Soňa Holúbková / Radovan Ďurana

COURAGE

TO PROVIDE NEW SOCIAL SERVICES

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Photographs by Terézia Prekopová

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Helena Woleková
Denisa Nincová
Barbora Burajová
Vladislav Matej

Chapters 1-7, 9-13 written by Soňa Holúbková, Chapters 8,12 written by Radovan Ďurana

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CONTENTS

1. INTRODUCTION

We have become used to not meeting people with physical or mental disability as they remain locked up in remote establishments that are isolated from the "normal" world. We don't know these people, yet we assume that they live in a world that is better for them and that "our" world is not prepared to accept them because they would not be safe in it. At least that's what history dictates. Nevertheless, this situation is far from unchangeable. In fact, the need for change may be corroborated by many arguments, including our own preferences. Let us, just for a moment, imagine ourselves or our nearest and dearest living in a similar institution. What we know for sure is that the isolated micro-world of long-term care facilities is neither better nor safer than our own. What we are positive about is had we or our nearest and dearest become dependent on long-term attention and assistance, we – just as well as they – would have preferred to remain in an environment that we freely chose. We certainly wouldn't have wanted to share it with those we didn't choose ourselves, would we now? We would have expected that environment to support the highest possible independence of our decision-making on the most banal – or should we say basic? – things such as when to wake up, when to go to sleep, when and what to eat or watch on TV, let alone important issues related to our treatment or property. We don't like the notion of losing our family life. We expect our own community to cope easier with prejudices to our disability and support us in exercising our rights as equals to anybody else. We know our family and community offers the best chance to preserve our human autonomy and dignity. It is the most basic and natural concept there is. But despite our generally obvious preferences we invest hefty funds into building, extending and refurbishing permanent care establishments whose inmates slowly but surely lose everything we would so dearly wish for ourselves and our nearest. Do you too feel that the time for change has arrived?

Barbora Burajová

If anyone today wants to remain a full-fledged member of a community but needs social services, the family is usually the most logical choice to provide them. It is our vision that the institution of family be joined by professionals and other members of the community in order to help family members avoid complete exhaustion and allow them to enjoy life together with the person that depends on social services. It is my conviction that there is a solution to every problem. I am also convinced that social services can and should be provided while respecting the needs of the needy and benefitting on the creativity of all those who participate. That was the main driving force behind this publication: to inject courage into those who hesitate; to set the course for those who seek new ways; and to inspire discussion with those who make decisions.

Soňa Holúbková

2. SOCIAL SERVICES AS WE KNOW THEM

In the past, the process of building social service establishments was a direct result of the medical and/or rehabilitation approach to tackling the social situation of people who did not fall within the concept of normality. Since disability is a state as opposed to a disease and is therefore inherently incurable, this approach favoured development of the network of facilities that would accommodate these people and address their basic needs. This model has been preserved rather intact until the present day. Depending on financial resources, it recently began to comprise humanisation, reconstruction or even Internet access; unfortunately, the principal paradigm of institutional social services has remained unchanged as they continue to be based on moving disabled people into facilities, creating a world of their own, separating them from their families and communities and satisfying their basic needs in line with the best intentions of facility employees that are limited by the social environment. This approach oozes the lack of trust in the ability of people, their families, and communities to create suitable environments, methods and opportunities to help them lead a meaningful life. The original concept was apparently based on the ambition to create places where people deprived of other chances could survive; but what has this originally humane concept become several decades later? The following table compares different parameters of institutional (i.e. rehabilitation) vs. community approach to persons who receive social services.

Table 1

Comparison of parameters of providing social services to disabled people

	Perspective of institutional rehabilitation	Perspective of independent life within the community
Definition of the problem	Person's damaged/deficient abilities	Dependence on professional care, relatives and other people who take control over the person's life.
What is the crux of the problem	Person	Environment and the model of social services' functioning
What is the solution	Professional intervention	Elimination of barriers; surrendering control into the hands of social service recipients; self-advocacy
Status of human being	Patient/client	Person/citizen
Who decides	Professional/expert	Citizen
What defines the results	Maximum possible individual functioning in compliance with professional/expert assessment	Independent life (enjoying control over one's own life regardless of the scope of required assistance)

Source: The Roots of Person-Centred Planning[1]

What can we learn from the process of social services' provision and humanisation? Why so many experts, politicians, parents, and ordinary citizens believe it is the best model of providing social assistance and the noblest way of showing solidarity? Why do they invest such generous funds into social service facilities? How should one perceive the situation of disabled citizens, their families and communities? How should we prepare for the new methods of providing social services within a community? What are the most recent trends in Europe and why?[2] We should not waste the opportunity to support emergence and development of new forms of community-based services. We cannot afford to squander a chance to improve the quality of people's life, not only those who need social services but all citizens. So, why the overall number of applications for admission to social service facilities continues to be so high?

1 Connie Lyle O'Brien – John O'Brien: The Roots of Person-Centred Planning; available at: www.kvalitavpraxi.cz

2 European Expert Group on the Transition from Institutional to Community-Based Care: Common European Guidelines on the Transition from Institutional to Community-Based Care, (Brussels: EU, November 2012).

2.1 Focusing on homes of social services

The decision to place a disabled family member into a social service institution is often driven by the fear of uncertainty on the part of other family members. They are afraid they won't be able to provide the necessary care by themselves, i.e. without experts' help. They are not willing to sacrifice their own ambitions and life goals on the altar of taking care of one of their own. Last but not least, they fear the immediate surrounding's reactions and are at a loss regarding their relative's future prospects. In such a situation, placing a disabled family member in the home of social services (domov sociálnych služieb – DSS) is a smooth and slick solution. The facility employs experts who are willing to take over full responsibility for everything that reaches into a distant future. They certainly know what to do and they do it as best as they can. On the other hand, it is beyond any doubt that persons committed to social service facilities surrender their lives, ambitions, freedoms, responsibilities and ultimately their human rights. They gradually lose touch with their families and original communities. In turn, the families and the communities gradually surrender their power to take care of their members and transfer it onto social service facilities. Their decisions are usually influenced by the general public's attitudes, the lack of information, the deficiency of support on the part of family, and the shortage of available services within the community.

Once committed to an institution, disabled citizens become mere recipients of social services and are gradually brought into line with the facility's operation and daily activities organised by its employees. The daily schedule is firmly fixed from dusk till dawn, with a different employee being responsible for each particular area. Needless to say, there is a world of difference between this way of life and that led by most ordinary people; yet it all began with a simple request for assistance in certain areas of life.

While they strive to optimize the conditions of service provision, employees must take into account their institution's operational capacities as well as mutual communication between its economic, social service, medical service, catering and technical departments. It is inevitable to organise workforce in individual shifts while taking into consideration the institution's financial capacities as well as the administrator's demands. The management along with the employees strive to stay on top of the daily routine of performing all the chores correctly, which leaves them with deplorably little time and energy to invest in the institution's inmates.

The abovementioned facts justify the following conclusions:

1/ *The prevailing and most firmly established model of providing social services is based on the network of DSSs; for the time being, involved players seem to lack courage to try new approach to satisfying the needs of people who need social services.*

2/ *The scope of care provided by social service establishments seems greater than necessary. DSS inmates gradually become dependent on the scope of services provided to them; their chances to exercise and develop their own potential and learn new skills thus become limited, which inevitably encourages their conviction that they could not survive anywhere else. Ordinary people show hardly any interest in DSS inmates as they believe they are best off there.*

3/ *Discontent on the part of recipients and providers of social services has not yet mounted sufficient pressure on DSS administrators who thus continue to lack courage to try new forms of social services.*

It seems we all are facing a great challenge. But we believe with the support from local self-governments, government strategies, European guidance and funds, individual clients, media and the general public we have enough resources to create favourable conditions to change the basic philosophy of providing social services.

3. SOCIAL SERVICES AS WE WOULD LIKE AND SHOULD LIKE TO DEVELOP

In the optimum-case scenario, persons who need social services remain in their natural environment while social services are delivered to their homes. Providers of social services build on these persons' ambitions and plans, cooperating with their relatives, neighbours and all other community players in order to make sure that the disability limits active life of the persons and their relatives as least as possible. This type of social services is called community-based services as they allow disabled people to remain responsible for their lives as members of the community. On the other hand, they provide families and communities with a chance to learn to **accept dissimilarity as part of their existence,** to shoulder responsibility for good living conditions and to create opportunities for **active participation of all of their members.** Such a chance may only be materialized when disabled people in an unfavourable social situation remain part of the community. That is the best way to gather new experience and exercise new approach to these citizens. Local communities should strive to create as many opportunities as possible for disabled people to participate in common activities as opposed to moving to receive social services; in order to achieve that, though, they need optimum support from social fieldworkers.

It shall be crucial for municipalities and non-profit organisations to join forces and take over responsibility for developing networks of social fieldworkers in order to tackle unfavourable social situation at the point of its origin and recruit co-workers to help materialize proposed solutions. This shall not be an easy task as municipalities apparently struggle with the shortage of available human resources and most local communities have surrendered their genuine powers for the benefit of central government.

3.1 What do we mean exactly?

For the sake of precise understanding of concepts such as community-based services and process of deinstitutionalisation, we shall in the following describe several terms that should help the reader get a better grasp of these concepts.

Social service recipients

This category comprises all citizens who according to Social Service Act[3] are eligible to receive social services and are entitled to choose the most appropriate form as well as provider of social services. In other words, it includes persons who have been granted the right to assistance in accordance with their needs they should be neither grateful for nor dependent upon.

Inclusion (integration)

According to this concept, citizens who receive social services live, learn, work, and pursue leisure activities at places that are typical for other citizens of the same age living in the same neighbourhood. Community-based social services compensate them for their disability or tackle their unfavourable social situation by helping them participate actively in their respective communities' lives (i.e. as members of families, pupils at schools, vocational trainees, members of the workforce, residents, leisure-time spenders, interest-pursuers and holidaymakers).

Exclusion (segregation)

In line with this concept, citizens who receive social services are transferred from their natural environment into facilities that are specifically designed for a certain category of citizens (according to the type of their disability or social situation) where they become passive consumers of social services and passive participants in in-house activities. They are forced to coexist with people who suffer from the same disability; all services are provided and all activities managed by paid members of the staff. The contact between facilities' inmates and relatives and/or local inhabitants is rather limited.

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3 Law No. 448/2008 on Social Services that alters and amends Law No. 455/1991 on Commercial Activity (Trade Act), as amended.

Community-based social services

Community-based social services are provided at all the ordinary places where citizens-recipients of social services live and circulate. They are provided based on individually defined goals and specifically designed plans in order to help recipients live their lives in line with their ambitions. Their providers use the community's regular resources and encourage the recipients to become active citizens at the place of their residence and maintain contacts with their relatives, neighbours, colleagues, and friends. They support them especially in the field of lifelong education, housing, employment and participation in social life. At the same time, community-based social services eliminate the need for parallel segregationist services and institutions such as special schools, sanatoriums for long-term ill, protected workshops or group housing. Development of community-based social services requires political and social support in order to make housing, education, transport, health care and other public services available to social service recipients within a regular community.

Individual approach

Every person has a different forte, is interested in a different area of life and wants to pursue a different professional career. Although people are similar or may even be placed into the same category in terms of their needs or abilities, tackling their life situations may obviously take very different forms and paths. The individual approach allows for provision of social services to individual recipients. In cooperation with their relatives, friends and neighbours, social service providers are able to map out their needs, interests, and skills and consequently determine the goals to be achieved with the help of social services. They work out a plan of activities according to which the service is provided; after the set period of time, they evaluate the status quo and set a new goal. The entire process is properly documented and thoroughly monitored.

Person-centred planning

The concept of person-centred planning (PCP) is based on the premise that every person is the best expert in matters concerning his or her life and best understands his or her own needs. It stands for the communication model in which social service recipients are the main actors in the process of planning their own lives, choosing members of their own support group, and setting their own goals. Social fieldworkers merely facilitate the process, help seek and activate community resources, and support the plan's implementation. This approach is based on fundamental values such as mutual respect, dignity, self-determination. Person-centred planning[4] focuses on the following:

- *Defining and understanding the needs of people;*
- *Providing adequate support;*
- *Allowing the person assume control over his or her own life;*
- *Protecting the rights of disabled people;*
- *Providing an opportunity to every person to be useful to his or her community;*
- *Leading a person from isolation to integration;*
- *Leading the person from loneliness to meeting new people;*
- *Leading the person from underestimation to respect;*
- *Leading the person from helplessness to the freedom of choice;*
- *Leading the person from low expectations to the experience of being somebody.*

Institutionalisation of social services

Disabled people may choose to receive social services on the institutional basis, in a home of social services. They live there, eat there, and participate in local activities that are rather limited by the institution's operation. Their entire life takes place under the single roof, within the subculture of an institution with its own rules, rituals, routines, and regimes that are supposed to keep it going. Their everyday social contacts are narrowed down to fellow inmates and home employees. These facilities are not favourably inclined to inmates' integration back to normal life and their use of community resources is rather limited. Disabled people at these facilities are isolated from other members of the community and from most opportunities to lead dignified lives. Their ambition to

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4 John O'Brien – Jack Pearpoint – Linda Kahn: The PATH and MAPS Handbook: Person-Centred Ways to Build Community, (Toronto: Inclusion Press, 2010).

pursue their dreams or even basic interests is severely limited by artificial boundaries. They have no concept of what they may desire and what it means to be useful for others. They are protected from life's most ordinary situations and deprived of the chance to be respected as full-fledged citizens.

Deinstitutionalisation of social services

It stands for a political and social process of gradual transition from institutional care and its segregationist facilities to independent life within the community facilitated by social services. After specific preparation, homes of social services release their inmates and focus on developing and providing quality, targeted, effective, and individualized social services within the community. The social services are provided to those citizens who used to live in homes of social services as well as those who did not previously receive social services at the place of their residence but are eligible to receive them based on their disability. Besides living as full-fledged members of the community, the recipients of social services shall enjoy access to all public services and even to personal assistance, provided they comply with required criteria. The process of deinstitutionalisation also implies prevention against future institutionalisation, guaranteeing children as well as grown-ups to remain members of their families and communities in close contact with their friends and neighbours .

4. PREREQUISITES TO EFFECTIVE COMMUNITY-BASED SERVICES

The European Social Network (ESN)[5] defines the following key elements that must be complied with in order to ensure effective and coordinated provision of community-based services:

Planning

This strategic element is crucial for monitoring citizens' needs. Planning is a process that identifies existing as well as envisaged social and health needs of the local population. Planning is based on socio-economic data from municipalities as well as on qualitative information from local citizens. Some municipalities have already incorporated this area into their own community plans.

Counselling

Information-sharing and counselling is important to everybody who needs social services and assistance. Municipalities and non-profit organisations will have to learn to act as subjects that inspire trust and security and are competent to improve the quality of recipients' lives despite the fact that community-based services are more scattered and less present in society's awareness.

Assessing recipients' needs

Assessing people's individual needs usually requires a specialized expert or a multidisciplinary team to work with social service recipients and their families in order to identify their needs and plan together with them the most effective ways of satisfying them. Quality social services on the community level are always based on a complex analysis of personal needs and life situation of social service recipients in order to ensure various other services at the place of their residence (e.g. transport, assistance, supported employment, housing, etc.).

Capacity of social services

This element deals with adequate coverage of the existing demand for social services. The existence of waiting lists of applicants who have requested social services and unequal coverage of the demand for social services in towns and villages testifies either to insufficient strategic planning or to insufficient funding. The capacity and availability of social services should be regularly monitored by local authorities and other organisations that are responsible for planning and financing of social services. According to currently valid Slovak law, all citizens who depend on the provision of social services are entitled to receive them; in fact, though, the right to social services is not guaranteed to all those citizens who apparently need them. Currently, as much as 97% of all funds

5 Developing Community Care Report, (The European Social Network, 2011); available at: www.esn-eu.org

earmarked for social services are allocated to long-term care institutions that accommodate only 0.67% of all Slovak citizens.[6]

Choice

"Choice" is a rather broad term in the field of community-based services. Not only does it stand for being able to choose between different providers of the same service or between different services but also for one's preference to live his or her life. The citizens who need community-based social services do not necessarily have to change their lifestyle or their circle of friends, mostly because the required assistance is delivered to them at the place of their residence. On the other hand, with respect to institutional care "choice" may imply selection based on vacancies or decisions by regional self-governance organs.

Quality of life

The transition from institutional to community-based care should aim at improving the quality of social service recipients' lives, i.e. improving their overall satisfaction with life including its emotional, social and physical aspects.

Currently, most social service establishments understand quality of life as their compliance with standards set by authorities such as, for instance, the ratio of employees to inmates or the number of square metres per inmate.

On the other hand, community support focuses on satisfying individual needs and wishes of social service recipients at the place of their residence. Consequently, social services based on community support are more likely to take into account individuals' needs and interests and stand better chances to improve the quality of social service recipients' lives.

Integration into society

Being institutionalized means spending life outside one's natural environment, often in a completely strange town or even region, and having rather limited contact with the outer world, including family members and friends. This approach excludes and isolates social service recipients, labelling them as people who are free of capacities and even interests. On the other hand, community support strives to keep social service recipients in their natural environment that provides them with the best opportunities for full integration into society. In order to make community-based social services succeed in satisfying recipients' basic as well as complex needs, it is inevitable to interconnect these services not only between one another but also with the life of community and municipality.

Legal conditions circumscribing the life of disabled citizens

The Slovak Republic has acceded to a number of international human rights conventions that define new approaches and measures in the field of treating people with disabilities.[7]

UN Convention on the Rights of Persons with Disabilities

The basic purpose of the UN Convention on the Rights of Persons with Disabilities is to promote, protect and ensure full and equal implementation of all human rights and fundamental freedoms with respect to all persons with disabilities and further respect for their natural dignity.

The Convention is based on the following principles:

- *Respect for natural dignity and personal independence, including the freedom of choice and personal self-reliance;*
- *Non-discrimination;*
- *Full-fledged and effective incorporation and integration into society;*
- *Respect for dissimilarity and treatment of persons with disabilities as part of human diversity and nature;*
- *Equal treatment;*
- *Availability;*

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6 Správa o sociálnej situácii obyvateľstva Slovenskej republiky za rok 2011 [Report on the Social Situation of the Slovak Population in 2011], (Bratislava: Ministry of Labour, Social Affairs and Family, 2012, p. 90).

7 The document was published in the body of laws under No. 317/2010.

» *Respect for developing capacities of children with disabilities, particularly respect for their right to preserve their identity, which in practice means living in a family and receiving education in mainstream regular schools.*

The short overview of the Convention's principles shows us the future course of developing community-based services. Let us point out that in signing the Convention, the Slovak Republic committed to gradually achieving full implementation of these rights, which makes thorough changes to social services even more inevitable.

5. EUROPE 2020

Further commitments with respect to disabled persons ensue from Slovakia's membership in the European Union (EU). The principal objective of an ambitious EU strategy entitled "Europe 2020"[8] is to generate smart, sustainable and inclusive growth. In order to accomplish this mission, the document spells out several priorities, including the need for full economic and social integration of people with disabilities. It envisages developing a society that counts on everybody, which simultaneously brings market opportunities and supports innovation.

For all Europeans who wish to embark on this journey (i.e. not only disabled ones but all European citizens, which at this point sounds almost like a science-fiction utopia), the document defines areas in which all EU member states including Slovakia need to adopt concrete measures. The areas of desirable improvement may be summed up as follows:

1 – Barrier-free access
Ensure a barrier-free access to goods and services, including public ones, and to assistance aids for all people with disabilities.

2 – Inclusion
Achieve full social integration of people with disabilities by the means of:
– capitalizing on all benefits of EU citizenship;
– eliminating administrative and attitude barriers that hamper their full-fledged and effective inclusion;
– providing quality community-based services including the possibility to use personal assistants.

3 – Equality
Abolish discrimination based on disability across the EU.

4 – Employment
Substantially increase the number of disabled persons with a chance to become gainfully employed on the open labour market.

5 – Education and vocational training
Support inclusive as well as lifelong education of pupils and students with disabilities.

6 – Social protection
Further decent living conditions for people with disabilities.

7 – Health care
Promote equal access to health care services and to medical establishments that provide them for people with disabilities.

8 – External activity
Further the rights of people with disabilities as part of EU external activity.

8 Europe 2020: A Strategy for Smart, Sustainable and Inclusive Growth, (Brussels: EU, 2010).

6. SOCIAL SERVICES ACT AND COMMUNITY-BASED SERVICES

Most of the goals and commitments embodied in international conventions and treaties have already been transposed into Slovak legislation. Based on the currently valid Law No. 448/2008,[9] the country began to prefer community service (i.e. social fieldwork) to institutional one. It is only a matter of courage for social service administrators, operators and providers to take the step from the body of laws to everyday life. The cited law defines social services as expert, service or auxiliary activity or a complex of these activities that are aimed at the following:

a) *Preventing, tackling or alleviating unfavourable social situation of an individual, a family or a community;*

b) *Preserving, restoring or developing individuals' abilities to lead an independent life as well as supporting their integration into society;*

c) *Providing indispensable conditions for satisfying individuals' bare necessities of life;*

d) *Tackling critical social situation of an individual or a family;*

e) *Preventing social exclusion of an individual or a family.*

However, with respect to social services aimed at tackling unfavourable social situation that has resulted from severe disability, unfavourable health condition or reaching the retirement age, the priority list is reversed upside down. Here, the valid law lists institutional services as first:

1. *Providing social services in facilities (this category includes a whole range of social service institutions, i.e. homes for children and adults with disabilities, seniors, and citizens with mental disorders but also facilities of supported housing that form part of community-based services). Although the law clearly speaks of social services that are supposed to keep citizens within society, the actual list of available services is topped by the one that will put them behind the bars of social service institutions.*

Only later the valid law enumerates community-type services that may appear as merely complementary, including:

2. *Nursing services (typically provided at social service recipients' homes);*

3. *Transport services;*

4. *Guide and reader services;*

5. *Interpreting services;*

6. *Mediation of interpreting services;*

7. *Mediation of personal assistance;*

8. *Aid-lending services.*

Social services that are based on telecommunications technologies may be provided to citizens in their natural environment; they include the following:

1. *Monitoring and distress signalisation services;*

2. *Crisis intervention services provided via telecommunications technologies.*

Cellular phones and the Internet have essentially improved availability of assistance in crisis situations; for the sake of illustration, all citizens registered in the supported housing project carried out by Support Service Agency, a non-profit organisation based in Žilina, are familiar with basic functions of cellular phones and are able to make a distress call, although some of them cannot read or write.

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9 Law No. 448/2008 on Social Services that alters and amends Law No. 455/1991 on Commercial Activity (Trade Act), as amended.

Support services represent a specific category of social services; they include the following:

1. *Respite services;*
2. *Assistance in settling guardianship rights and obligations;*
3. *Social services provided in day-care centres;*
4. *Social services provided in integration centres;*
5. *Social services provided in dining rooms;*
6. *Social services provided in laundry rooms;*
7. *Social services provided in personal hygiene centres.*

These services also form part of community-based services as they keep citizens in their natural environment; the only problem is that they are not widespread enough to be able to serve all those who need them and be affordable to everyone.

6.1 Forms of social service

The currently valid law defines the following forms of social services:

(1) *Social services may be provided* ***outpatient, field, institution-based or other form,*** *depending on the type of unfavourable social situation and the environment in which the individual dwells (i.e. the whole range of social services is available, if one only knew which to choose.)*

(2) *Outpatient forms of social services are provided to individuals who are able to commute to the place of service provision.*

(3) ***Field forms of social services are provided to individuals who dwell in their natural social environment.***

(4) *Field social services may also be provided via fieldwork programs that are aimed at preventing social exclusion of an individual, a family or a community in unfavourable social situation.*

(5) *Institution-based forms of social services include* ***accommodation.*** *Institution-based social services are provided either on the yearlong or on the weekly basis.*

(6) ***Provision of field or outpatient social services has preference over provision of institution-based ones.*** *Nevertheless, this preference is seldom taken into account let alone enforced in practice. There are great numbers of citizens who are simply taken from their homes directly into a facility without even trying any other form of providing social services. Also, there are many families that strive to support their relatives as long as they can; however, due to non-availability of community service they are bound to run into some kind of crisis situation sooner or later and eventually opt for committing the dependent relative to an institution.*

(7) *Paragraph 6 is enforced in compliance with* ***individuals' right to choose the form of provided social service.*** *In other words, citizens are free to choose from among providers as well as forms of social services; the most crucial in this respect is that they have enough information on particular options. According to the register of social services, though, institution-based social services currently prevail.*

(8) *If necessary and expedient, social services may also be provided in other forms, especially those based on telephones or other telecommunications technologies.*

We believe that the ratio of institution-based social services to community-based services provided in people's natural environment will gradually change in favour of the latter. The pivotal point of this change is separating provision of social services from accommodation.

Despite priorities spelled out in Social Services Act, according to official data supplied by the Statistical Office of the Slovak Republic,[10] the country's yearlong social service institutions accommodated a total of 35,938 Slovak citizens, including 29,700 adults and 6,238 children, as of December 31, 2011. Institutions for adult citizens include seniors' homes, homes of social services for adults according to the type of disability, and specialized facilities. They typically accommodate large numbers of inmates and provide social services on the yearlong basis. In 2011, Slovakia had 613 social service institutions with the capacity of 29,700, which amounted to 68.9% of the total capacity of all social service facilities including day-care ones (43,103). Most of these facilities are seniors' homes; 243 of them operated in the country in 2011 with the total capacity of 11,679. On average, there were 94 social service institutions per each region of Slovakia.

Institutions for children include homes of social services according to the type of disability and children's homes. They usually operate on the yearlong basis. Most children are placed in children's homes. In 2011, Slovakia had 91 children's homes with the total capacity of 4,831.

But one must not forget about those adults with disabilities and senior citizens who live in families without adequate social services that would facilitate their integration into normal life in compliance with their rights. Their overall number is essentially higher than that of citizens who have been placed into social service institutions; according to our estimates they represent more than 90% of all citizens who depend on social services. The following table provides an overview of allowances disbursed to persons with severe disabilities:

Table 2

Allowance disbursed to persons with severe disabilities in 2011

Compensation allowance	Average monthly number of recipients	Total amount of allowance disbursed (Eur)
Allowance disbursed to individuals with severe disabilities:		
Allowance to compensate increased costs total	159,262	56,732,897
Allowance for personal assistance	7,416	31,998,516
Allowance for transport	2,659	2,746,365
One-off allowance total		23,231,026
Total allowance disbursed to individuals with severe disabilities	**162,393**	**114,708,803**
Allowance for nursing	**57,175**	**95,931,591**
All allowance TOTAL		210,640,394

Source: Správa o sociálnej situácii obyvateľstva za rok 2011[11]

The average monthly number of recipients of compensation allowance that is disbursed directly to individual with severe disabilities increased from 156,901 in 2010 to 162,393 in 2011. As far as nursing allowance (disbursed to nursing service providers) goes, the average monthly number of recipients increased from 55,933 in 2010 to 57,175 in 2011. The average monthly amount of nursing allowance reached Eur 134.75.

10 Erika Štepánková: Zariadenia sociálnych služieb v SR 2011 [Social Service Facilities in the Slovak Republic in 2011], (Bratislava: Štatistický úrad SR, July 2012).

11 Správa o sociálnej situácii obyvateľstva Slovenskej republiky za rok 2011 [Report on the Social Situation of the Slovak Population in 2011], (Bratislava: MPSVR SR, 2012).

The next table provides a special overview of funds allocated to nursing services: [12]

Table 3

Nursing services

Zdroj	2008	2009	2010	2011
Number of citizens who receive nursing services	19,067	17,050	15,704	14,727
Number of nursing service employees	7,206	7,085	6,400	6,274
Current expenditures allocated to nursing services (rounded, mil. Eur)	26.1	26.5	26.3	*

Source: Kvetoslava Repková: Sociálne služby v kontexte sociálnej politiky [Social Services in the Context of Social Policy], (Bratislava: MPSVR SR, 2012).

In 2010, the average current per capita expenditures allocated to nursing services equalled Eur 1,675 per year or almost Eur 140 per month. The number of citizens who received nursing services in 2011 dropped by 22.8% compared to 2008.[13] Since this type of services significantly increases recipients' (especially senior citizens') quality of life and keeps them in their natural community, a legitimate question is why the total number of its recipients shows a declining trend.

It is plain to see that if we are to attain the objective that has been clearly spelled out by the UN Convention, the Europe 2020 strategy, Social Services Act and especially the National Action Plan of Deinstitutionalisation, it is absolutely necessary to develop field forms of social services that are provided within the community and encourage citizens with disabilities in unfavourable social situation to participate fully in all areas of life. It will be equally crucial for decision-makers to find the courage to focus on the new type of community-based social services and explore the ways of redirecting cash flows accordingly.

7. THE FOUNDATION IS SOLID

In November 2011, the Ministry of Labour, Social Affairs and Family approved a document entitled **Strategy of Deinstitutionalisation of Social Services and Substitute Care in the Slovak Republic.**[14] The approved deinstitutionalisation strategy is not only supposed to fill previously blank stones in the mosaic of Slovak Government's policies in the field of social services and substitute care but also to set a clear course toward adoption of inevitable changes that would facilitate attainment of the set goals. On December 14, 2011, the Ministry of Labour, Social Affairs and Family approved the **National Action Plan of Transition from Institutional to Community-Based Care in the System of Social Services for the Period of 2012 - 2015.**[15] The National Action Plan is the fundamental planning document that should help the Ministry of Labour, Social Affairs and Family carry out the deinstitutionalisation strategy.

12 Paper presented by Mária Filipová of the municipal authority in Banská Bystrica during a conference held in Bratislava in spring 2013.

13 Ibid.

14 Stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti v Slovenskej republike, (Bratislava: MPSVaR SR, 2011).

15 Národný akčný plán prechodu z inštitucionálnej na komunitnú starostlivosť v systéme sociálnych služieb na roky 2012 – 2015, (Bratislava: MPSVaR SR, 2011).

The Strategy spells out the following basic reasons in favour of transformation and deinstitutionalisation of social services:

1. *The Slovak Republic has committed itself to protecting, respecting and implementing human rights and fundamental freedoms and 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 either impossible or hardly thinkable in the environment of institution-based social services.*
2. *Regardless of the seriousness of their condition, persons with disabilities do not need to inhabit institutions. Independent life leads toward greater self-reliance and faster personality development of individuals, provided that necessary social services are fully available.*
3. *Also, circulation of persons with disabilities within majority society, their integration and inclusion very positively affects majority society in terms of ethical standards and communication. Furthermore, in the long-term perspective it makes more economic sense than living in an institution.*
4. *Persons with disabilities are full-fledged members of society and as such they have the right to live within their own community at the place of their residence and should receive the necessary support within the basic structure of educational, medical, labour and social services. Families with disabled members should receive sufficient support to be able to keep these members at home or at least within the community.*
5. *As long as it is possible, children should grow up together with their own parents in families, i.e. in an environment that is most natural for their development and satisfaction of their needs. Should parents become unable to perform their parental rights and obligations even with the support of various services and measures, it is necessary to provide an adequate substitute family environment for their children.*
6. *Committing children to an institution based on a court decision must be understood as an extreme, exceptional and temporary measure; at the same time, the substitute family environment as well as the substitute institutional solution must nurture children's relations with their biological families, unless it is completely impossible. The unfavourable effects of institutional care that applies a collective approach are described in great detail by expert literature and corroborated by relevant research.*
7. *The very fact of living in an institution with the collective system of upbringing creates new disadvantages that tend to mark people for the rest of their lives, including interference with their emotional and social development and acquisition of the feeling of passivity, helplessness, dependence and social deprivation.*
8. *Living in a purely male or a purely female environment, a non-stimulating environment, a rigorous collective system, an environment lacking privacy and independence interferes with individual's personal integrity and sound emotional development.*
9. *Employees of social service institutions focus primarily on their routine everyday chores, whereas community service workers follow a more complex job description in order to address clients' individual needs.*
10. *Community-based services that benefit from fieldworkers' familiarity of environment have a greater potential to mobilize local and regional as well as technical and human resources in order to improve the quality of provided services.*
11. *Children and their parents, persons with disabilities, and seniors should enjoy equal access to living conditions and everyday activities that are identical to those enjoyed by the rest of the population.*

The basic purpose of transforming and deinstitutionalizing Slovakia's system of social services is to create favourable conditions for **free and independent life of all citizens** who depend on society's assistance **in the natural social environment of their community** through the set of **reliable alternative services provided in public interest.**

The long-term objective of the transition from institutional to community-based social services is to **ensure availability of community-based services provided and measures adopted on the community level (i.e. to create conditions to allow people to live in their natural social environment)** and to satisfy individual needs of all social service recipients who currently inhabit social service institutions. The ultimate ambition is to close down operation of all existing social service facilities and turn all their inmates into satisfied recipients of support services provided in the comfort of their community. [16]

A number of municipalities have already begun to pay attention to developing local community-based services; their hitherto experience is extremely important, although they have often worked with different target groups. The official website of the European Social Fund features the list of individual social inclusion projects. [17]

8. IT AIN'T NECESSARILY COSTLIER

A typical reaction of employees and administrators of social service institutions to the ambition to develop community care and apply individual approach to social service clients may be summed up as follows: Sure, the goal is very noble and praiseworthy, but who is going to pay for all that? Assessment and mutual cost comparison of community-based services (CS) and institutional care (IC) is indispensable not only to grasping the modus operandi of CS but also to launching the process of deinstitutionalisation.

The main goal of this chapter was neither to quantify the cost structure of social services currently provided in Slovakia nor to demonstrate that the state budget lacked sufficient funds to implement Social Services Act. Our basic ambition was to answer the question whether provision of CS was more costly than provision of IS in the long term. While the process of deinstitutionalisation has hardly begun in Slovakia, we were lucky to rely on ample experience from abroad when answering that cardinal question. The relevance of this experience was also corroborated by the handful of examples from Slovakia.

8.1 Comparison of costs

The basic prerequisite to a meaningful cost comparison of CS and IC was to choose the correct comparison base. Of course, applicability of that base is in the eye of the beholder. For a person responsible for a regional self-government's budgetary chapter of social policy, the principal criterion is annual per capita costs. Although available experience indicates that CS should be cheaper also by this standard, this perception has its limitations as it only examines one flipside of the coin without looking at the added value of expended funds. The low cost of institutional care reflects primarily the low quality of inmates' life. For this reason, we decided to apply the criterion that takes into account the value of provided social services; in other words, we thought it was fair to compare the costs of CS and IC to ensure equal quality of social service clients' lives.

So, will community-based services be cheaper?

While the CS model allows for providing social services according to clients' individual needs, IC subjects must always provide their services in packages; in other words, a social service facility client who visits physiotherapy sessions and a pottery course must also receive services such as accommodation, boarding, security, maintenance and cleaning. If we proceed from the assumption that both CS and IC aspire to satisfy their clients' actual needs with services of identical quality, at the end of the day IC shall always provide some services that may be described as superfluous. Although large establishments may potentially make large-scale savings (e.g. food distribution, laundry, etc.), these savings are largely eliminated by providing often unnecessary services (e.g. boarding or 24-hour care). At the same time, if large establishments are required to provide custom-made services, additional overhead costs shall put the IC model in further disadvantage.

Also, a truly thorough cost comparison calls for a dynamic approach. It turns out that many clients who have

16 Stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti v Slovenskej republike [Strategy of Deinstitutionalisation of the System of Social Services and Foster Care in the Slovak Republic], (Bratislava: MPSVaR SR, 2011).

17 Please see http://www.esf.gov.sk/new/index.php?SMC=1&id=1993

been transferred from the IC model into the CS model gradually tend to reduce the scope of required services. Consequently, a client who at the beginning received services for identical costs as in the IC model may become "cheaper" over time. This is mostly the result of clients' growing independence or their reliance on community resources that are outside of the public social security system. A specific argument in favour of community service development is reconstruction and creation of new capacities, which bears extreme financial costs in the case of large-capacity social service institutions. According to an analysis that examined drawing EU structural funds in the field of social policy in recent years,[18] the unit costs of building new capacities often exceed the costs of purchasing comparable flats or even houses. Even refurbishing obsolete, energetically ineffective buildings whose dispositions are usually unsuitable for the provision of social services is often unable to reduce the institution's operating costs to the level of community-provided services.

8.2 Experience from abroad

DECLOC study

An analysis that compared the costs of community-provided and institutionally provided social services in three EU member states was carried out by a team of experts led by Jim Mansell from the University of Kent who was the prime mover behind the project[19] of abolishing hospital-based institutional care for persons with disabilities in the United Kingdom.[20]

Their study was based on the criterion adopted by the European Commission, which defined live-in social service institutions as facilities that accommodate at least 30 inmates, 80% of whom suffer from mental or physical disability. The study examined inmates with all kinds of disabilities from all age categories. The complex data of cost efficiency of provided social services were gathered for Germany, the United Kingdom and Italy.

Generalizing all gathered information and squeezing them into two simple compatible figures would be extremely irresponsible as the variability of costs is rather high; besides, the comparison must also take into account the change in the quality of output in the case of CS. Therefore, the authors of the study used the gathered data to produce the following comparison:

Table 4

Comparison of costs of provided social services

	Change upon the transfer from IC to CS		
	Costs	**Quality**	**Cost efficiency**
Low cost institutions			
Persons with minor disabilities	Equal or lower	Higher	Equal or higher
Persons with major disabilities	Higher	Higher	Equal or higher
High cost institutions			
Persons with minor disabilities	Higher	Equal or higher	Higher
Persons with major disabilities	Equal or higher	Higher	Higher

Source: DECLOC [21]

18 Radovan Ďurana – Jana Duháčková – Jakub Betinský – Barbora Burajová: Monitoring čerpania štrukturálnych fondov v sociálnej oblasti v období 2007-2011 [Monitoring of Drawing EU Structural Funds in the Field of Social Policy between 2007 and 2011], (Bratislava: INESS, 2013); available at: www.iness.sk/stranka/8058-Monitoring-cerpania-strukturalnych-fondov.html

19 Please see http://www.guardian.co.uk/society/2012/mar/16/jim-mansell

20 Jim Mansell – Martin Knapp – Julie Beadle-Brown – Jeni Beecham: Deinstitutionalisation and Community Living: Outcomes and Costs (DECLOC). A European Study, (Canterbury: Tizard Centre, University of Kent, 2007), volume 2: Main Report.

21 Ibid.

Obviously, in the case of clients with a high level of dependence on social services it would be quite unrealistic to expect savings due to the transfer from IC to CS (although it is not totally impossible). But all other types of social service institutions' clients receive packages that often include services they either don't need or can provide by themselves (e.g. preparation of meals). The authors also pointed out that decisive from the viewpoint of cost efficiency was not the quantity of services but the fact whether the provided services increased the clients' ability to perform preferred functions and activities (e.g. participating in the labour market or building social networks).

The comparison of financial costs and benefits brought the authors to the following conclusion: "There is no evidence that the model of community-based services would be essentially more expensive than the institutional one, as long as the comparison takes into account the clients' compatible needs and compatible quality of care."[22]

The study does not merely focus on the comparison of financial costs but examines also the process of transferring clients from IC to CS and requirements that are indispensable to the success of similar projects.

USA

Motto: Close the front door.

The variability of deinstitutionalisation rate in individual states of the United States is quite significant. While 11 federal states are completely free of large state-run institutions, a majority of them continue to operate large-capacity facilities; however, the overall number of their clients shows a steady decline.[23] According to available information supplied by the National Council on Disability, community-provided services are three-to-five times cheaper than institutional care.[24] One of the states that managed to close down all state-run institutions is Oregon whose territory is ten times bigger than that of Slovakia yet its population is only 3.9 million. Although 40% of people are scattered throughout the state's vast highlands, state authorities between 2001 and 2011 managed to turn 7,000 social service institutions' clients into recipients of community-based services. A publication that examined the cost efficiency of CS compared to IC[25] described the following reasons why transfers of clients from IC to CS produced savings:

- *Provision of social services by institutions is subject to many regulations that tend to increase investments into clients' accommodation as well as institutions' operating costs;*
- *It turned out that a successful transfer of clients from IC to CS leads to a gradual decline in the overall scope of required services;*
- *Wage costs of institutions' employees are higher than those of community fieldworkers.*

Experience from Slovakia

Transformation process of Slatinka, a home of social services near the town of Lučenec, is described in greater detail in section First achievements including a comparison of cost efficiency between providing community-based services (supported housing) and institutional care. The available data on cost efficiency cannot be viewed as "objective" for a number of reasons, including unreliable accounting standards and austere budgetary measures due to global economic crisis; nevertheless, the high difference between monthly per capita operating costs of supported housing (approximately Eur 460) and institutional care (over Eur 1,000) can be viewed as a sufficient proof. At the same time, the project practically demonstrated that dividing up clients of one large-capacity establishment among several smaller facilities does not increase per capita operating costs.

These conclusions may also be corroborated by the project of supported housing carried out by Support Service Agency, a non-profit organisation based in Žilina (this case is also briefly described in the First achievements section) whose monthly per capita operating costs do not exceed Eur 500.

In Slovakia, a quantitative comparison of economic data usually encounters one fundamental problem, which is

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22 Ibid, page 102.

23 Please see http://www.ncd.gov/publications/2012/DIToolkit/Institutions/inDetail/

24 The Costs of Deinstitutionalisation, (Washington, D.C.: National Council on Disability, 2009); available at: http://www.ncd.gov/publications/2012/DIToolkit/Costs/inDetail/

25 Please see http://www.ncd.gov/publications/2012/DIToolkit/Cases/inDetail/

low reliability of available data. It is a direct result of the general lack of funds and the absence of real prices or quality standards applied to the provided services. The wage costs are kept at very low levels, mostly because homes of social services (DSS) are often sole local employers in regions plagued by high unemployment. The capital expenditures (i.e. maintenance and renovation costs) are often undervalued as many DSS buildings await reconstruction that is long overdue. For all these reasons, actual operating costs of most DSS are significantly higher than their ledgers currently show.

Transformation criteria in the Czech Republic

The Czech Republic had embarked on the process of transforming large social service institutions even before the Slovak Government adopted its own deinstitutionalisation strategy. During the current programming period, a number of Czech regions launched the extensive transformation project. Already in 2009, the Czech Ministry of Labour and Social Affairs released a publication entitled Criteria of Transformation, Humanisation and Deinstitutionalisation of Select Social Care Services.[26] The document features concrete information on the measurable criteria transition projects must comply with in order for project costs to be refinanced from the state budget. We decided to cite the document in order to illustrate the methodology and details but especially justified costs of transition from institutional to community-based social services. The hitherto Czech experience with introducing deinstitutionalisation may well serve an example worth following for Slovakia, especially with respect to our mutual historical and cultural background.

The households participating in the program can have one or two users; the number of such households must not exceed four per apartment house (i.e. maximum of eight clients per house). A special category represents a shared household with the maximum of six users (i.e. maximum of 10 clients per house). The following table features select technical and financial criteria Czech transition projects had to comply with.

Table 5

Allowed costs of deinstitutionalisation

Criterion	Limit values for households
Maximum floor space per household (1-2 users)	35 m2
Minimum room size per client/minimum room size per two-member households	12 m2 / 20 m2
Maximum allowed costs of construction or refurbishing per square metre of floor space	EUR 1,000
Maximum value of land	10% of total project costs
Maximum costs of increasing technical value per square metre of floor space	EUR 440
Extra allowance for clients confined to wheelchair/bed	20%
Maximum costs of lift construction/reconstruction	EUR 84,000
Maximum costs of building barrier-free access per square metre of external space	EUR 508
Maximum construction price of parking area	EUR 104/m2
Maximum costs of project preparation and administration (including technical documentation)	10% of total project costs
Maximum costs of household furnishings per client in one member/two-member households	EUR 1,400/1,000
Maximum costs of the project's external management	1-3%

Note: The amounts in the table are VAT excluded. They have been calculated using the exchange rate of 25 CZK/EUR. The amounts are illustrative due to different price levels throughout the Czech Republic.

Source: Kritéria transformace, humanizace a deinstitucionalizace vybraných služeb sociální péče

26 Kritéria transformace, humanizace a deinstitucionalizace vybraných služeb sociální péče [Criteria of Transformation, Humanisation and Deinstitutionalisation of Select Social Care Services], Annex No. 1b, (Prague: MPSV ČR, 2009); available at: http://www.mpsv.cz/files/clanky/7059/Doporuceny_postup_3_2009.pdf

The actual costs may exceed the stipulated cost limits; however, in that case they cannot be financed from the operational program. One should note that investment regulations are extremely particular, which may invite a question whether they are not hampering implementation of projects (e.g. minimum administration costs). Hard-and-fast limits have been set with respect to particular construction works and their percentage of total project costs. For instance, the costs of heating must not exceed 12%; the price of plastic windows must not exceed 5.5% in the case of refurbished houses but may reach up to 9% in the case of flats with separate heating and 10% in the case of flats with central heating. It seems worth a discussion whether it would not be better to stipulate gross limits with real estate price indices.

Besides the financial criteria, the following rules are being enforced:

- *The overall number of supported clients must not exceed 8% of the municipality's total population; the clients should not be concentrated into a single street or block.*
- *Households are viewed as part of the municipality's housing development; they must have separate entrances from a public service road (i.e. accessing them must not depend on a joint entrance).*
- *Abandoning the original premises of a deinstitutionalized establishment makes its management eligible to special expenses related to acquiring new office space.*

8.3 Risks of transformation to community-based services

The transition from institutional care to community-based services is a lengthy and challenging process, which is likely to take several decades in Slovakia. Naturally, it depends on managing a whole range of different measures and creating the necessary favourable conditions. The key to eventual success shall be enthusiasm and mutual cooperation of all parties involved, pooling of adequate human capital, optimum coordination of social and health care services and setting a viable model of financing the transition. Based on hitherto domestic and foreign experience, it is possible to identify the following requirements and risks of successful financing of the deinstitutionalisation process:

- *All available funds should remain within the system of social services (i.e. the savings generated by reducing the costs of providing for low-support clients should be channelled to finance services provided to high-support clients);*
- *The model of financing should be gradually transformed to support clients, as opposed to institutions;*
- *Decision-making on fund allocation should be as decentralized as possible;*
- *Since the transformation is a long-term process, it should have its own medium-term budget (spanning at least 3-5 years); transparency of future costs is the basic precondition to successful completion of the process;*
- *Drafting the budget should begin by exact evaluation of envisaged costs and identification of available resources;*
- *The budget must identify the funds for temporary dual financing of old (i.e. decommissioned) as well as new (i.e. emerging) facilities.*

9. HOW TO DO IT

According to Prosci Inc., an organisation that specializes in change management research,[27] the process of implementing the change comprises three basic steps:

27 Change Management Toolkit, (Loveland: Prosci, 2012).

1. **Preparation for the change:**

   This stage includes defining the implementation strategy, building a team, and raising funds.

2. **Management of the change:**

   This stage includes creating a plan and implementing it.

3. **Consolidation of the change:**

   This stage includes gathering information, analyzing results, identifying weak and trouble spots, implementing remedy measures, evaluation, and appreciation of merits.

All those who are interested in changing the basic paradigm of social services must accept that the gist of the transformation is transition from social service institutions that work with collective entities toward providing individualized assistance. The latter is based on understanding and careful listening to every human being, an approach typical for person-centred planning or – in our conditions – individual planning that both view recipients of social services as **active partners.** Their notions of their own future serve as the basis of an action plan whose implementation shall involve not only social fieldworkers but also relatives, friends, neighbours and other members of the community. The action plan shall define responsibilities of all involved actors whose performance shall be regularly evaluated.

Most aspects of social services as we know them today are bound to change, which requires thorough preparation on the part of social service administrators, operators, providers and recipients as well as the community; it should be worth considering specific education and training courses for members of all groups involved.

For inmates of social service institutions, preparation for the transfer into their natural environment shall require practicing vital skills. For many recipients of social services it will be important to overcome the fear of uncertainty and to set the adequate scope of community support in the new conditions. A crucial stage will be moving clients out of facilities into their new homes and terminating accommodation services; at this stage, social services shall be separated from accommodation, activating individualized assistance that shall closely cooperate with clients in order to minimize potential risks.

As time goes by, the scope of provided assistance is likely to be reduced and gradually replaced by currently dormant resources of local communities. At the same time, social service recipients shall develop their independence while increasing their satisfaction with their own lives. This shall help attain the main purpose of deinstitutionalisation – **improving the quality of people's lives.**

There are a number of survey reports and analyses that map out and evaluate the existing quality of social services and propose the principles and methods of improving it.

The European study on deinstitutionalisation and community living[28] points out that providing assistance to persons with disabilities, which should allow them to become equal members of the community is based primarily on implementation of their human rights.

This approach may be characterized by the following hallmarks:

- *Accommodation is separated from support services (i.e. those who need assistance do not have to move or commute to social service providers but are free to live where it suits them);*
- *The principle of equal treatment applies (i.e. even people who need social services in their lives have the right to housing, work, family or leisure time);*
- *The principle of free choice and control over one's own life is fully respected (i.e. people with disabilities deserve the kind of assistance that fully respects their choice and decisions or are encouraged in decision-making that fully respects their needs and preferences).*

28 Jim Mansell – Martin Knapp – Julie Beadle-Brown – Jeni Beecham: Deinstitutionalisation and Community Living: Outcomes and Costs (DECLOC). A European Study, (Canterbury: Tizard Centre, University of Kent, 2007), volume 1: Executive Summary.

The report sums up important experience from EU member states that have carried out deinstitutionalisation of social services, describing the following basic prerequisites to its successful implementation in other countries:

- *Coordination of different subjects involved in the deinstitutionalisation process is necessary.*
- *Individual participants must be prepared to accept new challenges.*
- *The pace of the change depends on dissatisfaction with accommodation services.*
- *Involvement of social service recipients into the process of changing and developing social services is inevitable.*

The report also features guiding tenets and useful advice aimed at supporting the creation of an effective system of community-based social services:

- *People with disabilities receive the greatest support from their family members, neighbours and friends; for the time being, society fails to acknowledge this support.*
- *If the family fails to cope with the situation, its role is replaced by pure professionals, which is an economically challenging task.*
- *All the different needs of people with disabilities can hardly be satisfied by a single social service institution. It is more effective to provide social services within the community that disposes of available networks and public resources (e.g. healthcare, education, employment, transport, leisure and cultural activities, etc.).*
- *It is important to introduce a multi-source model of financing social services.*
- *The complexity of social service systems hampers their transformation.*

Since the transition from institutional to community-based social services is rather challenging and each country has its own specifics, it is necessary to exchange experience and try to learn from other countries' mistakes. In March 2013, the Czech Republic completed its national project of transformation of social services; the project's official website continues to feature a great number of interesting information.[29]

The European Union has also issued a handbook aimed at facilitating the transformation of institutional care into community-based services.[30] The guidelines are based on European and international experience and have been formulated in cooperation with leading European networks representing children, persons with disabilities, organisations supporting persons with mental disorders, families, seniors, and service providers from both public and non-profit sectors. The document features recommendations for politicians and decision-makers on the national, regional and local level to be used during planning and implementing the transformation of institutional care and related services as well as during the process of integrating children, adults and seniors who need social services. A number of studies[31] have supplied enough evidence that institutional care always achieves worse results than community-based services and often leads to lifelong social exclusion and segregation. That is why institutionalisation is widely considered a harmful strategy that violates human rights.

An expert group established by the European Commission released a publication, providing guidelines to public institutions that wish to design programs of transforming social services from institutional to community-based care and finance them from EU structural funds during the programming period of 2014 – 2020.[32]

The deliberate channelling of EU structural funds to transition from institutional care to community-based services is supported by many provisions that form part of the proposed legislative package to be adopted in the field of EU cohesion policy between 2014 and 2020. For the next programming period, the EU **recommends**

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29 Please see www.trass.cz

30 Common European Guidelines for the Transition from Institutional to Community-Based Care, 2013; available at: http://deinstitutionalisationguide.eu

31 Jim Mansell – Martin Knapp – Julie Beadle-Brown – Jeni Beecham: Deinstitutionalisation and Community Living: Outcomes and Costs (DECLOC). A European Study, (Canterbury: Tizard Centre, University of Kent, 2007), volume 1: Executive Summary.

32 Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-Based Care, 2013; available at: http://deinstitutionalisationguide.eu/wp-content/uploads/2013/02/Toolkit_Czech-version_EDITED.pdf

33 Radovan Ďurana – Jana Duháčková – Jakub Betinský – Barbora Burajová: Monitoring čerpania štrukturálnych fondov v sociálnej oblasti v období 2007-2011 [Monitoring of Drawing EU Structural Funds in the Field of Social Policy between 2007 and 2011], (Bratislava: INESS, 2013); available

to pass a moratorium on construction of new institutions that should include imposing an embargo to allocation of all public funds to such purposes. We consider this an important decision especially because too much funds have been invested into refurbishing buildings during the current programming period, much at the expense of improving the lives of their residents. As far as social service institutions go, we are referring primarily to the costly projects of increasing the capacity of existing facilities and building new ones while their clients' isolation from their natural communities lingers on (for further information, please see Monitoring of Drawing EU Structural Funds in the Field of Social Policy between 2007 and 2011).

In the document, the expert group defined several binding indicators for public administration officials responsible for drafting program manuals; if these indicators are observed, EU member states shall not support institutional care but encourage development of community-based services: [34]

Output indicators of the European Fund of Regional Development (EFRD) for the next programming period that are relevant to all groups of social service recipients:

- *Number of independent housing units in a community;*
- *Number of supported housing units in a community;*
- *Number of new or refurbished buildings that provide community-based services;*
- *Reducing the capacity of social service institutions;*
- *Number of decommissioned social service institutions;*
- *Number of adjustments made to regular services;*
- *Number of adjustments carried out in households;*

Output indicators of the European Social Fund (ESF) for the next programming period that are relevant to all groups of social service recipients:

- *Number of individual evaluations performed;*
- *Number of individual assistance plans elaborated and implemented;*
- *Number of individual transition programs elaborated and implemented;*
- *Number of individuals discharged from institutional care;*
- *Number of individuals who enjoy access to community-based services;*
- *Number of newly-introduced community-based services;*
- *Number of newly-introduced regular services (i.e. number of inclusive classes, barrier-free buses, etc.);*
- *Number of community-based services currently supported;*
- *Number of decommissioned social service institutions;*
- *Number of employees who have been trained or retrained and transferred to job positions in the field of community or regular services;*
- *Number of activities aimed at getting social service recipients involved in the process of planning, implementing and evaluating provided social services;*
- *Number of educational activities aimed at combating stigmatisation and prejudices;*
- *Number of persons with disabilities who work part-time or full-time on the open labour market;*
- *Number of persons with disabilities who have received training.*

In order to measure the impact of all activities supported from the ESF and the EFRR on the quality of social services and of their recipients' lives, it will be important to introduce a specific quality framework. Public authorities shall be responsible for the definition of measurable goals and shall submit regular reports on the progress in the field of developing community-based services.

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34 Please see http://deinstitutionalisationguide.eu/wp-content/uploads/2013/02/Toolkit_Czech-version_EDITED.pdf

10. PLENTY OF WORK AHEAD

Slovakia has prepared a national project called Supporting the Process of Deinstitutionalisation and Transformation of the Social Service System.[35] The basic goal of the project is to pilot-test the transition from institutional to community-based care in select social service establishments around the country. The funds earmarked for the project must be drawn and spent within a rather short period of time, which may well negatively affect its quality. Regardless of the project, though, the country needs to pay attention to the following areas that continue to show significant reserves.

Responsibility of municipalities for their inhabitants

It is crucial that towns and villages accept principal responsibility for providing social services to all members of local communities who depend on them. In the field of developing community-based services, it is necessary to build networks of social fieldworkers in towns and villages that will form the backbone of community-based services. Hand in hand with development of individual plans, it will be vital to target social services on clients' specific needs while regularly evaluating their effectiveness and efficiency in attaining the desired goals. That is an important prerequisite to providing adequate assistance that will help increase the quality of life of all citizens who need social services.

Centres of early intervention

Slovakia continues to lack an effective network of early intervention centres that would be able to provide vital information to children with disabilities and their parents in order to further the concept of children living in their families and help the parents stimulate proper development of their disabled children. Such centres should operate in all major towns, at least in all regional capitals.

Personal assistance

Personal assistance is an important tool of supporting independent housing of people with disabilities. The hitherto experience with decision-making on this form of compensation is rather negative as the role of doctors in the process is overrated at the expense of social workers at local offices of labour, social affairs and family.

Technical aids and support technologies

The range and availability of products designed to enable or facilitate the performance of certain specific operations at home or improve the safety of social service recipients is already high and continues to increase. Best examples of such products include augmentative communication devices, speech distinction software, personal alarm systems for emergency situations, and of course wheelchairs and crotches that are vital for disabled people's mobility and active contact with the community. Specialized advisory bureaux for particular types of disabilities operate well-developed networks of regional branches that are very active in terms of counselling and lending medical aids.

Networks of specialized counselling

An alternative option is to develop specialized counselling networks that would seek optimum solutions to family crisis situations in cooperation with families and communities; local community fieldworkers would be instrumental in carrying out these solutions in practice.

Centres of social rehabilitation

The centres of social rehabilitation could also support development of skills and independent decision-making of people with disabilities within their communities; unfortunately, these centres are rather sporadic for the time being.

Available housing

Most people with disabilities as well as elderly people view financially available, barrier-free, integrated and safe housing as extremely vital. Therefore, it is important to adopt measures aimed at improving their access to social

35 Please see http://www.fsr.gov.sk/sk/vyzvy/op-zasi-fsr-20122.102

housing and increasing the overall number of universally designed flats or houses within the system of available housing. The term of "universal design" stands for products, equipment, programs and services that may be used by the largest possible scope of persons without the need to alter or amend their design.

Supported and independent housing

The currently existing homes of social services should be gradually replaced by agencies that implement supported housing projects and provide independent housing services; the scope of provided assistance depends on individual users' achieved degree of independence.

Agencies of supported employment

Agencies of supported employment should help persons in unfavourable social situation succeed on the open labour market at the place of their residence or not too far from it.

Education

The desired change shall require mobilisation of all available community resources and, consequently, changed attitudes on the part of social service fieldworkers as well as ordinary citizens. The area of education shall therefore be vital to the eventual success of social service transformation.

These are but a few and briefly described areas and directions in which community-based services should develop. It will be important to create an environment that will view citizens in unfavourable social situation as partners, respect their rights, encourage their freedom to make decisions and take responsibility for them, and provide adequate assistance to them. This concept may perhaps seem too general to begin with; however, if we imagine a concrete person behind it, his or her way of life, needs, capacities and opportunities, we shall suddenly see a much clearer picture to be able to unravel the bundle of problems and seek an optimum solution for each individual. It is vital to place greater emphasis on inclusive education in regular schools and community facilities (e.g. primary art schools and leisure-time centres) that are currently inaccessible for children with disabilities. It shall be crucial to support all those individuals and institutions that are willing to embrace the new approach and make them good practice examples for others to follow.

11. FIRST ACHIEVEMENTS

Most legislative and expert studies provide a lot of useful information. But sometimes a good practice example speaks more than dozens of pages of a theoretical treatise. That is why we decided to include into this report concrete experience of one community social service provider and a brief case study of decommissioning one large-capacity social service institution in Slovakia.

11.1 Support Service Agency from Žilina

This non-profit organisation launched its activities on February 1, 2003; it focuses on providing community-based services in the field of supported housing to mentally disabled people based on the principles of community fieldwork and person-centred planning. Its emergence was initiated by the disabled people themselves who received support from the Country of Harmony Foundation in cooperation with the Žilina town hall. Originally, the Agency opened two flats (three persons each) whose mentally disabled tenants were free to obtain and practice important social skills. During the first decade of its existence, the Agency served 15 persons with disabilities.

Since the Agency ranks among subjects with the longest history of providing community-based services in Slovakia, it serves a good opportunity to analyze development of monthly per capita costs, which include wage costs of two social fieldworkers, the manager's half-time contract and operating costs of two social flats. Although these costs show moderate year-on-year fluctuations, in the long term they are consistently below real average current per capita costs of DSS clients.

Table 6

Average monthly per capita costs

Year	Average number of clients	Average monthly costs per client (SKK; EUR)	Share of costs covered from regional self-government's budget (%)
2003 (since February 1)	5	8,208 SKK	75%
2004	5.3	9,417 SKK	79%
2005	5	10,604 SKK	75%
2006	5.3	9,675S KK	78%
2007	5.8	8,834 SKK	69%
2008	4.8	11,353 SKK	72%
2009	4.2	EUR 327	80%
2010	4.6	EUR 368	59%
2012	4.75	EUR 487	85%

Source: Support Service Agency

The most important for supported flat tenants was to learn to make independent decisions on who they want to live with and how, to manage their own money, and to organise their time. Nowadays, each of the tenants wants to have a job and to learn to prepare new meals; each of them has an individual development plan, which determines his or her activities that differ from one tenant to another. Each door in each flat leads to a different person, opens a different story, and reveals a different dream they strive to pursue together with their support group. We offer you some of their stories; their names have been changed for reasons of privacy protection.

Adam joined the supported housing project in 2003 after he had left one home of social services. He never knew his parents and spent his entire life in various institutions. Although he entered an unfamiliar and uncertain environment that expected him to accept a major part of responsibility

for his own life, he never regretted his decision. Besides coping with everyday housekeeping chores and hygiene habits he has learned to manage his money, a task previously performed by DSS employees. At the beginning it was difficult for him to accept a different opinion but he gradually learned to coexist with others. After some time he was able to identify his own priorities – to have a job and his own flat – and began to pursue them. Although both of his dreams seemed unattainable he managed to materialize each of them. The Agency first helped him to find a temporary job; today, Adam has a steady job as animal caretaker at a leisure-time centre. In January 2007 he was allotted a municipal rented flat and he has regularly paid the rent and related expenses ever since. Although he stays in touch with the Agency, he only seeks assistance in critical situations, for instance if his job is at stake or if he has problems repaying a bank loan. He has made friends among his colleagues at work and likes to stop for a beer or pizza with them. He values his privacy and lives his life independently in line with his preferences.

Linda had a troubled childhood. After her mother had died, she was committed by authorities to a special boarding school along with her siblings. Later she became a client of one home of social services (DSS). She left at the end of 2008 after DSS officials had suggested she should try the supported housing project, arguing there were no other inmates in her age category. Today she has a steady job helping seniors in an old folks' home. She has forgiven her father who harmed her when she was a child; she visits him on Christmas and sometimes on weekends. She has found new friends and learns to be independent in areas she never had a chance to; for instance, she is gradually accepting responsibility for her own health and visits her dentist or general practitioner for preventive checkups. Linda also works hard on her time management skills, marking all of her meetings, medical checkups and holidays in a personal organiser. She gradually takes responsibility for managing her own finances; it is not easy as she loves to shop for herself as well as for others. She dreams of moving out to a place of her own, perhaps with a boyfriend, but she wants to work on her self-confidence first. Since she knows she is easy to influence, she began to take assertiveness lessons where she learns to put her foot down.

Ivan decided to try independent life in the supported housing project against his father's wishes. First he participated in various activities pursued by his friends from one of the supported flats and later he moved in with them. He was always very independent when it came to financial management; he was not much interested in cooking but he gradually tried all sorts of things. The Agency helped him to find a job and he gradually found out he could manage most things by himself. Four months later he returned home, much to his mother's satisfaction as he offered to chip in to cover the rent, made his own breakfast and lent his hand to housekeeping chores. He has attended several projects abroad where he presented information on Slovakia's history, life and institutions, which happens to be his great hobby. Ivan is a case in point that disabled people often need to test their skills before they set on their own path toward recognition in spite of prejudice and protectionism.

Dušan joined the supported housing project straight from home. He had worked as a courier before he moved in but he had never lived by himself. He began to learn to do shopping, cooking and laundry, i.e. all the chores his mother used to do for him. He proved himself as very skilled and diligent. His parents were very supportive at first but they soon found it difficult to survive without his financial contribution and they made him return home after six months. Showing full respect for his decision, the Agency helped him to move back with his family. He remains a regular in his old supported flat where he keeps several friends.

Elvír also left his family before he moved in one of the supported flats. His parents took him for a small boy and could not imagine he would be able to do his own laundry, prepare his own meal or keep his own room tidy. It was not always easy but he gradually learned to cope with all his chores, taking care of himself, the flat, his food, and his job. Elvír has found a steady job as a cleaning man and occasionally pastes up posters for cultural events in the town. He keeps many friends and leads a copious social life, with his hobbies ranging from sports to theatre. Several years ago he lost his father and after some time he also had to bury his seriously ill mother. Today he lives in a single-room municipal flat and pays rent on time. He is saving money as he wants to buy the flat at some point. He keeps in close touch with his brothers who support his independent lifestyle.

So far, the Agency has helped 15 disabled people start a brand new life; it may not be free of troubles and sorrows yet it is life in which everyone is free to choose their paths, make their decisions and pursue their dreams. They did not seek luxury and pampering when they chose to live in supported flats; they came in search of identity, privacy, acceptance and assistance in whatever they cannot cope with themselves. Today they keep the keys from their own place, keep their place in the community and keep looking forward to new challenges.

11.2 Transformation of DSS Slatinka in Lučenec

The home of social services Slatinka (DSS), was originally based in a neo-gothic castle built in 1856 and a younger training house. Both edifices form the premises with the area of approximately four hectares. DSS Slatinka opened its gates in 1951; it was one of the oldest institutions of its kind in Slovakia. In early stages it was inhabited by 97 inmates; by 2006 when authorities began to discuss its potential transformation, their number declined to 68. During the 1980s and 1990s, DSS Slatinka was gradually reformed and currently it provides social services to 51 citizens with various disabilities whose age ranges from infants to adults.

Social services are currently provided in four objects. During transformation of the original institution – a castle that lies five kilometres away from the town of Lučenec – 34 former clients of DSS Slatinka have been moved into smaller facilities that are directly in Lučenec.

The first six clients of DSS Slatinka were transferred from the castle to a supported housing facility (SHF) in 2008. The facility is based in a family house in downtown Lučenec, which was refurbished in 2011 to incorporate three separate studio flats in the attic. The studios are currently inhabited by 10 former clients of DSS Slatinka who very quickly and smoothly adapted themselves to a new, significantly more independent lifestyle. The SHF currently provides care only during daytime, which is an essential progress compared to the 24-7 surveillance at DSS Slatinka.

Further nine clients were moved to another new facility in the town in 2010. For the time being, the facility provides the same scope of social services as DSS Slatinka; however, since the condition of local clients has shown significant progress – apparently due to exposition to natural social environment – it is quite possible that as early as in 2013 the facility might shift to a less-intense SHF model and gradually increase its clients' self-reliance.

In 2012, further 15 clients were transferred from the castle into a larger family villa located in greater downtown of Lučenec; they receive permanent care.

In November 2012, the castle closed its gates for good – at least for disabled people. The last 17 of the institution's former clients continue to inhabit a family house in Dolná Slatinka near the castle. These clients need intense care as they are confined to wheelchairs. Both the administrator and the management of the DSS are planning to transfer these clients from the outskirts of Lučenec into a small home of social services that will be part of the local community.

As of today, DSS Slatinka administers one SHF and three facilities that may be described as small DSS with 24-hour institutional care. One of these facilities has already launched the process of transformation into a SHF with limited care.

Transformation of DSS Slatinka was not based on a thoroughly prepared schedule or viability analyses. There was no financial model to refer to, which was particularly painful during the temporary dual operation of small-capacity homes to which DSS clients were gradually transferred. The transformation project lacked the resources to cover the wage costs of temporarily increased workforce, supervision, etc. The costs of particular services or per capita costs were not precisely quantified in early stages of transformation; the information on adjusted per capita costs of CS and IC between 2008 and 2010 should therefore be viewed as tentative. The data for 2011 and 2012 are part of a relevant cost efficiency comparison between CS and IC. **The costs of SHF continue to form part of DSS Slatinka's budget.** Also, the amount of costs clearly reflects the administrator's budgetary cuts due to global economic crisis as well as systematic undervaluing of provided services' financing. The following table specifies per capita as well as operating costs of DSS Slatinka in particular years of transformation.

Table 7

Progress chart of DSS Slatinka transformation

Year	Stage of transformation	Average monthly per capita costs (EUR)	Total annual operating costs (EUR)	Note
2008	Castle (56 clients) Supported hausing facility (SHF) at Sládkovičova (6 clients –opened in November)	953.31	635,919	
2009	Castle (50/48 clients due to reducing capacity from 50 to 48) SHF at Sládkovičova (6 clients)	1065.63	690,529	DSS accounting did not separately record operating costs at SHF.
2010	Castle (39 clients) DSS at Dr.Vodu (9 clients) SHF at Sládkovičova (6 clients)	928.06	601,387	DSS accounting did not separately record operating costs at SHF. The decline in costs was mostly due to "crisis" budgetary measures.
2011	Castle (39 clients) DSS at Dr. Vodu (9 clients) SHF at Sládkovičova (6 clients)	SHF 446.98	559,628	Per capita and operating costs at SHF recorded separately.
		Castle including small-capacity DSS 937.04		
2012	Castle (24/17) DSS at Dr. Vodu (9 clients) DSS at D.Matejovie (15 clients) SHF at Sládkovičova (10 clients) (Total capacity had been reduced to 41 clients)	ZPB 316.86	623,141	Per capita and operating costs at SHF recorded separately.
		Castle including small-capacity DSS 1037.01		Castle decommissioned in November 2012

Source: DSS Slatinka

The overview of total expenditures of DSS Slatinka does not include capital expenditures on refurbishing and adjustment four smaller homes since they were the property of DSS administrator, namely Banská Bystrica regional self-government. The costs of refurbishing and necessary adjustments of all four facilities totalled Eur 176,625.65.

But transformation changes at DSS Slatinka are not limited to transferring clients of the large-capacity institution into smaller facilities. The main purpose of the transformation process is to change the very nature of provided social services and make the transition from an institution that isolates persons with disabilities behind its walls and makes them depend on its services into a true service that helps human beings identify and achieve their potential and allows them to live a life that is as close to normal as possible.

"At our facility, collective work with clients has been replaced by individual work," said Denisa Nincová, manager of the transformed facility. "Each client has an individual plan of personality development along with a contact person. The relation between clients and employees is based on partnership, i.e. we create conditions for persons with disabilities to live their lives according to their ambitions, with the support from those who understand them, trust them and let them establish their own personal limits. We merely accompany and assist them on this journey."

The basic chores of inmates include tidying up their rooms, laundering and ironing their personal clothes, preparing meals, shopping but also some labour activities. The employees of supported housing facilities assist them but simultaneously encourage them to be as independent as possible. It is interesting that inmates who used to go to town strictly escorted in a group are today free to do the shopping on their own and some of them even go to work. An important part of creating a new lifestyle for the clients of transformed establishments is furthering their integration into the local community through scouting available jobs; for instance, Miňa and Angelika work as cleaning ladies while Lacko and Rasťo work as grooms at a nearby horse farm. It is equally important to help the clients seize opportunities offered by the town and establish contacts with people outside the facility.

According to Nincová, the greatest stumbling block to transformation was employees who were unable to grasp the concept of inmates leading a different life and feared losing their jobs. That is why this particular deinstitutionalisation project included a great number of retraining courses for employees, including educational visits abroad during which they could see with their own eyes that there is an alternative to keeping people locked behind bars.

Although clients' living conditions have improved essentially compared to their time at the castle, DSS Slatinka has merely embarked on the journey from institutional care to community-based social services. Now the real challenges lay ahead, for instance negotiating with town hall officials about new housing possibilities for those clients who do not need intense social care, lobbying local employers to help include the clients into the local labour market, or hiring collaborators and volunteers who will help the clients connect with the town's cultural and social life.

Here are some DSS Slatinka inmates' views of the deinstitutionalisation process:

- *"My life has changed, I am freer now," said Angelika, a 41-year-old woman who spent more than 30 years within the institutional system of social services. "At the institution I was locked up every day, all day long. The employees feared so much for us they wouldn't let us go anywhere by ourselves." Angelika admits that she was anxious about her transfer into the SHF facility. Her life at the institution had been safe; she didn't know any other life or what to expect next. But she very quickly found her footing in the new environment and smoothly learned to cope with all obligations that are a natural part of independent life. Today, Angelika openly says she would never return to a home of social services again. Her life today does not even begin to compare with her life at the institution. Of course, she has more work taking care of herself but the bottom line is that she enjoys doing it. Angelika has had several job experiences as having a gainful income means a lot to her. She does not currently have a steady job but dreams of finding a new one and leading an independent life with her boyfriend.*

- *Back in the castle, Laci's job was to sweep floors; Monday through Friday, he swept one of the castle's long corridors. Now a SHF client, he leads a different, much richer life. He has learned to take care of himself and he even provides for his girlfriend, Miňa; he shares the room with her and dreams of marrying her one day. Laci likes to do shopping and wander around town. He is very friendly and easily connects with new people. When asked to describe his life at the castle, he answers he does not remember and changes the subject.*

- *"I was bored at the sanatorium; we were not allowed to go anywhere," said Monika when asked to describe her past experience with life at the castle. "I wish my friends who remained there could lead a different life. The guardians forbade them to visit me here and I am not allowed to visit them. Sometimes they even get angry when I called them on the phone." Monika arrived to SHF from an environment where she had been overly protected. She got used to the philosophy of supported housing very quickly as she does not have a problem taking care of herself. She is practicing knowledge and skills she acquired at school. Monika was trained as a kitchen girl and hopes to work as a cook; for the time being, though, she is learning to tame her temper and cope with her moodiness in order to be able to keep her job and maintain friendly relations with colleagues. Luckily, Monika's parents support her a lot. She has also found a boyfriend with whom she is planning out her future life.*

» *"I don't have a CV; I have spent my entire life in institutions. My life is beginning just now," said Bohuš, a new client of SHF upon his check-in as we inquired about his previous life.*

The deinstitutionalisation process of DSS Slatinka continues. Meanwhile, the town hall began to advertise the sale of the historical castle in hopes that the new owner would find a more appropriate purpose for it.

12. HOW SHALL WE KNOW WE ARE ON THE RIGHT TRACK

The chapter on community-based social services features several basic prerequisites to smooth functioning of social services within a community. In order to monitor and evaluate the course of deinstitutionalisation process, we have defined qualitative as well as quantitative measurable success criteria for all those involved in the process. The main reason is that as soon as the transition from institutional care to community-based services loses the sight of the principal objective – improving the quality of people's lives – the entire process may easily degenerate into moving from large institutions to smaller facilities without changing the character of provided social services. Of course, that would cause an irreparable damage, which is why we have formulated the following criteria to be used as success indicators by all those involved in the process. Not only may they serve as the handbook to outlining deinstitutionalisation projects but also as the tool of evaluating their overall success.

Table 8

Criteria to measure successfulness of deinstitualisation process

Participants in deinstitutionalisation process	Number	Qualitative success criteria	Quantitative success criteria
Citizens - social service recipients	1.	Upon leaving the institution, clients share a common household with not more than five to seven other people who need social services. Household inhabitants need not to move to receive social services as they are delivered at their place of residence.	80% of inmates of selected ZSS live in supported households and receive community-based social services.
	2.	The scope of inevitable assistance has been defined for each social service recipient (i.e. lists of activities for the purpose of personal assistance).	75% of inmates of selected ZSS receive training aimed at supporting smooth reception of new type of social services at the place of their choice.
	3.	Social service recipients are free to pursue regular out-of-household activities (e.g. studies, work, leisure time, social relations, etc.).	The share of social service recipients who pursue out-of-household activities shows an increasing trend.
	4.	Social service recipients are encouraged to maintain regular contacts with other people (e.g. friends, relatives, colleagues, neighbours, etc.).	The share of social service recipients who maintain regular contacts with outsiders shows an increasing trend.
	5.	Individual plans of all social service recipients are evaluated and adjusted at least twice a year to comply with their actual and developing needs.	Within two years of introducing the new type of community-based services, the total number of clients with reduced or declining need for intense social care increases. The share of non-professional assistance increases as well.

Employees of social service establishments (ZSS)	6.	Employees of social service establishments have embraced the new approach to social service recipients and actively master new methods of social fieldwork.	All employees of social service establishments who have embraced the philosophy of deinstitutionalization have received training aimed at providing new forms of community-based services in the total volume of 50 – 150 hours.
	7.	All employees of social service establishments who are in direct contact with social service recipients are assigned a personalized plan of further education and work under close supervision.	The overall number of operational employees of social service establishments has dropped by 50%.
Management of social service establishments	8.	Social service establishments provide team support to each individual in concrete areas according to individual plans.	The deinstitutionalisation plan as well as support services are regularly evaluated and updated during team member meetings and other activities (i.e. recommendations, visits, consultations, etc.).
	9.	Social services are provided through a set of independent households and support service facilities scattered across the local community.	The annual costs of community-based services do not exceed the five-year average of the costs of providing social services at the establishment. The estimate of economic costs upon transformation is part of the deinstitutionalisation plan, which also includes a cost analysis of social services before transformation. The deinstitutionalisation plan is regularly revised with introduction of each new service.
	10.	The premises of former social service establishments are used for different purposes than provision of social services.	Former social service establishments do not accept new clients.
	11.	Management of social service establishments ensures availability of necessary or required community-based services in cooperation with local authorities.	Management of social service establishments regularly evaluates availability of necessary or required community-based services.
	12.	Management of establishments encourages social service recipients to: • Stand by their rights; • Make independent decisions; • Assume control over their own lives; • Accept responsibility for themselves; • Improve their education and win recognition on the labour market; • Manage their own	Management of social service establishments applies: • Quality standards; • Community resources; • Active cooperation with local self-governments and other organisations within the community.
Municipalities/local communities	13.	All available community resources are used to support social service recipients.	50% of community members have become aware of new forms of community-based social services via the media and personal contacts.
	14.	Social service providers in cooperation with local authorities respond to the increased demand for social services within the community.	The overall number of community service recipients increases while the overall number of DSS clients declines.

Source: Authors

13. CONCLUSION

Perhaps we all can agree that very few people with disabilities actually choose to spend their lives in an institution; most of these decisions are made by politicians, clerks and involved experts. Finally, the time has come when all concerned citizens can decide that people with disabilities are given a chance to live differently.

True, the road winding ahead of us is full of hard work in terms of raising awareness and lobbying decision-makers. On the other hand, it may also be viewed as the road that teems with new opportunities for disabled people, their families, and social workers but especially for local communities. They will need to provide a wide range of new social services, which is likely to create many jobs for local young people. We believe that community-based services become an everyday part of municipalities' life all over Slovakia.

We all deserve hope that no matter what, our needs shall be taken into account, we shall receive adequate assistance and our life shall not become meaningless even when we need social services. And various castles and other historical buildings, for their part, deserve to serve their cultural and tourism purposes.

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