Social services system in Slovakia – part 1

Social services system reforms in Slovakia

Transformation of social services in Czechoslovakia started after the Fall of Communism in 1989 and its first transition was connected with the period 1989 – 2002. On 1 January 1993 Czechoslovakia separated into two completely independent countries the Czech Republic and the Slovak Republic.

The main goal of transformation was a change from a passive approach of a traditional institutional (residential) care model to a system of community-based care services based on active individual approach. In 1998 Act. 195/1998 on social assistance was adopted. Social services were divided in institutional (ambulatory, weekly and long term stay) and home care. The basic principles such as decentralisation, principle of subsidiarity, adequacy, a multiplicity of forms, plurality of sources and professionalization were set.

Decentralisation of social services in Slovakia started in 2002 as a part of a plan of delegating responsibilities from a national level to the sub-national tiers of government. Slovakia joined the EU in 2004. Fiscal decentralisation, which consisted of building mechanisms ensuring sources of finance for newly delegated responsibilities, followed in 2005. Regional and local government in Slovakia consists of eight self-governing regions, established in 2002, and 2891 municipalities. The size of regions and municipalities varies while they all have the same competencies. This administrative and territorial structure has influenced Slovakia’s fiscal decentralisation model based on a personal income tax (PIT) transfer formula. The formula was determined through criteria that supposed to reflect the financial needs of municipalities and regions (linked to the specific competencies and responsibilities).

Social service delivery reforms intended to be based on the principles of:

- decentralisation (aimed at moving competencies and responsibilities to local government so decision-making is closer to the citizen)
- deinstitutionalisation (substitutes institutional care with community level support mechanisms and enables users to stay in their local communities)
- diversification (introduces non-state actors such as NGOs into the provision of social services)

These reforms were aimed mainly at improving the quality of social care services, to create sustainable mechanisms for their financing and to increase social inclusion. All social services began being financed from regional and local budgets only. During the fiscal decentralisation communities were not fully aware of what expenditures their newly acquired competencies would require and fastly found out they did not have enough sources of finance. This state lasts up to now.

In 2008 Act No. 448/2008 on social services (valid from 1.1.2009) was adopted that brought new competencies and new types of social services without ensuring sources of finance. Access to financial sources for public and non-governmental organisations was not equal. During the first period of economic crises (2009 - 2011) and after adoption of Act No. 448/2008 on social services The Ministry of Labour, Social Affairs and Family in cooperation with The Ministry of Finance supported local expenditures on social services but only partially and only new competencies and
new types of social services. From 2012 municipalities have got ad hoc grant of the Ministry of Finance for certain types of social services.

Since 2009 there was a great push by the NGO sector to establish an equal system of providing and financing social services in which financial dotation would go to that provider of social services that a user of social services (we call them informally clients) chooses. In March 2011 was adopted a novelisation of Act No. 448/2008 on social services that defines a free access of choosing a provider by a user and an equal access to public finance for all providers.

In terms of division of responsibilities between the two sub-national tiers of government, and very simply said, self – governing regions are primary in a charge of providing social services for people with disabilities, while municipalities are in a charge of providing services for seniors. Municipalities are legally obliged to provide both home care and institutional care to those in need and self-governing regions are obliged to provide institutional care. In both cases community – based social services should be prefered.

Actually in reality there are many difficulties with an application of the novelisation of The Act because of the weak rules of law in general and those in need of social services are mostly marginalised and disempowered members of society. Practically there are almost no sanctions for non – delivery of social services, so many local governments simply do not accept a choice of their citizens and do not provide community-based social services to them.

There is another gap in providing long term care of seniors, people with disabilities and people with chronic diseases. Slovak legislation does not define the term 'long-term care' as a combination of social and health services provided on a regular and long-term basis (monthly, weekly, daily) according to the specific needs. The integrated provision of social care and medical care in is not systematically regulated by national legislation. These two systems of care are strictly divided.

Medical care is legally and also formally primary provided by the state and its under the auspices of The Ministry of Health of the Slovak Republic.

Social care (including care of seniors, the people with disabilities and with chronic diseases) is partly provided by the state, regions, municipalities, charity and private institutions and is under auspices of the Ministry of Labour, Social affairs and Family of the Slovak Republic. The main principles are incorporated in several national health care and social strategies, acts and regulations. Act No. 448/2008 on social services described major principles on the availability of social care, basic nursing care and social palliative care. Extensive nursing care can be provided only by medical services and facilities and is oftenly refused to be paid by health insurance companies. Therefore palliative care in hospices is expensive and mainly paid by patients themselves. Nursing care of any extent provided as a part of social services is fully financed from regional and local budgets without any contribution of health insurance companies or state support.

To be sustainable long-term care system needs to be affordable, fair and flexible and there is a big need of a comprehensive approach to long term care system in Slovakia. There have been negotiations ongoing between The Ministry of Health and The Ministry of Labour, Social affairs and Family of the Slovak Republic for several years without any success.

Up to the year 2012 there were several novelisations of this Act and numerous legal amendments (in pension system, labour market and placement of people with
disabilities in the labour market) which have not been coordinated and have led to confusion amongst social care providers and citizens. The Ministry of Labour, Social Affairs and Family is preparing another „big” novelisation of Act No. 448/2008 on social services in 2013 with very little sharing of proposed changes. All this changes and very low measure of cooperation among politicians, governmental organisation, ministries, NGO sector and trade unions lead to uncertainty and doubts. At present there are no comprehensive data on social services and quality analyses are not being performed. The collection of quantitative data is performed only in respect to those facilities that are embedded in the existing legislation and for very general statistics. Data on services provided by non-governmental non-profit organisations are not being systematically collected and evaluated. Overall expenditures on the existing social services cannot therefore be documented.

As a recipient country, Slovakia established an EU funds absorption system that was very bureaucratic and inflexible because of experiences with low transparency and mismanagement of EU funds during the pre-accession period. One of the main principles of social service delivery reform deinstitutionalisation has been a very slow process and has met with a lot of resistance.

In terms of financial security deinstitutionalization process requires the use of EU funds. In the years 2008 - 2010 was the Regional Operational Programme (ROP) aimed to support the development of community services. In line with the strategy of ROP in this period was more than 185 million euros reallocated to projects of reconstruction of existing and construction of new social services, social protection and social care institutions (some of them largesized). In 2010 the European Commission adopted the recommendations ad-hoc expert group on deinstitutionalization. Member States have been asked to use the remaining funds from the European Regional Development Fund (ERDF) to support the process of deinstitutionalization. ERDF funding can be used to cover capital costs for building up new types of social service, social protection and social guardianship with a community character. In Slovakia the amount of 20 million euros it is planned in 2012 - 2015 to use for deinstitutionalization process (except Bratislava Self-governing region – high GDP). Selected pilot projects (5-8) will have the opportunity to use these resources to capital development and implementation of objective conditions, construction of living places to assisted living and rehabilitation facilities suitable for the required community based service. It is not expected to use this fund for investment in other existing facilities. The European Social Fund is another source that can help to develop and promote the process of deinstitutionalization. Within the framework of the Operational Programme Employment and Social Inclusion are preparing national projects to be financed "soft" part to support process of transition from institutional care to community-based services of approximately 1.5 million EUR.

Overview of the social services system and health care in terms of long term care in general

Institutional framework:

The Ministry of Labour, Social affairs and Family of the Slovak Republic
Major principles of social and health policy are covered by the following main acts and regulations:

- Act No. 448/2008 on social services, describes major principles on the availability of social care, social nursing care and social palliative care
- Decree No. 910/2000 on state health policy in the Slovak Republic
- Act No. 576/2004 on health care and services related to providing the health care
- Act No. 578/2004 on providers of health care, medical workers and medical professional associations
- Ordinance No. 640/2008 on a minimal public network of health care providers
- Ministry of Health Regulation No. 770/2004, determines the characteristic signs of classes of individual medical facilities
- Ministry of Health Regulation No. 364/2005, determines the scale of nursing services provided by nurses independently and in cooperation with physicians
- Act No. 447/2008 on financial allowances for the compensation of several disabilities and on changes and the addition of some regulations that determine the level of financial support given to persons in need

Office Services of Labour, Social Affairs and Family

Offices of Labour, Social Affairs and Family (branch offices, field offices, altogether aprox. 129 offices)

- material need
- state social benefits
- employment services
- social and law protection and child protection
- support of handicapped citizens

8 Self – governing regions

- support, counselling and social services to people with disabilities, people in need and at risk (individuals, families, children)
- support, counselling and registration of subjects providing social services (inc. municipalities)

2 890 Municipalities

- activation works
- material and financial need benefits,
- social housing
- support and social services to seniors, homeless and in need people, families with children, handicapped citizens

Prepared by Michaela Sopova

March 2013, Bratislava Self – governing region, Slovakia