facility
	specialized facilities
	day care center
	home care service
	shipping service

⁷ Národné priority rozvoja sociálnych služieb, MPSVaR SR, Bratislava, 2009, s. 5.

⁸ Zákon č. 448/2008 Z. z. o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní v znení neskorších predpisov, par. 16, ods. 2.

retirement age	guide service and reading service
	interpreting service
	interpreting services mediation
	mediation of personal assistance
	lending devices
Social services using telecommunications technology	monitoring and signaling of the necessity of aid
	crisis assistance provided by means of telecommunications technologies
Support services	reliever service
	helping to secure the rights of guardianship
	the provision of social services in daily center
	provision of social services in the integration centre
	provision of social services in dining room
	provision of social services in laundry room
	support for independent living

Source: Processed in accordance with Act No. 448/2008 on Social Services, as amended

It can be stated that the process of improving social services in Slovakia is taking place on a continuous basis and in accordance with the priorities set out in the document National Development Priorities of Social Services until 2013, which were defined as:⁹

- support of retention of the client in the natural environment by development of field services,
- the development of dispensary and residential social services in a facility with weekly stays,
- improving the quality and delivery of social services through renovation, expansion, modernization of equipment and building of social services,
- the training of personnel in the field of social services, with an emphasis on increasing the proportion of professional staff.

A number of the changes reflected in the amendments to the Act on social services have been designed to achieve the objectives of de-institutionalization. Amendment to the Act on social services, valid from 1 January 2014, defined a new service - support

⁹ Národné priority rozvoja sociálnych služieb do r. 2013, MPSVaR SR.

of independent living. Its contents is to assist in the operation of the household, in money management, aid in organizing of time, while engaging in social life, in law enforcement and interests of the beneficiary's rights and assistance in applying for social services.

There has been a limitation of the capacity of social service facilities while at the home for the elderly, social service facilities and specialized facilities can be the social service in one building provided for a maximum of 40 beneficiaries. At the same time the registration of new facilities was suspended of this kind and age limits have been set for selected types of social services. By 2015 there will be social service provided in the social service facilities only to persons until their retirement age.

Table No. 2: Forms of Provision of Social Services in the Slovak Republic

stay	field	dispensary
Facility for the elderly	Transportation service	Day care center for the elderly
Day care facility	Day care service	Day care center for the disabled
Social services facility	Monitoring and signalization service	Rental of assistive devices
Specialized facility	Reliever service	Day Centre for the elderly
Rehabilitation Center (stay for a limited time)	Personal assistance services	Reliever service
Support for independent living		Specialized social counselling
Home on half way		Rehabilitation Center (Social rehabilitation)
		Centre of personal hygiene

Source: author

In 2009, there were in total 36 947 sites in the Slovak Republic in all kinds of social service facilities with a year-round care provided at 32 715 sites (88.5%), weekly care at 704 sites (1.9 %), daily at 2 202 sites (6%) and the care provided on a temporary basis on 1 313 sites (3.5 %). Long-term care social services were provided for 32 547 clients in 685 facilities (facilities for the elderly, home social services, specialized facilities, day care centers, assisted living facilities, rehabilitation centers, day care facilities). Expenditure on social services in long-term care facilities

amounted to € 260 698 883 €, which is up to 98% of the total expenditure in all kinds of social service facilities.¹⁰

By 31.12.2012 there were in all kinds of facilities 40 679 places, while year-round care services have been provided in 35 792 places (87.9%) weekly care in 647 places (1.6%) and daily in 2 645 points (6.5 %). Of the total number of places up to 36 911 places included those social services that are of a long-term care.

Table No. 3: The Number of Places in Institutions of Social Services According to the Forms of Care

Care provided by	2009	2010	2011	2012
all year round	32 715	34 418	34 357	35 792
weekly	704	651	674	674
daily	2 202	2 226	2 226	2 645

Source: Ministry of Employment, Social Affairs and Family of the Slovak Republic

Despite the declared objective is to be noted that the structure of social services not only continues to be dominated by the large number of places in residential facilities that provide year-round care and a small number of places in facilities offering daily and weekly care, but the number of places in year-round care facilities for the period 2009-2012 annually increased by 3 077 places. Deinstitutionalization is primarily aimed at the homes of social services and facilities for the elderly. Increase in the number of places in institutions, and a smaller number of community services suggests significant reserves to promote deinstitutionalization aims expressed in the country strategy papers.

Some authors point out that deinstitutionalization assumes complete closure and cancellation of institutionalized care services and its replacing with support services provided in the community environment. In connection with the presented ideas it is necessary to add, that there will always be a group of people for whom institutionalized care will be the only alternative to as other types of services, given the severity of the disability, may not be appropriate or effective. This does not mean, however, that for these clients, the social service will be provided in the current form. In relation to the needs of the users requiring long-term care, it should be provided in a low capacity facility with an emphasis on improving the quality of delivered health and social care. People with less serious disabilities, in terms of the main objectives of the deinstitutionalization should then be directed to community care.

Support of independent living represents one of the alternatives to homes of social service as a classic institutionalized care. It allows housing in local communities

¹⁰ Správa o sociálnej situácii obyvateľstva SR, MPSVaR SR, Bratislava, 2013.

and is a good solution for those who will be able to lead an independent life with a certain level of assistance.

3. Structural Funds in Relation to the Financing of Social Services

Deinstitutionalization of social services represents a financially challenging process. Recommendations of the D-I expert group to use the structural funds for this purpose, is a manifestation of the strong support of the EU in the process of de-institutionalisation. Financing of the development of the system of social services concerning the direction of the funding from the European structural funds, however, has changed in the Slovak Republic in the course of recent years. While in the years 2008-2010 were the financial resources from the Regional Operational Program used for reconstruction of existing and construction of new facilities, in the period 2012-2015, social services are already pointing to support building and reconstruction of new types of facilities of social services with community character and deinstitutionalization of existing facilities. Financial resources from the Regional Operational Program for the priority axis 2 Social Infrastructure in the amount of EUR 20 million are available during the years 2012-2015 for this purpose, while there is 2.4 million intended for a single project.

National project - Support of Day-care service with allocation of Eur 28 million from the European Social Fund, which is being implemented from January 1st 2014, to extend the provision of day care services as an important field of social services, to a greater number of persons. The project is aimed at supporting the creation of jobs for caregivers, saying that for every job created caregiver it is possible to obtain a financial contribution of 644 € per month.

Conclusion

The current form of social services in the Slovak Republic had been positively impacted by the process of de-centralization and reform of public administration. The transition of responsibilities to local municipality and fiscal decentralization have created the basic preconditions for approaching of social services to the citizen not only as a user but also as a participant of the decision-making process. At the level of municipalities community planning has begun to plan social services so that they are based on an analysis of the existing situation of social services in the territory and meet the local specificities and needs of citizens. The ongoing process of Deinstitutionalisation of social services can be described as the second stage of the building of the system of social services in the structure and the quality corresponding to the needs of users in the 21st century. Over the past years a system has formed, which currently represents a good starting-point for its completion within the meaning of the creation of a network of complex high-quality community services for the

residents of a particular territory. This will replace the institutional facilities with a complex of quality alternative public services, the use and improvement of already existing ones as supported housing, daily dispensaries, halfway houses, outpatient centers, and addition of new types of terrain and outpatient services. This is a very difficult process, which can be time-limited to at least another two decades' progress. It requires involvement of departments, experts, providers and beneficiaries of social services, associations representing the interests of disabled persons and the elderly. However, comprehensive community-based services, provided in a natural environment, will always be bound to the support of the family. The process of de-institutionalization, is therefore difficult to coordinate from the point of view of activities of the bodies involved in the promotion of social inclusion.

Deinstitutionalisation as a transition of users from institutional care facilities to the community environment should be understood in the widest possible context. If the main objective of the Deinstitutionalisation process is to be met - the inclusion of the beneficiary of social services to community will require creation of the most complex conditions for its full-valued life, i.e. in addition to living in the community also the ability to meet the needs of the recipient in social activities, education, work participation and leisure activities.

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