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MIROSLAV CANGÁR

Transition from institutional on community care

in the Slovak Republic

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Transition from institutional to community care in the Slovak Republic

What we know and don't know about the process of transformation and deinstitutionalisation of social services in the Slovak Republic

Bratislava 2018

/ Foreword

I'm looking at a special photo of me and my friends standing under the statue of Cervantes on the shore of Lake Geneva. Four people under the bust of the author of the famous Don Quixote, a knight known for his relentless battle with windmills. Today, when so many people can travel and share their photos at various monuments with their friends very easily and quickly, at first glance the photo is nothing special. And yet it is special.

In April 2016, my friends were able to speak publicly at the UN about what it is like to live in the institution. What it's like to even dream of traveling, to take a picture anywhere. What it's like to not even be able to choose your food, your clothes, your roommates, to go out on the street, to not be able to study or work. What it's like when you're one of a group. Angelika and Roman were lucky that their different fates brought them together with people who considered them equal and worthy of all the rights that we "normals" take for granted. They were there to show that it can be done in Slovakia. This is despite the fact that they often feel like they are fighting windmills.

I got to know these people thanks to my work at SOCIA – Foundation for Supporting Social Change, which has been supporting the process of deinstitutionalization and the development of community services since its inception. We realise that when trying to bring about such systemic change, it is always important to know where we are and what we have been through, so that we know how best to achieve what we want. That is why we are pleased to present the book by Miroslav Cangár, more precisely its second supplemented edition. He has managed to gather a great deal of information concerning the transition from institutional to community level of social services provision in the Slovak context. Therefore, I believe that the book will serve very well all those who want to get a comprehensive picture of this issue.

I discovered another dimension in it for myself. It's not always an easy or pleasant read. The author just names reality, brings facts, quotes. For someone it's just words, sentences. But when you get to know people like Angelika and Roman, they hit you deeply and don't leave you quiet. Who would want to live in an institution?

Maria Machajdíková

Bratislava 2018

Acknowledgements by the author

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However, I would like to express my special thanks to the SOCIA Foundation, specifically to Maria Machajdíková and Helena Woleková for coming up with the idea and making possible the creation of a publication describing the process of transformation and deinstitutionalisation in the Slovak Republic, but also for their comments on the text.

I would like to thank Slavoj Krupa very much for his friendship, support and guidance, not only during the creation of this publication, but also throughout my professional career and for everything he has done for the development, quality of social services and support of people with disabilities in Slovakia over the last 40 years.

I would also like to thank Lydia Bricht and Viera Záhorcová for their help, conversations, consultations and comments on the publication and also their long-standing cooperation in this field.

Last but not least, I would like to thank my wife, Luka Cangara, for all her support, help, encouragement and encouragement, as well as for her initial review of this publication and for our work together in the social field.

Table of Contents

/ Home

In recent years, the buzz word DEINSTITUTIONALISATION has been increasingly bandied about in the social sphere. In various professional and scientific forums, as well as in social service institutions themselves, it is often discussed as something new that is being pushed into Slovak practice "from somewhere above." Deinstitutionalisation, even by its very utterance, often evokes unjustified fear and the idea of closing down social services and facilities for people with disabilities. Something that will abolish a functioning system where we care for people who are no longer "able" to care for themselves. Some "experts" even talk about the utopian idea and the weak foundations of this idea1. But is this really the case?

We try to answer this question and the question of the necessity of the process of transition from institutional to community care at least partially in this publication.

The basic and most important basis for the need for a process of deinstitutionalisation and trans- formation of social services is defined in the Universal Declaration of Human Rights and Freedoms in Article 1: all human beings are born free and *equal in dignity and rights.*[2] Freedom, equality and dignity are elementary attributes of human existence. If we subscribe to the ideas of the human rights approach defined in ethics, but also in fundamental international documents, then it is our moral and professional duty to change the system so that all people are truly equal in freedom, dignity and rights. Because in Slovakia, we still encounter, both in the general public and in professional circles, the perception of and respect for fundamental human rights as a kind of utopia and something unnatural. It is essential to discuss and inform about what the failure to respect these rights means for all of us, for the whole of society.

If we look at what the process of transition from institutional to community care (transformation and deinstitutionalisation) actually means in its essence, we can say that it is a systemic change and the promotion of respect for the human rights of all citizens

1 http://revue.vsdanubius.sk/sites/default/files/%C5%A0ebestov%C3%A1%20a%20Marekov%C3%A1%20-%20DEIN%C5%A0TITUCIONALIZ%C3%81CIA%20%20ZARIADEN%C3%8D%20SOCI%C3%81LNYCH%20SLU%C5%B-

DIEB%20A%20KOMUNITN%C3%81%20SOCI%C3%81LNA%20PR%C3%81CA.pdf

2 Universal Declaration of Human Rights. http://www.snslp.sk/CCMS/files/Vseobecna_deklaracia_ludskych_prav.pdf

and especially those who need some form of support in their lives to enjoy these rights. Simply put in the equation, transformation and deinstitutionalisation
= promoting human rights for all citizens without distinction. On the other hand, implementing change leads to all of us, professionals, parents of people with disabilities, and people with disabilities themselves and society as a whole, learning to take responsibility for our own lives and the lives of the community around us.

Since the ratification of the Convention on the Rights of Persons with Disabilities by the Slovak Republic in 2010, this process has been heard about by the state. However, this does not mean that the process of deinstitutionalisation and transformation is something new that has emerged in recent years and nothing has happened in our country in this area. The promotion of a human rights-based approach and community services (which is what the process of transformation and deinstitutionalisation is supposed to lead to) has long-standing roots in Slovakia dating back to the period of charitable associations in the Austro-Hungarian Empire and the first Czechoslovak Republic.

In this publication we want to offer you a view of the process of transition from institutional to community care through the past and present of social service provision in the Slovak Republic. Since one of our intentions is to open a debate on the necessity of changes in the current state of social service provision, our text focuses primarily on the post-war period and the present. We believe that such an approach will help to understand the inevitable need for change and also where we have moved as a society in our relationship to people with disabilities. But also where we still need to move. On the following pages you will also find a contemporary picture of the provision of social services, statements and information about the people who have pushed the issue most significantly in Slovak practice.

We believe that the publication will bring you new information and a different perspective on the process of transformation and deinstitutionalization in the Slovak Republic, as well as an understanding of the reasons for the need for systemic change in the provision of services and support for people with disabilities.

/ Definitions of basic terms

Deinstitutionalisation – is a part of the process of transition from institutional to community care, which represents a change in the form and method of providing services in institutional facilities with the assumption of termination of operation in the original facilities. It is a management process aimed at a planned and gradual reduction of places in closed residential social services facilities. Deinstitutionalisation involves the preparation of social service recipients for qualitatively new ways of dealing with their social situation in the natural environment of the local community, which fully respects their human rights3. In the Slovak Republic, together with the term transformation, it is perceived as an overall complex of transition from institutional to community care. We use it in this context for easier understanding also in this publication.

Humanisation – in the context of social services, is a process aimed at reducing and eliminating the negative effects of institutionalisation. The essence of humanisation is to improve the living standards of target groups in large institutions by reducing the number of residents in rooms, increasing the number of social workers, aestheticising the environment, but it does not result in the provision of services in accordance with the UN Convention on the Rights of Persons with Disabilities and the provision of community services. This process does not lead to people with disabilities being perceived and accepted as citizens with rights.

Institution – is any setting where persons with disabilities, seniors, or children live together outside of their families. An environment where people do not have full control over their lives and daily activities. An institution is not defined by its size/capacity, but is defined by its institutional culture. [5]

3 S. Krupa (2011). Outline of the deinstitutionalisation programme in Slovakia. Social Work Advisory Council. Bratislava.

4 We perceive the process of transition from institutional to community care in terms of content in two levels: as a process of deinstitutionalization of existing institutional facilities and as a second process of development of new community services in accordance with the needs of the residents living in a given community.

5 World Report on Disability. (2011). World Health Organization, World Bank.

http://www.who.int/disabilities/world_report/2011/en/

Institutionalisation - is a set of negative influences of institutional culture acting on persons residing in closed institutions for a long time[6].

Institutional culture - is a way of running services where the following features of care emerge:

- Depersonalisation - deprivation of personal ownership, signs and symbols of one's own uniqueness and humanity.
- Rigid and stereotypical and routine activities - fixed time and structure of activities, not respecting personal needs and preferences.
- Generalized therapeutic and professional practices - people are worked with in groups, without respect for privacy and individuality.
- Social distance and paternalism - the latter represents a different status for staff and clients, an unbalanced power relationship.
- Segregation from the local community - eccentric location of social services facilities, distance from the local community and concentration of services in one place.
- Learned passivity and helplessness - people's learned passive behavior and their helplessness.
- Underdeveloped social relations.

Community social services – represent a set of interconnected and coordinated services provided in a territorially bounded community, which respond to the needs of community members and do not show signs of institutional care[7].

Transformation – in these contexts means a change, a restructuring of the original form of traditional, closed residential social services provided in institutions (also the traditional system of providing social services) by their gradual de-institutionalization and transformation into new, accessible, field-based, supportive and quality social services in the natural environment in the place of residence of the citizen. Deinstitutionalisation without transformation leads to

6 S. Krupa (2011). Outline of the deinstitutionalisation programme in Slovakia. Social Work Advisory Council. Bratislava.

7 Strategy for the deinstitutionalisation of the social services and foster care system in the Slovak Republic. 2011. MINISTRY OF LABOUR AND SOCIAL AFFAIRS OF THE SLOVAK REPUBLIC. Bratislava.

https://www.employment.gov.sk/files/legislativa/dokumenty-zoznamy-pod/strate- gia-deinstitutionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-1.pdf

Although new services have emerged that are outside the original institutional setting, they continue to use institutional methods of providing social services, albeit in smaller, atomised, institutionalised settings8.

8 S. Krupa (2011). Outline of the deinstitutionalisation programme in Slovakia. Social Work Advisory Council. Bratislava.

/ Used abbreviations:

APZ Bratislava	Supported Employment Agency Bratislava
BBSK	Banskobystricky self-governing region
CEDA	STUVresearchand training centre for barrier-free design of Slovak Technical University
CSS	Center for Social Services
DG EMPL	Directorate-General for Employment, Social Affairs and Inclusion of the European Commission
DG REGI	European Commission Directorate-General for Regional Policy
	DIDeinstitutionalization
Convention	United Nations Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly in 2006
DSSDomov	social services
	EEGEuropeanExpert Group for Transtition from Institutional to Community based care
ESF	European Social Fund (European Social Fund)
	ERDFEuropeanRegional Development Fund
	ESIFEuropeanStructural and Investment Funds
EU	European Union
FSRF	Social Development Fund
HVPU	reformHelsevernetfor psykisk utviklingshemmede-reformen. Reform of transformation and deinstitutionalisation in Norway
IA MPSVR	SRIimplementationAgency of the Ministry of Labour Social Affairs and Family of the Slovak Republic
IROP	Integrated Regional Operational Programme, Programme period 2014 - 2020

IZ KOR – GYMIntegration equipment KOR - GYM Hertník

KNVRegionalNational Committee

Commission CPTCommission of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

Commission PETICommission of the Standing Committee on Petitions of the European Parliament

KSKKošický samosprávny kraj

KÚKrajskýúrad

MDACMental Disability Advocacy Center

MF SRMinistry of Finance of the Slovak Republic

MPSVR SRMinistry of Labour, Social Affairs and Family of the Slovak Republic

MZSV SRMinistry of Health and Social Affairs of the Slovak Republic

MVRRMinistry of Construction and Regional Development

SOCIASOCIAFoundation - Foundation for Social Change

NAP DINationalAction Plan for the Transition from Institutional to Community Care in the Social Services System

NIMBY Syndrome Not in my backyard. Not in my backyard syndrome.

NP DINational project to support the process of deinstitutionalisation and transformation of the social services system in 2013-2015

NP DI PTTNNational project on de-institutionalisation of social services facilities - Sub- pair of transition teams

NSRFNational Strategic Reference Framework 2007-2013

ObNVODistrict National Committee

OP Human Resources Operational Programme Human Resources, Programme period 2014 - 2020

OP ZaSIOperational Programme Employment and Social Inclusion, Programme period 2007 – 2013

United Nations

RBRERevelopment Bank of the Council of Europe

RIUSRegionalSpatial Strategies

ROPRegional Operational Programme, Programme period 2007 - 2013

	RPSPRadafor social work counselling
SPOaSKSocio-legal	protection and social guardianship
Strategy	DISstrategy ofdeinstitutionalisation of the system of social services and foster care in the Slovak Republic
SUPZSlovak	Union of Supported Employment
Institute of	Social Welfare
Higher	territorial unit
ZPMP in Slovak RepublicAn association	to help people with mental disabilities in Slovak re- publike

/ A historical overview of social services in the context of transformation and deinstitutionalisation in the Slovak republic

Social services until 1989

The provision of social assistance in the territory of today's Slovak Republic can be traced even before the establishment of the independent Czechoslovak Republic in 1918.

Already in the Middle Ages, the first services for the needy (infirmaries, hospitals) were established in Slovakia, e.g. in the 13th century St. Elizabeth's Hospital in Banská Bystrica. According to Tokárová9 , the first orphanage in Slovakia was established in Banská Štiavnica in 1765. Already at that time, children were placed in orphanages only for a period of time, unless they were entrusted to family education, which was paid for from the public resources of the municipality. This method of child care had been in place since the time of Maria Theresa. Tokárová further states that in 1863 the so-called 'home law' was introduced, which obliged municipalities to care for the poor and the sick. The first institution for people with mental and intellectual disabilities in Slovakia was established in 1898 in Plešivec: the Blum Institute with a capacity of 10 places. Following a request from the Hungarian Ministry of the Interior and Social Welfare, the owners of the institute expanded its capacity in the first year of its existence. By 1908, the Blum Institute had a capacity of about 150 places10. In 1901 the state took over the care of abandoned and sick children. It was to this period that the first state institutions and homes were established in our territory. Already at this time, there was a division of responsibilities in this care between the municipality and the state. The first state orphanages were established in Košice and Rimavská Sobota (in 1904). [11] In these years, other institutions were gradually established to provide care for the disabled, e.g. in 1907 the so-called "Educational Home for Morally Disordered Juveniles" was established in Slávnice, which later changed in 1922.

9 A. Tokárová et al. 2003. Social work. Chapters from the history, theory and methodology of social work. Faculty of Philosophy, University of Prešov. Prešov. ISBN: 80-968367-5-7.

10 http://www.pl-plesivec.sk/hist.html

11 A. Tokárová et al. 2003. Social work. Chapters from the history, theory and methodology of social work. Faculty of Philosophy, University of Prešov. Prešov. ISBN: 80-968367-5-7.

to the Home of Slovak cripples in Slávnice. In this period, there were also institutions for the deaf and dumb in Jelšava (1903), Kremnica (1903) and Bratislava (1904), which after 1919 were taken over by the Ministry of Education and Enlightenment and renamed12.

After the establishment of the Czechoslovak Republic in 1918, the situation with the care of disabled persons at that time partially worsened due to the fact that the institutions in Hungary released their clients who had their home villages in Slovakia13. Within the First Czechoslovak Republic, the Ministry of Social Welfare was established and operated. It was responsible for the care of youth, war invalids and their families, but also for social insurance, labour and care for the unemployed, emigration and housing. [14] Social welfare in the First Czechoslovak Republic was divided into care for children, youth and adolescents and care for adults. Social care for adults consisted of protective care (dealt with by trade laws, social insurance and health care) and even supportive care (this included institutional care). Care was further subdivided into public and private care and was characterised by a high involvement of the middle class in this period15. Public funding was almost completely unsupported by voluntary organisations and associations, hence this approach to care is also called the charity approach. However, social insurance and unemployment benefits were primarily addressed at the state level. The care of the disabled was primarily dealt with by various associations such as:

- Society for the Construction of Hospitals (later renamed the Provincial Society for the Care of the Crippled in Slovakia16)
- Association for the Care of the Deaf and Dumb in Slovakia
- Society for the Care of the Blind in Slovakia
- Slovak Catholic Charity
- Evangelical diakonia
- Society for Healing Correction

12 A. Falis. (2005). Attempts to break isolation. Caring for the handicapped in the interwar period. http://www.historiarevue.sk/index.php?id=2005falisova5

13 Ibid.

14 A. Tokárová et al. 2003. Social work. Chapters from the history, theory and methodology of social work. Faculty of Philosophy, University of Prešov. Prešov. ISBN: 80-968367-5-7.

15 P. Brnula-P.Kodymová-R. Michelová.2014. Marie Krakešová. Pioneer of social work theory in Czechoslovakia. IRIS. Bratislava. 978-80-89726-00-4.

16 http://www.domovrosa.sk/str.php?p=3

But there were other significant activities, such as those of the Roy sisters17 who founded the Chalúpka Orphanage, the hospital and the White Heads Home18.

At the same time, the municipalities that were still operating under home rule continued to be cared for. In 1924, an institution for 145 inhabitants was established in Petrovany, which provided social, health, and educational services. In 1930, the Blum Institute in Plešivec already had 24 pavilions and a capacity for almost 500 inhabitants19. New institutes for the deaf-blind were established in 1920 in Komárno, in 1921 in Dubnica nad Váhom, in 1924 in Kremnica, in 1932 in Jazern Majer and from 1937 in Olichov, institutes for the deaf-blind were established20. In 1930 an institute for the blind was established in Báhon. The Psychiatric Clinic of the Comenius University in Bratislava took over part of the care for persons with mental disabilities and mental illnesses. It was at this clinic that prof. MUDr. Karol Matulay, who was one of the most important personalities who influenced innovative approaches in the provision of health and social care for people with mental and intellectual disabilities in the 20th century. About prof. Karol Matulay, the father of Slovak psychiatry, neurology and early intervention, will be discussed in the next part of this chapter. It is worth mentioning, however, that during his time at this clinic from 1932 to 1945 he abolished cells, net po- steles, and straitjackets, and replaced passive care of the sick with active therapy and occupational therapy. These approaches were gradually promoted at his other locations as well.[21] In the following years, other social care facilities were gradually established in Slovakia. Among the best known were institutions for disabled children in Beckov, Trenčín, Trenčianska Teplá, Spišská Nová Ves, Cajla near Pezinok and Banská Bystrica. In 1937, an institute for physically handicapped children was established in Bratislava (by transferring some of the children from Slávnice). All of these associations had to have the so-called virile representation of public officials and organisations in their committees incorporated in their statutes. In this way, the state sought influence, control and participation of public authorities in the social welfare system.

17 S. Krupa. (2011) Determinants of the process of transformation of social service institutions. Habilitation thesis. VŠZaSP St. Elizabeth. Bratislava.

18 P. Brnula. (2013) Social work: history, theories and methods. IRIS. Bratislava. 978-80-89238-77-4.

19 Ibid.

20 R. Magdolen. 1942. Care for the deaf and dumb in the Slovak State 1938 - 1941 (Yearbook of the Society for the Care of the Deaf and Dumb in Bratislava). Bratislava.

21 M. Tichý, E. Sedláčková. 1996. Prof. MUDr. Karol Matulay. Nestor of Slovak psychiatry and neurology. JUGA.

Bratislava. ISBN 80-85506-45-9.

Even in the inter-war period, basic statistics on persons with disabilities were kept. The care of the handicapped in the inter-war period provides several data. The largest group of handicapped persons in this period was the physically handicapped, of whom 25,366 were registered at the end of 1927. These were mainly people who had sustained injuries in the war. In 1928 it is estimated that there were approx. In 1936 there were 5 911 deaf and dumb persons in Slovakia. In addition, care was also provided in some thirty state and district orphanages.

In terms of the approach in the provision of social services, the period leading up to the Second World War can be seen as a period of charity. The charity approach is characterised by the fact that care was provided primarily by organisations that carried out these activities mainly as voluntary and charitable activities and were based on Christian churches and organisations. [23] This approach perceived people in need as someone who was unable to look after themselves and was in a poor and tragic life situation. The target groups also fitted this description, often being children or adults with severe disabilities, either physical or mental. They thus aroused the sympathy of mainstream society and became 'objects of benevolence'. The provision of services under this approach was on the shoulders of various associations and was funded by various collections and charities. Social work had to be established and, within the inter-war period, it also had to be unified, not just built up. Social work was originally implemented in different ways in the Austrian and Hungarian parts of the monarchy. At the same time, in addition to the already traditional target groups of aid, it was necessary to provide assistance to a large number of war veterans and their families, the unemployed and the poor. This influenced social work in the Czechoslovakia in its paternalistic orientation, which can be seen as a charitable approach. Clear examples are, among others, the Blum Institute in Plešivec, founded by local businessman and owner of a parquet factory Samuel Blum, or the activity of Kristina Royova, who built a small hospital only from the donations of the faithful, but also other facilities, for example in Pet- rovany or Slávnice. Within this approach, however, the quality of social services was not yet paramount and at least basic care for people in an unfavourable life situation was addressed.

22 A. Falis. (2005). Attempts to break isolation. Caring for the handicapped in the interwar period. http://www.historiarevue.sk/index.php?id=2005falisova5

23 M. Cangár. 2015. Transition from institutional to community-based care as a basis for a human rights approach in the provision of social services. In Integrácia 3-4/2015. Council for social work consultancy. Bratislava. ISSN – 1336-2011.

To give a closer look at the reality of institutional care, here is a short description of the institute for the deaf and dumb in Kremnica: *"The home for the deaf and dumb is a one-storey building situated in the beautiful, romantic Bystrica valley. Although it is an old building, its external appearance is neat. It is surrounded by a fairly large garden, one part of which is used for growing vegetables needed for the kitchen and the other, smaller part, is planted with fruit trees. The building also has the necessary outbuildings and is furnished with a complete dormitory for 30 persons. The inmates of the dormitory are given an apartment and full board for 9 Ks per day. This is certainly a great boon for them. Each of them has his own personal bed and receives three meals a day, morning, noon and evening. The home has its own house rules, according to which the inmates behave. All deaf-mute helpers and helpers working in the local Continuing School for the Deaf-Mutes, without distinction of religion or nationality, are admitted to this Home. Every working day they go from here to work, namely, in the workshop of their trade, and at the end of the day's work they come back again to rest here, and thus to regain the new strength necessary for further work. The administration of the House is conducted by the Society for the Care of the Deaf and Dumb in Bratislava, an appointed administrator who is a member of the Deaf and Dumb Teachers' Union. He takes care of the physical and mental development of the inmates of the Home. They have at least one instructive lecture every week. The lectures are given by specialist teachers from the local State Institute for the Deaf and Dumb. Sunday entertainment is also provided. The inmates play various board games and those who love sports play sports in the beautiful surroundings. The number of inmates placed in the Home depends on the amount of work in the continuation school. According to the annual report of 1941, the monthly average was 26 inmates or wards. The deaf and dumb helpers placed here feel very well, and the Deaf and Dumb Welfare Society has done a very good job in taking such paternal care of them. "*[24] As can be seen from the above text, despite the fact that it was an institution, there was a strong orientation toward meaningful activities and employment for the residents of the Home. During this period, there was still an effort to get the residents of these institutions out into the community and into work or school. The institutions were not yet as heavily exclusionary in this period as they were later in the 1950s and 1960s. But there are also the first signs of an institutional culture, such as a paternalistic approach25 and a strictly defined daily regime.

24 R. Magdolen. 1942. Care for the deaf and dumb in the Slovak State 1938 - 1941 (Yearbook of the Society for the Care of the Deaf and Dumb in Bratislava). Bratislava.

25 P. Brnula states that this paternalistic approach is partly rooted in the ideology of the wartime Slovak Republic, where all social work activities were organised through the Social Institute of the HSĽS, P. Brnula. (2013) Social work: history, theories and methods. IRIS. Bratislava. ISBN: 978-80-89238-77-4.

The period after 1938 was already marked by the occupation, the division of Czechoslovakia and the establishment of the fascist Slovak state. The Slovak state largely followed the legal norms of the First Republic, but often modified and amended them. In terms of care for people with disabilities, this period is also commonly referred to as the 'period of silence'. As Krupa writes: *'In terms of contemporary attitudes towards people with disabilities, Germany adopted a racist and liquidationist approach, during which not only Jews and Roma perished in concentration camps, but also mentally and physically disabled and mentally ill citizens. In addition, disabled and sick people were used for scientific experiments. Even today, such attitudes are still a shock that Europe is struggling to cope with.*[26] This attitude was not only present in Germany, but also in all the countries that were under its influence during the Second World War. In a number of social welfare institutions, the provision of services was completely abolished or discontinued. For example, care at one of the largest institutions at the time, the Blum Institute in Plesivec, was discontinued. This territory fell to Hungary, and therefore all patients were transferred to other institutions within Hungary. During the war, the premises of the institute were first a refugee camp, then a hospital for Hungarian and German soldiers, and later for Soviet and Romanian soldiers. During the war, almost all the buildings of the institute were damaged. [27] Similarly, the Home for Slovak Cripples, which was located in Bratislava on Patrónka Street, was in a similar situation.

Repkova refers to the years following the end of the Second World War as the boom period for residential care.[28] One of the consequences of the war was that it was during this period that there was an increased demand for disability care services, particularly for people with physical disabilities caused by war injuries and disfigurements. A second consequence was that the war left many orphans and people without family or community support. A systematic approach and change to the medical model of dealing with disability issues within Czechoslovakia began with the adoption of the Social Security Act in 1956.

Before that, however, especially after 1948, municipal self-government became part of the system of national committees and lost its independence. The associations that had previously provided and ensured care were gradually unified, first into the Union of the Invalids and later into the National Front. In 1950, religious orders and religious orders were abolished, as well as charity.

26 S. Krupa. (2011) Determinants of the process of transformation of social service institutions. Habilitation thesis. VŠZaSP St. Elizabeth. Bratislava.
27 http://www.pl-plesivec.sk/hist.html
28 K. Repkova. (2005). The rise of residential care. http://www.historiarevue.sk/index.php?id=2005repkova5

A large number of members of these religious orders and religious orders ended up working for many years in institutional care facilities. The monetary reform of 1953 resulted in a decline in the standard of living of the population. It was the passing of the Welfare Act that had the ambition to address the care of all those who needed it. [29] Social welfare came under the jurisdiction of the national committees. In 1957, there were already 89 institutions in Slovakia that provided care for the elderly or disabled. [30]

The medical approach in disability care represented a new model of service delivery. In the 1950s, at a conference of experts in the field for the crippled organized by the International Unity for the Protection of Youth in Geneva, Jan Chlup had already presented the concept of institutional care for the crippled in such a way that most of them needed specialized institutional care because of their primary and subsequent disorders and their differences in biological, psychological and social personality with insufficient developmental environment in the family, in the mainstream school and in the other environments. In the ordinary environment, Chlup saw obstacles that in most cases would inadequately or adversely affect the physical, mental, and social growth of the defective child. Viliam Gaňo, the father of special education, expressed similar views at that time. As Krupa points out, this approach can also be seen in Vi- liam Gaňo's opening speech at the General Assembly of the Association for Therapeutic Correction in 1945: *'There can be no dispute that the most current star of our first decade is the construction of the Trenčín Institute. Here we feel truly at home because we are on our own soil, under our own shelter. Here we are in our... Trenčín is our program... We program the establishment of an asylum for the educationally feeble-minded."* [31] The experts' statements during this period must be seen in the historical context when there was no individual approach, but also no education for children and young people with disabilities. Institutionalization was seen as the only way to develop and support people with disabilities in a safe environment that would alleviate their disability and social isolation. The medical or health approach played a major role in the care of people with disabilities. Disability was seen primarily as a specific diagnosis, and people with disabilities were patients of institutions. These people were perceived as different, abnormal, and therefore forced institutionalization was introduced. It was the period of

29 A. Tokárová et al. 2003. Social work. Chapters from the history, theory and methodology of social work. Faculty of Philosophy, University of Prešov. Prešov. ISBN: 80-968367-5-7.

30 K. Repkova. (2005) The rise of residential care. http://www.historiarevue.sk/index.php?id=2005repkova5

31 S. Krupa. (2011) Determinants of the process of transformation of social service institutions. Habilitation thesis. VŠZaSP St. Elizabeth. Bratislava.

50. and the 1960s was a period of building large-scale institutions within Czechoslovakia, but also throughout Europe. It is by the end of the 1960s that we can see a similar development not only in Eastern Europe, but also in Western Europe, where there was a strong institutional culture during this period. Most of these institutes were built outside the mainstream community. This happened not only in our country, but often also abroad. [32] In our country, thanks to the nationalisation of a large number of religious buildings, but also of manor houses and castles, institutes began to be built in these very spaces. [33]

Act No. 55/1956 Coll. on Social Security defined the following social welfare institutions within the framework of institutional care:

a) Institutes for the elderly
b) Institutions for persons with permanent physical or sensory defects for whom treatment in a health-care institution is not necessary
c) Institutions for persons who do not need medical care in a health care institution for a permanently regulated medical condition, but need institutional care34

At the same time, the government could still specify that certain institutions for children and young people with permanent physical, sensory or mental defects could be considered as social welfare institutions. In the institutions, provision, work and cultural care were mainly provided. As already mentioned, the institutions were set up and administered primarily by the national committees. Supervision of social welfare was the responsibility of the State Social Welfare Office.

32 The author of this publication has many years of personal experience with the former large-scale institution Naerlandheimen in Norway, which was established in 1948 as a central institution. Naerlandheimen was a self-contained isolated village on the sea shore about 10 kilometres from the nearest village. In addition to residential buildings for the clients, the institution had houses for the staff, a church, premises for work activities, day activities, social areas, a gymnasium, a swimming pool and all the infrastructure of a small village. In the 1960s, a college with a specialisation in social pedagogy was built right on the premises of the institution. People with disabilities from 1 to 70 years lived in the institution and the average capacity in the busiest period, in the 60s and 70s, was 320 clients and almost 700 full-time or part-time staff. In 1990, the institution was deinstitutionalised and its premises are currently used for commercial purposes.

33 Most of the facilities that were involved in 2013-2015 in the national project to support deinstitutionalisation were established in this period. They provided their services in premises that are now historic or former administrative, mainly in non-purpose buildings. The Lipka Lipová Social Services Home (1947), the Slatinka Social Services Home (1951), the Okoč – Opatovský Sokolec Social Services Home (1953), the Ladomerská Vieska Social Services Home (1954), the Kaštieľ Stupava Social Services Home and Facility for the Elderly (1958), the Zátišie Osadné Social Services Centre (1961), the Adamovské Kochanovce Social Services Home (1963), the Merema Social Services Home (1966), the Lidwina Strážske Social Services Home (1972).

34 Law 55/1956 on social security. https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/1956/55/19620401

In 1975, the Social Security Act was changed, which also brought changes to the system of providing residential care. The idea behind this legislation was that disability makes it impossible or substantially more difficult to have a normal upbringing, education and training for a vocation. Decree No 134/1975 Coll., implementing the Social Security Act and the Act of the Slovak National Council on the competence of the authorities of the Slovak Socialist Republic in social security, defined the types of institutions as follows:

a) Institutes for physically handicapped youth

In these institutions, care was provided for children and young people with physical disabilities aged 3 to 18 or 26 years, where accommodation, provision, clothing, medical care, rehabilitation and suitable preparation for life were provided. Preparation for life included pre-school and school education, vocational training and extra-curricular activities. There was also the possibility of providing care for children and young people who lived outside the institution.

b) Institutions for mentally handicapped youth

These institutions were primarily for children and youth with intellectual disabilities between the ages of 3 and 26. The decree defined this group as children and young people whose intellectual abilities were at such a low level that they could not be educated even in special schools. At the same time, the possibility of preferential admission of children and young people who could adversely affect the development of their siblings or who could not be cared for within the family was regulated. On the other hand, it was forbidden to admit children and adolescents whose intellectual development was the result of educational neglect and children and adolescents with acute manifestations of psychological disorders endangering the environment. As in the institutions for physically handicapped young people, accommodation, provision, clothing, medical care, rehabilitation and education aimed, where possible, at work were provided in these institutions.

c) Day and weekly residential institutions for mentally handicapped youth

Decree No. 134/1975 Coll. introduced the possibility of creating facilities for people with disabilities with daily and weekly stays. These facilities were also intended for children aged between 3 and 26, who, according to the decree, were

uneducable,

with defective development of the middle grade, which were exempted from school attendance. It was not possible to admit children and adolescents with severe intellectual disabilities and severe physical disabilities. In this type of institution, boarding, health care and education were also provided with a focus on work activities.

d) Institutes for disabled adult citizens

This type of facility was designed for citizens with severe physical disabilities aged 18 and over who needed institutional care because it was not possible to provide them with the necessary care in their previous environment. People with mental disabilities could not be admitted.

e) Institutes for adult citizens with sensory disabilities

Only citizens with sensory impairment and total or virtual blindness or deaf citizens from the age of 18, if they were dependent on institutional care, could be admitted to these institutions. It was also possible to carry out work activities in them and people with combined disabilities (sensory impairment and mild mental disability) could also be admitted.

f) Institutions for adult citizens with intellectual disabilities

These institutions were intended for citizens with severe mental disabilities or com- binated disabilities from the age of 26 who needed institutional care. Citizens with mild mental disabilities could only be admitted to an institution if they were in urgent need of institutional care. In all these types of institutions for adults with disabilities, accommodation, pos(in) medical care, rehabilitation, cultural care and the opportunity for systematic work in suitable conditions were provided.

In addition to these basic types of institutions, nursing homes and retirement homes were also part of the institutional provision. In these, care was provided for seniors if their family, nursing care (which began to be provided voluntarily in 1963 and later also professionally) or other social care services were unable to provide such care. This division of types of institutional care existed until 1988, when Act No 100/1988 Coll. on social security and its implementing decrees were adopted.

This law changed the types of institutional care as follows:

a) institutes for physically handicapped youth

b) institutions for physically handicapped young people with associated mental disabilities

c) institutes for physically disabled youth with multiple defects

d) institutions for mentally handicapped youth

e) institutions for physically disabled adult citizens

f) institutions for physically disabled adult citizens with associated mental disabilities

g) institutes for physically disabled adult citizens with multiple defects

h) institutes for sensory impaired adult citizens

i) institutions for mentally disabled adult citizens

j) retirement homes

k) homes - pensions for the elderly

It is also worth noting that this Act introduced the so-called Coordinated Care for Children and Adolescents with Health Impairments, which provided a link between health, education and social affairs in the care of children and young people aged between 1 and 18 years who required long-term and comprehensive coordinated health, social and educational care. At the same time, it should also be mentioned that there was an orientation towards work activities in these establishments and that there were also sheltered workshops and workplaces. Care for children with disabilities up to the age of three was provided in infant institutions, which were medical establishments.

Residential care during this period often tended to provide comprehensive care in one location. However, differences were seen between care in residential institutions for children and young people and in residential institutions for adults. In her book Integrated Care for Persons with Disabilities, MUDr. Tomová describes the provision of care in the ROSA Social Services Home (formerly the Home of Slovak Cripples in Bratislava) during this period as follows:

"To the credit of the physicians with orthopaedic erudition who were entrusted with inpatient care, orthopaedic intervention was a priority between 1940 and 1960, with a number of

successful

orthopaedic interventions at the Orthopaedic Clinic and minor interventions directly in the social services facility (the so-called Prof. MUDr. Červeňanský School). The overall trend of inpatient care developed in synergy with the needs arising from the current mix of diagnoses and the nature of disabilities. Since the early 1970s, cerebral palsy, with all its manifestations of motor disability, has dominated the morbidity of inpatient care in the field of disability. Due to the neurotopic nature of the disabilities, health care was shifting towards neurological and rehabilitation care. General health care in social service institutions was directed towards the provision of curative and preventive treatment for both the underlying and associated diseases, curative and dispensary care, and the provision of adequate rehabilitation and nursing intervention. The basic direction of medical activity was profiled by continuous monitoring of somatic and psychological development of patients with serious chronic diseases of the central nervous system and musculoskeletal system and by providing regular neurological and orthopaedic examinations performed by consultant physicians - specialists directly in the facility. Of the total number of children in inpatient social care, about one third were allocated to the inpatient ward, which accommodated patients with particularly severe musculoskeletal disabilities with total immobility, patients with progressive neurodegenerative diseases, persons with spina bifida with incontinence and paraplegics. These medical conditions required complete round-the-clock nursing care in all basic life and hygiene tasks. An integral part of the care was a rehabilitation ward with personnel and material equipment aimed at effectively influencing the diseases, stabilizing the current status and overall somatic and psychological condition. The inpatient facility had a designated residential capacity tied to space and accommodation options. The proportion of service recipients placed in the institution on a year-round and weekly basis and service recipients with a daily commute varied, depending on the parents' decisions and their financial means. All children of compulsory school age attended primary school, vocational training and later a profiling apprenticeship with several apprenticeships suitable for physically and mentally handicapped young people. Health care outside the medical profession was provided by qualified nurses, rehabilitation workers and auxiliary staff, who together accounted for between 30 and 40 % of the total number of staff in the institution. The work of the School Nuns of the Congregation of De Notre Dame, from 1968 to 2010, was highly valued. Most of the nuns were qualified teachers and educators, nursing and rehabilitation nurses. In a special way, they knew how to create a warm, peaceful atmosphere among

patients and staff, replacing the home environment for children during long-term stays and filling their free time with inspiring and interesting activities. "[35]

In institutional care, the medical or health care approach was predominant. Disability was perceived primarily as a specific diagnosis that had to be treated, and disabled citizens had a passive role as patients (even nowadays we still sporadically encounter the use of the term patient in social services). Citizens with disabilities were perceived as abnormal and for this reason were often forcibly institutionalised and segregated in institutional settings. Within this approach, there was and is a belief that citizens with disabilities cannot live independent and autonomous lives, but need as much rehabilitation and treatment as possible in order to achieve a degree of independence. This was also reflected in the legislative setting. The responsibility was primarily on the medical staff and doctors. This medical but also charitable approach, in its historical context, was intended to help and support citizens with disabilities, and this should be seen positively. However, the negative consequences of the charitable and medical approach on the life of a person with a disability in the light of current knowledge in society are, above all, morally, ethically and professionally unacceptable. These negative consequences constitute what we nowadays also call institutional culture. The main features of institutional care include:

- submissiveness and lack of power - the person is subordinate, often has a passive role, cannot make decisions about even the most basic ordinary things in his or her life, and has to conform to the rules of the organisation that supports him or her without being allowed to influence it in any way.
- stigmatisation and low social status – this primarily means negative stigmatisation of a person and their perception as someone who has less value to society and is inferior; in the past, it was common for all people with disabilities (especially those with mental or intellectual disabilities) to be deprived of their legal capacity and placed in institutional social care facilities.

35 Cangár et al. 2016. Integrated care for people with disabilities in the Slovak Republic. Council for social work consultancy. Bratislava. 978-80-972551-1-4.

- forced institutionalisation - people are often placed in social care facilities despite their consent or because of a lack of awareness of the possibilities for support in the community.
- segregation from the local community - social care facilities were created and located outside the mainstream community, often in old unused buildings at the end of villages or outside villages. The buildings were often enclosed by fences and were gated. This method of segregation has also had an impact on the perception of people with disabilities as someone who must be locked up and separated from society, and has often resulted in an irrational fear in mainstream society of the unknown, of the segregated. But the reverse is also true. There is a fear of people who have lived in institutions that it is dangerous behind the fence and here they will take good care of us and protect us. This has also led to depersonalisation, low self-esteem of citizens with disabilities and underdeveloped social relationships.
- Dependency - created dependency on facility staff and professionals that only they know best what citizens with disabilities need. This approach has resulted in the creation of 'learned passivity' and 'learned helplessness', overcoming which is one of the main challenges of the individualised approach in social care.
- Voluntary instead of rights and obligations - it is said that it is up to the ma- jority to decide how to support or not to support citizens with disabilities and whether or not they have the right to live in ma- jority society at all. [36]

A fundamental change in the world's view of institutional care was associated with the groundbreaking publication of Canadian-American sociologist Ervin Goffman's Asylums: Essays on the Social Situation of Mental Patients and Other Inmates, published in 1961. In it, Goffman precisely defined the term total institution. By the term "total institution" Goffman refers to those organizations that create for their members an environment that is fundamentally different from the real world as it is known to ordinary citizens of modern society. Goffman

36 M. Cangár. 2015. Transition from institutional to community-based care as a basis for a human rights approach in the provision of social services. In Integrácia 3-4/2015. Council for social work consultancy. Bratislava. ISSN – 1336-2011.

defines a total institution as a place that is both a residence and a workplace, and in which a larger number of similarly situated individuals isolated for a longer period of time from the surrounding society lead together an outwardly closed and formally controlled way of life. [37] If each organization claims for itself a certain portion of the potential and time of its members, then total institutions are characterized by the fact that their claims in this respect are maximal. In this, Goffman is primarily interested in the formation of personality structure under these extreme conditions. In his publication he divides total institutions into five types:

1. An institution created to care for those who are known to be unable to care for themselves (seniors, orphans, people with severe disabilities).
2. A facility for people who are unable to take care of themselves and who may be dangerous to society for various reasons (people with contagious diseases, unsafe people with mental disabilities, etc.).
3. Institutions established to protect society from dangerous persons. This is not about the comfort of the inmates, but about the protection of others (prisons, juvenile reformatories, detention camps).
4. Institutions for the implementation of certain technical matters related to the running of society (barracks, naval ships, boarding schools, etc.).
5. Institutions designed to allow their inhabitants to escape from the world (monasteries, asylums of various types).

Institutional care can be seen as a total institution in precisely this context. A common feature of total institutions is that all activities from housing, through eating, working, leisure activities or education are carried out in one space. However, this is not natural in ordinary society. In addition, all activities are carried out under the supervision and supervision of an authority (paternalistic approach), which is also not usual in a normal society. Goffman considers the basic feature of a total institution to be that it is the organized and group fulfillment of the needs of a large number of people within a bureaucratic organization, which are as if specialized to change the personality of a person. The relationship between the clients of such an organization

37 E. Goffman. 1961. Asylums: Essays on the Condition of the Social Situation of Mental Patients and Other Inmates. Anchor Books.New York. 1990. ISBN: 0-385-00016-2.

and workers is very different, mainly because each group has a different perspective on the values of life. There is a great social barrier between them and clients' behaviour is strictly controlled, leading to a different attitude to life and often to learned helplessness and learned passivity. For these reasons, life in a total institution is incompatible with contemporary perceptions and values based on human rights and individual freedom, and the whole system is the exact antithesis of ordinary life.

Methodologists of the Ministry of Labour and Social Affairs of the Czechoslovak Socialist Republic were also aware of the risks of institutional care. A 1981 publication, Methodology of Educational Work in Social Welfare Institutions, stated the following: *"The institutional environment and life differ considerably from the conditions of normal life. It is mainly the disadvantage of monotony and stimulus stereotype that operates here. It is therefore necessary to approach as closely as possible the conditions of normal life and normal life practice in educational work."*[38]

However, the risks of the institutional approach were much more clearly pointed out by some experts in Czechoslovakia, such as Zdeněk Matejček, Josef Langmeier, Karol Matulay, Jozef Černay, Jozef Benko, and later Milan Cháb and Slavomír Krupa. Zdenek Matejček, together with Josef Langmeier, conducted research on psychological deprivation in institutional care for children and wrote a groundbreaking book in this field, Psychická deprivace v dětství (Psychological Deprivation in Childhood). Zdenek Matejcek also participated in the production of the film Children Without Love, which very aptly demonstrates the consequences of institutional care for children. It is through their research and work in this area that Matejček and Langmeier have defined one of the key features that is a consequence of institutional culture, namely psychological deprivation.

In Slovakia, among the key personalities in this field was prof. Karol Matulay, M.D., who for a long time devoted himself, among other things towards the end of his long professional career, to work with children with mental disabilities. Prof. MUDr. Matulay39, unlike most experts in Slovakia and the Czech Republic, argued that intellectual disability is a multifactorial disorder of somatics and psyche, and that this disorder should be diagnosed by a multidisciplinary team of medical, social and pedagogical workers. Prof. MUDr. Matulay collaborated

38 J. Jens et al. 1981. Methodology of educational work in social welfare institutions. Ministry of Labour and Social Affairs of the Czechoslovak Socialist Republic.
Prague.

39 In more detail about the life of prof. MUDr. Karol Matulay's life can be found in the book Prof. MUDr. Karol Matulay. Nestor of Slovak psychiatry and neurology. Osveta. 1996.

with a number of prominent international experts, including Tom Mutters from Germany and Karl Grunewald40 from Sweden. In 1982, under the leadership of Doc. Slavomir Krupa, PhD, one of the first day institutes for children with mental disabilities at Lipského 13 in Bratislava. MUDr. Matulay, already retired, worked very closely with him. The cooperation of Slavomir Krupa, the most important expert and practitioner in the field of transformation and deinstitutionalization in Slovakia, and prof. MUDr. Matulay, but also other employees of the Lipsky Institute, such as Pavol Kailing, Jaroslava Šickova or Katarína Sabová, led to the fact that the institution has long been one of the innovators in the field of social care for children with intellectual disabilities. Prof. MUDr. Matulay together with other pioneers in the care of people with intellectual disabilities in Slovakia such as MUDr. Benko, MUDr. Černay, PhDr. E. Breštenská, MUDr. Frank, as well as prof. Karl Grunewald and others wrote the publication Mental Retardation in 1986 and later the publication Nursing the Mentally Impaired (1989).

These publications have been among the most important in the field of care for people with intellectual disabilities. In 1986, the 4th Conference on Mental Retardation was held in Martin, where, among other experts, prof. Karl Grunewald presented a paper entitled Mentally Retarded
- basic principles of living. It is the cooperation of prof. MUDr. Matulaya with international experts, but also with Slovak ones, in practice pushed the care of people with disabilities further towards innovative approaches, despite the state institutional culture.

In the 1970s and 1980s, District Social Services Institutes began to be established to manage and administer residential care. These District Institutes formed an intermediate management link between the National Committee and the institution itself. Methodological centres were set up at all the regional national committees and the Bratislava capital committee to manage the USS in the region. The aim of these methodological centres was the methodological and professional management of the social services institutes, particularly in the educational and health fields. Thus, in the 1980s, the administration and bureaucracy surrounding institutional care increased. Immediately after 1989, the existing situation was criticised and solutions were sought to change it. A very significant event in the 1980s was the establishment of

40 Karl Grunewald is a Swedish psychiatrist who has worked for many years in the field of social services and

advocacy for community services and inclusion. He is the author of the so-called 'small group principle', which is the basis for defining a maximum number of people who live in one place for a long time so that an institutional culture can be avoided. He is also the author of many publications, for further study we recommend Close the Institutions for the Mentally Handicapped. Everyone can live in an open society - http://www.kvalitavpraxi.cz/res/archive/001/000182.pd- f?seek=1188218595

of the civic association Association for the Help of People with Mental Disabilities (hereinafter referred to as ZPMP), which, in addition to parents and other experts, was founded by the aforementioned MUDr. Černay, MUDr. Benko and prof. MUDr. Matulay. Since its foundation, ZPMP has been working for a long time to promote and change care for persons with disabilities in the Slovak Republic and is still doing so very actively today.[41] Parents associated in ZPMP in the Slovak Republic in particular were the first to indirectly declare the need for transformation and deinstitutionalisation, because they saw no prospect of their children ending up in institutional care at the age of 18, as there were no community services for them.

It was these activities that led to a greater effort in the early 1980s by the national committees to establish residential institutions for the mentally handicapped. These facilities were built primarily in unused buildings of kindergartens and nurseries, or by buying up family houses. The impetus for the establishment of day and weekly institutions was the desire of the Ministry of Health and Social Affairs of the Slovak Republic to meet the needs and requirements of families with mentally disabled children and the intention to implement social care in line with the global trend. In 1987, a resolution of the Government of the Slovak Republic was adopted, which imposed on the national committees the need to establish day and weekly institutions. This situation in the late 1980s was described by the Ministry of Health and Social Affairs of the Slovak Republic as follows: *"However, the regional national committees, except for the Central Slovak KNV, do not make sufficient use of this possibility, despite the fact that day and weekly residential institutions appear to be the optimal form of institutional social care in view of our economic situation. They generally have a capacity of 15 to 30 places and, as they can be set up in unused buildings, they are generally inexpensive to invest in. In addition, modern forms of social care, psychological services, special-educational approaches, counselling services for parents, preparation of the mentally handicapped for independent living in sheltered housing and work in sheltered workshops can be applied in them. The conditions for this are also created by the favourable structure of the staff of these SSSs, where 41.4 % are pedagogical and 31.4 % are medical staff, and there is daily contact with the parents of the children. At present, there are 12 day- and weekly-stay day- and weekly-stay day-care centres in the whole Slovak Republic, three in Bratislava, one in the West-Slovak Region, one in Košice and seven in the Central-Slovak Region. The districts in the Central Slovak Republic are the best*

41 You can find out more about the activities and history of ZPMP here: http://www.zpmpvsr.sk/casopis/informacie/2015/1-2.pdf

region, where between 1988 and 1989, on the basis of a resolution of the Council of the Central Slovak KNV, six day and weekly-staying ÚSSs were established."[42]

In the 1980s we already see the growing influence of the promotion of community services and the creation of alternatives to traditional institutional care. Among the pioneering facilities in Slovakia were mainly those in Bratislava, namely the already mentioned ÚSS on Lipského Street, where, under the leadership of Slavomir Krupa, they implemented innovative approaches in the diagnosis, education and care of people with intellectual disabilities, as well as support for parents of children and young people with intellectual disabilities.

Furthermore, also in the ÚSS Lubinská 543 in Bratislava (later DSS Javorinská), where under the leadership of Elena Dovinová, and especially later under the leadership of Jan Škotta, it was mainly devoted to work activities and employment, but also to cultural activities. It is also worth mentioning the Institute of Social Care for Mentally Handicapped Children and Youth - Day Residency Žilina, where Soňa Holúbková, one of the pioneers of community services for people with mental disabilities in the Slovak Republic, worked since its establishment in 1988. [44] The paradox is that already in this period, even from the position of the Ministry of Health and Social Affairs of the Slovak Republic, the need for a systemic change and indirectly also the transition from institutional to community care was pointed out, but even after almost 20 years, the Ministry of Health and Social Affairs of the Slovak Republic promoted the support of institutional care with a capacity of more than 50 places within the ROP, which is in clear contradiction with the above text. This historical perspective can only reinforce the fact that over the last 30+ years, the opportunity to systemically change the care and support of people with disabilities so that they are equal citizens in mainstream society has been repeatedly missed.

The situation in the USS in the Slovak Republic can be illustrated by the data on the number of places in the USS as of 31 December 1989. As can be seen from Table 1, there were 8 914 places in the Slovak Republic in institutions for persons with mental disabilities, of which 5 659 were in institutions for adults.

42 Report on the state of care for the mentally handicapped in social care institutions and proposal for measures. Material for the operational meeting of the Minister of Health and Social Affairs of the Slovak Republic. May 1990.

43 ÚSS Lubinská 5 was one of the first day-residential facilities in the Slovak Republic for children and youth with mental disabilities, established in 1969. In 1980, the inaugural meeting of the ZPMP in the Slovak Republic was held in this facility.

44 It was on the ground of this ÚSS in Žilina that the legendary international festival of creativity and imagination Jaši- dielňa was founded in 1990, which, thanks to the Holúbek family, for 25 years successfully supported the inclusion of people with mental disabilities not only in Žilina and Slovakia, but also in other countries.

Comparing this with the current situation, it is possible to see a significant, almost fourfold increase in residential care for people with intellectual disabilities (an estimated 20,000 people in 2016). If we look at weekly and daily stays in 1989, we see that the total was 386 places and in 2014 it was 4,966 places. [45] These statistics confirm that a systemic change from institutional to community care has not taken place at all, and is not yet fundamentally taking place, despite the fact that there have been various initiatives and also facts about the ineffectiveness of institutional care. At the same time, Slovakia has drawn up strategic documents and ratified international documents in this area. However, this development will be discussed in more detail in the following chapters.

Country	Number of places in the SSS				Number of 1 - 4 bed rooms	Number of 5 and more bed rooms	Number of common rooms
	Total	Of which in the Adult Social Services	Of which in the Youth Service				
			Total	In it the SSS with daily and weekly accommodation			
National Committee of the Capital City of the Slovak Republic of Bratislava	236	46	190	190	-	3	14
West Slovak Region	3.532	2.434	1.098	20	364	310	118
Central Slovak Region	2.526	1.494	1.032	136	215	229	70
Eastern Slovakia Region	2.620	1.685	935	40	238	247	81
Slovak Republic total	8.914	5.659	3.255	386	817	789	283

Table 1

Overview of the number of places in social care institutions for the mentally handicapped and the accommodation conditions as at 31 December 1989.

Source. Statistical information in 1990 by the Federal Statistical Office and the Slovak Statistical Office.

45 Report on the social situation of the population in 2015. MSPVR SR. Bratislava https://www.employment.gov.sk/files/ slovak/ministerstvo/analyticke-centrum/report-social-situation-of-the-population-for-the-year-2015.pdf

Social Services 1990 - 2003

After 1989, the ice was broken in the care and support of people with disabilities in the Slovak Republic.

In May 1990, the Ministry of Health and Social Affairs prepared a report on the state of care for the mentally handicapped in social care institutions and a proposal for measures.[46] The aim of this report was to assess the scope and level of social care for the population of mentally handicapped citizens placed in social care institutions at that time. At the same time, this report had the ambition to propose starting points for solving the acute problems of improving this care in line with the trend in developed European countries and with the commitments made by Czechoslovakia at the United Nations, namely by joining the Declaration on the Rights of the Mentally Retarded.

Already at this time, the report referred to the multidisciplinary nature and breadth of the issue, which affected the whole spectrum of the lives of people with intellectual disabilities: forms of counselling for parents, the integration of people with intellectual disabilities into society, the status of families with children with intellectual disabilities, and the status of citizens with intellectual disabilities themselves. The report dealt exclusively with institutional care and mentioned other areas only very marginally. The statistical overview in the report indicated a prevalence of intellectual disability of approximately 3.5 to 4% of the population. The author of the report estimates that there are approximately 100 000 citizens with intellectual disabilities in the Slovak Republic alone, of whom 7% have severe intellectual disabilities and 25% have moderate intellectual disabilities.

The authors of the report described the state of social care at the time as follows: *'The current state of social care for the mentally handicapped is unfavourable. Consistent prevention and early diagnosis of mental retardation is lacking. The public is not sufficiently informed about this condition and, as a result of the withholding of information, prejudices against this section of the population have not been eliminated. The Ministry of Health and Social Affairs does not have enough qualified social welfare workers and the SSSs are mostly in non-purposeful buildings on the outskirts*

46 Report on the state of care for the mentally handicapped in social care institutions and proposal for measures. Material for the operational meeting of the Minister of Health and Social Affairs of the Slovak Republic. May 1990.

municipalities. As a result, the accommodation conditions in the USS are inadequate and the working environment unattractive. There is a need to develop a system of training staff and educating the public to change the rejection of the mentally handicapped. At present, despite partial benefits and assistance from the national committees, families prefer to place their relatives in the SSS. The humanisation of society calls for a change in the concept of care for the mentally handicapped so that the emphasis is shifted to their integration into life in sheltered housing and sheltered workplaces. There is a need to create the choice of lifelong residence in an SSS in human conditions or leaving after preparation for life. For this purpose, day and weekly residential care facilities are optimally suited, where care is comparable to developments in the world. In changing the model of state administration, it is necessary to strengthen the autonomy of USS, to legislate for the participation of churches, self-help organisations and private organisations in the care of the mentally disabled. Following the proposed abolition of the KNV and the change in the function of the intermediate management units, it is required to fundamentally modify the status of professionals at the level of the MoHSS SR."[47]

However, it can still be seen from the text of the report that intellectual disability was not seen as multifactorial, but primarily as a consequence of genetic anomalies, alcoholism and smoking in pregnancy, although it also partially acknowledges other ecological influences.

In 1990, coordinated cooperation in the care of people with intellectual disabilities was still legally established. In 1990, the total number of residents in social care institutions was 8 914.

The care of children with intellectual disabilities was carried out in such a way that when a disorder was detected or suspected, the district doctor referred the child to the appropriate specialist. At the same time, the child was dispensed by his/her district doctor. At the same time, the child was reported to the district national committee, which was to provide counselling assistance and services to the child and the family in cooperation with the authorities and institutions concerned as part of coordinated care. However, timely counselling of parents and comprehensive assistance to these children were not sufficiently developed. They mostly operated in large cities (Bratislava or Košice). The ministerial report stated that there was no active search for families with children with intellectual disabilities by institutions. Families who had children placed with

47 Report on the state of care for the mentally handicapped in social care institutions and proposal for measures. Material for the operational meeting of the Minister of Health and Social Affairs of the Slovak Republic. May 1990.

in day-care institutions. The report noted the lack of awareness of intellectual disability among the general public, even stating that this lack of awareness has resulted in negative attitudes and prejudices in society towards people with intellectual disabilities. According to this report, families with a member with an intellectual disability have been socially dehumanized, which has led to increased efforts to place the member with a disability in a year-long residential care facility with subsequent loss of contact. The report suggested that the radio, press, television, as well as other mass media, in an appropriate form, should regularly educate the population on a humane attitude towards persons with intellectual disabilities. The Ministerial Report had already outlined initial proposals for the establishment of community outreach services, particularly in the areas of diagnosis, rehabilitation and counselling, with outreach therapists working in catchment areas at paediatric clinics. At the same time, there is already a proposal to create sheltered housing for adults with intellectual disabilities. Sheltered housing has been defined in this report as a housing unit used to house adults with mental retardation, in which staff are provided to help and advise them in normal living situations.

In 1990 there were 38 social care institutions for children and youth and 45 social care institutions for adults with mental disabilities in Slovakia. The report stated that the conditions of social care, with the exception of exceptional cases in day-care institutions, were unfavourable.

The report states the following: *"Out of the total number of 83 USS in the Slovak Republic, 50 (60.2%) are housed in non-purposeful buildings, in old castles, former mansions, curios, monasteries, etc. with all the negative consequences that result from this, such as high maintenance costs, undignified living conditions, local heating, etc. Furthermore, 21 USS (26.2%) are located in partly purpose-built buildings with extensions alongside non-purpose-built buildings and only 12 (13.6%) in suitable premises after reprofiling of unused nurseries and kindergartens or other buildings. "*[48] Furthermore, this report notes that only two youth welfare facilities have been purpose-built in the last 20 years, with a capacity of 320 places in Oščadnica and in Tvrdošín. However, the choice of these sites has brought with it the problem of low-qualified staff and thus poor quality care, despite the efforts of

48 Report on the state of care for the mentally handicapped in social care institutions and proposal for measures. Material for the operational meeting of the Minister of Health and Social Affairs of the Slovak Republic. May 1990.

employees of these facilities. Earlier this year, the Ministry of Health and Social Welfare stated that the practice of locating social care facilities outside regions of occupancy and the use of non-purpose-built structures was characteristic of local authorities in the 1950s and 1960s. Unfortunately, this trend continued. The issue of segregation of social welfare institutions is exemplified in this report: *'In the research that preceded the preparation of the report, we found that, for example, from the level of the Vice-Chairman of the ONV in Presov in 1989, not only was the establishment of a day-stay youth welfare institution with diagnostic purposes in a suitable building in Presov refused, but it was also decided to relocate the currently existing youth welfare institution in Presov to adapted premises in the settlement of Cemjata, 15 km away from the district town. For the same reasons, Bratislava still does not have a year-round residential facility, and the West Slovak KNV is planning to build a 150-bed residential facility in the mountains behind the building of the Psychiatric Hospital in Pezinok. "*[49]

A 1990 report on the state of care for the mentally handicapped in asylums noted that the effects of the policy of placing asylums in non-purposeful buildings was also reflected in housing conditions. Its authors pointed out that the housing culture of the residents and the working conditions of the staff had not improved despite heavy investment in the maintenance of these buildings and their operation. In 1990, just under 30 % of the residents in the institutions lived in rooms with two to four beds and more than 70 % lived in rooms with five to 14 beds. Even at this time, there were still facilities operating with rooms with as many as 18 to 20 beds. For example, the establishments in Pohorela, Lipová, Pastuchov, Halíč, Giraltovce, Prešov and Horní Štitáry did not have a single room with less than five beds. In the 1980s, apart from two facilities in Oščadnica and Tvrdošín, no purpose-built facilities were built. However, during these years, only retirement homes were built as part of comprehensive housing construction, and the old non-purpose-built retirement homes were reprofilised into institutions for mentally handicapped citizens. Since 1980, 15 institutions for mentally handicapped adults have been established in this way. By the early 1990s, the capacity of residential care was overstretched beyond the capacity to provide these services. This situation arose as a result of the demand by the party authorities and local national committees to increase capacity according to well-defined plans and quotas, taking into account the five-year (up to seven-year) waiting times for institutionalisation. The state tried to resolve this situation by the aforementioned reprofiling of nursing homes into institutions for

49 Ibid.

people with intellectual disabilities. At the same time, there was almost no offer of community services. As can be seen from this report, the trend towards segregated residential care continued into the 1990s, even though there were already initiatives in place that spoke of the change that was needed. However, a similar approach to the above example can be observed by some regional authorities today and was also promoted under the Regional Operational Programme in 2009-2010. More on this in the following chapters.

The persistence of the medical institutional approach in the institutions in the 1990s can also be seen in the overview of the structure of the staff, where only about 6% of the teaching staff in adult institutions did direct educational work, while in institutions for children and youth it was about 11.5% of the staff. More than 30 % of the staff were involved in the running of the institutions and more than 50 % in health care and, in addition, cultural and social activities. This situation and the need for more pedagogical and social workers were also the reasons for the abolition of the age division of the institutions (a large proportion of the staff were still nuns). Nevertheless, it was possible to see at least a 'paper' interest in making a difference to the care of people with disabilities, through the continued support of day and weekly residential services, which were also linked to the growing demand from families who had a member with an intellectual disability.

One of the proposals of the Ministry of Health and Social Affairs was that the first half of In the 1990s, a day- and weekly-stay facility was built in each district town, and possibly in other larger towns after parents' interest was established. The estimate of the Ministry of Health and Social Affairs of the Slovak Republic was as follows: *"The cost of the implementation of this project, assuming that the establishment and operation of a day- and weekly-stay day-care centre with a capacity of 30 to 40 places requires about 2 to 3 million euro, would be about 1 million euro. The cost of a 2.2 - 2.3 million CZK facility would amount to an estimated 80 – 100 million CZK. CZK 80 - 80 million for the creation of 35 – 40 day and night care centres with 1200 – 1500 places in the Slovak Republic. The above-mentioned way of raising the level of institutional social care can also be implemented in the envisaged changed conditions of state administration management in connection with the transition to a market economy and a new model of financing and management of municipalities and cities." It was in* this period that quite a few social service facilities with day and weekly stays were established in Slovakia, and the first sheltered housing also began to emerge.

Based on this report, in the early 1990s, the Ministry of Health and Social Affairs proposed a number of measures in the areas of pensions, sickness insurance, social care and institutional care, which were later translated into

disability compensation and social services. The proposal of measures for the humanization of social care for the mentally handicapped in the Slovak Republic aimed, among other things, to prepare a concept of social care for the mentally handicapped with the aim of gradual integration into the life of the society, the elaboration of a proposal for the creation of a counselling system for mentally handicapped children from 0 to 3 years of age in the interest of prevention and early assistance to families with such children, the elaboration of a timetable for the gradual establishment of a day- and weekly-stay social care centre for the mentally disabled, improving living and working conditions in residential institutions with year-round residence, ensuring public awareness of mental retardation, gradually building a system of counselling and rehabilitation for disabled children in the home, creating conditions for the establishment of sheltered housing within the framework of the housing policy concept in order to fully integrate the mentally disabled into the life of society, and increasing the number of staff in institutions so as to achieve an average of three places per worker in residential institutions for adults and two places per worker in residential institutions for children and young people.

The situation at the end of the 1980s and the beginning of the 1990s in the field of care for people with intellectual disabilities was described and the need for a change in the system was pointed out by prof. MUDr. Matulay in his speech on October 25, 1990 in the institute at Lipského 13 in Bratislava, which was named in his honour. *"All over the world there is a retreat from large institutes. It is considered most appropriate to leave the child in the family in the care of the mother until the age of 3. But this method requires services to the home, to the family: all of them, whether medical specialists, whether educators and psychologists, speech and movement specialists – that is, mobile services – as we call them. Early diagnosis and early treatment, which is prevention in itself. The simultaneous care of the family and the mother, and the building of services that relieve the mother from ongoing care and caregiving."*[50] Qualitatively, it was possible to observe the difference between how residential institutions with year-round care functioned compared to residential institutions with day and weekly stays. In order to get an idea of how a day-care facility functioned, the following information from the Lipského Street institution in Bratislava in the early 1990s is given in some detail: *"The institution is an independent advance-care organisation managed directly by the ObNV Bratislava IV. The operation of the institute is from 6.30 a.m. to 5.30 p.m. - day residence, which means that the children come to us as if they were going to kindergarten. The operation is*

adapted to the daily needs and the inmates are intensively involved in it. The catering operation provides food for the children 3 times a day – snack, lunch, lunch, snack.

50 Prof. MUDr. Karol Matulay - written remarks to the speech on 25 October 1990.

Meals are tailored to the needs of the children. The latest technology is used for the education and therapy of the children, from colour TV, video, epirex, meotar, various teaching aids. It is also difficult to provide such equipment from an operational point of view (8 educational groups). The institute manages the planned and allocated funds, which are redistributed in such a way as to ultimately benefit the children of the institute the most. We are currently planning to carry out an extension and renovation. The premises of the institute are in the buildings of a former kindergarten and nursery school, which need to be adapted to the needs of mentally handicapped children. The extension will include the extension of the canteen, the construction of a sheltered workshop and a garage. Another building will house a swimming pool and a gymnasium. We are planning a whole rehabilitation section in these premises. There is an educational and diagnostic section in the facility. From an economic point of view, specific figures should also be mentioned. The total cost of the institute, including staff salaries, for 1989 was CZK 2,682,000, i.e. CZK 25,302 annual cost per 1 child (106 children), i.e. CZK 2,108 monthly cost. Compared to the expenditure in 1989, we had income from nursing fees of 380,000 CZK. In spite of the high costs, we will continue the trend in order to continue to improve the quality of work for children and to ensure the highest possible level of care."[51]

Thanks to legislative changes between 1991 and 199252 , non-public organisations were also allowed to provide social care. In 1991, Slavomír Krupa founded the first sheltered housing facility - Betánia Senec53 - in response to the long-declared needs of parents and young people with mental disabilities. This facility, thanks to the cooperation with ÚSS Lipský, created a space for a community residential service for eight people with intellectual disabilities and was later led and developed by Miroslav Krupa over a long period of time. Two years later, Slavomír Krupa became the director of the Institute for Children and Youth with Physical Disabilities on Mokrohájská Street in Bratislava. Between 1993 and 1996, the DSS developed a project of sheltered housing for physically disabled clients who did not have a stable family background and usually stayed in the facility throughout the year, including holidays and vacations. The management of the institution rented

with the contribution of the INTEGRA Foundation, a family house in Ivanka pri Dunaji, which provided a barrier-free, home-like environment for six clients with physical disabilities. As Slavomir Krupa says:

51 From the report on the activities of the Institute prof. MUDr. Karol Matulay. 1990.

52 Act No. 135/1992 on the Provision of Social Services by Legal and Natural Persons, prepared by the Ministry of Labour and Social Affairs of the Slovak Republic under the Minister PhDr. Helena Wolekova, CSc. regulated the possibility of providing social services again also for other providers than only state providers. This law has enabled and significantly helped the development of community services by NGOs in the Slovak Republic.

53 Bethany Senec was founded with the support of the Bethanien Solingen organization and mainly thanks to the husband and wife team of Slavomir and Jolan Krupov, Ivan and Julia Markuš, Dušan Kintler, Igor André and František Ciesar.

"The community and neighbors, the local elementary school, fellow students, the folk art school, have welcomed the new residents into their midst. The sheltered housing was mostly staffed by young people who had no problem changing the system and conditions of social services in the family home. In the first weeks the clients adapted to the conditions of life in the home, they participated together, according to their possibilities and abilities, in the preparation of breakfast, dinner, maintaining order in the house. They were surprised to discover ordinary, common things (how to cook soup, prepare a second meal, after bathing it is necessary to wash the bath, in the house it is not necessary to shout, it is enough to whisper, the dog, the cat must be taken care of). The staff of the Mokrohájská institution accepted the project in Ivanka pri Dunaji with embarrassment, because, according to them, the clients in the institution had good living conditions and therefore saw no reason for change. "[54] After Slavomír Krupa left the Mokrohájská institution in 1996, the sheltered housing in Ivanka pri Dunaji was closed down. The new management built a family house directly on the premises of the Mokrohájská Institute, to which the clients were moved back. [55]

In addition to the Council for Counselling in Social Work and Bethany, other non-governmental and religious organizations were established to promote and provide community-based social services in the Slovak Republic. ZPMP in the Slovak Republic professionalized its activities, e.g. the Christian League for Assistance to the Mentally Handicapped in Slovakia, KIDS, the Down's Syndrome Society and others were established. These first NGOs after 1989 started to engage in a large scale and developed, among others, the document Proposal for solving the fundamental problems of people with intellectual disabilities and realization of their social integration. The authors of this document pointed out that a total of about 10 000 people live in social care institutions with year-round residence. They also pointed out that mental disability is a medical, ethical, pedagogical, psychological, social and economic problem, which is why early diagnosis and intervention are essential. In their text on institutional care

54 Personal interview with Slavomir Krupa. december 2016.

55 In the area of support for people with disabilities, it is noticeable that if there is even a minimal support (partial integration and debarrierisation) in the community, people strongly prefer this environment to institutions. This fact has been reflected in recent years in the provision of social services in the DSS Gaudeamus (Mokrohájska Institute) in Bratislava, but also in other similar institutions for people with physical disabilities, that the number of people interested in year-round stay has significantly decreased. All of these

facilities are struggling with what services to offer in order to remain viable at all. This often leads to the formation of strongly heterogeneous groups of social service recipients, which results in a significant reduction in the quality of life and the quality of social service. However, despite attempts to provide community services in institutional settings and various projects to promote them, these are not real community services that exist in natural settings.

in the 1990s state the following: *"In social care institutions for children and youth with year-round residence, the pedagogical process is inadequate, there is a lack of preparation for a profession. In adult institutions there is no possibility of employment, there are no workshops. Educational and care staff in institutions for so-called non-educable children and young people are not up to the required standard. Only routine care is provided. Diagnostics of the inhabitants of the institutions is inadequate; there are individuals with mental disabilities, psychiatric patients and alcoholics together. However, this situation is not matched in scope or quality by medical care. People with intellectual disabilities continue to be marginalised in the resolution of departmental problems. Thus, there are legitimate discussions about whether the Fundamental Charter of Rights and Freedoms, the Declaration on the Rights of the Child, the Constitution of the Slovak Republic, etc. are respected in their case. The individual articles of these documents regulate the relevant legislation in such a way that de facto the realisation of these rights is restricted or prevented for many citizens with intellectual disabilities. This concerns, for example, health care, upbringing and education, vocational training and employment, personal freedom, interference with privacy in the UDHR, preservation of human dignity, etc. "*[56] This report also drew attention to the need for a transformative and cross-cutting approach to addressing the issues of support for persons with disabilities. Similar reports and proposals have been coming and have been coming from the NGO sector for a long time.

As we have already noted, a number of opinion-forming organisations in this field were established in the early 1990s. The ZPMP in the Slovak Republic acquired legal personality and during this period it was led by Viera Záhorcová, PhD, who has been very active in the field of transformation and deinstitutionalisation up to the present day. In 1990, under the leadership of Doc. PhDr. Slavomír Krupa, PhD. at the Institute of prof. MUDr. Karol Matulaya, the Council of Institutional and Social Care Workers, which was later renamed to the Council for Social Work Counselling and has long been a leader and carrier of the ideas of transformation and deinstitutionalization in the Slovak Republic. From the very beginning of its existence, the RPSP had the aim to promote the normalization and social integration of disabled people into society, the principle of respect for life, the principle of a team-based professional and qualified approach, the principle of prevention and counselling, the principle of early diagnosis, rehabilitation and stimulation, the principle of the priority position of the family and the concept of foster family care.

56 Submission report on the Proposal for the solution of the fundamental problems of people with intellectual disabilities and the implementation of their social integration.

care according to the family model, the principle of professional social, medical, pedagogical and legal assistance to the family with a disabled child and the orientation of this assistance to the family, the principle of continuous care and the principle of preparation for employment. Already in this period, it also aimed, among other things, to create new models of housing and sheltered workplaces, to atomise large-capacity residential institutions into family-type facilities, and to show respect and dignity to those who are socially and medically dependent on the help of others throughout their lives. [57]

In addition to these two organisations, other organisations such as the Down Syndrome Society in Slovakia (prof. MUDr. M. Šustrová), the Christian League for the Mentally Handicapped in Slovakia (PhDr. J. Škott), KIDS (PhDr. A. Hanudeľová), the Association of Organisations of Disabled Citizens (MUDr.
M. Orgonášová) and others.

In this period, the social approach is also being more strongly promoted in Slovakia. It is related to the societal changes that have taken place in the world since the end of the 1960s. It also represents a change in the perception of disability, which is a consequence of the poor organisation of society, so that citizens with disabilities face obstacles and barriers to equal participation in ordinary life. This approach is heavily influenced by Ervin Goffman's "total institution" theory mentioned above and, in Europe, by the work of Karl Grunewald and others. The perception is shifting towards the idea that citizens with disabilities can and should participate in society and be integrated. Responsibility for social care solutions is shifting to the whole of society and an interdisciplinary approach.

Society is trying to debaririse and humanise the environment in which its citizens live. Initiatives are emerging that aim to change attitudes towards citizens with disabilities. Humanisation means improving the living standards of people in large institutions by reducing the number of residents in rooms, increasing the number of social
workers, aestheticizing the environment, but it does not directly affect the respect and observance of the rights and duties of these people. However, service provision is still, as can be seen in the examples above, inward-looking in the institution and organisation, even if elements of integration are emerging. An assessment of the process of humanisation is also to be found in the document of the Ministry of Labour and Social Affairs of the Slovak Republic

57 Constitution of the Council of Residential and Social Care Workers. 1990.

Strategy for the deinstitutionalisation of the system of social services and foster care in the Slovak Republic, which states the following: *"Despite the obvious efforts to humanise social services, as well as to improve the quality of assistance to families with children and care for children who for various reasons cannot grow up in a natural family environment, the changes that have been achieved in recent years have not shifted the focus of assistance and care more significantly in favour of the citizen - to the fulfilment of their rights, individual needs and the creation of prerequisites for an independent life in an integrated community of full citizens."* [58]

In terms of transformation and deinstitutionalisation, no major systemic changes took place during this period, but gradually, as cooperation with foreign countries expanded, innovative and community-based services began to develop, especially within the non-profit sector. A number of day-care facilities for people with disabilities were established, which had a strong community character. It is worth mentioning, for example, the Children's Club in Košice, Betania in Senec, sheltered housing in Rusovce, but also public services such as Symbia in Zvolen, Méta in Martin, Domino in Prievidza and others. Woleková states about the state of transformation of social security in this period that: *"The objectives of the transformation of the social security system inherited from the socialist regime had not been achieved by the end of 1996. None of the prepared policies, i.e. not even the state social support system, had been introduced into social practice in Slovakia. Only partial steps were implemented. "*[59] The analytical document of the S.P.A.C.E. Foundation, Social Policy of Slovakia after 1989, also includes the following table, which shows an overview of the number and establishment of social service institutions in the Slovak Republic between 1990 and 1995.

58 Strategy for the deinstitutionalisation of the social services and foster care system in the Slovak Republic. 2011. MINISTRY OF LABOUR AND SOCIAL AFFAIRS OF THE SLOVAK REPUBLIC. Bratislava.
59 Radičová et. al. Social Policy in Slovakia after 1989. S.P.A.C.E. Foundation Bratislava. http://archiv.vlada.gov.sk/old.uv/data/files/7195.pdf

Indicator	1990	1991	1992	1993	1994	1995
Total number of institutes	220	224	242	265	268	268
State	202	210	229	242	243	243
Church	18	14	13	17	18	17
Private	-	-	-	1	1	1
General	-	-	-	5	6	7

Table 2

Overview of the number of institutional care facilities in the Slovak Republic in 1990 - 1995. Source: S.P.A.C.E. Foundation and Statistical Office of the Slovak Republic.

In 1996, the Ministry of Labour and Social Affairs of the Slovak Republic drafted a document entitled Concept of Transformation of the Social Sphere of the Slovak Republic.[60] The ambition of this document was to prepare changes that would be directed towards the development of social and economic rights of citizens in the spirit of the principles of transition from state paternalism to a socially just society. The aim of this transformation of the social sphere was to change the system so as to build new social relations and create a mechanism for a socially just, market-oriented and democratic society based on the principles of demonopolization, democratization and decentralization. The following were listed as the main principles of this change:

- social solidarity
- citizen participation in their rights
- addressability of the benefits provided
- the protection and development of citizens' natural property rights
- personal responsibility for one's own destiny and that of one's family
- state guarantee of a decent life for citizens and promotion of social justice

60 Concept of transformation of the social sphere of the Slovak Republic. 1996. MINISTRY OF LABOUR AND SOCIAL POLICY OF THE SLOVAK REPUBLIC. Bratislava.

In spite of the above-mentioned principles of transformation of the social sphere, which could have guided and not directly supported the process of de-institutionalisation, no significant changes have been implemented in the area of transformation and de-institutionalisation of social services.

This document addressed institutional care only to a limited extent and without any substantial solutions. The Concept Paper states that the concept of social care is primarily understood as the provision of cash and in-kind benefits and social care services, including institutional care, to citizens who have been placed in an unfavourable living situation which they have been unable to resolve and overcome by their own efforts. The concept also addresses the consequences of the paternalistic approach, stating: *'The above-mentioned paternalistic approach has minimised and virtually excluded the participation of non-State actors in the implementation of social care. Social care became less addressable, lost the character of an individual solution and did not offer alternative ways of dealing with the state of need. Implicitly, this reduced the citizen's motivation to take an active part in solving his or her life situation and, on the contrary, increased the tendency to rely passively on state social care. As a consequence, the costs of social care have been rising, while the method of meeting them on a residual basis has persisted for a long time. Therefore, in the transitional phase, partial steps were taken. Act No 180/1990 Coll. amending Act No 100/1988 Coll. on social security and subsequently Act No 135/1992 Coll. provided for the possibility of the provision of social services by legal and natural persons.'*[61] In addition, further legislative amendments in 1993 provided for changes which regulated the pension system, but also established more clearly the possibilities for the provision of social welfare services and benefits. As we have already indicated, even this concept did not bring about a fundamental systemic change in the institutional care in the field of social services. It is important to mention that it was between 1995 and 1996 that systemic changes began to take place in the field of social protection of children and the gradual transformation of children's homes began, which will be dealt with only in a partial way later in the context of European Structural Funds.

61 Concept of transformation of the social sphere of the Slovak Republic. 1996. MINISTRY OF LABOUR AND SOCIAL POLICY OF THE SLOVAK REPUBLIC. Bratislava.

62 For more information on the process of transformation of social protection, we recommend the publication of the association Návrat
- Transformation of foster care for children in Slovakia after 1989. Available here: http://www.navrat.sk/data/files/publikacie/Tranformacia_nahradnej_starostlivosti_o_deti_na_Slovensku_po_roku_1989.pdf

In 1998, a new Law No. 195/1998 was adopted. The purpose of which was to regulate legal relations in the provision of social assistance, the aim of which is to alleviate or overcome, with the active participation of the citizen, material need or social need, to ensure the basic living conditions of the citizen in the natural environment, to prevent the causes of the emergence, deepening or recurrence of disturbances in the psychological development, physical development and social development of the citizen, and to ensure the integration of the citizen into society. Social assistance has been addressed in various ways, including social protection (only until 2005) and social services. Social services under this law consisted of:

a) nursing service
b) the organisation of common catering
c) transport service
d) care in social services
e) social loan

Care in social service facilities was provided in social service homes, retirement homes, sheltered housing facilities, children's homes, homes for single parents, nursing homes, foster care facilities, shelters, crisis centres, resocialization centres, rehabilitation centres and nursing facilities. The scope of the types of social service facilities has been changed by several amendments to the Social Assistance Act, and this is also presented in the following chapters. A total of 28 490 citizens were provided with institutional care throughout the Slovak Republic in 1999. [63] In the following Table 3 we present a statistical overview of the number of social service facilities, their number of places and population in 1999.

63 Slovstat database, Statistical Office of the Slovak Republic.

Social services facilities	Total number of devices	Total number of seats	Total population
Total adult residential institutions	244	22 045	21 537
Retirement homes	146	12 780	12 390
Homes - pensions for the elderly	29	3 032	2 869
Institutional facilities for children in total	142	7 262	6 953
Children's homes	82	3 746	3 416
Institutional establishments set up by the regional authority	341	26 969	26 338
Institutional establishments set up by the district authority	1	24	17
Institutional facilities established by the municipality	9	634	608
Institutional facilities established by the Church. legal persons.	28	1 440	1 294
Institutional facilities established by other legal persons	3	44	40
Institutional facilities established by a natural person.	4	196	193

Table 3

Overview of the total number of social service establishments, their places and population in 1999. Source. Statistical Office of the Slovak Republic.

As can be seen from the table above, the number of institutional care facilities in the Slovak Republic has been increasing since 1989 and the number of facilities established by legal and natural persons other than the state has also been increasing. The possibilities of providing social services also by other organisations have led to differences in the quality of the social services provided, even in residential institutions.

The above-mentioned study by the S.P.A.C.E. Foundation states: *'As A. Poracký (1995: 31) states, non-state actors operate ...small-scale facilities designed on the principles of humanity of developed Western countries and taking into account the needs of disabled people with a holistic view of their personality. Non-state actors provide their services at*

lower costs, which is due, as J. Galáš (1995: 32) states, to lower average wage costs per

In other words, non-state actors provide social services to a higher standard and at a lower cost than the state is able to do. While this statement cannot be applied to every specific facility and entity, it reflects a general tendency. "[64]

64 Radičová et. al. Social Policy in Slovakia after 1989. S.P.A.C.E. Foundation Bratislava. http://archiv.vlada.gov.sk/old.uv/data/files/7195.pdf

First pilot transformation projects and deinstitutionalisation of the social services system in the Slovak Republic

It was on the basis of the first quality assessments in the second half of the 1990s that the first pilot projects of transformation and deinstitutionalisation in social services in the Slovak Republic began to be prepared and implemented. In the world, the processes of transformation and de-institutionalisation were already in their final stages, and the development of community-based services began to be very intensive there. In the Czech Republic, the deinstitutionalisation of the first institution in Horní Poustevní under the leadership of Milan Cháb was also already underway. [65] In this section, we would like to present a short text by Milan Cháb on the topic of deinstitutionalisation: *'When you say deinstitutionalisation, it usually translates as the closure or abolition of an institution. The problem is not that there is an institution, but that it mixes sociologically different functions and replaces something with something else. Let me give an example. It seems quite apt to me in the example of a barber shop or a hairdresser. If we set up an institute of hairdressing services and we keep cutting that ward's hair and we are loud enough to say how well we cut it, we don't let it out and we keep emphasising that this is actually the best we can do, then that is exactly the institutionalised service that becomes the institute of hairdressing services. Today, the ward is an organic part of the institution that takes care of him; he is always part of the hierarchically lowest part, so he is significantly involved in those jobs that are the least pleasant in his care. At the same time, the number of trustees is kept or increased by the institution and the trustees are not released into the world, so that the hierarchies of the trustees, the superiors, do not lose their meaning. In measurable fields of human activity (industry, commerce, etc.), it has long been obvious that such a norm of organization is utterly inefficient. "*[66]

In Slovakia, the topic of transformation and deinstitutionalisation was and still is promoted by the organisation Council for Social Work Counselling (hereinafter referred to as RPSP). RPSP has professionalised

65 For further study, we recommend the book by Milan Chába – Svět bez ústavů, published by QUIP – Quality in Practice, founded by former colleagues of Milan Chába, which is one of the leaders in the field of deinstitutionalization and community services in the Czech Republic www.kvalitavpraxi.cz.

66 M. Cháb. 2004. A world without institutions. Quip - Society for Change. Prague. ISBN: 80-239-4772-9.

started its activities in 1996 and began to focus on promoting the transformation and deinstitutionalization of social services, the improvement and implementation of quality in social services, the training of professionals and direct support for people with disabilities and their families. As part of the advocacy for new services and changes, in cooperation with the Norwegian university Rogaland VernepleierHogskole, she initiated the establishment of a new university department at the University of Constantine the Philosopher in Nitra – Social Work with a focus on specific pedagogical problems. During this period, the RPSP also started to implement the first ever projects of transformation and deinstitutionalization in the Slovak Republic. In 1999, the Regional Office in Košice started to cooperate with the Council for Social Work Counselling and commissioned quality monitoring of six social service institutions under its jurisdiction. On the basis of the results of the monitoring, two facilities were identified which were to go into the process of transformation and deinstitutionalisation: the DSS Hodkovce and the DSS Kráľovce. As part of the quality monitoring, the RPSP identified a number of institutional elements in DSS Hodkovce, some of which led to violations of human rights, in particular the placement of immobile residents in net beds, the unauthorised fixation of residents to fixed objects so that some had their lower limbs tied with 'liacas', the preference for nursing and medical services, forced sexual and physical abuse among residents, and the deprivation of legal capacity.

The RPSP in cooperation with the regional office prepared a project for the transformation of the DSS Žehra, part of Hodkovce. This project was submitted and approved under the 1999 Phare ACCES Programme, Macro-project Scheme in 2001 to the Delegation of the European Commission. RPSP became the expert guarantor of the project. It lasted from 1 January 2002 to 28 February 2003. The budget of the project was 120,000 Euros, of which the investment part for the construction of sheltered housing in the community was 57,193 Euros and 23,605 Euros for the equipment of the sheltered housing. Due to delays in the construction work in the winter of 2002, the project was extended until 31 July 2003 on the basis of an approved application. The main activities of the project were to change the quality of the social services provided through the establishment of family-type housing, to change the ownership (from a state to a non-state organisation) and to change the financing of the organisation to multi-source financing. The main activities implemented by RPSP within the framework of this project were vocational assistance in the education and training of staff to retrain them for employment in sheltered housing conditions and to prepare clients for a change of

lifestyle from institutional to community living in an urban environment. Furthermore, it was the preparation of general principles and principles for the transformation of social service homes in the Slovak Republic.

Republic and coordination of the project and cooperation with project partners: the Ministry of Labour and Social Affairs of the Slovak Republic, Košice Regional Office, Košice Regional Municipality, Spišská Nová Ves District Office, Supported Employment Agency in Bratislava67 and SOCIA Foundation, as well as with foreign partners DSS Horní Poustevna and Connaction Foundation from the Netherlands. Within the framework of this project, the organisation Socialtransform, n. o. was established, which has been providing social services in the municipality of Spišské Vlachy until now.

In the DSS Žehra, part of Hodkovce, there were 132 adult men with mental disabilities at that time. DSS Žehra, part of Hodkovce, was established in 1959 in an old large manor house originally as a retirement home with a capacity of 60 beds. Since 1960, the social services facility has been reprofilized into a social care institution for mentally handicapped men with a capacity of 160 inhabitants. Between 1991 and 1998 the number of residents was reduced to 120. The social services home underwent extensive reconstruction, in the framework of which EUR 65 million was invested. The social care home was renovated in the course of a renovation programme. The reconstruction was completed in 1998. The facility is located in a large enclosed area. It is located eccentrically on the outskirts of a small part of the village of Žehra in Hodkovce. Life in the DSS ran independently of the life of the community surrounding the home. The home has undergone a difficult reconstruction, which mainly affected the accommodation part of the facility. Its completion significantly improved the environment of the home. Changes in the content of the social services were achieved only gradually. Among the most notable ones was the abolition of the hospital ward for recumbent residents, as it was recommended to verticalise the residents after expert medical examinations, as they were all mobile. The abolition of the inpatient ward was also linked to the strengthening of educational and recreational activities. There was a gradual rebalancing and strengthening of social services (also educational) at the expense of the dominantly promoted health care. Playgrounds were built on the grounds of the home, and the provision of food and other services was improved68. The project plan presented the following vision of the future: *'The residents of the home live in a residential environment where most of the rooms are triple (8 rooms), quadruple (12 rooms), quintuple (8 rooms), while the residential part of the DSS is an area where the residents stay only from dinner to wake-up. After that, they leave the DSS accommodation area and only come back in the evening. The change of housing consists in creating sheltered housing conditions that provide residents not only with space*

67 It was the first project of transformation and deinstitutionalisation where RPSP and APZ Bratislava and informally SOCIA Foundation cooperated contractually. During this period, APZ Bratislava implemented projects for pilot testing of activation and employment of persons with disabilities on the labour market – a sheltered workshop Radnička was established, and training in employment for employees of social service homes and supported employment agencies took place.

68 Final report on the project 1999 Phare ACCESS Programme Macro - project Scheme Transformation of the social services home in Hodkovce part of Žehra.2003. Social Work Advisory Board. Bratislava.

for accommodation, but above all privacy (single, max double rooms with accessories, wardrobe, table with chairs), reducing the number of inhabitants in one accommodation unit to eight citizens. Gradually, the residents of the home will live on the basis of their own free will in the environment of the towns (Spišské Vlachy, Krompachy, Spišské Podhradie, Gelnica). Similarly, the living conditions in the original home, where two smaller accommodation units have already been built within the premises, will be adapted. "[69]

In the following Table 4 we present a comparison of the baseline situation in the DSS Žehra, Hodkovce, before and after the end of the project.

2002	2003
Legal status DSS Žehra, part of Hodkovce, was a state home, within the meaning of the Act on Social Assistance No. 195/1998 Z. z., the founder of which was the state administration of the Košice Košice Regional Court. The founder of the Košice administration decided on the personnel, economic and capacity conditions of the facility. The home had legal subjectivity, but with a relatively high degree of dependence on the founder. Act No. 195/1998 Coll. did not contain legal conditions for transforming organisations.	Non-profit organization Socialtransform, a non-state organization within the framework of decentralization of state administration falling under the Košice Self-Governing Region, providing social services as an entity under Act No. 195/1998 Coll., § 72. Act No. 195/1998 Coll. was amended in part §86(6), which sets out the funding conditions for organisations in transition (b, c, d). Home staff are taking separate action to further changes in legislation for transitioning organisations.

69 Project plan for the Transformation of DSS Hodkovce.
70 Ibid.

Management Budget organisation of the State. The organisation managed only state funds. Client payments for services were made to the state administration.	Multi-source financing of the non-profit organisation (financial contribution of the state, client payments, 1% of personal taxes, grants, donations). The state contribution is provided through the Košice Self-governing Region. The non-state entity focused its activities on obtaining the necessary funds for the operation and construction of sheltered housing in Spišské Vlachy. The lack of existing funds and their provision has become the basic priority of the management of the home. The staff is actively submitting projects for grants, lobbying at the state administration, parliamentary and municipal levels.
Housing clients All clients are accommodated in the premises of the do- mova. Some of the clients live in sheltered housing within the premises of the home. The clients had no other choice but to live in the conditions of the former social services home.	The sheltered housing buildings, which will provide accommodation for 20 clients in Spišské Vlachy, in the environment of the village, outside the area of the original home, are nearing completion. One of the houses was financed under a project of the Delegation of the European Commission to the Slovak Republic.

Quality of social services provided to clients in the home The organisation has made some radical changes in the quality of the services it provides. It abolished the net beds and the ward for immobile clients. It verticalized immobile clients and placed them in educational groups with professional medical and educational care. It established animal and crop production work groups, abolished some health and nursing services, and strengthened clients' educational and occupational activity. Some clients still have only passive care. Despite the efforts of the home's staff, services are not provided with a focus on the individuality of the clients, but are more focused on organising the activities of the whole group.	Rediagnosis of all clients was carried out in cooperation with the home staff. Some of the clients and staff in sheltered housing located within the home's premises were continuously prepared for transition to community housing in the community. As the prepared clients have not yet moved to the new housing in Spišské Vlachy, the living conditions in the attic part of the home have not changed. There has been no significant shift in the quality of social services in the home. The new focus of the home on transformation is not accompanied by a change in attitudes and approaches on the part of the staff (with some exceptions). These have remained without observable dynamic changes, despite the Council's support. This is due to the slow adaptation of the management to the new situation and the traditional, largely authoritarian leadership of the home's work teams. The individual approach of staff to clients has been partly implemented in sheltered housing within the home's premises.

Management The management of the home was focused on ensuring the running of the home. It addressed issues facing the home. It did not deal with conditions aimed at the social integration of clients outside the home. The management style was directive oriented to ensure work discipline and order.	The management of the home had to focus its efforts on contacts outside the home, most of which were focused on the construction of sheltered housing in Spišské Vlachy, communication with local authorities, state and municipal authorities and deputies, donors, etc. In spite of training, countless consultations and education, the management style of the organisation still includes elements that are characteristic of state-run organisations, such as: placing more emphasis on the management of the organisation's operations (catering, cleanliness of the environment, regime) or individual personal development of clients. Breaking down routines and stereotypes in management are obstacles that will require more than a few months. However, it is also necessary to underline the high commitment of the management of Socialtransform, n.o., since the beginning of the project, when it also provided the basic operation of the home and also the construction of the houses, which required and requires a high permanent work commitment of the staff.
Media coverage DSS Hodkovce was among the dozens of facilities for which information was not provided.	Information on the progress of the project was provided continuously in the Integration magazine. Socialtrans- form, n. o., has set up a website with detailed information on the progress of the project. Meetings with journalists, articles at regional and national level contributed to public awareness. Socialtransform, n. o., has published a calendar for 2003 from its own funds, which contains information about the organisation and other promotional materials.

Project coordination The project was implemented at a stage when the decentralisation of the state administration to the self-governing regions was taking place at the same time. The state administration, the Ministry of Labour and Social Affairs, the municipality and the RPSP were important partners. The approach of civil servants to the transformation was more passive and cautious.	The Košice Self-Governing Region took over the obligations of the Košice CA. The Košice Self-Governing Region showed great interest in the transformation of social services, created a space for the presentation of the philosophy of transformation before the assembly of deputies. The administrative problems of the new Košice Self-Governing Region in securing the financing of the transformation of Socialtransform, n.o., were solved at coordination and working meetings.
Construction of sheltered housing The investment costs set for the construction of sheltered housing (per house) were 4.5 to 5 million. CZK. The construction was carried out by a contractor.	A significant part of the costs have been reduced by the temporary work of the clients (who will live in sheltered housing). Nevertheless, it was necessary to accumulate for the completion and construction of other houses the funds provided by the Ministry of Labour and Social Affairs of the Slovak Republic, SOCIA Foundation in the second half of 2003.
Internships abroad DSS workers have not had the opportunity to obtain experience from foreign workplaces in EU countries.	In the course of the project, we facilitated several consultations with foreign experts (Netherlands, Germany, Czech Republic). Workers who had internships abroad gained valuable experience and a concrete idea of the trends in working with mentally disabled citizens. It is a pity that the management of Socialtransform, n. o., did not take advantage of all opportunities and offers. Foreign experts appreciated the transformation project and offered several internship opportunities for Socialtransform, n.o., which However, the staff did not make sufficient use of it.

Although this project did not lead to a complete transformation and de-institutionalisation of the facilities in Hodkovce, its contribution to this topic was significant. The main expert guarantor of the whole process of transformation in DSS Hodkovce was Slavomír Krupa, who comprehensively evaluates this pilot project as follows: *"The Social Assistance Act No. 195/1998 Coll. in its original wording did not provide any legal space for transforming social service facilities. It was not until the amendment of Act No. 507/2002 Coll. in Section 86(6) (which was initiated by Socialtransform, n. o., the SOCIA Foundation and the Council for Social Work Counselling) defines the conditions for the provision of a financial contribution "to a non-state entity providing social assistance under this Act in an amount higher than the difference between the average current expenditures and revenues for the provision of a comparable type of social service, provided that the non-state entity has taken over the provision of social services to citizens from the competent authority, from a dis- counting organisation or from a contributory organisation dissolved by the competent public administration body". The essence of the transformation of social service homes is the legal takeover of the operation by a non-state entity from the original state or public administration founder and the subsequent implementation of the transformation project in terms of content and formality on the basis of a contract between the non-state entity (Socialtransform, n. o.), which took over the provision of social services, the original founder (the Košice Regional Office or KSK) and the operator of the social services and the line ministry (the Ministry of Labour and Social Affairs of the Slovak Republic). The new non-state founder assumed legal responsibility for social care of clients by concluding new agreements on the provision of social services with each client to whom social services had been provided by the previous founder or operator (DSS Žehra, Hodkovce) and concluding new employment contracts with the original workers who became employees of the non-state sub- ject (Socialtransform, n. o.) in the original wording. The loan of the property in which the original operator (KÚ in Košice) provided social services (DSS Žehra, part of Hodkovce) enabled the non-state entity to continue operating social services without interruption. Although this change is significant in that it creates legal and material conditions for the implementation of the transformation project (which the original founder, resp. operator was not interested in implementing), the mere change of the founder or operator by a non-state entity does not mean a change in the quality of social services or a change in the quality of life of the clients of the facility without the subsequent substantive and formal steps contained in the transformation project.*

The pilot project has enabled us to recognise that of the above conditions, the training of

staff is the most central and important. The stereotype and routine that staff have been forced to perform for decades is the most serious cause (risk factor) of transformation and can be in

in the future and a serious obstacle to its implementation. Even changes in legislation or the economy will not make it possible to implement the transformation if there is no increase in the level of qualification, no change in attitudes, no change in approaches and no change in the methods of work of the workers, no change in the management and leadership of the process of the transformed facilities. Even the fact that the social services establishment has already made significant humanisation changes before the start of the transformation is not a guarantee that the staff is ready for the implementation of the transformation. An important condition for the success of the transformation from the point of view of human resources is the attitude of the staff towards the clients in terms of the possibilities for their personal development. If the staff of the facility are in conflict consisting of mutually incompatible and contradictory expectations of the clients (or their needs) and the requirements of the organisation, even the transformation of the legal and economic conditions will not change the paradigm and management of the organisation. In other words, transformation makes demands for changes in the management of the organisation, where the needs and expectations of clients determine the objectives, mission and implementation of the organisation's programmes. The practical interpretation of this general principle is that the client has the prerequisites for personal development, an independent way of life (with or without support), and any obstacle to such development by the organisation is to be gradually removed as part of the transformation process.

A change in formal conditions without an internal change in the content of the processes does not lead to a transformation, but only to a partial change in external conditions, i.e. a change in legal status, a change in the organisation's name, a change in the location of the services provided, a reduction in the number of places for residents, a change in financing, a change in accommodation conditions. For these reasons, the training of the management and staff of the home is obviously a fundamental condition for success in the process of transformation (is this not analogous to developments in society as a whole?). The readiness of the social services home staff to enter the transformation process is possible when :

a) *the management and staff of the home are identified with the transformation project, i.e. they consider the project to be a realistic and correct solution to changes in the quality of life of the clients,*
b) *Leadership and staff are identified with the role they address and are accountable for in the transformation project,*

c) *management and staff had the opportunity to gain experience, undergo internships in facilities that had already undergone transformation,*

d) *the management and staff have the professional prerequisites to deal with the tasks associated with the transformation of the social services home.*

The transformation of the social services home continuously requires in terms of economic conditions:

a) *Stable funding of the running costs of the old (original) facility until a larger proportion of the clients start living in the new accommodation,*
b) *investment in the construction of new houses - sheltered housing,*
c) *once the new sheltered housing is operational, to also finance the running costs of these houses.*

The following interim conclusions can be summarised from the ongoing transformation process of the pilot project:

1. *The transformation of traditional social service homes is a demanding, long-term process, during which high demands are placed on the organisation of work and on the attitudes of the organisation's staff.*
2. *Residents of traditional institutions have real prerequisites for rapid adaptation to new conditions, social integration into the environment of the village, town.*
3. *A prerequisite for the success of the transformation project is a high quality and intensive preparation of the management and staff of the new non-profit organization, which aims at a total change of the strategy of management and organization of social services.*
4. *The transformation of a social services facility is an economically demanding process, but one that ultimately leads to a more efficient use of funds compared to the financial costs that public administrations spend annually on traditional, inefficient services. For these reasons, transformation is the only possible way to address this situation in the Slovak Republic.*

The implementation of the first stage of the pilot project of transformation in Hodkovce allowed us to define the critical factors of progress, which we have tried to highlight in this analysis. The aim of the pilot project is to enable the reduction of the risks of managing larger-scale transformation processes. For these reasons, the decision of Socialtransform, n. o., the Košice KÚ, the Košice Self-governing Region, and the Ministry of Labour, Social Affairs and Family of the Slovak Republic to enter into the first project of this type in the Slovak Republic should be appreciated. In order to continue this process, it will be necessary to incorporate the experience gained into a broader concept, as well as into a continuous

the continuation of the project of transformation of the social services home in other facilities." [71]

One of the main benefits of this project was that Act No. 195/1998 Coll. in its original wording did not provide any legal space for transforming social service institutions. However, on the initiative of the established organisation Socialtransform, SOCIA Foundation and RPSP, the law was amended and defined the conditions for providing financial support to facilities in the process of transformation. Furthermore, it has already become clear in this project that the most crucial for a good and effective implementation of transformation and deinstitutionalisation is the quality education and training of staff. It was also significant to learn that even the fact that humanisation processes have been implemented in social service facilities is not a prerequisite for the successful implementation of transformation and deinstitutionalisation, and that the main condition is a change of attitude towards people with disabilities. In this period, the RPSP also issued the first publications dealing with transformation and deinstitutionalisation: the Manual for the preparation of the transformation of social service homes in the conditions of the Slovak Republic (Krupa, Holúbková, 2002) and Transformation of social service homes (Krupa et al. 2003).

After the experience with the pilot project of transformation in Hodkovce, the Košice Self-governing Region elaborated in 2002 the Concept of Transformation of Social Service Facilities on the basis of a quantitative and qualitative analysis of social service facilities.[72] The Concept included a qualitative and quantitative analysis of the level of quality of services provided in the facilities. Unfortunately, this concept did not reach the implementation phase, despite the fact that there were prepared transformation plans for the facilities in Kralovce and Barca. The process of transformation in DSS Kralovce, which is located in the renovated buildings of the agricultural cooperative, was started, but as Slavomir Krupa writes: *"The objective causes of the unsuccessful transformation project were the underestimation of the preparation and training of the management of the social services facility, due to the high difficulty of the objectives and the subsequent evasion of the management how to avoid the changes that were related to the transformation. The project demonstrated the critical importance and relevance of education, personal and professional training of staff involved in the implementation of the challenging transformation process. "*[73] It is this experience

71 S. Krupa. (2011) Determinants of the process of transformation of social service institutions. Habilitation thesis. VŠZaSP St. Elizabeth. Bratislava.

72 Dudova, Varcholova. (2002) Transformation of social service facilities in the Košice self-governing region. Košice.

73 S. Krupa. (2011) Determinants of the process of transformation of social service institutions. Habilitation thesis. VŠZaSP St. Elizabeth. Bratislava.

shows how necessary it is nowadays to prepare the whole process well and to educate the staff of social service institutions and prepare the clients themselves for the transition from institutional to community care.

Both of these pilot projects of social services transformation have taught us and show us how synergistic support between soft activities (education, support and training of staff, clients and the environment) and hard investment activities is essential. These experiences were later taken into account in the preparation of national projects to support deinstitutionalisation after 2011. In the period 2000-2001, it is also necessary to mention the activities of the SOCIA Foundation (e.g. the project Support for systemic changes in the field of social services) and the Agency of Supported Employment in Bratislava (e.g. Supported Employment as a tool for systemic changes in the transformation of the social sphere and others), which promoted the ideas of transformation and deinstitutionalisation in social services in their projects. It is these NGOs that have long been advocating the need for change in the social sphere and the need for transformation and deinstitutionalisation.

Monitoring of human rights of people with disabilities in the Slovak Republic

From the perspective of transformation and deinstitutionalisation, it is also necessary to mention three human rights reports on the situation in institutional care in Slovakia between 2000 and 2003, which drew attention to the need for systemic change in this area. The first report was drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereafter CPT). The CPT visited Slovakia in October 2000 and during its visit it focused on monitoring police stations in Bratislava, Košice, Michalovce, the detention centre for refugees in Medvedovo, prisons in Bratislava and Košice and then in two social service homes in DSS Veľký Biel and DSS Okoč. The CPT Commission compiled and issued its report in December 2001. The CPT Commission reacted very critically to its visit to these two establishments, because it had discovered fundamental violations of human rights there. From the CPT's observation at DSS Okoč74 and DSS Veľký Biel, which is also currently in the process of deinstitutionalisation, we extract: *"In both facilities, the accommodation is inadequate and inadequate, with only basic facilities. The only exception is the premises in DSS Okoč for immobile clients - children, which had toys suitable for this group. The sanitary facilities were in a poor state of repair and buckets were used for toileting in the large rooms. In both facilities there was an unpleasant odour in all accommodation areas. The manner in which psychotropic substances are used at Great White is a concern. Doctors who were members of the CPT committee identified symptoms of overuse of these drugs as apathy, hypersomnia, extrapyramidal disorders. Examination of the medical records confirmed these facts. For example, a woman (about 50 kg and 160 cm tall) receives 200 mg Cisordinol (depot every 10 days), as well as on a daily basis 6 mg Promethazine, 18 mg Haloperidol, 600 mg Chlorpromazine, 600 mg Carbamazepine, 30 mg Diazepam and 4 mg Nitrazepam (at night). In addition, CPT committee members also observed the use of net beds and the locking*

74 In DSS Okoč, since 2013, the process of deinstitutionalisation has been partially underway and the conditions of the residents have been humanised. The outcome of this visit led to the implementation of gradual changes in

this facility.

clients. There was no directive or regulation for the use of these funds and there were no written records. Net beds were located in both facilities visited by the CPT. At DSS Okoč there is a segregated room for aggressively impulsive clients with four net beds and one cage bed - that is, a bed with metal cage bars around the bed. During the visit, a young man with autism was in one of the net beds. But according to the home's director, the net beds were not being used. There were about 10 net beds in different rooms in DSS Velky Biel in block 1 and one in block 3. In block 1 about half of the net beds were occupied. According to the staff, the net beds were not used to restrain agitated and aggressive clients, but to protect and prevent them from falling, orientation problems or sleepwalking. The delegation saw one such bed occupied by an immobile elderly woman so that she would not be in danger of falling. The woman was covered in flies. At the time of the visit, the CPT found that a distraught and almost naked (in rags only) woman with an intellectual disability was locked in solitary confinement. The room had only a bed, a foam mattress and a bucket for toiletries and was windowless altogether at the end of Block 1. The cell had no lighting but had a barred door that let in light from the hallway. The walls of the cell were stained with excrement. The woman was probably taken out of the cell two or three times a week to wash herself. The facility's psychiatrist and staff stated that she had been locked there for approximately six months, but they could not give an exact date. In summary, the accommodation of aggressive impulsive clients in Okoč and Block 1 in Velika Belo gave the impression of complete bleakness and abandonment. This impression was compounded by the dilapidated state of the premises. The situation of the inhabitants placed in net beds and of the woman confined to solitary confinement can only be described as appalling. "[75] The CPT Commission noted that, according to its information, a similar situation existed in other social service establishments in the Slovak Republic. In addition to these facts, the CPT also drew attention to the unqualified per- sonnel, the low number of staff, and the absence of an individual approach. The results of this monitoring led to initial changes in both facilities, where in DSS Okoč the management was replaced and the new director Tibor Vereš has been actively promoting changes aimed at de-institutionalisation of the facility until now. The current state of the provision of social services in this facility is significantly humanised compared to the facts presented in the CPT report, the management is gradually leaving the original premises and transforming the facility. DSS

75 Report to the Government of the Slovak Republic on the visit to Slovakia carried out by the European Committee

for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). http://www.cpt.coe.int/documents/svk/2001-29-inf-eng.pdf

Veľký Biel was closed down in the following years, due to the restitution of the manor house in which the facility was located, and the residents moved to the DSS Báhoň and DSS Plavecké Podhradie. One of the reactions of the state authorities to the submitted report and the findings of the CPT was that the Ministry of Labour and Social Affairs of the Slovak Republic and the Ministry of Health of the Slovak Republic prepared the material Conceptual solutions to the problems in the field of social services in the care of citizens with mental and behavioural disorders. This material stated the following: *"In order to humanize the means of assistance and to increase the quality of life of citizens with severe disabilities also in the conditions of the Social Services, it is desirable to proceed to the establishment of sheltered housing facilities and the establishment of social service homes, in*
which will provide care for citizens with mental and behavioural disorders with mental retardation, as separate special-purpose social care facilities and the establishment of social service homes for children, which will provide care focused on the specific needs of children with a diagnosis of autism (regional centres for autistic people). This is also the need to eliminate the negative factual situation whereby care is provided in social service homes to citizens with mental and behavioural disorders in combination with the provision of care to citizens with severe psychiatric diagnoses. "[76] However, they practically repeated the already declared needs from the 1990 report of the Ministry of Health and Social Welfare of the Slovak Republic. There was still no mention of the need for systemic change and transformation of social services, although the need to address the quality of the social services provided was noted.

In response to the CPT report, the Mental Disability Advocacy Center (MDAC) produced a report, Caged Beds – Inhuman and Degrading Treatment in Four Countries Joining the European Union (2003). MDAC itself visited one of the facilities mentioned in the CPT report on several occasions. In addition to this report's detailed discussion of the CPT's monitoring outputs and the use of net beds, comment is also made on the statements made by representatives of the ministries in response to the fact that it is not acceptable for a client to be continually confined in a net bed, and to prevent this from happening any more, the representatives responded that they disagreed with the CPT report because they thought it was untrue and that if someone wanted to be in a network bed, that was their free choice and what was best for them. Even according to the chief psychiatric expert of the Ministry of Health, net beds are a more humane means of coping with a patient than

other means. During its visit to one of the facilities originally monitored in May 2002, the MDAC found seven net beds, all of which were occupied and in one of which lay

76 Conceptual problem solving in the field of social services in the care of citizens with mental and behavioural disorders. MINISTRY OF HEALTH. 2001. http://www.rokovania.sk/File.aspx/Index/Mater-Dokum-19615

naked woman. Similarly, MDAC also found a man in a net bed in a newly established social services home who staff said wanted to go to that bed alone. But none of the staff informed MDAC representatives and could not say what therapies were being applied to this client to get rid of his fear that led to him feeling unsafe in the net bed. Gradually, following this report and the CPT report and changes in legislation, isolation and net beds have been abandoned in social service homes and are no longer permitted in social service settings. Yet, restraining social service recipients (locking them in) can still be seen frequently in the present day, 2018.

The third report in the area of human rights was prepared by the RPSP, which in May and June 2003 carried out monitoring of the human rights situation in social service homes in the Slovak Republic on the basis of a commission from the Slovak Helsinki Committee. [77] Over a period of two months, RPSP staff carried out monitoring in 21 social service homes on the basis of a methodology developed by an expert consultative committee of the Centre for Legal Assistance to Persons with Disabilities, composed of Slavomír Krupa, Bohuslava Zániová, Eva Lysičanová, Mária Orgonášová, Igor Javorský, Alexandra Bražinová, Viera Záhorcová and Peter Breier. The Slovak Helsinki Committee and the RPSP approached all eight self-governing regions, of which seven responded positively and the Trenčín self-governing region stated that it would carry out the evaluation by its own staff. Monitoring was carried out by direct observation in the facilities and interviews with clients of the facilities. The assessment of human rights in social service institutions in the framework of this monitoring addressed the following areas:

1. The environment in which social services are provided in the context of human rights
2. Staff
3. Clients
4. Conditions of treatment and hospitalisation
5. External contacts
6. Medical and health care
7. Rules and internal regulations in the establishment

77 Monitoring report on the human rights situation in social service homes. Council for Social Counselling work 2003.

8. Human Rights
9. Prohibition of forced labour
10. Privacy
11. Property and ownership
12. Freedom and personal security
13. Right to information
14. Patient self-government
15. Freedom of religion
16. Elections
17. Prohibition of discrimination

The monitoring itself analysed in detail the situation in 21 social service homes and on its basis a comprehensive final evaluation report was prepared. The results of the monitoring confirmed the poor state of provision of social services in traditional institutions. Most of the monitored facilities provided social services in old historical buildings that had undergone reconstruction. In the facilities that had been reprofilised from nursing homes to social service homes, the original clients were still living: old-age pensioners together with people with intellectual disabilities. The report found that in addition to the high costs of maintenance and renovation of the buildings, these facilities did not provide an adequate living environment - large walk-through rooms with a high number of beds and a low level of privacy and hygiene provision for residents. Only some residents were allowed to leave the facility unaccompanied. The buildings of the former mansions and monasteries provided mostly large-scale services for 100 or more clients, and the services were provided in an uncoeducational manner - separately for men and for women. The shortage of direct contact staff was particularly evident at weekends and holidays. Individual plans, activation and employment orientation were absent. Cooperation with the family was minimal. Almost 90 % of the clients of these institutions were incapacitated and only exceptionally were the conditions of incapacitation specified. The monitoring showed that most of the facilities could not cope with the provision of social services for people with the highest level of support and aggressive clients, who were placed in separate groups with minimal activation. The facilities used restraints such as client restraints, bed nets and medication to suppress sexual and problem behaviours without active therapy. Medical and health

care accounted for more than 70 % of the total services in traditional facilities and, as mentioned above, medical treatment was preferred to social-psychological and pedagogical approaches and methods of work. There was a strongly paternalistic approach, manifested by one-sided ticking off by the staff and minimal opportunities for residents themselves to make decisions and influence the environment. In the area of freedom and personal security and the right to information, the report states: *'The high number of residents, the uneducated environment, and the absence of educational and social workers cause conflicts between residents, which in some cases are resolved by the managers by calling in the police patrol or by psychiatric hospitalisation. Staff are also at risk, especially during night and weekend services when there is a high number of residents for two to three staff. Exceptionally, we encountered that some necessary sanitary facilities were locked to protect them from damage. In traditional facilities, the resident is the object of the service. There is no individual approach, no individual development programmes, no active communication with the client. Medical records are located in the outpatient clinic and are not routinely accessible to the residents of the home. Residents are not actively encouraged to self-advocate for their rights. It is likely that they spend a relatively large part of the day (especially in the winter) sitting in rooms watching TV. "*[78] RPSP staff discovered similar situations in their monitoring as CPT and MDAC members. As an RPSP worker who participated in the monitors stated, *"What irritated me the most was the care of clients who were bedridden due to their medical condition. These ones just lie down, lie down and lie down. That is their day-to-day activity. They wake up in the morning, the workers wash them on the bed, feed them on the bed and let them 'rest' on the bed. At lunch they feed them on the bed, change them on the bed and let them 'rest' on the bed. After dinner, the staff change them on the bed, or wash them on the bed and put them to sleep on the bed. That's life! After visiting one social services home in our county, my colleague and I left again disgusted with the conditions in which people live there. However, we did not see what our colleagues were able to discover on a return visit to that facility in connection with another project. One colleague happened to see a door ajar in the crack of the bars. She immediately ran curiously towards it. What she saw was a horrible image straight out of a medieval movie. There were two barred "cells" in the room, spoons somehow attached to the structure, a "toilet=bucket" on the floor, mattresses piled up, and in one of them a poor man. I repeat, A MAN.*

78 Monitoring report on the human rights situation in social service homes. Council for Social Counselling work 2003.

When asked why the gentleman was in the cage, the headmistress replied that he must have wandered in there somehow on his own. But then how could he have locked himself in from the outside? This method of approaching clients with behavioural disorders and others (straitjacketing, net beds, tranquillising injections and others) are becoming increasingly popular in our facilities. Despite the special methods that are successfully used abroad, which do not endanger the integrity of the person, are gentle and yet effective, Slovakia stands frozen at one point - "the middle ages. "[79]

The results of this report show that, despite legislative possibilities, we are witnessing only a slow emergence of community services operated mainly by the non-governmental sector and a gradual promotion of the social approach. In the world of traditional institutions, it is as if time has stood still and they are functioning as they did in the 1950s and 1960s, despite the fact that the year 2003 was written and Slovakia was preparing for active membership of the European Union. This state of affairs is clearly described in most of the evaluation reports of the specific institutions that were involved in this process.

For a sample we select a part of the report from the monitoring of the DSS Dúbrava on the Slovak-Ukrainian border. *"DSS Dúbrava is located in the protected landscape area Vihorlat in the district of Snina, more precisely in its eastern part. The facility is housed in a manor house originally belonging to the Serényi family. The building of the manor became the property of the state by the Beneš Decree in 1945. At first it belonged to the state forests, later in 1961 the District National Committee in Humenne established a nursing institute in the building. In 1966 it was changed into the Institute of Social Welfare. In 1991, the Institute of Social Services was established as an independent legal entity. Since 1 July 2002, the facility has been under the jurisdiction of the Prešov Self-Governing Region and has been attached to it as an organisational unit: the Home for Single Parents in Snina, the Shelter in Snina and the Social Services Facility in Nová Sedlica. The DSS Dúbrava consists of eight buildings: a manor house (wards 1 and 3, capacity: 47 clients), a building for accommodation of clients (ward 2, capacity: 43 clients), a laundry and administration, a kitchen and warehouses, a rehabilitation and common room, a gatehouse, an outbuilding and a mortuary. The facility also includes a large park. The manor house and the park are registered as cultural monuments. Alterations and renovations were carried out in 1991 (laundry and administration building), 1993 (outbuilding), in 2001 the replacement of the aluminium electrical installation with copper, in 2002 the renovation of the bathrooms, in 2002 the purchase of the*

79 Just a word about human rights and freedoms, or what it is good not to know. Integration. 2003.

a frying pan for the kitchen (160 thousand CZK) and a cooking stool (20 thousand CZK). In the area of repairs and maintenance, the following works are necessary: boiler room (changeover from solid to gaseous fuel), repair of facades, painting and coating, reconstruction of the water supply network, asphalting of pavements and roads, purchase of large-capacity washing machines, overhaul of the sewage treatment plant. The facility has an evacuation plan in place. Emergency exits could be more prominently marked. The municipality of Dúbrava lies between the towns of Snina (32 km) and Sobrance (20 km). It is possible to reach Snina by seven buses during the day (at 17.00 at the latest) and four buses arrive from Snina to Dúbrava. Two buses go to and from Sobrance daily. At the weekend there are limited connections. The nearest larger village, Ubľa, is 5 km from Dúbrava and has a health centre, post office and pharmacy. Ubla can be reached by buses going towards Snina. Directly in Dúbrava there are two churches (Roman and Greek Catholic) and a grocery store.

Housing:

The facility has the character of a year-round stay. It is dominated by multi-bed rooms.

Bed layout:

- *double rooms: 1*
- *triple rooms: 6*
- *quadruple rooms: 3*
- *five-bed rooms: 3*
- *six-bed rooms: 3*
- *seven-bed rooms: 1*
- *nine-bed rooms: 2*

The rooms are mostly equipped with hospital-type beds. There is a bedside table next to each bed, also of hospital type. There are 11 net beds in the facility. The floor area of the living rooms is 357 m^2, so there is less than 3.97 m^2 per resident, which falls far short of the lower limit of the standard of 8 m^2. Privacy is difficult to ensure due to the large number of clients in the rooms, moreover some rooms are pass-through. The rooms are sparsely furnished and there is no space for storing personal belongings. Clients keep their personal clothes in wardrobes in the corridors. The wardrobes are locked and the clothes

are issued by the medical staff.

Toilet facilities are shared by several rooms in the corridors.

	Together	
• *WC*	*13*	*i.e. 07 inhabitants per 1 WC*
• *Washbasins*	*14*	*i.e. 06 inhabitants per 1 washbasin*
• *showers*	*4*	*i.e. 22 inhabitants per 1 shower*
• *Vane*	*8*	*i.e. 11 inhabitants per 1 bath*

Clients keep their personal toiletries in their bedside tables. Some clients are issued with personal hygiene items by the staff of the home."

In this context, it is also worth mentioning the activity of the SOCIA Foundation in cooperation with experts from the Czech Republic and the Council for Social Work Consultancy, who prepared a series of seminars on quality in social services and the methodology of its evaluation. In the context of the development of the field of quality of social services, it is necessary to mention in particular the publications of the Council for Social Work Consultancy - Quality Social Services I (2000) and Quality Social Services II (2003), which are devoted to the systematic evaluation of the quality of social services provided in the Slovak Republic, where, in cooperation with the SOCIA Foundation, the RPSP created the first unofficial standards for the quality of social services in Slovakia.

All these changes have gradually and slowly led to a change in the thinking of professionals in the field of social services, and the process of transformation and deinstitutionalisation, as well as respect for human rights in social service institutions, have been discussed more frequently. This was also in the context of the fact that in 2004 the Slovak Republic became part of the European Union. At the same time, however, it is necessary to mention that in 2002 the decentralisation of local government in the Slovak Republic took place. As a consequence of this, fundamental changes also took place in the area of social services provision, whereby a large part of residential institutional social services was, through various changes, placed under the jurisdiction of self-governing regions and municipalities. Local government regions and municipalities establish social services, finance them to a large extent and, in addition, decide on the dependence of citizens on social services. As a result, they have a significant influence on the actual

level of provision of social services in the Slovak Republic. In the following years until now, it has been and still is possible to see a strong tendency of self-governing regions to maintain and operate these

residential services, which are perceived as "our services" and are therefore prioritised, and on the other hand it is discrimination against services set up by NGOs and religious organisations, which they call "their/other services". It is this fact that also leads to a strong resistance of the municipalities in the process of transformation and deinstitutionalisation and pressure to continue to artificially maintain and support these services. This system allows local governments to maintain long-term control and power over the services, but also over the citizens who depend on these services, and creates room for non-transparent, but above all inefficient, funding and service provision. This leads to a grey economy in the social services system that takes precedence over the quality of life and needs of citizens with disabilities.[80] These realities are addressed in the following chapters. Since 1990, one can see in various strategic documents, expert reports and concepts declaring the need for community service development, transformation and deinstitutionalisation, but in reality their real implementation has been very slow and has been a long-standing struggle for the rights of persons with disabilities.

80 These are often non-transparent investments in repairs and operations of social services, which do not lead to the effectiveness of the social service. Or the way in which services and goods are supplied for the operation of social service facilities through purpose-set public procurement. Also the 'black labour' of social service recipients without adequate remuneration. Some of these activities have also been addressed publicly, e.g.: http://zivot.cas.sk/clanok/7211/ end-of-gold-mine-million-cash-is-at-judgement.

Social services 2004 - 2009

In 2004, the Slovak Republic became part of the European Union, which created space for possible implementation of systemic changes within the Structural Funds. However, despite this possibility and the long-standing activities of the third sector in the Slovak Republic in the field of deinstitutionalisation and transformation, this approach has not yet been understood by the state administration. On the other hand, however, legislative changes in the Social Assistance Act have been implemented, which introduced minimum levels of financial contribution in the funding of municipal and non-state providers. This has partly created the space for the provision of better quality social services at community level and also the prerequisites and space for the implementation of fundamental changes in social services. In practice, however, the MoLSA itself implemented the Transformation of Existing Social Service Facilities project, which did not bring about fundamental changes. Its origins date back to 2003, when the Government of the Slovak Republic approved, by Resolution No 430 of 21 May 2003, an application for a loan from the Council of Europe Development Bank for the purpose of financing the infrastructure for social services homes. Due to administrative complications, this contract was only concluded at the end of 2003. The implementation of the whole project subsequently took place in 2004 and 2005. Despite the name, the project itself did not represent a real transformation of social services, but rather investment support for the existing infrastructure of institutional care in the field of social services. The implementation was accompanied by complications related to the decentralisation of social services, which began in the late 1990s, when, at the time of the project's design, these facilities were under the jurisdiction of regional and district authorities and, during its implementation, under the jurisdiction of self-governing regions and municipalities. In total, SKK 549 710 939, which is approximately EUR 18 247 060, was spent in the project. Of this, 60 % was financed from the state budget and 40 % from a loan from the Council of Europe Development Bank.[81] The project supported 23 social service facilities throughout Slovakia. There were also some facilities that have a community character, such as DSS Symbia in Zvolen or DSS Doména Žiar nad Hronom, but most of the supported facilities were traditional institutional facilities. As we have already mentioned, these were

81 Final report on the project Transformation of existing social service facilities. Ministry of Labour and Social Affairs of the Slovak Republic. 2008. http://www.esf.edu.sk/ecdl/Analzy/Súhrnná%20záverečná%20správa%20o%20projekte%20Transformácia%20existu-existing%20facilities%C3%AD%20social%20services.pdf

mainly investments which, in the context of the current (but also then professional) perception of DI, cannot be considered as a real transformation, but primarily as a humanisation of services. For a better understanding, we can mention that in some of the supported facilities, premises for sheltered housing were built. In each case, however, it was sheltered housing that was part of the premises or building (attic) of a traditional institutional facility. Based on the current National Priorities for the Development of Social Services 2015-2020, such sheltered housing is not currently perceived as a community-based social service, as it does not meet the conditions set out in the Annex to this document. The second reason for our assertion is that, if we look more closely at the investments supported, they are often investments in non-purpose-built buildings. This fact is also noted in the final project report itself. The project invested in six manor houses or monasteries, eight former barracks or pre-school buildings, four former dormitory or border post buildings and five buildings that were built in the past for the provision of social care. One case involved the construction of a new facility for clients of the Great White facility, which was heavily criticised for human rights abuses in 2001 and 2002. It was the design of this project and the building of new institutional segregated services on the site of the former barracks in Plavecký Podhradí that was heavily criticised and professionally challenged by NGOs led by ZPMP in the Slovak Republic and SocioForum, whose representative was also on the steering committee for the whole project, but whose comments on individual projects were largely not accepted. Indeed, the overwhelming nature of the investments in this project was only of a humanising nature and consolidation of the institutional culture, without also addressing the change in the form and content of social service provision. For the sake of fairness, it should be noted that these were not only public facilities, but also non-public social service facilities. To illustrate the supported activities, we can briefly mention two facilities: *'Integration facility KOR - GYM, n. o. Hertník: Sheltered housing, supported employment and hippotherapy as part of the integration of citizens with mental disabilities into society. The integration facility KOR - GYM, n. o. Hertník (hereinafter referred to as "IZ KOR - GYM") is situated in the Prešov Region, in a non-purpose building - a manor house. The Hertník manor house stands on the site of a former castle, which was allegedly built by Ján Jiskra of Brandýs, sometime in the middle of the 15th century. The manor house as the seat of the Hertnice manor was built by the Forgáč family after 1563. In 1910, the manor was bought by the state from a participation company. It was heavily damaged during the Second World War. After a general overhaul and extensive reconstruction, the building has been in use since*

1. 7. 1993 as a social services facility, designed for people with mental and combined disabilities without distinction of sex or age. Its capacity is 59 seats and another 12 seats are

reserved for short-term relaxation-rehabilitation stays of citizens with severe disabilities from the field. The clients are cared for by a team of 42 employees. The aim of the project, which was partly financed by a loan from the Council of Europe Development Bank (hereinafter referred to as "CDB RE"), was to :

a) *Reconstruction of the facades of the manor house (including insulation).*
b) *Reconstruction of the walls - in some parts the walls were crumbling and there was an imminent danger of injury to the clients.*
c) *Roofing of the exercise area in the mansion grounds, it is a circular area used for hippotherapy for clients, and the roofing of which enabled therapeutic rehabilitation of clients through horse riding throughout the year.*
d) *Sports area modification, it is about the creation of sports grounds in the mansion area - exterior.*
e) *Purchase of two family houses with outbuildings and land - obi- two family houses with outbuildings are located on common land, near the IZ KOR - GYM.*

Social Services Home Adamovské Kochanovce: "Project of complex revitalization of park spaces as an extended living area for the clients of the social services home".

The area of the DSS consists of a baroque manor house built around 1760 and a well-preserved English park, in which there are exotic tree species, with a rare specimen of yew. The whole area is of period architectural value and contains small park architecture (a greenhouse, a gateway to the park, a rotunda, a garden gazebo). Both the manor house and the park are a national cultural monument. The manor house is situated in a park which, together with the orchard, vegetable garden and outbuildings, covers an area of 5 7565 hectares. The late Baroque manor house was adapted in 1958, when its eastern wing was also completed. It is a two-storey building, built on a rectangular plan with two short wings. The last owner, Baroness Szizo Noris, who lived in the manor in 1974, donated it to the state. It is therefore a non-purposeful building which has been adapted for the purposes of a social services facility by extensive structural alterations. After the Second World War, the manor house was used as a retirement home, which was converted into a social services home for children and young people in 1962.

DSS provides comprehensive social services in the form of year-round residence for 95 clients (children and adults) aged 3 to 45 years. The DSS provides care to clients

with physical disabilities, mental and behavioural disorders and a combination of disabilities. Clients live in DSS triple (1 room), five-bed (1 room) , eight-bed (4 rooms) and more than eight-bed (5 rooms) rooms. The rooms are equipped with beds, wardrobes, bedside tables, tables, chairs. Some rooms also have shelves, bedside lamps, TVs, radios and hifi towers.

The aim of the project was:

a) *To build a safe pedestrian zone for DSS clients within the access road, in the utility area and in the park.*
b) *Restoration of vegetation (trees, shrubs) and thus increase the safety of the park operation in connection with the possibility of free movement of clients.*
c) *Professional treatment or removal of damaged trees - protection of life and health of affected clients.*
d) *Comprehensive revitalization of the park.*
e) *Construction of a shelter in front of the ward for immobile clients.*
f) *Landscaping.*
g) *Creation of a sports and relaxation zone in the park.*

In the context of this text we consider it necessary to add (in support of the DSS Adamovské Kochanovce facility, which is currently in the process of DI and transformation) that these investments under the term transformation went within this facility primarily to the revitalization of the park and did not at all touch the quality of life of the clients themselves, who (as can be seen in the report) still currently live in unsatisfactory conditions.

Despite the fact that almost 7 million euro has been invested in this facility, the company has not yet invested in it. CZK 232 000, i.e. EUR 232 000, in 2016 there were still large rooms with more than eight beds, which also included a bath tub directly in an unseparated room area. It is therefore really questionable whether this was an efficient use of resources.

Most of the investments supported in this project were similarly situated. Despite the fact that, from a technical point of view, this was not a transformation at all, but only a partial humanisation, this trend of support for social services and support for institutional

care by the state administration and later by the Structural Funds continued. One of the negative

of the project's implications is also the perception of the concept of transformation of social services only as investment support and humanisation. This professional problem became apparent later on when some experts and also local governments linked two quite different processes: the process of humanisation and deinstitutionalisation. Even nowadays, it is necessary to explain that the process of transformation and deinstitutionalisation is not only an investment process, but above all a process of substantive and qualitative change in the provision of social services and a paradigm shift in the provision of social services, where the recipient of social services is at the centre.

Slovakia's accession to the European Union has opened up opportunities to draw on structural funds. NGOs working in the field of transformation and deinstitutionalisation started to look for ways to promote this process more systematically. The experience from the project Transformation of existing social service institutions of the Ministry of Labour and Social Affairs of the Slovak Republic did not prove to be the right approach. Thanks to national and international monitoring of human rights in institutional care, the issue has been raised on a larger scale.

The basic document for the use of Structural Funds in the period 2004-2006 was the Community Support Framework.[82] This document itself did not speak directly about support for structural change in the field of disability, but it already referred to the concept of social inclusion and socially isolated groups. The National Development Plan defined groups at risk of social exclusion as follows: *'These are primarily the long-term unemployed,*
members of the Roma ethnic minority, citizens with reduced working capacity (RWC) and citizens with reduced working capacity with more severe disabilities, elderly citizens, people with social inclusion problems (people who have served their sentences, homeless people, people addicted to alcohol and drugs), families with a large number of children and single-parent families with dependent children, young people growing up in disadvantaged social and family environments, migrants, refugees and asylum-seekers."[83] Although people with disabilities also feature, their support has always been closely linked in the context of employment support and reducing unemployment in this programming period. In the National

82 For more information, see here: http://www.nsrr.sk/sk/programovacie-obdobie-2004---2006/zakladne-dokuments/.

83 National Development Plan. 2003. Ministry of Construction and Regional Development of the Slovak Republic. http://www. nsrr.sk/download.php?FNAME=1216970884.upl&ANAME=NRP.pdf

A detailed analysis of social services was also prepared in the development plan, but a major output for support and structural change was not proposed in this document. The concluding statement of this analysis is that: *"Transparency of the process of financing from public budgets is a fundamental issue in relation to the requirement for the formulation and maintenance of quality standards for the provision of social services, which will be formulated as part of the reform of social services in Slovakia. Through the standards, the provision of social services closer to the individual needs of citizens will be ensured and more realistic conditions for their social inclusion will be created. "*[84] The standards have not yet been fully implemented in reality. On the other hand, it can be noted that legislative changes after 2008 have enshrined the consideration of the individual needs and access of clients as well as detailed conditions for the quality of social services, but they are not actually being respected at a systemic level.

In the National Development Plan itself, it can also be seen that the level of educational, health and social services is important for the development of regions and is directly proportional to the environment and facilities where these services are provided and located. The analysis stated that the quality and availability of the services provided is marked by a lack of investment resulting in the unsatisfactory technical condition of a large number of buildings, the moral and physical obsolescence of the facilities and the lack of modern technologies. In addition, the analysis states that the network of social service facilities is evenly distributed, which has not been, and is not currently, entirely true, not least as a result of the long-term construction of excluded social service facilities. However, the results of this analysis did not reflect the experience and expertise from abroad and the experience of non-governmental organisations, which drew attention to the need for transformation and deinstitutionalisation. Solutions were primarily sought for investment incentives in existing institutional care, without fundamentally changing its internal content. It is interesting to see that, in the context of strategy development, but indirectly, the authors of the analysis drew attention to the necessary changes: *'In parallel, however, the state will also pay attention to the development of human resources. The main aim of the strategy in this area is to create equal opportunities in different regions and settlements, with an emphasis on employment, education and social services. The inherited structure of social, educational and health services is poorly adapted to changing needs. The state does not have sufficient resources to compensate effectively for the rapidly changing developments. "*[85] This observation showed that it was necessary to

84 Ibid.

85 National Development Plan. 2003. Ministry of Construction and Regional Development of the Slovak Republic. http://www. nsrr.sk/download.php?FNAME=1216970884.upl&ANAME=NRP.pdf

and it is necessary to proceed to fundamental systemic changes in the field of social affairs, health and education, which, unfortunately, remain topical even today, along with the statement that the state does not have enough resources, but on the other hand, it uses the structural funds intended for these areas very inefficiently.

It gives the impression that Slovakia has long been afraid to embark on fundamental structural changes that would change the paradigm of providing quality public services to the citizens of Slovakia.

Similar reforms are known from abroad and have brought fundamental changes, for all of them it is enough to mention for example the Norwegian HVPU - reform (transformation and de-institutionalisation of social and health services for people with disabilities, which took place between 1991 and 1996, with a financial allocation of 277 million euros, which is comparable to the investment resources for social inclusion that Slovakia had in the programming period 2007-2013 or 2014-2020).

In terms of the implemented projects of transformation and deinstitutionalisation, the EQUAL Community Initiative can be mentioned as an important support programme in this period. In this operational programme, a number of important NGO projects have been implemented to support the development of community services and deinstitutionalisation. It also included a project of the Social Work Advisory Council entitled 'Transformation of social service homes for social and labour integration of their residents'86. This was the first more systemic project of transformation and deinstitutionalisation of social services in Slovakia. The RPSP in cooperation with the Banská Bystrica Self-Governing Region implemented this project between 2005 and 2007. The main reasons why the Banská Bystrica Self-Governing Region (hereinafter referred to as BBSK) decided to participate in this project were mainly the persistently high number of clients with disabilities in institutions with year-round operation, who were not provided with an adequate offer and opportunity to participate in working life, the long-term, targeted, conceptual interest of the founder of the BBSK Office in increasing the socialisation of clients in social service facilities, the low qualification of workers, their low motivation in relation to the work and social integration of clients. According to the results of the initial questionnaire of this project, 60 % of the workers were convinced of the need to maintain the then existing

86 For more detailed information on the project, please refer to the RPSP publication Transforming social service homes for the social and labour integration of their residents - http://www.rpsp.sk/download/publikacie/transforma- cia.pdf

the state of social services, and only 28% of workers felt that changes were necessary in the area of employment. The last reason was the preference for group social work rather than an individual approach to social service recipients, which led to a low quality of the social services provided. The implementation of the project was divided into several phases. The first phase consisted of monitoring and supervision in 25 social service institutions under the jurisdiction of the BBSK and operating in the BBSK. This monitoring addressed in detail the following areas in the provision of social services:

- Human and civic dignity
- Social status, community, relationships, family - upbringing and education
- Expert and professional approach - attitude to the client
- Health care - hygiene
- Catering
- Financial costs
- The humanity of the service environment - housing
- Management of organisations

Within the framework of these monitors, the RPSP confirmed that most of the BBSK facilities provided institutional social services that led to violations and insufficient promotion of the human rights of their clients. The staff of the facilities tended to consider the client in need of social services as a person with lower requirements in the field of needs, thus reducing the client's awareness of his/her own dignity and self-respect, demonstrating learned passivity and learned helplessness. People with disabilities ceased to perceive and demand the need for privacy; there was a tendency to restrict the right to choice and freedom of decision, but also freedom of movement. RPSP practitioners noted the persistence of a paternalistic and hyperprotective attitude towards clients. There was an insufficient range of leisure activities, a lack of innovation and stereotypical activities in the BBSK facilities. The current interests and needs of the clients were not taken into account and individual work was absent, whether on individual planning or individual work of professional staff with the client. For school-age clients, there was insufficient pre-vocational preparation and training in self-care skills, making it difficult for them to have prospects for independent adult life in the community and also for employment in the labour market. Most facilities were located eccentrically (4/5 of all facilities) on the outskirts of the community with poor infrastructure and difficult

transport to facilities. Most

facilities had large-capacity forms of hospital-type accommodation, where one client accounted for approx. [87] As an example, we present selected parts of the monitoring report in the DSS Slatinka from 2005. *Until 1970, the staff of the institution were mostly nuns. After 1979, the nuns left and now only civilian workers work in the facility. After 1990, the facility was expanded to provide social services for children and adults, thus eliminating the problem of transferring clients after the age of 18 to other facilities. The social services home is housed in a mansion built in 1896 and belonging to Baron Cebrany. However, the owners did not show any interest in restitution after 1990, so the manor house and its large garden were transferred to the regional authority and subsequently to the administration of the Higher Territorial Unit in Banská Bystrica. The facility is located in the small settlement of Slatinka, which has around 50 to 60 inhabitants. Care for clients is provided in two buildings:*

a) *in the manor house, where a substantial part of the services and clients are located,*
b) *in a one-storey house, called the educational house.*

In the mansion there is a kitchen on the ground floor, storage rooms, boiler room, laundry room, office space for the economist and accountant, upstairs room for the director, three departments for severely disabled clients, one room for occupational therapy and fitness, which is multifunctional and is used for a number of activities with clients. There is another building about 30 meters from the mansion in the common area. It is a smaller educational home where 12 clients with mild and moderate disabilities live. Educational activities are also provided in the house, in which clients with milder disabilities from the manor house participate. During the day these activities are for 18 clients and are provided by eight educational staff. The manor house is undergoing gradual renovation. Reconstruction work is currently underway to dehumidify the lower part of the manor, the reconstruction is costly and around 6 million crowns have been spent so far. In the future, the director's plan and vision is to reconstruct the upper part of the manor – the attic. The reason for this is to increase the accommodation possibilities for the clients. There is a small "shop" in the area, which clients can visit for small purchases.

87 Slavomír Krupa et al. 2007. Transformation of social service homes with the aim of social and labour integration of their inhabitants. RPSP. Bratislava. 978-80-970004-2-4. http://www.rpsp.sk/download/publikacie/transformacia.pdf

sweets in the afternoon once or twice a week. In the shop, clients pay with fictitious money they receive from the educator. The aim of the shop on the DSS campus is to teach clients with more severe intellectual disabilities to handle money and to know its value to the extent that they are able. The little shop is seen as a training store for the clients. Privacy for clients is very limited; rooms are oversized (8 to 12 beds per room). In the lodge section the situation is better, clients are accommodated in double to triple rooms, there is also a single room. The staff enters the rooms without knocking. Clients lack their own bedside tables and desks. In the Manor House all clients have their own locked wardrobes, in the House section clients can enter the wardrobes themselves. In the lodge, the rooms are equipped with bedside tables and a wardrobe for each client.

We take very seriously :

- *oversized rooms, in part of the mansion (seven to eight children per room),*
- *the absence of premises for educational activities, catering and housing in the manor house,*
- *the absence of educational activities and professional educational activities in the wards in the manor house,*
- *inadequate food conditions in the Manor House section (three children were not sitting at the table and were waiting on a bench to be fed),*
- *the absence of an overall professional, team or individual approach to clients with severe mental disabilities. "*[88]

After the implementation of the monitoring, the management of the BBSK facilities underwent a 200-hour accredited training, which was attended by 150 BBSK staff and the facilities themselves. The outcome of these trainings was the preparation of specific transformation projects. The second phase of the project was preceded by the selection of three facilities that had prospective transformation projects. RPSP together with BBSK selected the following facilities: DSS Slatinka, DSS Pohorelská Maša and DSS Neporadza. In the selected facilities, further support for the process of transformation and deinstitutionalisation was subsequently implemented, which was 180 hours of accredited training for all staff of the three institutions (more than 200 staff in total). In addition, support was provided for the preparation and implementation of

88 Monitoring report -Home of social services Slatinka. 2005. Social Work Advisory Board. Bratislava.

more than 100 individual plans for people with intellectual disabilities who have lived in these institutions, focusing on supporting independent living and employment. The last phase of the project consisted of dissemination, including an international conference and study trips for BBSK staff and selected institutions to the Czech Republic and Germany, where they could see and experience examples of good practice in the provision of community services.

Despite the fact that the project itself was not able to implement investment changes within its possibilities, it brought a lot of new experiences in the field of transformation and de-institutionalisation in the Slovak Republic. Its results showed that the basic process of transformation and de-institutionalisation is mainly a process of changing the perception of people with disabilities and changing attitudes. Therefore, in order for such a change to take place, it is important to provide not only the staff but also the recipients of social services with the necessary support, training and education. While before the implementation of training and support activities 60% of the workers were convinced of the necessity to maintain the institutional way of providing social services, after the project 54% of the workers in social service institutions were of the opinion that it is necessary to improve social services and change them towards social and labour integration of citizens with disabilities. At the same time, the final analysis of the project showed that it is necessary to implement organizational changes to increase the efficiency of social services management, increasing the activity of workers in promoting work and social integration. But also very risky factors became apparent. Lack of political support at the regional level, which led to personnel changes in the management of social services. As a consequence of these changes, the DSS Ne- poradza dropped out of the process of transformation and deinstitutionalisation in the BBSK. The need for systemic support from both the founder and the state for the long-term sustainability, support and continuity of deinstitutionalisation, which is a multi-year process, has also become apparent. Until now, only the DSS Slatinka, which in 2008-2012 left the original manor house building where it provided services, has managed to overcome these risk factors. DSS Slatinka continued to receive informal support from the RPSP and managed to create new forms of services in the community, but still has not completed the process of deinstitutionalisation, despite being one of the leaders in this field among social service institutions. This change in thinking can already be observed in the Concept for the Development of Social Services of DSS Slatinka, which was developed in 2007. Compared to the vision from 2005, where, among other things, the facility wanted to build an attic in the manor house, the goals are shifting

towards the transformation and deinstitutionalisation of the facility. For comparison with the 2005 monitoring report, we present a selection from the DSS Slatinka concept:

"To begin the process of transformation of the facility with regard to the legal, qualitative and economic reasons and causes for the change from the passive form of social services of the residential-asylum type, which isolate the clients of the facility, to supportive, activating services and the mobilization of the potential of the clients in favor of their inclusion in the natural structures of society. To create and offer services for the clients of the home and the region that are based on the individual needs of the clients: sheltered housing, supported housing, respite services or day residential care. Systematic education, professional training of staff and promotion of teamwork in order to activate the inner potential of clients, changing the medical approach to a holistic model – a multidisciplinary approach to the client. Change of financing - multi-source financing - BBSK contribution, donors, grants, own economic activity, income from clients' payments.

Short-term sub-objectives:

- *Social integration of DSS clients.*
- *Changing employee attitudes.*
- *Changing the management and staffing strategy of the DSS.*
- *Continuous staff training.*
- *Draw up internal acts of governance.*
- *Use of multi-source funding.*
- *Rationalisation measures.*
- *Activation of clients' inner potential and the natural resources of their environment.*
- *Work integration of clients.*
- *Client education.*
- *Prevention of NYMBY syndrome.*
- *Build a network of volunteers, parents, relatives and friends.*
- *Ensuring supervision. "*[89]

89 Kelemenová, A., Nincová, D., Jančovič M. – Concept of development of social services in the Social Services Home Slatinka, Lučenec. 2007.

As part of the outputs of this project, several publications or teaching texts have been published: the Transformation of Social Service Facilities for the Social and Labour Integration of their Residents and the Development of Community Social Services. In addition to these, the first comprehensive publication on the process of transformation and deinstitutionalisation of social services was published: Transformation of Social Service Facilities with the Aim of Social and Labour Integration of their Residents.

In addition to this project, one of the major projects that supported the development of community social services in this period was the SOCIA Foundation's project Increasing Opportunities for Disadvantaged Populations through the Cooperation of Municipalities and Non-Profit Organizations, where 85 municipal social workers were trained and supported in order to promote community care. In the area of transformation and deinstitutionalisation, mention should also be made of the project of the Supported Employment Agency: Examples of good practice - supporting deinstitutionalisation in the social field, which resulted in 10 videos on how persons with disabilities were transformed with support from the DSS, after graduation from a special school or from the family, into the labour market. As can be seen, in the same period, two different approaches in the development of social services were promoted in Slovakia. NGOs, in cooperation with the local government, implemented pilot projects of deinstitutionalisation and transformation. But on the other hand, the Ministry of Labour and Social Affairs of the Slovak Republic, through its project, promoted humanisation and institutionalisation without taking into account the qualitative aspect of the provision of social services.

In 2004, the Slovak Republic started to prepare for the drawdown of the European Structural Funds in the 2007-2013 programming period. In this period, the European Structural Funds were drawn down on the basis of the National Strategic Reference Framework, which also set out the priorities for support. In terms of the possible later implementation of transformation and deinstitutionalisation, these were primarily the strategic priorities Infrastructure and regional accessibility, which aimed to increase the density of infrastructure provision in the regions and to increase the efficiency of related services. The second priority was Human Resources, which aimed to increase employment, increase the quality of the workforce for the needs of the knowledge economy and increase social inclusion of groups at risk. The preparation for the programming period lasted from 2004 to 2007, also due to the change of government in 2006, which

90 The publications can be read and downloaded from the RPSP website - http://www.rpsp.sk/joomla/index.php?option=com_content&view=article&id=25&Itemid=137

changed the content of the National Strategic Reference Framework (hereinafter referred to as the NSRF) document already submitted to the European Commission. Promoting access to social services and social protection and welfare measures were mentioned as important tools for preventing and alleviating poverty and social exclusion. The analytical part of the NSRF already stated at that time that the network of services and measures was insufficient in terms of their availability, diversity or regional distribution. However, the analysis also pointed to the fact that social services are focused on traditional types of services that do not correspond to modern knowledge and needs for preventing social exclusion and ensuring the quality of life, but also for the development of human resources. [91] The analysis also pointed to the unpreparedness of local government for the new competences and the necessary support, but also to the need to prepare for changes in the field of social services related to the preparation of a new law on social services. In spite of all these analytical outputs, the only focus in the area of social services development was on increasing the capacity by 7 200 places, especially in the Prešov, Žilina and Košice regions. The caveat that social services are focused on traditional types of services, i.e. institutional social services and residential year-round services with an institutional culture, was not taken into account at all in the preparation of the operational programmes. Infrastructure support in the 2007-2013 programming period was implemented through the Regional Operational Programme. [92] In its original version, the objective of priority axis 2, Infrastructure of social services, social protection and social welfare, was set as: Increasing the level of services provided in the social field. The proposed allocation for this measure was a total of EUR 270 million, which was approximately 16 % of the total allocation of the ROP. ROP support could be provided throughout the Slovak Republic, but outside the Bratislava region. In the context of the general outputs of the NSRF analysis, the following activities were supported in the first version:

- Reconstruction, expansion and modernisation of existing social service facilities.
- Building new ones.
- Procurement of new equipment, including ICT equipment for facilities following their renovation, expansion, modernisation and construction.

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91 National Strategic Reference Framework 2007-2013. Ministry of Agriculture and Rural Development of the Slovak Republic. Bratislava. 29 June 2007. p. 25. http://www.ropka.sk/download.php?FNAME=1205247367_l677.upl&ANAME=NSRR%202007-2013.zip&attachment=1

92 Regional Operational Programme. Version 1. Approved 27.09.2007. http://www.ropka.sk/download.php?FNAME=1300713652.upl&ANAME=Regionalny_operacny_program_version_1_schvalena_24_9_2007.zip&attachment=1

Measurable indicators were set for the reconstruction, modernisation and expansion of 310 facilities and the construction of 30 new facilities within the social infrastructure. This should not mean direct support to institutional care and traditional types of social services, but the ROP specified the activities supported through these eligible interventions:

- interventions in building objects aimed at removing the unsatisfactory state of the building, or building new objects and procuring their equipment, including ICT equipment,
- support for activities to remove the poor conditions for disabled users and reduce the high energy consumption of the operation,
- support in particular for facilities such as retirement homes, social service homes for adults, social service homes for children (except children's homes), nursing care facilities with a capacity of 50 clients or more, while maintaining minimum area standards (8 m^2 per person),
- support for facilities that combine several types and forms of services, providing services to several target groups,
- support for community centres outside the growth poles in the case of facilities aimed at strengthening the social inclusion of marginalised Roma communities.

Although the eligible interventions were consistent with the Department's baseline regarding the state of social infrastructure, there were no economic comparisons or outcomes throughout the document that clearly supported the need to increase the economic sustainability of large-scale social services. A longitudinal look at the ratio of population to the number of social service places shows that the capacity of social service places has been filled at about 96 to 97 per cent over the long term (see Table 5), which is not primarily indicative of an overall shortage of residential social services, but rather of its uneven regional distribution and lack of alternative community-based services. However, the most striking fact within the eligible interventions under the first version of the ROP is the support of traditional facilities such as nursing homes, social service homes, which on the other hand were cited in the NSRF as a shortage of currently provided social care. Even more striking was the fact that support could only go to large-capacity social services with a capacity of 50 clients or more, which did not change even in the immediate period after the adoption of the Social Services Act, which favoured outreach, outpatient and low-capacity residential services with a

capacity of up to 40 places. In terms of

the effectiveness and quality of social services can also be seen as a risk in the fact that facilities that combined several types and forms of services for several target groups were directly supported. The provision of residential services for several heterogeneous groups of clients has led and continues to lead to a systemic reduction in the quality of the social service provided, while reinforcing the institutional culture. The consequence of these processes can also be seen today in most of the traditional large-scale social services, which combined nursing homes, social service homes and other types of social services in one building. The result is that generalised approaches are used to a large extent, leading to human rights violations, but also professional activities and social work is not provided at an individual level in a way that takes into account the needs and wishes of the clients of these services. In terms of the use of professional methods with diverse target groups, it is not possible to achieve a sufficient quality of social service, but neither is it possible to achieve a sufficient quality of life for the recipients of social services. In practice, it turns out that the provision of residential social services for diverse target groups often leads to socio-pathological phenomena, such as mutual abuse, physical violence and frequent conflicts, discrimination against persons with the highest level of support needed, and others. The rate of occurrence of these socio-pathological phenomena increases with the size and capacity of the social service facility.

Table 5. Ratio of number of places and population in social care institutions in years 2000 - 2015.

Institutional social services facilities as of 31.12 (annually). [93]

	2000	2001	2002	2003	2004	2005
Number of places in facilities	29 871	30 385	30 707	31 349	32 397	32 663
Number of inhabitants in facilities	29 110	29 505	29 892	30 323	31 354	32 031

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
34152	34 675	35 501	36 259	37 238	35 938	36 773	42 146	42 127	45 406
33 278	33 568	34 692	34 527	35 389	35 869	36 606	41 622	39 645	42 888

93 Statistical Office of the Slovak Republic. Slovstat database. 2016.

The Ad-hoc Commission of experts and organisations in the field of disability, under the auspices of the United Nations, produced an international document, the Convention on the Rights of Persons with Disabilities, which was adopted by the United Nations on 13 December 2006 and opened for signature on 30 March 2007. The Slovak Republic signed the Convention on 26 September 2007. In doing so, it has shown a primary interest in respecting the rights of persons with disabilities. In 2008, after a long preparation, a new law on social services was approved by the National Assembly of the Slovak Republic, which was based on human rights principles, but in its original wording discriminated fundamentally against non-public providers of social services, who were the predominant providers of community services, by openly and directly favouring public providers. This discrimination was changed and corrected only by the decision of the Constitutional Court of the Slovak Republic. From the perspective of transformation and deinstitutionalisation, it is significant that there was a clear preference for outreach and outpatient services over institutional services and facilities with a capacity of less than 40 places. The problems and inconsistencies between the Social Services Act and the ROP were also pointed out in 2008 by the independent platform SocioForum, which asked the members of the ROP Monitoring Committee to change the operational programme. In its request it states the following: *"In order to ensure fair competition for clients, free access of all social service providers to the use of EU funds earmarked for the support of social infrastructure must also be ensured. It is also important that the conditions for obtaining non-repayable funding do not conflict with developments in the field. We note that the adoption of the Social Services Act creates just such a contradiction. In the approved ROP, in the section on the nature of eligible interventions, it is stated on page 4 that eligible interventions may relate to 'support for facilities mainly of the type of nursing homes, DSS for adults, DSS for children, nursing care facilities with a capacity of 50 clients or more, ...'. On 30 October 2008, the National Council of the Slovak Republic approved Act No 448/2008 Coll. on Social Services, which states in Article 61(7) that 'the provision of social services in a supported living facility, in a facility for the elderly, in a nursing care facility, in a rehabilitation centre, in a social services home, in a specialised facility and in a day-care centre with a capacity of less than 40 places shall take precedence over the provision of a social service in a facility with a higher capacity'. The legislator has thus clearly established the desirable development of institutional care by orienting it towards low-capacity facilities as well as towards a new type of services for the elderly and persons with disabilities, which is in line with the current trend of deinstitutionalisation of social services throughout the European Union and the world.*

Moreover, the imposition of a higher capacity condition in the ROP discriminates against the majority of non-public providers who provide their services in low-capacity modern facilities. On the basis of the above, we request,

that the text in the Regional Operational Programme, in the above-mentioned section on the nature of eligible interventions in relation to social infrastructure, be aligned with the law in force from
1.1.2009, i.e. to replace the words 'with a capacity of 50 clients or more' by 'with a capacity of less than 40 clients' or to delete them. It is also necessary to adapt the structure of the establishments to the new statutory rules. Our request is urgent, as the first call for applications for support is planned. In support of our request, we mention that SocioForum has repeatedly pointed out to the ROP Managing Authority – MVRR SR that qualified criteria for assessing the quality of services are not defined and requested to set capacity reduction as one of the conditions for contribution. This was done in the Opinion of the participants of the annual conference of SocioForum on current issues of social policy (27 and 28 June 2006, Liptovský Ján), as well as in the Opinion of SocioForum on the use of Structural Funds for the development of social infrastructure (29 and 30 May 2007 in Bratislava). We are aware that the National Programme for the Reform of Social Services has not yet been developed and adopted. However, the new Law on Social Services clearly establishes principles oriented towards accessibility and quality of social services for all those who need them. It cannot therefore go unnoticed that European Community funds are intended to support and prolong the life of unviable large-scale institutions. We would be pleased if the recommendation of the international research team on services for people with disabilities were accepted. The latter, in its study Deinstitutionalisation and Community Living – Benefits and Costs, says: "International bodies such as the World Bank or the European Commission should not allow their funding to be used to rebuild institutions or to build new institutions."

Until the end of 2010, this situation remained unchanged despite this warning, and almost EUR 200 million were drawn down under the ROP to support institutionalisation in accordance with these contradictory conditions. More on this in the next chapter.

In July 2009, the Ministry of Labour and Social Affairs of the Slovak Republic approved the National Priorities for the Development of Social Services, where it set three basic priorities:

- Supporting the client's stay in the natural environment through the development of field social services.
- Development of outpatient social services and residential social

services in a weekly facility.

- Improving the quality and humanisation of social services provided through the reconstruction, expansion, modernisation and construction of social services facilities.

In this document of the Ministry of Labour and Social Affairs of the Slovak Republic for the first time the term deinstitutionalisation appears in the context of the priority of the development of outpatient social services and residential social services in a weekly stay facility, where it is stated that "*The intention of setting this priority is the gradual deinstitutionalisation of social services, taking into account the needs and abilities of the client, with the aim of providing social services in their family or community environment. The provision of outpatient social services and social services in a weekly-stay facility allows for the development of the client's family and social relationships and, in accordance with his/her individual abilities and capacities, his/her integration into social and working life. "*[94] Despite the optimistic-sounding national priority, the measurable indicators did not speak of transformation or deinstitutionalisation, only of an increase in the proportion of outpatient and weekly-stay facilities and an increase in funding for non-public providers operating these services from the local government. Even the activities supporting this national priority were not directly directed towards the process of transformation and deinstitutionalisation, but only to partially support the creation of community-based services. It was the third national priority that reinforced this fact, as its task was to support the improvement of the quality and humanisation of social services through the reconstruction, expansion, modernisation and construction of social service facilities. This priority clearly referred to the process of humanisation of existing social services, which was also reflected in the investment support of the ROP in this period. Unfortunately, despite the indication of support for deinstitutionalisation, the Ministry of Labour and Social Affairs of the Slovak Republic did not respond to the need for systemic change, examples of which have already been presented by NGOs. This was mainly about the promotion of barrier-free social services. However, as expert studies and publications have shown, humanisation does not ultimately mean improving the quality of life of citizens with disabilities so that their human rights are respected in accordance with the Convention. Cangár and Krupa (2015) argue that ensuring compliance with the conditions of quality of social service provision in the context of the Convention and respect for human rights is not possible or has significant limits in institutional care. [95]

94 National priorities for the development of social services. 2009. MINISTRY OF LABOUR AND SOCIAL POLICY OF

THE SLOVAK REPUBLIC. Bratislava.
95 Cangár, M., Krupa, S. (2015). The importance of social service quality conditions in the process of transformation and deinstitutionalization. IA MPSVR SR. Bratislava. ISBN: 978-80-89837-00-7.

Similarly, Roll (2015)[96] highlights the differences between accessibility and universal design, where ultimately it is the advocacy of accessibility only, especially for people with physical disabilities, that leads to segregation and discrimination rather than special adaptations of non-purpose buildings. Universal design, however, takes into account the principle of comprehensive accessibility, which should lead to the inclusion of all citizens. Based on these findings, we can conclude that the 2009 National Priorities for the Development of Social Services were not yet oriented towards promoting transformation and deinstitutionalisation, but they cannot be denied as an effort to improve the living conditions of residents in institutions. It is questionable whether this change has effectively shifted social services in Slovakia towards modern and person-centred approaches. It is at the level of the European Union that it has already been possible to observe fundamental changes in the approach to institutional care. In February 2009, the then European Commissioner Vladimír Špidla approached a number of independent experts to look comprehensively at the issue of institutional care in Europe. In September 2009, an expert group chaired by Jan Pfeiffer published the ground-breaking Ad Hoc Expert Group Report on the transition from institutional to community care. This document described in general terms the situation of institutional care in Europe and defined a number of key issues, challenges and concepts in the field of transition from institutional to community care. Starting from the perspective of human rights, quality of life, independent living and social inclusion, it does not define an institution and institutional care through the capacity of the organisation's beneficiaries or other quantitative data, but defines the institutional culture that characterises these organisations. Institutional culture is characterised by loss of individuality, stereotyping, blanket treatment and care, social distance, learned passivity and helplessness and institutional paternalism. Institutional care is defined in this report as any residential care in which the recipients are isolated from the wider community and/or forced to live together; they lack control over their lives and decisions; the demands of the organisation itself take precedence over their individual needs. The Expert Group's report sets out the key reasons for deinstitutionalisation, including the material and non-material aspects of institutional care, the comparison between institutional and community care, the cost-benefit ratio between institutional and community care, and others.

96 Rollová L. et al. (2015) Creating inclusive environments in the process of deinstitutionalisation. IA MPSVR SR,

Bratislava.
ISBN 978-80-9701100-5-5.

The authors of the report further highlight key challenges in the process of transition from institutional to community-based care. One of the most significant elements of the report is the 10 common principles for transition and deinstitutionalisation: respect for users' rights and their involvement in decision-making processes, prevention of institutionalisation, establishment of community-based services, closure of institutions, limiting investment in existing institutions, human resource development, efficient use of resources, evaluation and quality control, a holistic approach and continuous awareness-raising. This expert report concludes with concrete recommendations for the EU Member States as well as for the European Commission. In addition to the Convention on the Rights of Persons with Disabilities, the report of the Ad Hoc Expert Group on the Transition from Institutional to Community Care was another important document that contributed to making the transition from institutional to community care one of the priorities of the European Commission and several Member States in the social and health field. One of the results of these changes was the creation of the permanent European Expert Group on Deinstitutionalisation, which is an informal advisory body and partner of the European Commission in this field. It was its activities that led to the process of deinstitutionalisation becoming part of the systemic changes in the field of social services in the Slovak Republic.

Despite activities at the European level, warnings and recommendations from Slovak NGOs and experience from the first pilot projects of transformation and deinstitutionalisation, these facts have not been taken into account in the support of social services under the Structural Funds, and especially in the ROP.

Social services 2010 - 2015

The year 2010 is a very significant year in terms of the process of transition from institutional to community care. During this year, major changes have taken place that affect further systemic developments in the social field in the Slovak Republic. The National Council of the Slovak Republic (hereinafter referred to as the National Council of the Slovak Republic) gave its consent to the Convention by Resolution No. 2048 of 9 March 2010. At the same time, the National Assembly of the Slovak Republic decided that the Convention is an international treaty, which, according to Article 7(5) of the Constitution of the Slovak Republic, takes precedence over laws. Subsequently, on 28 April 2010, the Convention was ratified by the President of the Slovak Republic and its instrument of ratification was deposited with the Secretary-General of the United Nations on 26 May 2010. The Convention entered into force for the Slovak Republic on 25 June 2010. Thanks to this fact, the process of transition from institutional to community-based care in the field of social services could also move to the systemic level. In February 2010, the Government of the Slovak Republic imposed on the Minister of Labour, Social Affairs and Family the obligation to ensure the implementation of the Convention and its Optional Protocol after its entry into force for the Slovak Republic. One of the main tasks was the creation of a main contact point for the Convention, which was to be a supra-ministerial body. The main contact point for the Convention was (after several rejected options) created within the organisational structure of the Ministry of Labour and Social Affairs of the Slovak Republic, where it is currently located. At the same time, there are secondary contact points for the Convention in each line ministry. The process of creation took almost three years, and it was not until February 2013 that the proposal for the establishment of a main contact point for the Convention implementation issues was approved. Since 15 March 2013, the main focal point for the implementation of the Convention has been operating within the Department of Integration of Persons with Disabilities of the Ministry of Labour and Social Affairs of the Slovak Republic. More information on the activities of the main contact point can be found on the website of the MoLSW SR. [97] Practical experience with secondary contact points is not positive, many ministries are not even aware that they have responsibilities and tasks arising from the implementation of the individual articles of the Convention and, in particular, many of

them do not even have designated responsible staff.

97 https://www.employment.gov.sk/sk/rodina-socialna-pomoc/tazke-zdravotne-postihnutie/kontaktne-mies- to-right-persons-with-health-impairments/

The ratification of the Convention in 2010 led to a greater activation of international, as well as Slovak organisations that have long been trying to promote the transition from institutional to community care. Following the report of the ad-hoc expert group on the transformation from institutional to community care98 , the European Commission's attitude towards the use of European Structural Funds in the field of social inclusion has also started to change. The first warnings and changes within the Regional Operational Programme started to happen in 2010, when the Ministry of Exhibition and Regional Development initiated a review of the Operational Programme based on the results of the interim implementation and analysis. The revision took place mainly due to the new priorities: the European Capital of Culture Košice and flood recovery, but also with the implementation of some areas of IROP support, especially the problem of over-contracting of projects within the ROP. In April 2010, a report on the regular evaluation of the implementation of the ROP was prepared, which states, among other things, that "The *residential form of social service in an institution is provided if the social service includes accommodation, this service is provided as a year-round social service or a weekly social service. The provision of a social service in a facility for natural persons who are dependent on the assistance of another natural person and for natural persons who have reached retirement age shall preferably be carried out in facilities with a capacity of less than 40 places. In order to ensure the sustainability of the economic operation of facilities, the ROP strategy also defines size requirements for social service facilities (preferably facilities with more than 50 clients). The introduction of the new legislation brings some types of facilities into conflict with the ROP strategy and the direction of legislation at national level. As the MoLSA SR as a gestor of the national legislation indirectly enters into the process of application evaluation (by confirming that the proposed project is in line with the national legislation - a mandatory annex to the application for NFP), this partial inconsistency may have an impact on the demand for interventions. We recommend to proceed with the revision of the Operational Programme in accordance with Council Regulation (EC) No 1083/2006 on the European Regional Development Fund, the European Social Fund and the Cohesion Fund Article 33(1)(b) major changes in national, regional and local priorities.* "[99] In fact, these were precisely the facts already pointed out by SocioForum in its letter to the members of the ROP Monitoring Committee at the end of 2008. This text of the April 2010 report was later taken up by the

98 Report of the ad-hoc expert group on the transformation of institutional care to community care. http://

www.zdomovadomov.sk/wp-content/uploads/2013/08/ad-hoc-DI_svk.pdf

99 http://www.ropka.sk/download.php?FNAME=1281956952.upl&ANAME=Spr%C3%A1va+of+Regular%C3%A-9th+Evaluations+ROP_apr%C3%ADl_2010.pdf

[100] This document was already beginning to highlight the need for systemic support for deinstitutionalisation: *'The ROP analysis carried out between 2006 and 2007 and the current situation (2010) confirm that the demand for services for the elderly will increase in the years to come. However, the change of the legislative environment in the Slovak Republic in 2008 creates conditions for the development of other types of social services, the support of which is not fully in line with the originally set content of the ROP strategy. The current orientation is towards reducing the number of clients in institutions and also towards the deinstitutionalisation of institutions. These trends are also identified in the formulation of new strategic positions at European Community level (AD HOC EXPERT GROUP DEINSTITUTIONALISATION September 2009, ECCL-Structural Funds Report-final-WEB, March 2010). After 2012, under the new legislation of the Slovak Republic, "large-scale" facilities for child clients (family-type facilities only) will not be allowed to exist. This does not correspond to the requirements for the economic sustainability of the supported facilities, which is to a large extent also conditioned by the minimum size of the facility."* In spite of this statement, the authors of the analysis do not reflect these facts and in the final assessment of the investment priority propose to continue building new social services facilities.

As stated in the study of the INESS – Monitoring of the Structural Funds in the social area in the period **2007-2011**,[101] at the end of September 2010, 136 applications were approved under the ROP in the area of social services, for which EUR 209 million were committed out of the total allocation for social services in the amount of about EUR 234 million. Almost half of the approved funds were for the construction of new large-capacity social services facilities with a capacity of over 50 places. INESS also points out that at the end of September, project applications were approved at 101% of the total allocation, which means that the over-contracting of the allocation took place without prior allocation of resources. The response to changes at European level was not taken into account and it was within the ROP that the proposal for a new allocation for the building of new community services amounting to approximately 119 million euro was made. The draft revision of the ROP was sent at the end of October 2010 to the European Commission, which considered it until February 2011

100 http://www.ropka.sk/download.php?FNAME=1288699549.upl&ANAME=Final+rev%C3%ADzia+ROP+EUFC+oktober+2010.pdf

101 Ďurana R. et all. (2013). Monitoring of Structural Funds in the Social Sphere in the Period 2007-2011. INESS. Bratislava. ISBN: 978-80-969765-1-5.

and raised demands for a review in the field of social infrastructure towards transformation and de-institutionalisation. Experts in the field of social services continued to draw attention to the need for these changes, where Slavomir Krupa spoke of seven basic reasons for the need for de-institutionalisation: *'The first reason: we do not yet have an established and established system (network) of early developmental intervention and functional developmental therapy centres, rehabilitation for children with disabilities and social care in the Slovak Republic. This is one of the serious reasons for the low provision of social and psychological support to parents and their children with disabilities, which is most effective in the period (1-3 years of life). The absence of timely medical and multidisciplinary care has serious consequences for the personal lives of people with disabilities, for the education system and for the system of social support and services for people with disabilities.*

The second reason: public opinion and the social policy of the state, which is actually applied accordingly to it, considers the placement of disabled children and citizens in residential social service homes to be a reasonable and adequate solution to the problematic situation of families and their disabled members. Paradoxically, this trend is in contradiction with the national priorities in the field of social services, which declare the support of the client's stay in the natural environment by the development of field social services, the development of outpatient social services and residential social services in a facility with a weekly stay. The reason for setting this priority is the fact that, according to available statistical data, field social services are underdeveloped and there is a lack or complete absence of social services in the whole territory of Slovakia. However, the same important document supports the improvement of the quality and humanisation of social services provided through the reconstruction, extension, modernisation and construction of social service facilities. Among the government's priorities in the provision of social services is not the transformation of residential services in institutions, but their reconstruction, expansion, ... Although the above funding would be necessary investment for the transformation of social service homes.

The third reason: despite legal documents of international importance and legal force, such as the Convention on the Rights of Persons with Disabilities (approved by the UN in 2007), which require an inclusive (integrated) education system, our legal standards (School Law No. 245/2008) are not in line with the above-mentioned "Convention". While the law creates opportunities for the integration of disabled citizens into primary and

secondary schools, it does not ensure that pupils with disabilities are not excluded from the general education system.

The fourth reason: children and adolescents with mental disabilities who are placed in residential social service homes have virtually no opportunity for social integration and remain residents for their entire lives. Children and adolescents with disabilities whose parents have consented to placement in outpatient social services or weekly residential social services become residents of residential social services for the rest of their lives as their parents age into adulthood. This is also the fate of many disabled citizens. Children and adolescents with disabilities placed in children's homes after the age of 18 often have no alternative but to live in a social services home. Apart from supported housing, no similar legal institute has been adopted in the last twenty years to enable disabled children to leave social services homes.

Fifth reason: in addition to the reasons that lead to the court's decision to place intact healthy and disabled children from dysfunctional families under the age of three in children's homes, a specific reason for placing children in children's homes and social service homes is the parents' failure to cope with the difficult situation at the birth of a disabled child due to their lack of social support. The crisis situation caused by the birth of a disabled child is accompanied by high psychological, emotional and physical strain, frustration and stress, which leads to a reduction in the social functionality of the family, to divorce of partners or the refusal of one of the partners to participate in the care of the disabled child and, finally, to the decision to place their children in a residential social services home. Current social instruments, such as the respite service, have not yet brought about the expected changes in terms of reducing the burden on the family.

The sixth reason: disabled people find it difficult to assert themselves and find employment on the open labour market. The situation is all the more difficult the higher the overall unemployment rate in the region. Therefore, instead of actively integrating people with disabilities into the labour market, the state persists with passive forms of social security.

The seventh reason: so far, NGOs involved in the transformation of residential traditional social service institutions have not been able to present the social problems of disabled people to the public with such effect and positive consequences that would lead to a fundamental change in the situation." [102]

102 Krupa, S. 2011. Algorithm of social services provision and transformation of residential social services facilities in Slovakia.

During this period, Slovak NGOs, in particular the ZPMP in Slovakia, were approached by Jan Pfeiffer, who, as chair of the European Expert Group on Deinstitutionalisation, assisted DG Regio and DG EMPL in assessing the country proposals. Jan Pfeiffer prepared a short report for the European Commission on the state of social services provision in the Slovak Republic in the context of transformation and deinstitutionalisation, where he primarily relied on the activities carried out by the NGOs RPSP, SOCIA Foundation, Supported Employment Agency and their pilot projects on deinstitutionalisation and transformation. It also discusses the shortcomings of institutional care in the Slovak Republic. Helena Woleková from the SOCIA Foundation, an advisor to the then Prime Minister Iveta Radičová, has also begun to work intensively on addressing this situation. The rejection of the revision of the ROP by the European Commission and the requirement to support deinstitutionalisation was also addressed by the Ministry of Labour and Social Affairs of the Slovak Republic, which expressed interest in meeting and cooperating with Jan Pfeiffer, as well as with NGOs that had been working in the field of deinstitutionalisation for many years and had experience with it. On 18 February 2011, the first working meeting was held at the Ministry of Labour and Social Affairs of the Slovak Republic to address the way forward in supporting the deinstitutionalisation of social services, with representatives from EEG, the Ministry of Labour and Social Affairs of the Slovak Republic, NGOs and municipalities. It was at this meeting that a proposal was made to develop a national action plan for deinstitutionalisation and pilot projects for deinstitutionalisation, as well as recommendations for the creation of a full-time position at the MoLSVR SR for the purpose of starting the process of deinstitutionalisation in the Slovak Republic. In this period, based on the active support of the State Secretary Lucie Nicholson, a working group was established at the Ministry of Labour and Social Affairs of the Slovak Republic, which was responsible for the systemic preparation of the process of transformation of social services, in which long-standing Slovak experts on the subject were represented. The basis for these changes was the Short Report on the State of Deinstitutionalisation in Slovakia, as well as the document Project Plan for the Deinstitutionalisation of Social Services in the Slovak Republic with the Use of EU Structural Funds, prepared by NGOs for the Ministry of Labour and Social Affairs of the Slovak Republic. They took the chance to support systemic changes in the field of transformation and deinstitutionalisation of the social services system very actively. Within the framework of a very intensive and productive cooperation between NGOs and the MoLSA SR, a close link between soft ESF support and ERDF investment resources

was recommended from the very beginning. In April 2010, the MoLPRS created a post for one staff member dedicated only to the preparation of the deinstitutionalisation process, and later staff changes took place in the management of the Social and Family Policy Section, where Mária Nádaždyová, who intensively supported the process of transformation and deinstitutionalisation, became the Director General. The substantive responsibility for

activities of the Ministry of Labour and Social Affairs of the Slovak Republic in the field of deinstitutionalisation of social services was taken over by the Department of Social Services under the leadership of Lýdia Brichtová.

On the basis of these events, the Ministry of Labour and Social Affairs of the Slovak Republic began to prepare the conditions for the revision of the ROP, where there was still an allocation of about 40 million euros, which the new leadership of the Ministry of Labour and Social Affairs of the Slovak Republic wanted to invest in the start of support for deinstitutionalization. The result was a revised version of the ROP, which drew attention primarily to the qualitative shortcomings of the existing social infrastructure and took into account the principles of deinstitutionalisation, not creating conditions for further support for medium to large capacity residential facilities of the residential type and support for the development of community centres. Only two possible activities have been set up under the ROP: pilot projects for the deinstitutionalisation of existing social services and social protection and social welfare facilities and support for the development of community centres for marginalised groups of the population. At the same time, the synergy with the Operational Programme Employment and Social Inclusion was also addressed from the very beginning, where the necessary support for social service facilities that will go through the process of deinstitutionalisation was to be ensured. The Ministry of Labour and Social Affairs of the Slovak Republic, where the personnel conditions for supporting deinstitutionalisation were created, started to prepare the Strategy for deinstitutionalisation of the system of social services and foster care in the Slovak Republic, the National Action Plan for the transition from institutional to community care and also the national project for support of deinstitutionalisation, which was to be implemented in the OP ZaSI. A very intensive cooperation with the municipalities and the search for suitable facilities that could be included in the process of deinstitutionalisation has also started. At the beginning, all self-governing regions were involved in this process and it was envisaged that 16 to 20 social service facilities would be involved in the pilot project. A broad working group was set up by the Ministry of Labour and Social Affairs to prepare strategic documents. The basic document supporting the transition from institutional to community-based care at the systemic level became the Strategy for the Deinstitutionalisation of the Social Services and Foster Care System (hereinafter referred to as the DI Strategy), which was approved by the Government of the Slovak Republic on 30 November 2011. The DI Strategy is primarily a declaratory document by which

the Slovak Republic declares itself to the processes of transition from institutional to community care. The DI Strategy is based on and is in line with the UN Convention on the Rights of Persons with Disabilities and specifically Article 19 - Independent Living and Inclusion in Society. The main aim and objective of the DI Strategy in the Slovak Republic is to create and ensure conditions for independent and free life for all citizens dependent on the assistance of society in a natural social environment of the community, through a complex of quality alternative services.

in the public interest, enabling them to live freely and independently with the support of the community, professionals, family members, volunteers, transitioning from a predominantly institutional way of providing social services to community-based care and expanding alternative options for meeting the needs of children who have been removed from their parents' care. The document outlined the fundamental reasons for the implementation of the process of transformation and deinstitutionalisation: *"The fundamental reasons for transformation and deinstitutionalisation in Slovakia include (as in other EU countries):*

1. *The Slovak Republic is committed to protecting, respecting and fulfilling human rights and fundamental freedoms and has ratified the UN Convention on the Rights of Persons with Disabilities, the UN Convention on the Rights of the Child, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the European Social Charter, and other documents whose implementation is not, or can hardly be, implemented in the conditions of institutionally oriented social services.*
2. *People with disabilities do not need to live in institutions, no matter how severe their disability. Independent living leads to greater independence and personal development for the individual, provided that the necessary social services are available.*
3. *The life of persons with disabilities in mainstream society, integration and inclusion also brings a significantly positive impact on mainstream society in both ethical and communicative terms. In addition, it is economically more advantageous in the long term than living in an institution.*
4. *Persons with disabilities are members of society and have the right to remain within their own local community and should receive the necessary support within the mainstream structure of education, health, employment and social services. Families with a member with a disability should be given the support they need to enable those members to remain living at home or in the community.*
5. *As far as possible, children should grow up with their own parents in families, i.e. in a natural environment for their development and the satisfaction of their needs. Where parents are unable to fulfil their parental rights and responsibilities, even with the support of various services and measures, the child should be provided with an adequate alternative family environment.*

6. *Placement of the child in a court-ordered institution must be a last resort, exceptional and temporary solution, while the alternative family environment and the alternative institutional solution must favour, unless excluded, relations with the biological family. The adverse effects of institutional care with a collective approach are described in detail in the literature and proven by relevant research.*

7. *Living in an institution with a collective system itself creates new handicaps that mark a person for life (e.g. disruption of emotional and social development, creation of learned passivity, helplessness, dependence or social deprivation).*

8. *Living in uneducated and unsupportive institutions with a collective system with a lack of personal privacy and autonomy leads to the erosion of a person's personal integrity and the healthy development of his or her emotional life.*

9. *The work structure of staff in institutions is more focused on individual work tasks and routines , community services work comprehensively to meet the individual needs of clients.*

10. *Community-based services with the advantage of knowledge of the environment have a higher potential to mobilise local and regional technical and human resources for quality service delivery.*

10. *Children and their parents, persons with disabilities and the elderly should have access to living conditions and daily activities that are equal to those of the rest of the population."* [103]

The reasons for the transition from institutional to community care have not been so clearly stated in any government document to date. It was this clear articulation of the reasons that formed the starting point and the basis for the overall change in perception of the need for transformation and deinstitutionalisation at a systemic level. From the position of the Ministry of Labour and Social Affairs, a clear distinction began to be perceived between support for humanisation and institutional care on the one hand, and support for deinstitutionalisation and the development of community-based services on the other. The document clearly identified what should be the aim of these systemic changes in the field of social services

103 Strategy for the deinstitutionalisation of the system of social services and foster care in the Slovak Republic- like.https://www.employment.gov.sk/files/legislativa/dokumenty-zoznamy-pod/strategia-

and foster care. The ambition of the document was, in addition to defining the basic purpose and reasons for the need to implement the transformation, also to define the long-term goals of this process, in particular to ensure the availability of community services and measures carried out at the community level, i.e. to support normal life for all citizens, including citizens with disabilities. Furthermore, the long-term objective was to promote an individual approach for the recipients of social services in residential institutions in order to ensure that they are supported to live in the community. The ultimate goal of transformation and deinstitutionalisation in the Slovak Republic should be the end of provision in the original institutional settings and the creation of a complex of community-based services. The DI Strategy proposed six specific actions that the Slovak Republic was setting itself in the field of deinstitutionalisation: Creation of legal conditions to support deinstitutionalisation in social services, preparation of the National Action Plan for the transition from institutional to community care in the social services system for 2012-2015, reviewing the current Concept for Ensuring the Enforcement of Court Decisions and updating the Concept for Ensuring the Enforcement of Court Decisions for 2012-2015 with a view to 2020 (a plan for the transformation and deinstitutionalisation of institutional care in children's homes), preparing a National Project for Supporting the Deinstitutionalisation of Care Services, preparing a National Project for Supporting the Deinstitutionalisation of Foster Care, and setting up a Committee of Experts on Deinstitutionalisation.

The document thus prepared was very ambitious and its approval by the Government of the Slovak Republic ensured its long-term durability. The way in which it was formulated and the direction it set led to it being cited as an example of a good practice national strategy within the framework of the Joint European Guidelines for the Transition from Institutional to Community Care104 developed by the European Expert Group on Deinstitutionalisation. The DI strategy has significantly shifted, at least on paper, the thinking of experts in academia as well as professionals providing social services towards a general acceptance of the need for systemic change in the field of social services. But on the other hand, even in the context of its five-year existence, we can see some of its shortcomings, in particular the absence of a clear timetable for ending the provision of institutional care in the Slovak Republic. This fact is still being used as evidence by state officials today,

104 http://www.deinstitutionalisationguide.eu/wp-content/uploads/2016/04/2013-10-18-Common-Europe- an-Guidelines_Slovak-version_EDITED.pdf

that Slovakia wants to implement the process of transformation and deinstitutionalisation and has developed the following strategic documents. On the other hand, no social services institution has been fully transformed so far and the implementation of the process, with the exception of the activities implemented in the National Project for Supporting the Deinstitutionalisation of the Social Services System in 2014-2015, is hardly happening at the system level. Experts in the field of transformation and deinstitutionalization point to the need to revise this document, but it has been stated by the current leadership of the Ministry of Labour and Social Affairs (in December 2016) that a revision of the document is not foreseen in the near future.

The strategy set out six specific actions, four of which were directly related to social services:

1. Preparation of the National Action Plan for the Transition from Institutional to Community Care for 2012-2015.
2. Preparation of the National Project to Support the Deinstitutionalisation of the Social Services System.
3. Creation of a committee of experts on deinstitutionalisation.
4. Creating the legal conditions to support deinstitutionalisation and transition.

The first measure to be implemented was the creation of the National Action Plan for the Transition from Institutional to Community Care for 2012-2015 (hereafter referred to as NAP DI), a document approved by the leadership of the Ministry of Labour and Social Affairs of the Slovak Republic on 14 December 2011. Unlike the DI Strategy, the DI NAP already described concrete steps for the next period in the field of de-institutionalisation. Experts participating in its preparation declared the need for a comprehensive and multi-departmental approach using the involvement of all relevant components of society that shape public policy at the various levels. The practical objective was to set up activities with a clear timeframe and budget, complementing the government-approved DI strategy. The NAP described the idea of implementing systemic deinstitutionalisation in nine specific areas of support:

1. Managing the process of transition from institutional to community care in the social services system.
2. Project support for the deinstitutionalisation of care services.

3. Implementation of pilot projects (investment resources from ERDF).
4. Financing the pilot phase of deinstitutionalisation in the social services system.
5. Monitoring, control and quality improvement in the social services system.
6. Changes to legislation and policy documents.
7. Human Resource Development.
8. Creating community services.
9. Preventing institutionalization.

Starting from the fact that the process of transformation and deinstitutionalisation has become a national and state policy in this field with the approval of the DI Strategy, the creators of the NAP DI proposed the creation of the National DI Centre. This centre was to have a primarily coordinating and methodological role in the management of DI processes, similar to the Czech Republic. The National DI Centre was to be established as part of the National Project for Supporting the Deinstitutionalisation of Care Services, which would be financed from the resources of the OP ZaSI. This project was to be implemented by the Education Centre of the Ministry of Labour and Social Affairs of the Slovak Republic, in cooperation with the Ministry of Labour and Social Affairs of the Slovak Republic and selected partners. The project was supposed to involve 24 facilities from all over the Slovak Republic, where subsequently, after the monitoring of readiness, 16 facilities (two from each self-governing region) were to be selected, which would be prepared for the DI process and subsequently apply for investment funds from the ROP, where 20 million euro were allocated to support the deinstitutionalisation of the social services system. The allocation of the National Project for Support to Deinstitutionalisation of Care Services in OP ZaSI was 1.05 million euro. Unfortunately, in the following text on the implementation of the National Project for Supporting Deinstitutionalisation, it will be seen that the NAP DI was not implemented as planned. It is also interesting to note that despite the changes that were taking place in the field of practical implementation of DI support in the SR, the leadership of the Ministry of Labour and Social Affairs, despite the warning of the Substantive Department of Social Services, did not consider it important to revise this action plan until 2016, which led to significant discrepancies between what the SR declared in the document and what was actually implemented in practice. It should also be noted that the proposed initial partnership model for the implementation of transition and deinstitutionalisation, as well as the document itself, were also cited as examples of good practice in the aforementioned

Common European Guidelines for the Transition from Institutional to Community Care and also in the Manual on the Use of European Funds for the Transition from Institutional to Community Care,[105]

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

developed by the European Expert Group on Deinstitutionalisation. The paradox is that despite such well elaborated documents, which Slovakia refers to internationally in the framework of fulfilling its commitments to respect the human rights of people with disabilities, the process of transformation and deinstitutionalisation is not happening in Slovakia as it is stated in the documents. On the contrary, on the part of the Ministry of Labour and Social Affairs of the Slovak Republic we can see the creation of many obstacles. The NAP DI was updated in December 2016 and we will present its changes in the following chapter.

Following the tasks set out in the NAP DI, in December 2011 the Education Centre of the Ministry of Labour and Social Affairs of the Slovak Republic announced a public tender for the selection of partners for the National Project for Supporting the Deinstitutionalisation of Care Services. The selection committee, consisting of representatives of the MoLVR SR, local government and a member of the European Expert Group for DI, selected four partners for the implementation of the project: for the area of coordination and dissemination it was SOCIA – Foundation for Support of Social Change, for the area of support for social services – Council for Social Work Counselling, for the area of support for employment and activation – Slovak Union of Supported Employment, for the area of support for changes in the physical environment – Research and Training Centre for Barrier-Free Design of CEDA STU. The four selected partners and the Education Centre of the Ministry of Labour and Social Affairs of the Slovak Republic started to prepare the national project on deinstitutionalisation under the expert responsibility of the Ministry of Labour and Social Affairs of the Slovak Republic and continued this work actively until August 2012. In the spring of 2012, after the elections, the government changed. As a consequence, the implementation of the process of deinstitutionalisation and transformation of social services in the Slovak Republic was significantly slowed down. In August, the new leadership of the Ministry of Labour and Social Affairs of the Slovak Republic stopped the preparation of the national deinstitutionalisation project by the selected partners without officially notifying them or officially cancelling the tender on the basis of which they were selected. Subsequently, on the instructions of the new leadership of the MoLPRS, the national deinstitutionalisation project started to be redesigned so that the Social Development Fund was to become its beneficiary. This project took until the end of 2012 to be redesigned. The project only envisaged the involvement of natural persons as experts who would implement DI support, and the number of facilities involved was reduced. The Žilina Self-governing Region announced that it would not be involved in the

deinstitutionalisation process. From the remaining regions, 10 facilities have been involved throughout the country. Of these, three were in the Bratislava Autonomous Region, which had its own "small" national project to support deinstitutionalisation. Due to the disagreement of the new leadership of the Ministry of Labour and Social Affairs of the Slovak Republic and especially of the ESF Section, the creation of the National DI Centre was abandoned and replaced by the Methodological Team of Experts in the project. The Methodological Team of Experts was composed of the head of the Methodological Team, an expert for social services, an expert for employment, an expert for

changes to the physical environment and a dissemination expert. Other project activities were primarily focused on training, supervision, dissemination and support to the participating facilities. The project allocation remained unchanged. As the project was no longer handled through a partnership, but was directly contracted by individuals, its implementation became very administratively demanding. This also led to disagreements between the management of the Social and Family Policy Section and the Social Development Fund (hereafter FSR) and resulted in a significant delay in the start of the national project implementation until March 2013.

The Section of Social and Family Policy of the Ministry of Labour and Social Policy of the Slovak Republic proposed Mi- roslav Cangar (who worked in the Department of Social Services as an expert on the process of de-institutionalisation and transformation between 2011 and 2015) as the head of the methodological team. Subsequently, the FSRF started to fill other positions of experts and professional staff. However, professional and practical experience was not taken into account in this process and the FSR management selected for several expert positions (with the exception of the employment expert) people who had no practical experience in de-institutionalisation and transformation.

As a consequence of this, the head of the methodology team resigned right at the beginning of the project implementation.

The project itself did not have a head of the methodological team for almost half a year and the activities for the implementation of the project were only formal. Thus, until the summer of 2014, the national DI project was not implemented at all.

Things started to move only after the merger of the ministerial agencies into the Implementation Agency of the Ministry of Labour and Social Affairs of the Slovak Republic and on the basis of personnel changes in its management. In the summer of 2014, there were also personnel changes in the project's methodological team, where Tatiana Králiková became the head of the methodological team on the basis of new selection procedures, Slavomir Krupa became the expert for social services, Lea Rollová became the expert for changes in the physical environment, and Má- ria Machajdíková became the expert for dissemination. Viera Záhorcová has been the employment expert since the beginning of the project. The project implementation was extended until December 2015, which meant that all activities of the original three-year project had to be implemented

within 1.5 years.

During this period, intensive support to social service facilities was initiated, primarily in the form of training, supervision and community dissemination activities. This was a challenging process for the facilities involved, as they had to combine their normal work activities with the project's support activities. The last significant staff change in the project's methodology team

took place at the beginning of 2015, when Miroslav Cangár returned to the position of the head of the methodological team. However, during the whole project implementation it was possible to see a high turnover of administrative and support staff of the project. This was a consequence of not implementing the project in partnership, but by directly contracting experts. This style of project management was extremely challenging. In the period from the second half of 2014, and especially in 2015, the project managed to involve a number of Slovak and Czech experts in the process of transformation and de-institutionalisation and to provide quality support to social service facilities. However, it should be noted that it is only thanks to the re-engagement of NGOs that have been active in the process of deinstitutionalisation and transformation for many years. They have released their staff to carry out activities in the project. The implementation of the project has shown the necessity of a partnership approach and cooperation between state and NGOs. Due to the lack of understanding of these contexts, the Ministry of Labour and Social Affairs is still struggling to continue the process of transformation and de-institutionalisation.

The following social service facilities were involved in the national project:

- *Trnavský samosprávny kraj - DSS Okoč - Opatovský Sokolec*
- *Nitriansky samosprávny kraj - DSS Lipka Lipová*
- *Trenciansky samosprávny kraj - CSS Adamovské Kochanovce*
- *Banskobystrický samosprávny kraj – DSS Slatinka, DSS Ladomerská Vieska*
- *Prešovský samosprávny kraj - CSS Zátišie Osadné*
- *Košice Self-Administrative Region - DSS Lidwina Strážske*
- *Bratislava self-governing region - DSS Merema Modra, DSS and DD Stupava, DD and DSS Rača.*

In addition to training, supervision, dissemination, support for the participating facilities, study trips of employees and beneficiaries of social services to the transformed facilities in the Czech Republic, the project has also produced several other important outputs, such as an international conference, as well as several methodological and professional publications on the process of transformation and deinstitutionalisation.[106] At the same time, the project (under the leadership of Lýdia Brichtová) has been

106 All publications are available here: https://www.ia.gov.sk/sk/narodne-projekty/programove-obdobie-2007-2013/ national-project-di/publications-to-download

Final Evaluation Report, which, in addition to the evaluation of the project itself, brought legislative and non-legislative recommendations for further implementation of the process of transformation and deinstitutionalisation at the systemic level in Slovakia.

For a brief summary of what this project managed to implement between 2014 and 2015:

- *856 (indicator of the number of persons of the target group involved in the project, fulfilled at 114 %),*
- *409 (indicator for the number of people trained in the project, 102 % fulfilled),*
- *22 (men and women, residents of the DSS, who have managed to join the work programme),*
- *26 (community events and events where we tried to foster networking, relationships and find common ground),*
- *3 (conferences of regional and international character, where knowledge and experience were practically exchanged),*
- *3 (multi-day study trips to the Czech Republic attended by DSS staff and residents, representatives of the founders and other invited collaborators),*
- *12 (variously focused training courses, delivered in the seven participating facilities)*
- *130 (agreements and other forms of employment, people who care about DI and have decided to try to improve the living conditions of the residents in the DSS through the project).*

The project Supporting the process of deinstitutionalisation and transformation of the social services system lasted from March 2013 to December 2015. The focus of its activities was transferred to the last year, parallel training, supervision, consultations, evaluations, experts worked in the methodological team, under the guidance of which methodological manuals, expert materials and other project outputs were created. Specialists, local consultants and the project team were involved. We worked with a number of suppliers, a travel agency, interpreters, proofreaders, graphic designers and publishers through tenders. So 2015 was an action-packed year for everyone involved in the project, full of new tasks, challenges, obstacles,

107 Brichtová et all. Final evaluation report. IA MLSA SR. Bratislava. 2015. https://www.ia.gov.sk/data/files/

np_di/publikacie/Zaverecna_hodnotiaca_report.pdf

but also rich in new knowledge, friendships, professional relationships and connections. Hektika tested the capabilities of the facilities in the DI NP, often putting them in the challenging position of how to responsibly fill all the activities and still keep the institution running. Together we pushed the boundaries. Residents tested their possibilities among themselves and in their relations with the staff (Slavoj Krupa's words that each of them can go far beyond their limits were almost 100% confirmed), directors and management, in cooperation with the founder, tested their own limits (operational, financial, professional and others), experts in the methodological team, together with specialists, lecturers and supervisors, set up "tailor-made" trainings and tried to react flexibly to new needs and questions. They all met with each other and exchanged experiences, opinions, shared solutions to similar situations. They were also facilitated by foreign experts, such as Jan Pfeiffer, who very willingly provided his know-how."[108]

As we have already mentioned, the implementation of this project was only possible thanks to the involvement of NGOs and their experts, who have long been advocating for the implementation of the process of deinstitutionalisation and transformation. It was this experience that led to the fact that back in March 2015 the preparation of a new national project to support deinstitutionalisation was started, which we will write about in the next chapter, but again it was set to be implemented in the form of a partnership.

In addition to the first tasks related to the NAP on DI and the national project on support for deinstitutionalisation, the DI strategy also included another measure, namely the creation of a committee of experts for DI at the Ministry of Labour and Social Affairs of the Slovak Republic. This committee was established by Minister Jozef Mihál in March 2012. The original intention of the Committee of Experts on Deinstitutionalisation was to be an advisory body to the MoLVR SR in the field of transformation and deinstitutionalisation, where state organisations, NGOs, local government and the European Expert Group on Deinstitutionalisation are represented, and especially to actively and efficiently participate in the promotion of the processes of transformation and deinstitutionalisation. The main tasks of this committee are:

a) monitoring, evaluation and coordination of the processes of deinstitutionalisation of the social services and foster care system,
b) coordination of the actors involved in the deinstitutionalisation of the social services and care system,

108 Cangárová, L. 2015. https://www.ia.gov.sk/sk/narodne-projekty/programove-obdobie-2007-2013/narodny-project-di/close

c) proposing measures to increase the support and effectiveness of the deinstitutionalisation of the social services and foster care system and the synergies between the two systems,

d) proposing measures to support deinstitutionalisation processes in areas related to the social services system and foster care,

e) Identifying risks and barriers to deinstitutionalisation and proposing legislative and conceptual solutions to support deinstitutionalisation processes,

f) discussion and approval of the draft report on the implementation of the Strategy for the deinstitutionalisation of the social services and foster care system in the Slovak Republic.

At the moment, we can conclude that over the last few years it has been a formal committee that has not lived up to expectations. It meets once a year, where its members are formally informed about the implementation of the DI Strategy and the process of transformation and deinstitutionalisation, but it does not itself develop substantial activities to support, accelerate or streamline the process. As an example, the other recommendation of the Committee of Experts on Deinstitutionalisation, which proposed and agreed that co-financing should not be applied in the framework of transformation and deinstitutionalisation projects, as this is a national policy, but despite this recommendation, the request for co-financing of national deinstitutionalisation projects was rejected. The Committee of Experts on Deinstitutionalisation itself currently has no major influence on the process of transformation and deinstitutionalisation in the Slovak Republic, as its main role – expert and supervisory – was meaningful if there was a National Centre for DI Support and the process of transformation and deinstitutionalisation was actually implemented.

The last measure mentioned in the DI Strategy was the *Creation of legal conditions to support deinstitutionalisation and transition*. In 2013, a major amendment to Act No. 448/2008 Coll. on Social Services began to be prepared, which, among other things, brought about a number of changes concerning support for the process of deinstitutionalisation and transformation with effect from
1. 1. 2014. These changes were to be the next step towards creating the legislative conditions for the process of transformation and deinstitutionalisation directly in the law. The intention of the drafters of the legislation was to stress that transformation and

deinstitutionalisation should be a long-term process of change in the quality of life of persons with disabilities. A number of provisions have been modified in the law itself. The definition of individual planning has been modified in detail, with a focus on comprehensive support for the independence and independent living of beneficiaries

social services in the community. The position of a key worker in individual planning was created, who accompanies and supports the recipient of social services. The Act created two new social services in the field of social services that are essential for the development and promotion of community services: an early intervention service for children with disabilities and support for independent living. Both of these services are primarily outreach and outpatient in nature and aim to create alternative support for people with disabilities in their natural environment and in the community. Unfortunately, the funding obligations for these services have not yet been clearly regulated by legislation. An important change has been the setting of substantive conditions for the provision of selected types of social services in the context of the transition from institutional to community care. These changes were based on the "Small Group Principle" of prof. Karl Grunewald. In practice, this meant a number of restrictions on the possibility of registering institutional social services. Under this change, supported living facilities could accept clients from the age of 16 years and the maximum capacity within one housing unit was set at six persons. A maximum of two housing units could be provided in a single sheltered housing facility. Discussions are currently underway on how to modify this provision to allow for more housing units in a single facility, but with a maximum capacity of 12 residents for the entire facility. Such a modification would allow for multiple dwelling units to be created with less than six occupants. There was also a capacity limitation for registration in facilities for the elderly, social service homes, and specialized facilities. The original proposal of the Ministry of Labour and Social Affairs of the Slovak Republic with the capacity limitation to a maximum of 22 clients in one building was increased to a capacity of 40 residents in one building during the approval process in the National Council of the Slovak Republic on the basis of a parliamentary proposal. In addition to the capacity, these changes regulated the impossibility of registering new social service homes with year-round residence, the prohibition of admitting persons under the age of 18 to year-round residential services, the impossibility of admitting citizens of retirement age to social service homes under this service. However, the amendment also allowed for the possibility to register facilities that exceeded the statutory capacity if they were financially supported under IROP, even though this was contrary to the principles of transformation and deinstitutionalisation. Probably the most significant change was the elaboration of Annex 2 – Conditions of quality of social services provided, the so-called Quality Standards for Social Services. The quality conditions for social services are now clearly oriented towards community-based social services and are based directly on the UN Convention on the Rights of Persons with

Disabilities. The basic starting point for the development was the fact that we cannot provide quality social services in human rights terms in institutions.

with institutional culture. The quality conditions define how social services should be delivered in terms of four basic areas: human, procedural, personnel and operational. The quality conditions have thus clearly anchored the human rights approach in the provision of social services in the legislation itself, which is also enshrined in Section 6(2) of the Social Services Act: *'A natural person has the right to the provision of a social service which, in its scope, form and manner of provision, enables him or her to realise his or her fundamental human rights and freedoms, preserves his or her human dignity, activates him or her to strengthen his or her self-sufficiency, prevents his or her social exclusion and promotes his or her integration into society."*[109] The social approach and humanization can partially eliminate the negative consequences of the charity and medical approach, but they still cannot ensure full respect for the human rights of all citizens with disabilities. The human rights approach views citizens with disabilities as part of the same society and ascribes to them the same rights and responsibilities as all other citizens in society. The main principles of the human rights approach are:

- Inclusion
- Participation
- Accessibility
- Non-discrimination
- Respect for difference/diversity
- Equal opportunities
- Respect before natural dignity

Based on this, the quality conditions of the provided social service emphasize active inclusion, participation, accessibility of the environment, non-discrimination, respect for the recipient of social services, the right to equal opportunities and, last but not least, respect for the inherent dignity of the person, i.e. the basic principles and reasons for the transition from institutional to community care. The quality conditions for social services have been in force since 1 January 2014 and the MoLSA should start assessing them from 30 September 2019.

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109 Act 448/2008 Coll. on Social Services as amended.

A number of proposals for legislative, as well as non-legislative changes are elaborated in the Final Report on the National Project for Supporting the Deinstitutionalisation and Transformation of Social Services in the Slovak Republic. These recommendations comprehensively suggest what needs to be adjusted and done in the field of social services, employment and changes in the physical environment in order to successfully implement the process of transformation and deinstitutionalisation. These include, in particular, changes in the area of qualification prerequisites and new professional activities, the prohibition of admitting new clients to transforming institutions, the competence of municipalities and higher territorial units in social services and the need for changes in their financing, the concretization of the financing of concurrent services in the process of transformation, the addition of new labour market policy activities in employment services and changes in building legislation. [110]

However, it is also necessary to mention that in December 2014, the new National Priorities for the Development of Social Services for 2015-2020 were adopted.[111] Unlike the 2009 National Priorities, this document already clearly advocates support for the process of transformation and deinstitutionalisation. Despite the fact that the National Priorities primarily form the material that is supposed to form the basis for concepts and community plans at the regional level, the Ministry of Labour and Social Affairs of the Slovak Republic itself has set itself a number of tasks that it wants and needs to address in the future within its remit. The MoLPRS presents the need for systemic changes in the area of financing of social services, which, however, it has not yet started to plan and implement. At the same time, within the framework of national priorities, the MoLSA SR states that it wants to support the development of social services at community level also from the resources of the Human Resources and Integrated Operational Programmes, which is also happening only very slowly and will be discussed in more detail in the following text. However, with these statements, the MoLSA SR confirms the current trends and objectives of the European Union in this area, in particular the transition from institutional to community care. In view of the need for fundamental changes in the field of social services, the MoLSW SR presents the need to elaborate a long-term Strategic Framework for the Development of Social Services until 2030 in the Slovak Republic. However, the preparation of such a document has not yet been formally announced and it is questionable whether it will actually start. Nevertheless, we can state that at least on paper there is a declared willingness and need for change. The long-term vision of the National Priorities is primarily

110 For more details see the Final Evaluation Report of the NP DI. https://www.ia.gov.sk/data/files/np_di/publikacie/Za- verecna_eval_report.pdf

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

to positively influence the development of social services in the Slovak Republic between 2015 and 2020 by setting the basic priorities of this development, the prerequisites for their achievement and also measurable indicators of their fulfilment in this period. The analytical part of the document states that there are currently more than 30 000 people with disabilities in social service institutions in Slovakia. In recent years, there has been an upward trend in this area in the social service establishments themselves with year-round residence, where up to 89.4% of all recipients of social service establishments lived, weekly care was provided to 1.5% of social service recipients and day care to 6.4% of social service recipients. Similarly to facilities for the elderly, the number of places in social service facilities has long exceeded the number of inhabitants receiving the service - by about 5 to 6 %.

At the same time, in recent years there has been a trend towards stabilisation of the number of beneficiaries in specialised facilities, where we have been able to observe a high increase in the number of beneficiaries since the establishment of this service in 2009. The analysis within the National Priorities also shows a great lack of services at the community level, where, for example, in the field of specialised social counselling there are only 97 providers in Slovakia, social rehabilitation as an independent professional activity is provided by only 14 providers, transport services have been provided to only about 6 700 citizens, etc. In the field of other social services at the community level, shortages can be observed, e.g. in the area of family support services, where there are only 23 providers of personal child care assistance, seven providers of temporary child care facilities or 13 providers of early intervention services. In the area of crisis intervention, a stable number of recipients of social services can be observed, but there is nevertheless a shortage of providers of these services. Just to illustrate, there are only 15 low-threshold day centres, 29 low-threshold centres for children and family, 210 day centres, eight integration centres, 72 shelters, 30 night shelters, etc. in Slovakia. [112]

112 Cangar. M. (2014). National priorities for the development of social services for 2015 - 2020. Where are our social services heading? In Integration 1-2/2014. Council for social work consultancy. Bratislava. ISSN: 1336-2011.

The national priorities for 2015-2020 are:

- Ensure the availability of social services in line with the needs of the community,
- to support the transition of social service recipients from institutional care to community care,
- to support the development of social services accessible to people remaining in spatially segregated locations with concentrated and generational poverty,
- improve the quality of social services provided.

The first national priority *Ensuring the availability of social services in accordance with the needs of target groups and the community* tends to support primarily the development of community-based social services in the form of outreach, outpatient and low-capacity residential social services in Slovakia. The main prerequisites for its achievement include support for the development of existing and new social services and professional activities of a community character, with an emphasis on services for families. Among other things, this part of the National Priorities also defines the features of institutional culture so that there is a clear distinction between community services and institutional care. Annex 1 of the National Priorities defines exactly which services are considered community social services and when. Community services include all services that are provided on an outreach or outpatient basis. Of the residential services, a number of year-round facilities are classified as community services, but these must primarily fulfil a number of conditions:

- Assisted living facilities that meet the statutory capacity (six people in one unit and a maximum of two dwelling units in one building). At the same time, the supported housing facility must meet the condition that it is not located directly in the building or on the premises of another social services facility. The reason for this condition is that a supported housing facility located in this way is not part of a regular community and often carries over institutional approaches that are part of large-scale facilities and it is impossible to speak of it as a community facility in this case.
- Facilities for the elderly, specialised facilities that meet the statutory capacity. There is an ongoing debate in this area as to what is the optimal capacity of long-term care facilities. However, it has to be said that the capacity

The 40 places in one building, which is found in the Social Services Act, is the result of compromise and comments during the drafting of the last amendment to the Social Services Act, and not the result of rigorous research and recommendations in this area.

- Social services home, which has a small-capacity character and meets the same conditions as the above-mentioned supported housing facility.

The second national priority *Supporting the transition of social service recipients from institutional care to community care* speaks of clear and direct support for the process of deinstitutionalisation in the social services system in the Slovak Republic. This priority is complementary to the first priority and constitutes key approaches that should help to transform the social services system. The National Priorities for 2015-2020, unlike the National Priorities for 2009-2013, already clearly separate deinstitutionalisation from the humanisation of social services. The humanisation of social services does not aim at the full fulfilment of the human rights of the recipients of social services and cannot therefore be considered a legitimate way of developing and providing social services at present. The basic assumptions of this priority include the promotion and development of selected types of outreach, outpatient and residential services at community level and the ending of the provision of the original residential services of an institutional nature. In addition, it is also a prerequisite to raise the awareness of the professional and lay public through targeted campaigns on the process of deinstitutionalisation.

The third national priority is to support the development of social services for persons remaining in spatially segregated locations with the presence of concentrated and generationally reproduced poverty, i.e. to ensure sufficient scope, variety and capacity of these services in the space of marginalised communities. At the same time, the objective of this priority (but this applies to all national priorities) is to promote inter-ministerial cooperation and collaboration at all levels of government, cooperation between public and non-public providers and recipients of social services.

The last national priority Improving the quality of social services is directly focused on comprehensive support for the introduction of quality conditions for social services. We have discussed quality in more detail in the previous text.

The material National Priorities for the Development of Social Services for 2015-2020 presents and confirms the trends of the human rights approach in social services and supports the development of community services, which are already openly advocated by the Ministry of Labour and Social Affairs of the Slovak Republic, but their implementation in practice is very slow and in some areas is not moving at all.

All these changes supporting transformation and deinstitutionalisation at a systemic level, which started intensively in late 2010 and early 2011, have fundamentally influenced how the conditions of the Regional Operational Programme have changed. As mentioned at the beginning of this chapter, a revision of the ROP was implemented in 2011, which already clearly took into account the principles of transformation and deinstitutionalisation. The ROP was revised several more times to adjust the conditions and financing of investment projects. Due to several changes after the elections in 2012, the informal synergy between the ROP and the OP ZaSI in the area of transition and deinstitutionalisation could not be maintained, where the National Deinstitutionalisation Support Project was to start first, followed by investment support from the ROP and then again by support for the transition process for the facilities involved in the demand-driven call from the OP ZaSI. This support system was prepared by the original working group at the Ministry of Labour and Social Affairs of the Slovak Republic before March 2012. In reality, however, the synergy was not respected, individual calls and projects were implemented in exactly the opposite order, which led to the fact that not a single social services facility responded to the demand-driven call for support for the transition process from OP ZaSI. The ROP call for support for transition and deinstitutionalisation was published in December 2012. The national project on Support to the transformation and deinstitutionalisation of the social services system started in March 2013 with staffing complications, but it was only in the second half of 2014 that it started to be implemented in real terms. In the end, only four social service institutions applied for the ROP call: the DSS Okoč – Opatovský Sokolec, the DSS Slatinka, the DSS Ladomerská Vieska and the DSS Lidwina Strážske. ROP approved three applications for non-repayable financial contribution: DSS Okoč – Opatovský Sokolec, DSS Slatinka and DSS Ladomerská Vieska. The application of DSS Lidwina Strážske was not approved mainly because it was mainly about the humanisation of services and not their deinstitutionalisation, which the MoLPRS had been pointing out for a long time and asking for fundamental changes to be made in the project, but these were not implemented and only purposeful changes were made to ensure that the facility met

only the formal criteria for joining the call. It should be noted that even the approved projects were not implemented under the ROP.

After the change of leadership of the Banská Bystrica Self-Governing Region in 2013, the new mayor refused to sign the approved applications and blocked the transformation and deinstitutionalisation of the facilities in Slatinka and Ladomerska Vieska. As part of his statements, he also presented the possibility of returning the recipients of social services in DSS Slatinka back to the abandoned manor house, to which a wave of opposition arose from the clients themselves, their families, the professional public and the management of the facility itself. DSS Slatinka has been informally supported by the Council for Counselling in Social Work since 2005, and later by the SOCIA Foundation since 2015.

The implementation of the project of transformation and deinstitutionalization of the DSS Okoč – Opatovský Sokolec failed in this period on the public procurement of investment activities, when the public procurement was cancelled several times by the Trnava self-governing region. This fact led to the situation that in the end the facility did not have enough time to implement the project within the period of eligibility of ROP expenditure.

In addition to supporting transformation and deinstitutionalisation at a systemic level through the national project, even after the end of the project the RPSP, SOCIA Foundation, Slovak Union of Supported Employment and CEDA STU informally cooperate and support the management of social services in the process of transformation and deinstitutionalisation.

In addition to their activities, it is also possible to mention the project of M.E.S.A. 10 – Support for the integration of institutionalized clients into local communities, which analyzed and studied the impact of transformation and deinstitutionalization activities in the Banská Bystrica region113. And also the activity of the INESS organisation, which monitored the use of structural funds in the social field and whose outputs were presented in the previous text. INESS prepared two very interesting publications within the framework of this activity: monitoring the use of structural funds in the social area in the period 2007-2011114 and Courage for new services.

In view of all these activities and the lack of implementation of the process of transformation and deinstitutionalization, experts and organizations that have been working on this topic for many years have founded the independent Platform for Community Services From Home to Home. The Platform was created as a space

113 For more information on the M.E.S.A. 10 project, please see here: http://mesa10.org/projects/support-for-integration-of-institu- tionalized-clients-into-local-communities/.
114 http://www.iness.sk/stranka/8058-Monitoring-cerpania-strukturalnych-fondov.html
115 http://www.iness.sk/stranka/8494-Odvaha-na-nove-sluzby.html

for help and support to all those who share the intention of community services and want to implement and support it in Slovakia. In June 2013, it published its Declaration, which was supported by 25 individuals and seven institutions. Among other things, the Declaration states:
"This change has already begun. In Slovakia we have experts and organisations that support projects of de-institutionalisation of social services and foster care, strive for reform in the guardianship system, create supported housing, publicise innovative solutions to social situations, promote individual development programmes for people with disabilities, educate social workers, provide them with supervision, so that all this is reflected in a new higher quality of services provided. Platform for Community Services - From Home to Home will network change agents, sharing information, experiences and examples of good practice with each other. The Platform wants to be active in changes in the system of social services and foster care in accordance with the international commitments of the Slovak Republic and the Government-approved Strategy for the deinstitutionalisation of the system of social services and foster care in the Slovak Republic. The Platform will bring suggestions from abroad, carry out support campaigns and promote the efforts of all those who embark on this difficult path."[116] Since its establishment, the Platform has been very actively involved in and supportive of the process of transition from institutional to community-based care.

Other legislative or changes, which are still in the process of preparation or have been and will be made within the scope of the legal amendments within the competence of the Ministry of Health of the Slovak Republic, in the area of requirements for the internal environment of buildings and minimum requirements for low-standard flats and accommodation facilities, should also contribute to the support of the implementation of the transition from institutional to community-based care.

To briefly summarise this period, we can state that despite very active work to promote systemic change in the area of transformation and deinstitutionalisation in 2011 and the first half of 2012, the process has slowed down considerably since then and is still benefiting from the changes implemented in this short period. At the same time, it is positive to see that the process of deinstitutionalisation has also been advanced by the results of the DI NP and especially by the activities of NGOs, which have moved at least in

the area of "soft training" the facilities involved closer to

116 Declaration of the Platform for Community Services From Home to Home. June 2013. http://www.zdomovadomov.sk/vy- voting/325-2/

to real deinstitutionalisation. These changes have created a good basis for the design of the new Structural Funds Programme period 2014-2020. Support for the transition from institutional to community care has become a clear part of this programming period and is also defined as a specific objective of support from the European Union. Already the first draft of the Partnership Agreement, the basic document for the implementation of the Structural Funds 2014-2020, states: *"The change from the current predominantly hierarchically organised service delivery to a model of horizontally integrated services, the development of a results-oriented culture in public administration and the deinstitutionalisation of public administration services in favour of community-based services, is a response to the current challenges117 ". At the same time, this document also implicitly presents the need for a partnership with the non-profit sector, which has played a key role in this area: "A key positive change will be the greater involvement of representatives of the business sector, the non-profit sector as well as local government in both the development and implementation of employment policy in a particular region. These are partners who directly influence the economy and employment at regional level. The labour market implementation strategy is based on the modernisation of active labour market policy (ALMP) instruments, including the deinstitutionalisation of services and the transition to community-based services and the development of the social economy through non-profit organisations and municipalities.* [118]" This principle of support for transformation and deinstitutionalisation has also been maintained in the final version of the Partnership Agreement of the Slovak Republic for 2014-2020, where under thematic objective 9 - Promoting social inclusion, combating poverty and any kind of discrimination, the rationale for the choice of such support is given: *"In order to reduce the risk of social exclusion for persons receiving social services or in foster care, it is necessary to gradually implement the process of de-institutionalisation. The end result of this process should be the provision of social services and foster care in the community, which will allow for a higher degree of independence and respect for human rights of persons in social services and foster care compared to the institutional form. "*[119] Thus, the implementation and fulfilment of the DI Strategy has become an ex ante conditionality for the use of the Structural Funds in the period 2014-2020. Already in this period, the analytical documents of the Central Coordination

117 1. draft Partnership Agreement of the Slovak Republic for 2014-2020. http://www.nsrr.sk/download.php?FNAME=1376654441. upl&ANAME=1+_proposal_PD_SR_2014-2020_11+7+2013.pdf

118 Ibid.

119 Partnership Agreement of the Slovak Republic for the years 2014-2020. http://www.nsrr.sk/download.php?FNAME=1402992629.upl&ANAME=Partnersk%C3%A1%dohoda+SR+for+the+years+2014-2020.docx

of the authority pointed out: *"Moreover, the EU and Slovakia both aim to promote deinstitutionalisation,*
i.e. the transition from large-capacity social service facilities to community facilities with fewer clients, i.e. a preference for family environments. The Partnership Agreement itself also defined the need for synergy and an integrated approach in the field of deinstitutionalisation, stating the need and necessity to create working groups between the Operational Programmes Integrated Operational Programme and the Operational Programme Human Resources. It is in these two operational programmes that the transition from institutional to community care has become a specific objective with clear basic conditions and criteria.

Under the Human Resources Operational Programme, deinstitutionalisation has become a specific objective 4.2.1 Transition from institutional to community care. Under this operational programme, it is possible to support the process of deinstitutionalisation in the system of social services, foster care, but also in the field of specialised psychiatric health care and special educational institutions. The result of this support in the field of social services is to increase the percentage ratio of social services provided in outpatient and outreach form at the community level to year-round and weekly residential social services and to increase the number of new residential social services facilities at the community level that meet the general qualitative and quantitative conditions of community services and are in line with national and international documents in the field of deinstitutionalisation; the capacity of the supported residential social services facilities must be no more than six inhabitants in one housing unit and no more than two housing units in one facility building. In the field of social services, the process of transformation and deinstitutionalisation was divided into two phases, to be implemented in the form of national projects or bag-oriented calls. In 2015, the preparation of the follow-up National Project for the Support of De-institutionalisation started, which will be discussed in the following chapter.

In the Integrated Operational Programme, the transition from institutional to community-based care was defined under a separate specific objective 2.1.1 Support the transition of social services and social protection measures

120 Analysis of the development potential of the regions of the Slovak Republic and their territorial differences with a projection on the thematic concentration of the ESIF in the Partnership Agreement of the Slovak

Republic for the years 2014-2020. http://www.partnerskadohoda.gov.sk/data/files/109_analy- za-rozvojoveho-potencialu-regionov-sr-and-ich-uzemnych-rozdielov-s-priemetom-na-tematicku-koncentraciu- esif-v-partnerskej-dohode-sr-na-roky-2014-%E2%80%93-2020-aktualizacia%E2%80%9C.pdf

children and social welfare in the institution from institutional to community-based form and to support the development of child care services for children up to three years of age at the community level. This specific objective is intended to support the creation of appropriate spatial conditions (suitable physical environment) for the provision of social services and the provision of SPOaSK in facilities that are in line with the principles of community-based care, i.e. in a natural social environment or in natural communities as similar as possible to a normal family in terms of organisation and culture. This support is to result in the transformation and deinstitutionalisation of existing year-round residential facilities into facilities providing services and ensuring the performance of community-based SPOaSK measures; the improvement and expansion of the offer of existing and the provision of new community-based SPOaSK services and measures, in natural family settings or inalternative family settings, including innovative community care services and innovative measures. The IROP justified the need for such a high allocation as follows: *"Last but not least, ensuring the continuity of the transition of the provision of social services and the performance of measures of social protection of children and social guardianship from the institutional form to the community form. From the experience of the programming period 2007-2013, the proposed activities are considerably costly, which is also reflected in the proposed amount of the available allocation. "*[121] However, the actual support for projects under IROP is influenced by the so-called Regional Investment Spatial Strategies (RIUS), which have been elaborated under the responsibility of the self-governing regions. For a long time, there was no methodology for the development of RIUSs by IROP, and the self-governing regions involved NGOs only minimally in the preparation of these documents and responded minimally to the need for systemic change in the area of transformation and deinstitutionalisation. The very quality of these documents is questionable even today, and we can therefore conclude that there is a huge risk of basing the implementation of the IROP on them in the field of social services and foster care. As a consequence, based on insufficiently valid analyses from these documents, the IROP published information in 2016 about a reduced allocation to the level of about 70 million euros to support deinstitutionalisation and about 70 million euros to support the development of new community services. This represents a significant risk for the implementation of the systemic process of transformation and deinstitutionalisation in Slovakia. We will discuss these facts in more detail in the next chapter.

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

It should also be noted that, following the experience from the programming period 2007 to 2013, in order to ensure more effective coordination of IROP and OP HR activities, the cooperation is to be formalised at the level of the supra-ministerial working group for the coordination of support for deinstitutionalisation from IROP and OP HR. This working group was established in 2014, but it has only met once so far in the autumn of 2016 to address the problem of delays in the process of transformation and de-institutionalisation in both operational programmes.

In the conclusion of the chapter, we can state that the process of transition from institutional to community care has become part of the international as well as national documents in the field of social services in this period and is clearly part of the support from the Structural Funds. Slovakia, thanks to the active support of people from the non-governmental sector in the years 2011-2012 and 2014-2015, has moved the process of transformation and de-institutionalisation on a systemic level further, at least in the framework of "paper documents", but real systemic de-institutionalisation and transformation has not yet started and is not yet happening in Slovakia.

Social services and deinstitutionalisation since 2016

At first glance, it might seem that 2016 will be the year when the process of transformation and deinstitutionalisation will be fully launched on a systemic level. As we have mentioned, Slovakia has ratified the Convention on the Rights of Persons with Disabilities, developed and approved the Deinstitutionalisation Strategy, developed the National Action Plan to support the transition from institutional to community-based services, and developed other national documents that support this process.

Slovakia has had experience with a pilot national project to support deinstitutionalisation, has partially changed the legislation in this area, and social service institutions have slowly started to accept the need for this systemic change.

The new government, which took office in March 2016, states in its programme statement:
"The Government recognises the importance of quality and effective social services aimed at adequately meeting the needs of people in need. Particular attention will be paid to the care of the elderly, in particular to the effective integration of health and social services. To this end, it will streamline the system of multi-source financing of social services, support the introduction of a dependency allowance for all providers equally and continue to support the process of deinstitutionalisation of social services. In cooperation with founders, it will also address the issue of remuneration of social services workers, who are among the lowest paid employees. "[122]

However, despite all the assumptions of the declared full support for DI, we can conclude at the beginning of 2018 that the process of transformation and deinstitutionalisation has not started at all. At the moment, no one even knows if and how it will continue. In order to understand this state of affairs, it is necessary to mention several facts that led to it.

122 Programme Statement of the Government of the Slovak Republic for 2016-2020. http://www.vlada.gov.sk/data/ files/6483_programove-vyhlasenie-vlady-slovenskej-republiky.pdf

Due to the experience with the problems of implementation of transformation and deinstitutionalisation within the ROP and OP ZaSI and the absence of synergy, the MoLSA proposed in 2014 to divide the support of the process of transformation and deinstitutionalisation in the new OP HR into two phases. The first phase was to support the transformation teams in social service institutions and the creation of the necessary transformation plans. Facilities that would have developed transformation plans (approved by the founder and the Ministry of Labour and Social Affairs of the Slovak Republic) could subsequently apply for investment support under the IROP. Once the investment support from IROP has been obtained and contracted, a second phase of support for transformation and deinstitutionalisation would follow within the framework of the HR OP, for which only facilities supported by IROP would be eligible. This support would be oriented towards the training of all beneficiaries of social services and the staff of the social services facilities involved. Already in March 2015, preparations for the implementation of a new national project on support for deinstitutionalisation in the social services system – the first phase - started. Based on the experience from the pilot national project of support for deinstitutionalisation, where it was seen disproportionate administrative complexity in the implementation of the project through contracting individuals as experts in the project, the decision was made to implement the project again in partnership. This method of implementation was in line with the European Union's recommendations for the implementation of partnership projects with NGOs.

The Monitoring Committee of the OPHR approved the project plan of the National Deinstitutionalisation Project
- Support to Transformation Teams (NP DI PTT).

In the summer of 2015, the preparation of this project started, which was complicated by the fact that the implementing agency of the Ministry of Labour and Social Affairs of the Slovak Republic was to be the project promoter, which had no experience in implementing partnership projects. The original intention was for this project to be a continuous follow-up to the first national project on support for deinstitutionalisation, which was still being implemented at that time. Due to the fact that in the beginning of 2015 there were personnel changes in the Department of Social Services of the Ministry of Labour and Social Affairs of the Slovak Republic and there was no staff member specifically dedicated to the topic of deinstitutionalisation, the Ministry of Labour and

Social Affairs of the Slovak Republic was interested in implementing a partnership project with experts in this field. IA MoLSA prepared a tender for the partnership for NP DI PTT. The conditions of the competition were set similarly as in 2011, namely that partners were sought who would help to prepare and implement the process of transformation and deinstitutionalisation. At the outset, it should be noted that no condition was included in this competition that would speak about the need for co-financing of the project by the selected partners. Three organisations were finally selected following a competitive tender procedure: support in the field of social services was to be provided by

Council for social work counselling, support in the field of activation and employment Slovak Union of Supported Employment and support in the field of changes in the physical environment Research and Training Centre for Barrier-Free Design CEDA STU. This process took place in the autumn of 2015. At the end of the year, this information was communicated to the selected organisations, which started, in accordance with the terms of the competition and without any remuneration, to prepare a new national project in cooperation with the Ministry of Labour and Social Affairs of the Slovak Republic and the IA of the Ministry of Labour and Social Affairs of the Slovak Republic. Substantive aspect

The project was already completed at the end of February 2016. In the following months, the project preparation slowed down, first due to the parliamentary elections and later due to the preparation of the project budget and due to the specific requirements of the MoLSA in this area. In early summer, the project was presented at a public comment procedure, where it was recommended by the commenting organizations to accelerate the implementation of the project. At that time, it was already more than half a year late and the facilities involved in the previous project, as well as new ones, were still waiting for it. The launch of the IROP calls was also dependent on its start-up. In the summer of 2016, the selected organisations started to negotiate with the IA of the MoLSA on a partnership agreement for the implementation of the project, and during this period the ESF Management Section of the MoLSA announced that the selected partner organisations were to co-finance the NP DI PTT project. This happened despite the fact that they are not direct beneficiaries of the ESF non-repayable financial contribution and have no contract with the MoLSA SR. At the same time, the obligation and necessity of co-financing has never been presented before, during the preparation of the project, by any party. The IA of the MoLSA SR itself did not have to co-finance the NP DI PTT.

This has created an absurd situation where, on the one hand, the Ministry of Labour and Social Affairs of the Slovak Republic and the IA of the Ministry of Labour and Social Affairs of the Slovak Republic are unable to implement the process of transformation and deinstitutionalisation, which has become a state policy, in a qualitative and effective manner on their own and, on the other hand, they require the organisations they themselves have selected to co-finance the project, without any prior conditioning of the implementation of the project on co-financing by partners. In doing so, their role is to ensure the obligations and commitments of the Slovak Republic and the MoLSA. The

paradox is also the fact that, as part of the project activities, the MoLPRS asked the partners to evaluate and prepare expert documents for the opinions of the MoLPRS, which does not have sufficient professional capacity to prepare such documents.

As a result of the above obstacles, the implementation of the national project has not started at all, which in practice means that the process of transformation and deinstitutionalisation has been halted. In early September 2016, the Minister of Labour, Social Affairs and Family was alerted to this situation by a letter from selected partners and nearly 20 other non-profit organisations, organisations associating

persons with disabilities and social service providers. This letter was also sent to the European Commission, the Office of the Deputy Prime Minister for Investment and Informatisation and the Ministry of Agriculture and Rural Development for information. The Ministry of Labour, Social Affairs and Family of the Slovak Republic responded to this letter in the second half of October 2016, in which, in addition to general information and confirmation of the necessity of co-financing, it stated that it anticipated the start of project implementation in the last quarter of 2016.[123] Similar letters were also addressed to the Minister by the Deputy Speaker of the National Council of the Slovak Republic, Ms Lucia Ďuriš Nicholsonová, and by the MEP Ms Jana Žitňanská, who also received only a general response that the NP DI PTT was under preparation. The Ministry of Labour and Social Affairs of the Slovak Republic has started negotiations with the Ministry of Finance of the Slovak Republic on granting an exemption from co-financing in the framework of transformation and deinstitutionalisation projects. For several months, the management and staff of the MoLSW SR informed and declared that the exemption would be granted and the NP DI PTT would start by the end of 2016 at the latest. In December 2016, the Committee of Experts on Deinstitutionalization also agreed that all deinstitutionalization projects should be granted an exemption from co-financing under the national projects.124 The Minister himself and the State Secretary of the MoLSA presented this information in public meetings and also responded in this spirit to a letter from organizations representing people with disabilities. Despite this unclear situation regarding the partnership for the implementation of the NP DI PTT, while the partners were supposed to be responsible for the tasks that are also reflected in the NAP DI, the Committee of Experts on DI at the MoLSA approved the new National Action Plan for the Transition from Institutional to Community Care for 2016-2020. In this document, the original objectives of the NAP DI 2012-2020 have been maintained and only the analytical parts and new tasks have been modified. The main tasks set out in this document are:

1. Prepare and implement a national project to support the deinstitutionalisation of social services in cooperation with selected partners.
2. Ensure comparability of the planned deinstitutionalisation indicators and their consistency with the objectives of the DI Strategy when evaluating the transformation projects of the social institutions involved.
3. Draw up binding opinions on transformation plans.

123 Letter from the Minister of Labour, Social Affairs and Family, JUDr. Ján Richter, dated 19 October 2016.

File number: 17229/2016-M_OSS.

124 Minutes of the meeting of the Committee of Experts on the Deinstitutionalization of the Social Services System and Foster Care held in Bratislava, on 15.12.2015 at 10:00 a.m. OSS MPSVR SR.

4. Management training of providers and social service providers in the field of management of the transition from institutional to community-based care.
5. Ensure that the population is informed in a timely, comprehensible and objective manner about the objectives and reasons for DI at national and, in particular, regional and local level.
6. Identify and summarize the need for legislative changes to support de-institutionalization and prevent further expansion of services with institutional culture also in relation to other concerned departments.
7. Continually test the effectiveness of new community care services that will increase their targeting and accessibility for people who need them.
8. Ensure coordination between IROP and OP HR in the area of de-institutionalisation of social services
9. In the development of strategic documents at regional level, build on the principles of deinstitutionalisation and ensure the conditions for the development of community-based services.
10. Ensure the distribution of resources taking into account the development of social services at community level.
11. Prepare and implement the National Project Support for the introduction and evaluation of quality conditions of social services.
12. Collect data on the process of deinstitutionalisation of facilities in competition of the VUC. [125]

On 19 December 2016, the Platform for Community Services From Home to Home organized a roundtable on the progress/regression of the implementation of deinstitutionalization in Slovakia, where representatives of the Ministry of Labour and Social Affairs of the Slovak Republic presented and informed that the NP DI PTT is ready for implementation and will start soon. Contrary to this, it was unofficially announced that the request for a co-financing exemption for selected partners of the NP DI PTT project was rejected by the Ministry of Finance of the Slovak Republic and was granted only to the so-called social partners126 in other projects.

125 National Action Plan for the Transition from Institutional to Community Care in the Social Services System 2016-2020 (2016). MINISTRY OF LABOUR AND SOCIAL AFFAIRS OF THE SLOVAK REPUBLIC. Bratislava.

https://www.employment.gov.sk/files/rodina-soc-pomoc/soc-slu- zby/national-action-plan-transition-from-institutional-community-care-system-social-services- ieb-years-2016-2020.pdf

126 These are trade unions, employers' associations and umbrella organisations of local governments

In February 2017, it was not at all clear how the process of transformation and deinstitutionalisation in the Slovak Republic will continue and how the MoLSA SR intends to fulfil the tasks it has set itself in the new NAP DI for 2016-2020. The start of the implementation of the NP DI PTT has been delayed for more than a year without the competent people at the MoLVR SR, the MoF SR and the Government of the Slovak Republic in general being interested in what is happening in social service institutions where the human rights of persons with disabilities are systematically and universally violated. Violations of selected basic human rights in social service facilities have been regularly noted by the Department for Supervision of Social Services of the MoLSA and are also mentioned by the MoLSA in the Reports on the Social Situation of the Population. [127] They, politicians and officials, unlike people with disabilities, have plenty of time. As Roman Vrábel, who received social services at the DSS Slatinka, says: *"I don't have so much time that I have to wait years for there to be community services in Slovakia."*

This situation was immediately responded to by non-profit organisations and organisations representing persons with disabilities, which on 20 January 2017 sent a letter to the Minister of Labour, Social Affairs and Family, in which they again warned him *"about the situation related to the implementation of the processes of transformation and deinstitutionalisation of social services in the SR. "*[128] This letter was signed by 26 organisations and providers, as well as by a number of university lecturers and the Slovak Chamber of Social Workers and Social Work Assistants. The letter was also sent to the President of the Slovak Republic, the Prime Minister of the Slovak Republic, relevant ministries and the European Commission for their information. Representatives of NGOs also met with the President's Office, the Office of the Public Defender of Rights, the Office of the Commissioner for NGOs and the Commissioner for Persons with Disabilities. However, the MoLSA did not respond to this letter and no major changes and activities in this area took place until March 2017. On 10 March 2017, a meeting was held between the partners and the State Secretary of the MoLVRD, where the partners were informed that the MoLVRD continues to communicate with the Ministry of Finance of the Slovak Republic regarding the granting of a co-financing waiver by the partners and this situation will be resolved shortly. At the end of April 2017, the partners contacted the Secretary of State asking for information on the resolution of the situation, but did not receive a reply. Subsequently, the partners and other organisations representing people with disabilities

127 https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politics/government-social-situation-of-the-population-of-the-slovak-republic.html
128 Letter dated 20 January 2017 from organisations representing people with disabilities.

disability (a total of 40 organisations and university lecturers and the co-chair of the European Expert Group on DI) addressed an open letter to the Prime Minister of the Slovak Republic on 26 May 2016 with a request to address the situation. There was no response from the Prime Minister of the Slovak Republic to this open letter, which was picked up by several media outlets. On 1 June 2017, a reply was received from the Minister of Labour, Social Affairs and Family stating on one page: *'In accordance with the commitments contained in the Programme Declaration of the Government of the Slovak Republic for 2016-2020, the Government is aware of the importance of quality and efficient social services aimed at adequately meeting the needs of people in need. The Government will continue to support the process of deinstitutionalisation of social services." At the same time, the text of the letter goes on to say, "The national project under the Human Resources Operational Programme, Priority Axis 4: Social Inclusion has been prepared through a standard process with the involvement of representative organisations, envisaging 0% co-financing of the project for the partners. The approval process for the national project has been stopped due to the questioning of the 0 % co-financing by partners on the basis of amendments to the Financing Strategy for the European Structural and Investment Funds for the 2014-2020 programming period - version 1.1, whose certifying authority is the Ministry of Finance of the Slovak Republic. According to version 1.1 of the Strategy, non-state actors should co-finance the national project at the rate of 5%, which is problematic and in some cases explicitly impossible in the case of non-state actors operating in the field of social affairs and family due to their financing. In this regard, I must state that the MoLSA had a project proposal prepared in June 2016, but its approval was suspended due to the fact that you, as partner organisations, fundamentally refused to fulfil the co-financing obligation under the aforementioned Strategy."* [129] In the conclusion of the letter and also in the media outputs, the MoLVR SR states that the solution of co-financing is already on the table, through the payment of co-financing from the resources of the state budget of the Slovak Republic. However, for the sake of completeness, it should be noted that the Memorandum on co-financing was not concluded with the partners even in February 2018 and its final version has not been submitted to the partners. In the context of the above, it is necessary to clarify the timing and reasons for the changes to this strategy, which are set out in the justification for the delay of the DI NP in the area of foster care130, which states the following:

129 Reply of the Minister of Labour, Social Affairs and Family of 1 June 2017, file number: 13916/2017-M_OSS.

130 Information on changes in the national project "Support for the deinstitutionalisation of foster care in institutions" for the meeting of the Commission at the Monitoring Committee for the Human Resources Operational Programme. Background material for the meeting of the Commission at the MC of the OP Human Resources, which took place on 26.6.2017 and approved the changes in the intentions of the NP DI-PTT and NP DI NS

"The process of its approval has been halted due to the questioning of the 0% co-financing for partners on the basis of the amendments to the Financing Strategy of the European Structural and Investment Funds for the programming period 2014-2020 – version 1.1 effective from
15.12.2016, which were not subject to the inter-ministerial comment procedure (Strategy version 1.0 was approved by Government Resolution No.658/13. 2013, the Government of the Slovak Republic authorised the Minister of Finance by the said resolution to approve, after prior approval of the Deputy Prime Minister for Investments and, in the case of the European Agricultural Fund for Rural Development, also after discussion with the Minister of Agriculture and Rural Development, any amendments to the Strategy in accordance with the approved EU legislation and in accordance with the needs of the implementation of projects, operations and programmes of the ESIF)." It is clear from the above that the cooperation between the ministries in charge of fund absorption and content is not working effectively. The DI PTT NP has been prepared since autumn 2015, when indeed there was no condition for partners to co-finance the national project, and therefore it did not even appear in the tender. The issue of co-financing was raised by the partners several times during the preparation of the project and the answer was always that there would be no co-financing in the NP DI PTT. The real change occurred only in the second half of 2016, when the Strategy was approved without an inter-ministerial comment procedure, which added this condition additionally to the project implementation, without the possibility for the partners and the IA of the MoLSA to comment. A simplified explanation of this problem is as follows: NP DI PTT was prepared as a project without any co-financing, because the only direct applicant is the IA of the MoLSA, which selected three partners for the project. They actively prepared the content and the substantive aspects of the NP DI PTT. Until December 2016, there was no direct document talking about co-financing of the project by the partners (the version of Strategy 1.1 became effective only from 15 December 2016 - project preparation, but it was suspended already in August 2016). This led to the obligation of the partners to co-finance the project, which they refused for logical reasons (it is a national project for the promotion of national policies and the programme declaration of the Government of the Slovak Republic, the amount of co-financing and the whole process of setting up this change was solved without the knowledge of the partners and the IA of the MoLSA SR). After several letters and urgencies from organisations representing persons with disabilities and an open letter to the Prime Minister, the MoLSA SR came up with a solution that the co-financing would be covered by the state budget. Thus, the

change at the national level proposed by the MoF SR in the co-financing of projects has led to the fact that the MoLVR SR will have to finance the national project 5% from the state budget instead of being able to have it paid for entirely from the resources of the ESIF, i.e. by its own bad decision and ineffective cooperation between the ministries in the use of the ESIF, the state budget will be burdened in this way. In 2017, the problem of preparation and delays was

also on the floor of the National Council of the Slovak Republic, where the Deputy Chairwoman of the National Assembly of the Slovak Republic, Lucia Ďuriš Nicholsonová, requested information from the Prime Minister of the Slovak Republic on the delay of the NP DI PTT during an interpellation on 30 March 2017131. The answer from the Prime Minister was very general and did not address the situation.

On the basis of these activities, the preparation of the DI PTT NP was set in motion again and the MoLSSR started to revise the project budget and prepare the co-financing memorandum after almost a year. However, at the end of August 2017, the IA of the MoLPRS raised the issue of state aid in relation to the NP DI PTT. The Managing Authority identified the training activity within the project as state aid. Due to unclear rules in the use of state aid and social services, a new problem arose, which again prolonged the start of the implementation of NP DI PTT. The search for a solution and setting up a separate state aid scheme for NP DI PTT lasted until January 2018. The receipt of state aid was shifted to the facilities participating in the project, but this resulted in several restrictions for the NP DI PTT trainees. Due to these limitations, only a limited number of participants from a single facility can participate in NP DI PTT training, and the ability to engage all relevant community stakeholders, such as employers, is severely limited. In February 2018, almost two and a half years after the start of the preparation of the NP DI PTT, the publication of the call by the NP DI PTT is expected, but the issue of co-financing (the exact processes and conditions of the memorandum) is still not resolved, and the partnership agreement between the IA of the MoLSA and the partners is also not signed. This means that failure to resolve these practical matters may delay the start of the DI PTT NP for an indefinite period. The selected partners, in the context of their long-standing cooperation and the inability of the MoLSA SR to kick-start the DI process, have decided to create an informal partnership called the Deinstitutionalisation Support Centre.[132] Its aim is to provide professional, flexible and coordinated support to all actors in the process of deinstitutionalisation and in the development of community-based services in the SR. Support for the start of the deinstitutionalisation process in the field of social services was also expressed by President Andrej Kiska at a personal meeting with representatives of organisations representing persons with disabilities in January 2018.

However, the process of deinstitutionalisation is not just about NP DI PTT. In 2017, activities in the area of investment support for the DI process were also set in motion. Planned linkages and synergies between IROP

131 http://www.nrsr.sk/web/Default.aspx?sid=schodze/interpelacia&ID=1979
132 www.deinstitucionalizacia.sk

and OP HR were not followed in this period and the planned logical procedure of DI implementation was unsystematic and chaotic. In October 2016, a working group met for the first time to ensure synergies in the area of DI between IROP and OP HR. At the turn of the year, the Ministry of Education and Science of the Slovak Republic prepared a call for support for the process of deinstitutionalisation and reduced the initial allocated amount of resources from approx. EUR 200 million to EUR 67.5 million. At the end of May 2017, the Ministry of Social Affairs and Human Rights of the Slovak Republic announced a call for applications for non-refundable financial contribution to support the transition of social services and social protection of children and social guardianship from the institutional to the community form (the process of deinstitutionalisation of existing institutions). It is an open call, which is evaluated in regular three-month rounds. During the preparation of the call, not all substantive comments of experts and the MoLSA SR were fully accepted, which led to the fact that it had to be updated four times in the course of three quarters of a year. [133] Several conditions of this call have led to lower interest in participation (also due to the absence of a DI PTT NP) and a high administrative burden on the part of providers. The necessity to already have a valid building permit when applying makes it difficult for all interested parties to apply. For this reason, at the end of the year approx. 9 applications from the field of social services and also social-legal protection were submitted at the end of the year. Of these, only two applications are from facilities that were involved in NP DI in 2013-2015. At the same time, the MoLSA received requests for comments on the transformation plans, which raise new issues for the implementation of investment projects that were to be addressed within the framework of the NP DI PTT.

The delay of the NP DI PTT and the unclear conditions for applying to the IROP lead to a lack of support for facilities wishing to engage in the DI process and the implementation of the DI process is significantly delayed. It is therefore admirable that facilities that were already in the DI process in the previous period are implementing successive activities either on their own or with the support of the original four partners – SOCIA Foundation, CEDA STU, SUPZ and RPSP.

The Ministry of Labour and Social Affairs of the Slovak Republic does not have a clear idea and concept in the field of DI, as evidenced by the report on the implementation of the DI Strategy, which is very general in the field of social services and still describes activities

from the programming period 2007 - 2013. The amendment to the Act on Social Services effective from 1 January 2018, which brought a number of significant changes in the area of financing of social services, proved to be a significant problem in the area of deinstitutionalisation. In the framework of

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

of these changes, it can be stated that the support of institutional services has been strengthened in relation to co-munity and outpatient services, which is far from the legislative support of the DI process. The coming year will show how significantly this change will affect the development and maintenance of community services, especially outpatient and outreach services, the need for which is essential for the deinstitutionalisation process.

However, unlike the Slovak state authorities, international organisations and experts seem to be aware of the situation and have been drawing attention to these problems for a long time. Since 2015, Slovakia has been warned several times about the insufficient implementation process. A series of international warnings on the state of the deinstitutionalisation and transformation process in Slovakia began with a report by the Council of Europe Commissioner for Human Rights, Nils Muižnieks, who visited Slovakia in the summer of 2015 and stated in his report in October 2015: *'The Commissioner wishes to reiterate that the isolation of persons with disabilities perpetuates their stigmatisation and marginalisation, and is a violation of their right to live independently and in society, which is guaranteed by Article 19 of the CRPD. In accordance with this provision, the Slovak Republic is committed to taking measures to ensure that persons with disabilities have access to the full range of community-based support services, including personal assistance, which are essential for independent living and inclusion in society. Particular attention should be paid to the particularly vulnerable situation of children, which, in line with Recommendation CM/Rec (2010)2 of the Committee of Ministers of the Council of Europe on the deinstitutionalisation and community living of children with disabilities, requires systematic work aimed at preventing and eliminating their institutionalisation. It is highly desirable that the authorities of the Slovak Republic accelerate the process of deinstitutionalisation with the active involvement of persons with disabilities and organisations representing them. The first step in this direction should be an immediate ban on the placement of new persons in institutions. The transformation of traditional residential institutions into smaller housing units reflects a misunderstanding of the concept of community living and in practice only leads to a shift from larger to smaller institutions. The authorities of the Slovak Republic should prevent the opening of new, albeit smaller, facilities. The Commissioner refers to the position expressed by the Office of the UN High Commissioner for Human Rights in 2012, according to which smaller facilities are just as unacceptable as larger ones, especially in conditions where structural opportunities for real participation in society are absent. The Commissioner*

also calls on the authorities of the Slovak Republic to shift resources from facilities to the development of individualised support services. All measures taken by the Government should be aimed at satisfying the preferences and will of persons with disabilities.

The competent authorities should adopt legislative arrangements providing clear guarantees of respect for the right to independent living. They should also take measures to compensate for short-term economic considerations that may be the cause of resistance to deinstitutionalisation at local and regional level and continue to eliminate prejudices against persons with disabilities through education and awareness-raising. "[134] Commissioner Muižnieks already warned at this time that the process of transition and deinstitutionalisation was not dynamic enough and Slovakia should speed it up.

In 2016, the Slovak Republic had constructive dialogues with UN bodies on the implementation of international obligations under the UN Conventions. In April 2016, Slovakia was heard before the UN Commission on the Rights of Persons with Disabilities on the implementation of the Convention on the Rights of Persons with Disabilities. At the meeting in Geneva, the Slovak government failed to convince the members of the Commission of its active implementation of its obligations under the Convention, which was reflected in its recommendations. Among its 93 recommendations, the Commission directly addressed the process of transition and deinstitutionalisation, stating, inter alia:
"The Committee urges the State party to prevent any new placement of children with disabilities in institutions and to put in place a plan of action, with a clear timetable for its implementation and a budget, to ensure the full deinstitutionalization of children with disabilities from all residential services and their transition from these institutions to the community."

The Committee is deeply concerned about the high number of institutionalized persons with disabilities, especially women with disabilities. The development of the deinstitutionalization process has been too slow and piecemeal, as has the continued investment of public budgets in facilities and the lack of full support for persons with disabilities to lead independent lives in their communities.

The Committee recommends that the State party establish and implement a timetable to ensure the acceleration of the deinstitutionalization process, including the addition of other concrete measures to ensure the strengthening of community-based services for all persons with disabilities.

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134 Report of Nils Muižnieks, Commissioner for Human Rights of the Council of Europe, based on his visit to

Slovakia from 15 to 19 June 2015. https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2818273&SecMode=1&DocId=2314024&Usage=2

vibration, especially for women and older people with disabilities. The State party should also ensure that the disbursement of European Structural and Investment Funds (ESIF) is also in line with Article 19, to initiate new follow-up national action plans on the transition from institutional settings to community-based living with the full participation of disabled persons' organizations and civil society organizations, including in the area of monitoring. The Committee also recommends that the State party should no longer allocate resources from the public budget to facilities, but that resources should be allocated to community-based services in line with the investment priorities of the European Regional Development Fund (Article 5.9(a) of Regulation (EU) No 1303/2013).

The Committee is concerned about the geographical disparities and uneven financial support for community-based social and home care services for persons with disabilities, including the elderly, and the slow pace of the State party's remuneration process.

The Committee recommends that the State party ensure an equitable distribution of resources for social welfare, with an emphasis on community-based services. The Committee also recommends that the State party ensure that community-based social and home care services are available in all regions and rural areas so that funds are allocated to persons with disabilities who need them, especially unemployed or low-wage earners. "[135] The Disability Rights Commission also cited delays in the DI process and only partial solutions in making these recommendations. However, it also recommended that national resources should not be used for institutionalization either. These recommendations summarised and most comprehensively and comprehensively stated the concerns of international organisations in the area of transition and deinstitutionalisation in Slovakia. A very significant challenge is the requirement of a precise timetable for the process of transformation and deinstitutionalisation in Slovakia.

In May 2016, the Commission on the Rights of the Child and representatives of the Slovak Government held a meeting on the implementation of obligations under the Convention on the Rights of the Child. This Commission also highlighted the need for prioritisation of family and community care and a full commitment to the implementation of

135 Recommendations of the UN Committee on the Rights of Persons with Disabilities on the Baseline Report of the Slovak Republic. https://www. employment.gov.sk/files/slovensky/family-social-assistance/tazke-zdravotne-postihnutie/zaverecne-odporu- cania-k-vychodiskovej-sprave-slovenskej-republiky.docx

the process of deinstitutionalisation to ensure that children with disabilities no longer live in segregated institutional services. [136]

The last meeting between the Slovak Government and UN bodies took place in October 2016, specifically with the UN Commission on Human Rights. This Commission, like the previous two, also specifically addressed the process of deinstitutionalisation at the meeting in Geneva, where Slovak representatives of the Slovak Government were unable to answer the Commission's questions about the lack of implementation of the process of transformation and deinstitutionalisation, and only referred to the fact that there is a DI Strategy and a new NP DI PTT is being prepared. This was considered insufficient by the members of the UN Commission on Human Rights and was also reflected in the general recommendations for the Slovak Republic, which stated: *"The State party shall take measures to continue to promote and expand the process of deinstitutionalization in all types of institutions, in accordance with the Commission's General Comment No. 35 (2014) on personal liberty and security, and to prohibit the use of net beds and other forms of restraint in psychiatric and related institutions. "*[137]

As can be seen from the preceding text, the UN human rights bodies have drawn very strong and negative attention to the current state of the process of transformation and de-institutionalisation in our country. In this context, they call for the process to get off to a real start and for the Slovak Republic to take clear responsibility for its implementation and for ensuring respect for the human rights of persons with disabilities.

In addition to the UN and the Commissioner of the Council of Europe, the Standing Committee on Petitions of the European Parliament (PETI Committee) drew attention to the current state of affairs in the autumn of 2016 in a very strong and concrete way. Following a petition by several international NGOs about the use of structural funds in Europe to support the institutionalisation of people with disabilities, the PETI Commission chose the Slovak Republic for a field survey. International experts prepared a report for the members of the Commission, European structural and investment funds and people with disabilities: Focus on the situation in Slovakia. In-depth analysis for the PETI Committee. [138] This report details the current situation

136 Recommendations of the UN Committee on the Rights of the Child on the Baseline Report of the SR.

http://tbinternet.ohchr.org/_layouts/ treatybodyexternal/Download.aspx?symbolno=CRC/C/SVK/CO/3-5&Lang=En

137 General Comment of the UN Commission on Human Rights on the Baseline Report of the Slovak Republic. http://tbinter-net.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR/C/SVK/CO/4&Lang=En

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

in the field of transformation and deinstitutionalisation in the Slovak Republic. PETI Commission members drew on it during their visit to Slovakia in September 2016. They met with representatives of NGOs, the Government of the Slovak Republic and discussed the issues of transformation and deinstitutionalisation. The PETI Commission produced a critical report from the visit, which identifies a number of serious shortcomings in the process of transformation and deinstitutionalisation in Slovakia:

1. Obligation of NGOs to co-finance NP DI PTT.
2. Lack of willingness of local authorities to engage in the deinstitutionalisation process and lack of local resources.
3. Too slow and inconsistent deinstitutionalisation.
4. Sustainability of EU-funded deinstitutionalisation projects.
5. The danger of creating so-called small institutions.
6. Lack of information and lack of public awareness.
7. Availability of services, goods and healthcare.
8 . Inclusion of people with disabilities based on their active participation.
9. Legal capacity of persons with disabilities.

In its report, the PETI Commission presented 28 major recommendations that aim to actively promote transformation and deinstitutionalisation. [139] The most important recommendations include again the creation of a precise timetable for the process of transformation and deinstitutionalisation, the promotion of the obligation of local government to finance community services, the resolution of the problem and expectation of co-financing of the process of deinstitutionalisation by NGOs, and the acceleration of the whole process of transformation and deinstitutionalisation.

Paradoxically, with the various specific recommendations of the UN Human Rights and Disability Rights Committees, the PETI Commission and Commissioner Muižnieks, as well as the General Comment of the UN Committee on the Rights of Persons with Disabilities on Article 19 of the Convention, the MoLHRC takes a different view on the possibility of registering and maintaining institutional

139 Detailed information and recommendations of the PETI Commission:

https://polcms.secure.europarl.europa.eu/cmsdata/upload/ d556a63a-8b4b-4398-a6b0-1d1a15aed66c/1113278EN.pdf

services, specifically year-round residential social services homes. In January 2018, the partner organisations RPSP, CEDA STU and SUPZ were asked by the Department of Social Services of the Ministry of Labour and Social Affairs of the Slovak Republic to express their opinion on the Transformation Plan of DSS and ZpS Rača, which was submitted by the Bratislava Self-governing Region. The Transformation Plan was prepared and submitted for the purpose of an application for a non-repayable financial contribution to support deinstitutionalisation within the framework of the IROP. In the transformation plan it was stated that DSS and ZpS Rača plans to register as one of the new social services a social services home with a year-round stay for a specific target group, namely citizens *"with diagnoses - mental disorders, schizophrenia, affective disorders, psychotic disorders, organic psychosyndrome (not caused by ethyl), with low and medium level of support (hereinafter referred to as NMP, SVMP). "*[140] As the new social service defined in this way was in contradiction with several parts of the Social Services Act, an expert opinion was issued to the effect that the transformation plan was not in accordance with the Act and national documents in the field of transformation and deinstitutionalization. In particular, there were two areas of concern:

1. Possibility of registering social service homes with year-round residence on a new site. Due to the change of the place of provision of social services, it is necessary for new social services in the process of transformation and deinstitutionalisation to go through the process of registration, which is regulated by the Act on Social Services in such a way that it is not possible to register social service homes with year-round residence. In practice, this means that social service establishments in the process of transformation and deinstitutionalisation have to register other types of social services that are community-based. This idea is also supported by the General Comment to Article 19 of the Convention, which states the following: *"Independent living and community integration refer to living situations outside residential institutions of all kinds. It is not 'just' about living in a particular building or environment; it is primarily about the loss of personal choice and autonomy as a result of the 'set-up' of a certain life and daily routine. Neither large institutions with more than a hundred inhabitants, nor smaller groups of houses with five to eight inhabitants, nor even single houses, can be called independent living if they have the other defining elements of institutions, or are institutionalized. Although institutionalized facilities may vary in size, name, and setting, there are some defining elements, for example: mandatory*

sharing of aides/support with others and no or

140 Transformation Plan Social Services Home and Senior Citizens Facility Rača. 2016.

limited influence over from whom a person can receive support, isolation and segregation from independent living in the community, lack of control over day-to-day decisions, lack of choice about with whom a person should live, rigidity and routine regardless of personal will and preferences, equal activities in the same place for a group of people under authoritarian supervision, paternalistic approach to service provision, oversight of living conditions, and, usually, a disproportionate number of people with disabilities living in the same setting. Institutional settings may offer persons with disabilities a degree of choice and control, but these choices are limited to specific areas of life and do not change the segregated nature of institutions. Deinstitutionalisation therefore requires the implementation of structural reforms that go beyond the closure of institutional settings. Large or smaller group homes are particularly dangerous for children for whom there is no substitute for the need to grow up with a family.
"Family-type institutions" are still institutions and are not considered a substitute for care and education within the family." However, experts in the field of deinstitutionalisation, as well as social service providers, have long pointed to the need for fundamental changes in the Social Services Act that would support these principles, and these are also found in the lessons learned from the DI pilot NP, where the issue of registration was specifically addressed. Unfortunately, despite these recommendations, the MoLSA has not taken any steps towards positive change in this area since 2015.

2. In the transformation plan, the submitter proposes to register a social service home for a specific target group, which, however, is contrary to Section 38 of the Social Services Act. Such a defined target group within a social service home constitutes a non-compliance or violation of the principle of equal treatment enshrined in the provisions of Section 5 of the above-mentioned Act, and on which the entire Social Services Act is based. Social services may only ever be provided on an equal basis for all natural persons who are dependent on the relevant type of social service. Such a restriction may contradict the final decision on dependence on a given type of social service (§38), which is one of the basic criteria for the provision of this social service. A higher territorial unit is not entitled to act inexcess of the law when registering. Thus, a social services home registered in this way is in breach of the Social Services Act, but also of the Convention.

The Ministry of Labour and Social Affairs of the Slovak Republic agreed with this opinion and on 1 February 2018 issued a negative opinion on the transformation plan in question. However, on 28 February 2018, the MoLSA SR issued exactly the opposite opinion, where it changed its decision on the inconsistency of the above-mentioned transformation plan with the legislation and national documents in the field of de-institutionalisation to a favourable opinion. At the same time, as a supporting document, it stated its legal opinion on the application/non-application of Section 65(6)(g) of the Social Services Act in the context of the implementation of de-institutionalisation in a social services home with a year-round residential service, which is also associated with a change in the location of the social service provided. In simple terms, this means that the legal opinion of the Ministry of Labour and Social Affairs of the Slovak Republic, which is not legally binding, has been published on whether it is possible to register a social services home with a year-round stay when changing the provision of a social service while maintaining the original capacity of the social service in accordance with the statutory conditions, and in the case of the process of deinstitutionalisation up to a maximum capacity of 40 places in a single building. Which is far from being seen as a process of deinstitutionalisation. The Ministry of Labour and Social Affairs of the Slovak Republic has opened up and admitted this possibility with its legal opinion. In application practice, this means that, according to the opinion of the MoSVR SR, it is possible to register a social services home with a year-round stay when it decides to change the place of provision of the service. In its opinion, the MoLSA SR argues that this is only possible in the process of deinstitutionalisation and for objective reasons. However, this interpretation of registration only in these specific cases has no support in the law and opens up the possibility of re-registration of all-year-round social service homes in any case. In practice, this allows the provision of social services of an institutional nature in year-round residential social service homes indefinitely and is contrary to the recommendations to set a precise timeframe for the de-institutionalisation process. In other words, the tap is being opened again for the long-term maintenance of institutional social services, which is precisely contrary to the Convention and also to the recommendations of international committees and organisations in this area towards the Slovak Republic. This step also poses a high risk that within the framework of the revision of the IROP, pressure will be created to change the capacity conditions for supporting the transformation and de-institutionalisation process from the current strict ones (maximum 6 people in one housing unit and 12 in one building) to looser ones, which will copy the law, i.e. a capacity of 40 people in one building. This is absolutely contrary to the principles of

deinstitutionalisation and represents a return to the risks that led to the suspension of the ROP in 2010.

The paradox is mainly that the MoLSA SR refers to the "gradual and long-term" process of deinstitutionalisation in its argumentation of opening this option, but on the other hand, this directly denies its principles. The second paradox of this situation is that the MoLSA SR

opened precisely because of the transformation plan of the DSS and ZpS Rača, which, despite this, still remains in contradiction with the law, namely in the area of defining a specific target group within the social services home with year-round stay, which is in contradiction with the law on social services. Therefore, despite the changed position of the Ministry of Labour and Social Affairs of the Slovak Republic, it can be concluded that the transformation plan is contrary to the law and the implementation of this project in this wording is risky because in the event of a rigorous audit, the investment expenditure on this object or project will be assessed as ineligible.

Slovak experts in the field of deinstitutionalisation have expressed their opinion and concerns about the legal opinion in a letter to the State Secretary of the Ministry of Labour and Social Affairs of the Slovak Republic, asking him to withdraw the legal opinion.

These facts show that currently the MoLSA does not have the process of de-institutionalization and transformation as a real priority, nor does it have a clear idea of what social services in the Slovak Republic should look like in the future. In fact, it can be said that it is only hastily extinguishing and ad-hoc reacting to emerging problems in practice.

At the end of the chapter, we can only conclude that despite all the fundamental warnings from various international organisations between 2015 and 2018, and the activities of international NGOs in Slovakia, the whole process of transformation and de-institutionalisation has been frozen for incomprehensible reasons for a long time and has not been moving.

It is therefore a question of the immediate future:

- if things change,
- whether the Ministry of Labour and Social Affairs of the Slovak Republic and the Government of the Slovak Republic will realise their political as well as moral responsibility towards people with disabilities,
- whether it will actively and swiftly implement its legal obligations in this area.

/ Conclusion

It is alarming and sad that in 2018, thousands of people in the Slovak Republic are still living in social care facilities with an institutional culture without the opportunity to live in the community.

In practice, this means that the Slovak Republic is systematically and universally violating the fundamental human rights of these people. Despite the fact that there have been long-standing efforts to fundamentally change the system, the same state of affairs has been maintained for several decades.

A large number of people who are forced to live in these facilities do not have the opportunity to make decisions about basic things in their lives: who they live with, when they get up, how they get dressed, what they do during the day, what they eat, what they can buy, who their partner will be. They have minimal choice and influence over their lives because they have a disability.

Ever since the establishment of the first Czechoslovak Republic, there have been people and organisations in our area that have not identified with the current state of care and support for people with disabilities. They were looking for innovative solutions. They supported people with disabilities in their autonomy and independence. Over the last 100 years, we have also seen in Slovakia that this is possible, that it has meaning and importance for all of us, for the whole of society.

But on the other hand, we still have the traditional institutional way of providing social services, which has wasted the lives of tens of thousands of people over the years without giving them a meaningful life. The persistence of the traditional paternalistic approach to the care and support of people with disabilities is so strong that many chances to fundamentally change the system have been missed. Despite this, we have also seen a number of projects towards transformation and deinstitutionalisation. They have changed the quality of life of the people they have directly affected. However, we have also had the opportunity to learn from monitoring reports how human rights have been openly violated in social service institutions. Today, latent violations are still present.

Hopes that the adoption and ratification of the UN Convention on the Rights of Persons

with Disabilities would fundamentally move the process of transformation and deinstitutionalisation of social services are still unfulfilled, despite the fact that the guarantee and respect of the rights of persons with disabilities is already guaranteed by legislation.

Over the last 30 years, the non-governmental sector has demonstrated the possibilities of delivering services with quality, in the community and in accordance with human rights. It has helped the state to take a number of positive steps on a number of occasions. But we still lack the necessary and necessary decision to finally start a fundamental reform of the social system in the Slovak Republic in a real and practical way. Those who have power, influence and responsibility do not seem to reflect that people with disabilities are also citizens who have the same rights and are obliged to respect and preserve their human dignity as other citizens. And this without exception or compromise.

Twelve years have passed since the adoption and eight years since the ratification of the Convention, and the push for transformation and deinstitutionalisation has been a long-term struggle of a small group of convinced people-experts who are considered to be leaders in their fields, but also dreamers, but so far without visible and practical support from the state and the competent authorities.

Given the information we have provided in the last chapter of this publication and all that has already happened in the field of disability rights, we wonder whether society and its representatives, the elected representatives of citizens, are at all interested in fundamentally changing the quality of life and respecting the rights of people with disabilities, but also what more can be done to start implementing the Convention in practice in people's everyday lives.

We hope that this publication has brought you new information and a different perspective on the process of transformation and deinstitutionalisation. We also hope that it will help you to make sense of the findings from the field and to form your own opinion about the various myths about the "new" and "forced" system of support for people with disabilities. We believe that we are not alone in our struggle for the respect of elementary human rights and freedoms for all. And our society is evolving towards tolerance and acceptance of difference.

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