

**Seminar on the transition from institutional to community-based care
held by the Ministry of Labour, Social Affairs and Family
of the Slovak Republic
on the 12 March 2014**

WORKING REPORT

The Seminar on the Transition from Institutional to Family and Community-based Care took place in Bratislava on 12 March 2013 at the Ministry of Labour, Social Affairs and Family, who coordinated the organisation and the content of the seminar.

The European Expert Group on the Transition from Institutional to Community-based Care (EEG) and the European Commission were represented at the seminar. The seminar brought together a relatively high number of people: 65 participants.

Opening session

The seminar was opened by **Nadežda Šebová, General Director of the section for social and family policy at the Ministry Labour, Social Affairs and Family**. She sent greetings and apologies from Jozef Burian, Secretary of State who could not participate. She welcomed the participants and thanked the EEG for the support the EEG provides to them and she thanked them for the organisation of the seminar.

Michael Ralph, Directorate-General for Regional and Urban Policy, European Commission responsible for the European Regional Development Fund (ERDF) thanked for the opportunity to talk about **transition from institutional to community-based care**.

Michael Ralph underlined the unique opportunity with the new 7 year Operational Programme (OP) for the European structural and investment funds, to create a real change. The new OP should benefit children, people with disabilities, people with mental health problems, elderly people. He recalled the importance of individual needs to improve people's life, in order to achieve the target of social inclusion included in Europe 2020 Strategy. He also anchored this approach in the global context of the UN CRPD and right to live in the community.

Michael Ralph acknowledged the DI strategy approved by the government. He recognised that some efforts have been done in the last part of the financing period towards community living but stated that it is not enough and that the results are insufficient. He especially pointed out the lack of individual assessment of the needs of users.

Moving to new funds and the new legal framework, he stated that there is an explicit reference about transition from institutional to community-based care in order to use the structural and investment funds more EFFECTIVELY in all areas. He called upon the representatives in the room to look at detailed need assessment and define the necessary measures. Particular attention should be paid to the ex-ante conditionality on promoting social inclusion and combating poverty in Structural Funds. Michael Ralph also insisted on the need for an integrated approach of the use of the funds, more coordinated approach use of the funds (e.g.: ESF/ERDF).

Finally, he recalled the multi-dimension of this process, which requires a strong collaboration between stake-holders: PARTNERSHIP is very important (between Ministries, HR bodies, civil society, NGOs, social enterprises). The administrative levels should better collaborate to find consensus on HOW to do it. Unfortunately there have been examples of lack of cooperation and consensus between national and regional levels and between different actors from the civil society in the past years.

Last but not least, he encouraged the participants to learn from EU countries and said that the EEG experts are here to provide guidance about it.

Ines Bulic also welcomed the participants during the opening session and recalled the goal of the EEG and the large spectrum of target groups covered by **the European Expert Group on Institutional to Community-based Care (EEG)**.

SESSION I: The right to live in the community

Jan Kerecman, from the Agency for support services from Žilina spoke about his life experiences as service-user. He made a very powerful presentation in the form of an interview with his support person. He talked about his experience from institution to supported living. He described his life in the institutions *"In the institution, they took my money, we were closed up there, they cut my hair, even though I did not ask for it"*. He clearly stated that he does not want to live in the institution anymore. Everybody should get the chance to live on his own. What do they need for this? Jan Kerecman said *"what they manage alone then it is ok and support when they need but support does mean that they do it instead of them."* Jan Kerecman described his life as an independent person: *"there are enough people around me I can ask for support. I work and earn my living. I need some support with money management, and also to finance my afternoon activities."* Finally, Jan Kerecman also described the role of job coaching which facilitates his training at work.

Jan's story definitely opened the discussion during the seminar and participants asked him concrete questions about his life and how he is coping with daily tasks. Jan's supporter

reminded that it is a long but successful journey also for professionals to realize that process together.

Ines Bulic started her presentation on **Guiding principles of deinstitutionalisation** by presenting the views and position of the EEG: what is an institution? She described the characteristics of an institution. She highlighted the need to forget about BUILDING and look at the entire system: specialized and mainstream (inclusive) services, existing support, ways support is provided and ways the services are funded. The difficulty lies in this challenge about changing the system, as a holistic approach is needed.

Ines also defined the term community based services and explained the key principles and the 10 elements which should help any country in the process of transition. Ines ended her presentation by encouraging the participants to actively use the Common European Guidelines available in Slovak: <http://deinstitutionalisationguide.eu/>

During the discussion with the participants the issue of the resistance from the community was highlighted as one major concern. The panellists underlined that the objective is not to take all the steps with a view to finalise the transition process but to take several steps to make real systemic changes.

SESSION II State of play of deinstitutionalisation in Slovakia

Lýdia Brichtová from the Ministry Labour, Social Affairs and Family presented the legislative change in Slovakia supporting deinstitutionalisation, the DI Strategy and its Action Plan. She explained that the new Act on social services (entered into force on January 2014) introduced a number of significant changes. The Act now stipulates the maximum capacity for the new residential social service: supported apartment (zariadenie podporovaného bývania). For supported apartments, the threshold is max. 6 persons in one apartment and a maximum of two apartments per building in the case of supported apartment. In addition, the law does not permit any extension of the capacity of social care homes. For example, if a social care home has the capacity for 40 persons – it cannot be increased.

Day care centre and social care home, working on a weekly basis cannot provide all year long social service. In addition, they cannot admit children and young people under 18.

Next to these changes, more is to come: social and medical assessments will be merged to facilitate the administrative burden for the users.

Finally, from the finance point of view, for residential institutions (Domov sociálnych služieb) which wishes to enter in the process of transformation, the same level of financing will be maintained and there will be no obligation to meet the criteria in terms of staff while the number of users may decrease.

About the current plan, Lýdia Brichtová also mentioned that since 2013, 7 residential institutions have been included in a pilot project. She acknowledged that they need more experts and expertise to help and support in the implementation of the project in Slovakia.

The representatives of the **Central Office of Labour, Social Affairs and Family, Mária Marcinová and Eva Zálepová** presented the project about de-institutionalisation of alternative care and the principles for professional foster care families:

- It must be family-type care
- Keeping children in their biological families is a priority
- Family care: first preference should be given to close relatives (biological family) if children cannot live in their families
- Professional foster care families should replace children's homes
- Individual groups
- Support from child centres.

They stressed that alternative care is now seen and designed as inclusion in the community. And they underlined the improvement of the work of the child care authorities (OSPOD), which now provides support to send children in alternative care.

The budget allocation is as follow:

- 55% is dedicated to support in the biological family
- 33% is dedicated to support in the foster care family environment
- The rest is dedicated to alternative care: DI and the process of transformation.

One major change towards family care and a successful use of the funds has been the role of a family assistant (rodinní asistenti) - a new function paid by ESF project. 1025 families have been supported thanks to the work of a family assistant, who is a social worker. The project has been successful, because thanks to the work done by the family assistant and the support provided, many children could stay in their natural family environment.

After setting the scene from the government side, the NGOs shared a statement **on challenges to deinstitutionalisation and recommendations for the reform - presented by Denisa Nincova and Mária Machajdíkova**. They shared the views of a platform of 8 organisations and individuals, who have been consulted. The NGO representatives recalled the gap between the legislation in place and the reality, as institutional provision of services is still prevalent. They also underlined that the former Regional OP for 2007-2013 did go against the DI priorities as it provided financial support for renovation or construction of new institutions. However, the participants have been informed that after revision in 2011 the ROP (ERDF) is now supporting DI.

A very important element they brought into the debate is the lack of preparation and the unfavourable environment. They mentioned some necessary systemic changes, such as unemployment benefits or disability pension that are automatically given because a person is recognised as a disabled person or a disabled person gets a recommendation to go to residential care rather than a supported apartment.

They would welcome for the new programming period 2014-2020 a real collaboration with ALL organisations and the introduction of the results of this collaboration to be taken into consideration in the Integrated Regional OP (new ERDF).

Among the biggest problems, they also mentioned the development of community based services and the lack of leadership at the level of the Ministry, which should support and lead the change, and the barriers at the regional level (kraj). Finally, they acknowledged the positive results achieved in the field of alternative care.

SESSION III The use of EU Structural Funds for the transition from institutional to community-based care

A brief presentation of the Toolkit on the Use of European Union Funds has been done by **Ines Bulic, EEG**, who explained that based on the lessons learned from 2007-2013, a Toolkit has been created for the 2014-2020 regulatory framework, which explicitly supports DI.

Miloš Beňov from the Ministry of Agriculture and Rural Development presented the Integrated Regional operational programme for the period 2014-2020 and how it is going to support DI policies. He mentioned the synergies between soft and hard measures: hard investment and soft measures (investment in buildings and support services). **Renata Drienska from the Ministry of Labour, Social Affairs and Family** completed the presentation of this session by introducing the Human Resources operational programme for 2014-2020 and the “soft” instruments supporting DI.

A discussion took place around the hard measures related to the reconstruction or modernisation of buildings.

Reaction by the European Commission

Michael Ralph, Directorate-General for Regional and Urban Policy urged the representatives of the Slovak authorities to define clear objectives and results in order to move from refurbishing large institutions towards the community -based services. A real vision and a clear goal of what will be achieved and realised during the 7 years of the programming period should be salient from the whole programme. Martin Orth, from the Directorate-General for Employment, Social Affairs and Inclusion thanked the presenters for the progresses on the work and encouraged them to set more qualitative and quantitative criteria to evaluate transformation from institutional to community-based care.

The Commission also encouraged the work of the working group for DI coordination between IROP (ERFD) and OP Ľudské zdroje (OP Human resources) (ESF) between different funds and Ministries to strengthen their coordination efforts, including with the umbrella organisations representing people with disabilities.

SESSION IV How does it work in practice? Good practices from the field and comparative perspectives.

Representatives from the neighbouring country explained the transformation process happening in the region of Vysocina in the Czech Republic. **Jiří Bína, Director of Social Services Department in the Office of the Vysocina Region**, described this region which counts 7 large residential care institutions out of which 4 are in the process of deinstitutionalisation.

Alena Brožková, Director of 'Domov bez zamku' (one of the pilot institutions) described the new housing in the community for maximum 6 users (family houses, for example), which were financed from EU funds. The region also supported financially the process by covering additional needs which could not be funded by EU funds (including reconstruction of one family house). Ms Brožková described the "normal" life style and contacts with the community of the service users who choose their place to live and their flatmates, and now live without the permanent medical staff, but with adequate support staff based on their needs. All efforts have been made to respect the wishes of each individual thanks to his/her personal plan. Savings have been made, thanks to the fact that no handyman is needed anymore to care for the old and large institution building. Buying groceries, going to a restaurant, cooking and even growing vegetables and fruits, as well as employment or occupational activities have allowed all the users to learn to become more responsible and to develop decision-making skills, including advocating for their rights.

Jan Pfeiffer, EEG closed this session by summarising the good practices, the possible obstacles and pitfalls while implementing deinstitutionalisation in Slovakia.

In conclusion, the most important recommendations which came out of the seminar are:

- A plan should be available for each institution starting the process of DI, as it has been done for children homes: it is worth looking at the promising practices from alternative care for children.
- Experts should be involved in the implementation of the project in Slovakia – both from the national and international arena.
- The Ministry should have a clear concept and a vision. It is not acceptable that the regional governments can have an influence on whether the process of deinstitutionalisation happens or not.
- There is a need for a strong commitment and high level political support at central level and to identify key political allies to make DI a reality.
- No more investment into institutional care, through building of new institutions or renovation should be possible and this should be made clear in the new operational programme documents.
- Participation of people with disabilities and their representative organisations in the process is a KEY factor of success, rather than figures and numbers.

This report has been drafted by Camille Latimier from Inclusion Europe for the EEG. Note that its contents doesn't necessarily reflect the views of each organisation in membership of the EEG.



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