



Slovakia

FINANCING OF CARE SERVICES FOR PERSONS WITH DISABILITIES

Written by Veronika Kubeková, Blomeyer & Sanz

Editing and Coordination by Policy Impact Lab

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Executive Summary

Provision of social care and services for persons with disabilities (PwD) is the competence of municipalities and self-governing regions. Albeit a lot of funding comes from local budgets, there are social services that are largely funded by contributions from the Ministry of Labour, Social Affairs and Family (hereafter the Ministry). Therefore, the decentralisation of funding varies depending on the type of social service. The funding mechanisms are focused on social services providers as opposed to users. Providers of social services can be divided into two broad categories: public and private providers. Public ones are municipalities and entities established or founded by municipalities and self-governing regions. Private providers can be profit and non-profit, with the majority being non-governmental organisations (NGOs), civic associations and church organisations. Only an insignificant part of private providers are for profit.

The main funding model applied in Slovakia is the *reserved market* model where public funding reaches only a certain type of providers. In case of public providers, funding goes through direct provision from local municipal and regional budgets. In case of private non-profit providers, under the reserved market model the funding is provided through agreements between municipalities/regions and private non-profit providers. Private for-profit providers are not eligible for public funding. Municipal providers and private non-profit providers are furthermore eligible for a contribution from the Ministry which is provided through agreements concluded between the latter and providers. This contribution is aimed at covering providers' expenses related to payment of wages. Providers established/founded by regions and private for profit providers are not eligible for this type of contribution. Other funding models in use, despite their share on total funding being less significant, are *private investments* model and *grants* (EU and domestic). The use of these models varies from service to service and from provider to provider. Some services, such as care-taker terrain service¹ provided at users' homes, are very much dependent on grants as their availability is correlated with the project periods during which the grants are used, thus questioning the sustainability and accessibility of these services. Another funding model used in Slovakia are the users' payments. Providers charge the users a fee for the provision of social

services. The law stipulates upper limits for the fee that a user can be charged. This does not apply to private for-profit providers that can set their fees freely. Users pay the fees out of pocket, mostly from their disability pension or/and with the help of their family members.

Providers in general report that funding they receive through the current funding models (main sources being local budgets, contributions from the Ministry and users' payments) are not sufficient to ensure good quality services and good working conditions for staff. Another problem is that the public funding is not provided to public and private non-profit providers under the same conditions, with the latter being disadvantaged. The main issue is that the contribution to private non-profit providers they are entitled to receive from municipalities and regions is conditioned on the latter having to formally ask the private non-profit provider for provision of the service, which does not always happen, resulting in the contribution not reaching the private non-profit providers. They in turn need to look for additional funding, which is often being reflected in higher fees for the provided services.

Social work in Slovakia is in general undervalued, with below average wages and difficult and demanding workload. Funding often covers only the basic wage the staff is entitled to receive. Any wage increase needs to be usually covered from additional funding such as through grants or private donations. This negatively impacts the accessibility of services either due to the lack of capacity or lack of care and social workers.

Despite the deinstitutionalisation efforts launched in 2011, residential long-term care facilities are still the most numerous types of social care facilities for PwD. They are characterised by long waiting lists, ranging from several months to several years. Waiting lists are less common in day care facilities which have more flexibility in terms of accommodating clients as the latter often attend them during different days or hours. In general there is a shortage of social services across all sectors that would be unable to accommodate all potential clients existing in the country.

1 In the Slovak language 'opatrovateľská služba'.

Main Findings

- ★ The main funding model used in Slovakia is the *reserved market* where the public funding reaches only a certain type of providers (with public providers having direct provisions from local budgets and private non-profit providers service agreements with municipalities and regions).
- ★ Private for-profit providers are not entitled to receive public funding under the reserved market model. They may, however, provide services with their own financing.
- ★ Contributions from the Ministry are another source of funding provided under the reserved market with only certain types of services and providers being eligible. The contribution is aimed at covering expenses related to wages and is provided on the basis of contracts concluded between the Ministry and each provider.
- ★ The provision of funding from municipalities and regions to private non-profit providers is often complicated to get due to the existence of many conditions e.g. provision of services from private non-profit providers must be requested by a municipality or region in order for the former to receive a contribution, which is often problematic in practice and results in private non-profit providers not being paid despite being legally entitled to payment.
- ★ Despite the deinstitutionalisation process aimed at supporting the community based services was launched already in 2011, facilities providing long-term residential care are still among the most numerous with ongoing public funding being provided to them.
- ★ The current state of social services provision in Slovakia would not accommodate the full potential demand from PwD due to the lack of social services providers, facilities as well as care and social workers.
- ★ Working conditions of employees working in the social services sector are characterised by below average salaries and demanding work duties, which has a discouraging effect for young people to join the sector and makes the care and social workers leave the country to be employed elsewhere (often in neighbouring Austria or Germany).
- ★ The current funding models in use across the entire sector do not provide sufficient funding for enhancing the quality of social services or improving the working conditions of staff.

Introduction

Provision, management and funding of social services, including those for PwD, are the exclusive responsibility and competence of municipalities and self-governing regions. Rights and obligations of the latter as well as of social service providers and users are regulated by the **Law no. 448/2008 on Social Services** (hereafter Social Services Act) which is the main legislative document for the social services realm. One of the main policy documents are the '**National priorities for the development of social services**' on the basis of which municipalities and regions elaborate their social services community plans and concepts of social services development respectively. The '**Strategy for deinstitutionalisation of the social services system and substitute care**' adopted in 2011 is the main document directing the transition process, abandoning the model of institutional isolation of social services users and replacing it with a community-based model where social services are provided in a more independent and natural social environment. In compliance with the Social Services Act, users of social services are entitled to choose the provider as well as the type of social service.

To be authorised to provide social services, all social service providers need to be registered in **the Central register of social services providers** administered by the Ministry. Social service providers need to register themselves individually by submitting a request for registration to a higher territorial unit (self-governing regions). The social service provider must submit a request per each type of social service and per each facility in case they provide and run more than one. They do not have to renew the registration but the higher territorial unit is entitled to erase them from the registry in case the registered social service has not been provided during more than 12 consecutive months or if they otherwise breach the law.²

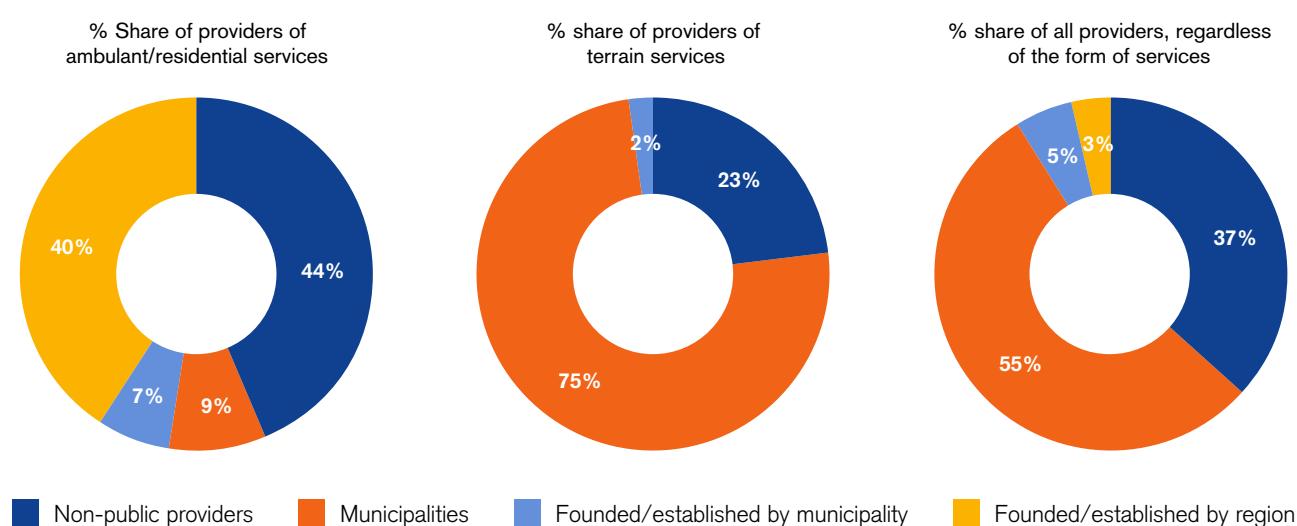
According to the Social Services Act, social services can be provided by **four main types of providers** from which the first three are public and the last group private: **(1) municipalities, (2) legal persons established or founded by municipalities, (3) legal persons established or founded by self-governing regions and (4) non-public providers (hereafter private providers)** which are mostly non-profit organisations, church organisations and civic associations. Only a negligible part of private providers are for profit. This

² §64 -68 of the Social Services Act No.448/2008

might be partially explained by the fact that for-profit private providers are not eligible for any type of public funding and the sector is in general not profitable. When looking at predominant types of providers in the social service sector for PwD, it is necessary to distinguish among terrain services, i.e. those that are provided at the users' place and ambulant/residential services, i.e. those provided at providers' facilities either by regularly commuting (ambulant) or living (residential) there. For the purposes of this study, these facilities include the following: facilities for supported living³, care facilities⁴, specialised facilities⁵, rehabilitation centres⁶, social services homes⁷ and day care centres⁸. As a general rule,

municipalities ensure mainly the terrain and ambulant services, while regions are in charge of residential services, and especially those services aimed at PwD. Looking at the data from the Central register of social services providers, the most prevalent type of providers of ambulant and residential services in the above-mentioned facilities are private providers most of which are non-profit, followed closely by providers established or founded by regions. Nevertheless, municipalities are by large the most dominant type when it comes to terrain social care services⁹ as well as on the whole, regardless the division between terrain, ambulant and residential form of service.

FIGURE 1 | Overview of predominant types of providers by form of social services



Source: Author, based on data from the Central register of social services providers

- 3 Facilities for people able to lead independent life under supervision, aged at least 16 yo until reaching the retirement age (in the Slovak language 'zariadenia podporovaného bývania').
- 4 Facilities for adults that cannot receive social care at homes. It includes social counselling and rehabilitation, accommodation, eating, cleaning, washing, ironing and clothing (in the Slovak language 'zariadenia opatrovateľskej služby').
- 5 Facilities aimed especially for PwD, for example with Parkinson's disease, Alzheimer's disease, pervasive developmental disorder, multiple sclerosis, schizophrenia, dementia, deaf-blindness, AIDS or severe organic psychosyndrome (in the Slovak language 'špecializované zariadenia').
- 6 Centres offering social rehabilitation, counselling (ambulant form) + accommodation, eating, cleaning, washing, ironing and clothing (residential form, for maximum duration of 3 months) for people dependent on the help of another person, people that are visually impaired, deaf or who have severe bilateral hearing loss (in the Slovak language 'rehabilitačné strediská').
- 7 Facilities providing social services in a weekly residential form or in ambulant form for people until they reach the retirement age (in the Slovak language 'domovy sociálnych služieb').
- 8 Facilities for people that need social care only during a certain time of the day (in the Slovak language 'denné stacionáre').
- 9 Social workers visit users and provide them with necessary support at their homes (e.g. hygiene, household, food)

The already-mentioned deinstitutionalisation process launched in 2011 has been rather slow, with the residential type of services being still the most prevalent form (more than 60%) as opposed to ambulant and terrain forms (some 40%). The development of community based social services which is the main objective of the deinstitutionalisation process is therefore insufficient and need to be enhanced. The slow progress towards the deinstitutionalisation might be partly explained by continuous funding going to residential and institutional type of facilities from public budget and insufficient support of community based services, e.g. social services in terrain form are not at all supported through contributions from the Ministry. Similarly, the care-taker service which is a terrain social service provided at users' homes, i.e. in line with the deinstitutionalisation efforts, is provided only by 30% of municipalities (more information on the terrain care-taker service can be found in the subsection on 'Independent/Supported living').¹⁰

Funding models

Funding of social services is highly decentralised, complex and oriented on social service providers as opposed to users. A mix of funding mechanisms is used, with the *reserved market* being the most predominant model in terms of funding amounts where the authorities reserve the public funds only to a certain type of providers and under certain conditions. Funding schemes also include *out of pocket payments* from social services users providing an important share of funding to the social service providers. *Private investments and grants* (both from domestic as well as the European Structural and Investment funds) are additional funding models having a smaller share on the overall funding amounts. Their main role is to fill in the financial gaps that the reserved market and users' payments are not able to cover. Overview of all funding models and sources can be consulted in the table below (Table 1).

TABLE 1 | Overview of funding sources of different types of social services providers

Type of provider	Municipal budget	Regional budget	Contribution from the Ministry	Payments from users	Other sources		
FUNDING MODELS:	Direct provision of funds		Reserved market	Out of pocket payments	Grants	Private investments	
Municipalities	✓		✓	✓	✓	<ul style="list-style-type: none"> ★ private sources ★ gifts ★ donations 	
Legal persons established / founded by municipalities	✓		✓	✓	✓	<ul style="list-style-type: none"> ★ private sources ★ gifts ★ 2% (3%) from income tax 	
Legal persons established / founded by self-governing regions		✓		✓	✓	<ul style="list-style-type: none"> ★ private sources ★ gifts ★ donations ★ 2%/1% from income tax 	
FUNDING MODELS:	Reserved market (service agreements)		Reserved market	Out of pocket payments	Grants	Private investments	
Private non-profit providers	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> ★ private sources ★ gifts ★ donations ★ 2% /1% from income tax 	
Private for profit providers				✓	✓	<ul style="list-style-type: none"> ★ private sources ★ gifts ★ donations 	

Source: Social Services Act and interviews

10 Šmehilová, A.L. et col. (2020). "Optimalizácia procesu poskytovania vybraných sociálnych služieb pre osoby so zdravotným postihnutím". Available at: http://effeta.sk/svk/projekty/projekt-evs/odborna_studia_2020.pdf



Reserved market with elements of personalised budget model

Municipalities and self-governing regions are responsible for ensuring that all necessary services required by citizens are available to the latter. This might be done through provision of the necessary services by public providers established by municipalities and regions which receive direct provision of public funds from the local municipal or regional budget and through contributions from the Ministry in case of municipal providers or by private non-profit providers in which case the public funding is provided through financial contributions from municipal or regional budgets based on service agreements signed between the users and private non-profit providers and through the contribution from the Ministry.

Albeit the personalised budget is not a fully-fledged funding model in Slovakia because users do not receive funding directly, the private non-profit social services providers receive the above mentioned financial contributions from municipalities and regions and the former together with municipal public providers receive contribution from the Ministry per each user. While the contribution from the Ministry is aimed at covering providers' expenses spent on wages, the contribution to non-profit private providers from municipalities and regions should be reflected in lower fees of social services the users need to pay. Thus, users receive public funding indirectly in the form of regulated prices of social services provided by private non-profit providers.

Until 2010, social services were provided through contracting private providers only if municipalities and regions were not able to secure it through a public one, i.e. the given social service was totally absent at the public level. This practice was changed by a decision of the Constitutional Court¹¹ which found it discriminatory towards not only to the private providers but also users who are, according to the Social Services Act, entitled to choose the social service provider.¹² Today, the Social Services Act stipulates that users wishing to receive a social service with a financial support from the public budget, i.e. in the form of a regulated fee for a given

social service, this person needs to submit a request to the municipality or region (depending on which authority is in charge of the given type of social service) for the provision of the social service including, besides other things, the specific service provider she/he chooses.¹³ On this basis, the municipality or region should formally ask the provision of the service from the given private non-profit provider selected by the user and the provider in turn submit a request for the financial contribution to the municipality or region.

The formal request from municipalities and regions is one of the most contested conditions for private non-profit providers to receive the financial contribution. In other words, the municipality or region must order the given service from the private non-profit provider for its citizen who is dependent on that service. In practice, however, municipalities and regions often ignore their lawful duty to provide this contribution to the private non-profit providers, despite the fact that citizens officially submit their request for the provision of the given service. Thus, the selection of a private non-profit provider by users does not automatically mean an order of the service by a municipality or a region from a private non-profit provider and often results in higher fees for users getting the social service they are dependent on from the latter due to the lack of funding they were supposed to receive from the financial contribution.¹⁴

This condition is therefore often criticised as it makes the accessibility to public funding for private non-profit providers and indirectly for users dependent on the willingness of municipalities and regions to ask the private provider for such a service. Furthermore, to be eligible for such funding, the person requesting the social service needs to be reliant on the given service that is supposed to be supported by the contribution. Since it is the municipalities and regions that assess the degree of dependency, which is key for determining the amount of the contribution, municipalities and regions often find themselves in a conflict of interest. Furthermore, to receive the contribution, the given social service must be in line with the social services community plan of the

11 Decision of Constitutional Court n. 13/09-81 from 2010.

12 Repková, K. (2012). „Politika sociálnych služieb (v kocke)“, chapter 5. Faculty of Philosophy of the Prešov University. Available at: <https://www.pulib.sk/web/pdf/web/viewer.html?file=/web/kniznica/elpub/dokument/Repkova1/subor/9788055506210.pdf>

13 §8 of the Social Service Act

14 Hudecová, D. (2020). Interview with the Chairwomen of the Association of Social Service Providers „Rozhovor o sociálnych službách: Musíme začať splácať dlh voči odkázaným“. Available at: <https://uzitocna.pravda.sk/seniori/clanok/542120-rozhovor-musime-zacat-splacat-dlh-voci-odkazany/>

municipality or the concept of social services development of the region from which the contribution is requested. In practice, however, many municipalities do not adopt these plans in time and/or do not have sufficient funds in their budgets. The character and number of conditions are the main reasons the financial contribution from municipalities and regions often does not reach the private non-profit providers albeit they are legally entitled to receive them. In such cases, private non-profit providers are obliged to look for funding elsewhere which is often problematic and insufficient and results in fees of the social services being increased. In practice, this means that not only private non-profit providers are disadvantaged but also users of services provided by them as they must pay higher fees than users receiving social services in public providers' facilities. The amount of the above-mentioned contribution is not precisely defined and its calculation is rather complex. The main variable for the calculation of the contribution is the average amount of the users' payment for services provided by public providers. The contribution is paid after an agreement is signed between a municipality or region and a private non-profit provider and must be preceded by a submission of a request for financial contribution from the private non-profit provider to the municipality or region.

Municipal providers, providers founded/established by municipalities and private non-profit providers are entitled to receive a financial contribution from the Ministry aimed at covering expenses related to wages paid to their employees. Besides the limitation in terms of type

of provider, this contribution can be furthermore asked only by those providers who run the following types of services: facilities for supported living; care facilities; specialised facilities; rehabilitation centres; social services homes; and day care centres.¹⁵

To receive the contribution for the following year, the above mentioned eligible providers need to submit a request to the Ministry on annual basis (by the end of August). The contribution is paid quarterly and can be asked for each facility, in case the social provider has more than one. The contribution is allocated per place in each facility that providers need to specify in their demands. In case some of the places had not been used, social providers need to pay back the corresponding amount of the contribution originally received (at the time of writing of this factsheet, i.e. February 2021, this condition has been repealed as a response to the Covid-19 pandemic). The contribution is granted on the basis of a contract that the Ministry concludes with each social service provider.¹⁶

In 2020, the Ministry allocated more than EUR 56 million to 736 above mentioned types of facilities.¹⁷ The amount of the contribution changes every year correlating with the amount of the minimum wage of the previous year. The contribution is paid as a flat rate and varies on the basis of the form of the social service (ambulant or residential) and degree of dependency of the user of the given social service. The amounts can be consulted in the table below (Table 2).¹⁸

TABLE 2 | Overview of the amounts of the Ministry of Social Affairs dependency contribution

Degree of dependency of the social service receivers on another person	Monthly amount of the contribution for residential social service / place	Monthly amount of the contribution for ambulant social service / place
II.	116	77
III.	261	174
IV.	348	232
V.	493	329
VI.	609	406

Source: MLSAF website. "Social Services: Poskytovanie finančných príspevkov podľa zákona o sociálnych službách". Available here: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/poskytovanie-financnych-prispevkov/>

15 §78 (a) of the Social Service Act no. 448/2008 (facilities for seniors are also entitled to receive this contribution but we do not include them as they are outside the scope of the study which is aimed at PwD).

16 §78 (a) of the Social Service Act no. 448/2008 and personal interview

17 Statistics from the Ministry of Labour, Social Affairs and Family.

18 Ministry of Labour, Social Affairs and Family. „Poskytovanie finančných príspevkov podľa zákona o sociálnych službách“. Available at: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/poskytovanie-financnych-prispevkov/>



Private non-profit providers that receive more than 50% of their financial resources from public contracting authorities, among others the Ministry of Social Affairs, municipalities and regions that finance private non-profit providers through contributions based on service agreements are considered as public procurement contracting authorities themselves and must act in line with the public procurement act when procuring goods and services.¹⁹ This has been introduced already in the original Public Procurement Act no. 25/2006. The idea is simply to make private providers receiving public funds accountable, to prevent abuse of public resources and ensure that public funds received by private non-profit providers are used in the most efficient way as they need to follow the public procurement rules when purchasing goods or/and services.

Out of pocket users' payments

Providers charge the users a service fee that the latter, often with help of their families, pay out of pocket. The law stipulates that the average monthly price for a social service provided by a public and private non-profit provider cannot exceed the difference between the provider's average monthly expenses spent on and average monthly benefits received from providing the given social service. Private for-profit providers are totally free to choose the amount of fees as they are not eligible for any kind of public funding. Each municipality and self-governing region sets the fees for services provided by public providers in the annual Generally binding regulation. Private non-profit providers can set their own fees, regardless the ones stated in the municipal and regional regulations, while respecting the upper limit based on user's income stipulated by law. Therefore, user fees differ from provider to provider, depending on its legal form but also on location and income of each user.

The upper fee limit for each form of service is delimited by the Social Services Act as a percentage of the amount of the subsistence minimum that the user must be left with after having paid for the social service²⁰. Thus, after the payment of a given social service, the user of the social service must retain from her/his income at least:

- ★ 25% of the amount of the subsistence minimum for a year-long residential service (some EUR 53,7 per month)
- ★ 75% of the amount of the subsistence minimum for a year-long residential service without alimentation (some EUR 161,1 per month)
- ★ 60% of the amount of the subsistence for a weekly-long residential service (some EUR 128,9 per month)
- ★ 85% of the amount of the subsistence minimum for a weekly-long residential service without alimentation (some EUR 182,6 per month)
- ★ 100% of the amount of the subsistence for an ambulant service (EUR 214,83 per month)
- ★ 1,65 times the amount of the subsistence minimum for an ambulant service without alimentation (EUR 354,5 per month)
- ★ Users with income lower than the limits set above are not obliged to pay of the given social service.²¹

Private investments and donations

Apart from the funding sources provided from public budgets and the Ministry of Labour, Social Affairs and Family through the reserved market, social service providers also receive funding through *private investments*, albeit the share of the latter is significantly smaller. Based on the data provided by the Ministry, in 2019 the selected social facilities received the following amounts through private investments:

19 §7 (1-2) of The Public Procurement Act no. 343/2015

20 The monthly amount of the subsistence minimum for an adult person has been set at EUR 214,83 as of July 2020

21 §73 (1-6) of the Social Service Act

TABLE 3 | Overview of 2019 funding amounts received from private investments (per type of facility, in EUR)

Type of facility	Private sector ²²	Sponsorships, gifts, donations
Social services homes	158 936	474 326
Specialised facilities	673 996	403 889
Day care centres	71 941	115 393
Facilities of supported living	7 200	9 187
Rehabilitation centres	4 938	33 677
Care facilities	130 544	90 252

Source: Author, based on data provided by the Ministry of Labour, Social Affairs and Family

Public providers established/founded by regions and municipalities as well as private non-profit providers can receive 2% of the paid income tax from natural or 1% from legal persons. If the natural person carried out a voluntary activity during the given tax period and if the legal person remitted a gift in the amount of at least 0,5 of the tax paid, the share of the paid income tax that can be remitted the above-mentioned providers will increase from 2% to 3% in case of natural and from 1% to 2% in case of legal persons. This can be done annually as part of the income tax declaration where each tax payer, whether natural or legal person, can decide whether she/he will remit the above-mentioned share of her/his paid income tax to certain type of organisations that are defined by law or not, , in which case it goes to the state budget.²³

Grants

Grants are another model used for funding of social services, albeit their use varies across the different types of services. Most of the funding comes from domestic grants, but grants from the European Structural and Investment Funds play an important role, especially in the area of community-based services. A good example where EU grants have been the main source of funding is the care-taker service, described in more details in the sub-section on 'Independent living'. The funding amounts per types of facilities can be consulted in the table below (Table 4).

TABLE 4 | Overview of 2019 funding amounts received from grants (per type of facility, in EUR)

Type of facility	Foreign grants (including EU)	Domestic grants
Social services homes	10 929	79 799
Specialised facilities	55 852	65 115
Day care centres	0	28 134
Facilities of supported living	2 001	6 937
Rehabilitation centres	0	19 184
Care facilities	0	14 738

Source: Author, based on data provided by the Ministry of Labour, Social Affairs and Family

22 These include funds from other legal entities and natural persons as well as own funds invested in the facility by a natural person as the owner of a private facility.

23 §50 (1-5) of the Income Tax Act no. 595/2003



Towards the personalised budget model?

One of planned changes related to the financing of social services is to put more emphasis on users of social services and less on providers. In its programmatic statement for the period 2020-2024, the current government formed in March 2020 expressed the intention to reform the funding mechanism of social services by introducing a dependency allowance for users from which the social services would be co-financed. This would partially transform the current funding system of social services and move from the predominantly reserved market to a more personalised budget model.

The allowance would be calculated on the basis of the dependency level of each person. The idea behind this reform is to unify all the current contributions and allowances that are provided and to equalise the social services providers that are currently financed under different conditions based on the type of provider, with the private non-profit providers being in general in less advantageous position. To this end, a new social services act would most likely be adopted in order to accommodate all the intended changes.²⁴

Working conditions and salaries of staff

Working conditions of care and social workers are in general inadequate and salaries below average. Low wages and demanding job duties are characteristic of the social services sector, regardless the type of provider or service.

The legal basis providers of social services need to comply with when it comes to paying wages for their employees differs on the basis of the type of provider. While most of the providers, including some of the public ones, need to follow the Labour Code, public providers that are either municipalities or entities established as budgetary organisations of municipalities or regions are regulated by Law no. 553/2003 on Remuneration of Certain

Employees in the Performance of Work in the Public Interest. According to the interviewed stakeholders, the wage conditions are more strict for providers bound by the Labour Code (which are mostly private providers) than those bound by the Law no. 553/2003. The main reason is that the former legislation uses the minimum wage as a basis for the calculation of the employees' wages, that depends on the difficulty degree of each employee's work by which the amount of the minimum wage is multiplied. According to the President of the Association of Social Services Providers, Anna Ghannamová, the difference between providers bound by the Labour Code and those by the Law no. 553/2003 at some of the difficulty degrees amounts up to EUR 200.²⁵

Another problem is related to the Ministry of Labour, Social Affairs and Family contribution that is aimed at covering the providers' expenses related to wages and is provided within the reserved market funding model to only a certain type of providers and for specific types of social services. The amount of this contribution is linked to the minimum wage of the previous calendar year, which in general, raises on annual basis. Nevertheless, providers that are bound by the Labour Code need to calculate the wages based on the minimum wage of the current year which is in general higher than the previous one. Thus, the received contribution does not reflect and cover this increase in minimum wage that providers (mostly private non-profit ones) need to respect. This also causes problems when it comes to improving wage conditions beyond the legal minimum. Therefore, any wage increase providers would like to do needs to be covered from other sources, which is often problematic to find and irregular in nature.

It was noted by several interviewees that due to insufficient finances, providers often cannot employ people with university education in the field of care and social work. Many of the staff employed in the social service sector have therefore accreditation certificates in care and social work. In terms of working time, staff are employed on different contractual basis, with the prevalent form being the full time employment.

24 Government of the Slovak Republic (2020). „Programmatic statement for the period 2020-2024“. Available at: <https://rokovania.gov.sk/RVL/Material/24756/1>

25 Association of social services providers (2019). „Zmena vzorca bude!“ Available at: <https://apssvr.sk/aktuality/zmena-vzorca-bude/>

Stakeholders noted that training of employees and requalification need to be covered through grants as funding from local budgets, the Ministry of Social Affairs and users' payments are often not sufficient to cover additional expenses that could either increase the quality of services or staff working conditions. To this purpose, both national and European grants are used.

Accessibility and quality of services

Quality of social services is undoubtedly linked to the available financial resources and therefore to the funding model in use. Private non-profit providers, who are entitled to receive public funding from municipalities or regions through service agreements often find themselves at disadvantage. This is due mainly to the fact that, for a variety of reasons mentioned in the section on 'Funding models' above, municipalities and regions often do not provide the private non-profit providers with the contributions they are entitled to receive. This often results in users being obliged to pay higher fees for social services or in providers terminating their activity. It also has a negative impact on the quality of social services as the available resources private providers get from other sources are used to cover the operational expenses but are not enough for quality improvement such as purchasing a special equipment or hiring additional staff or staff with specific expertise.

Interviewed social services providers acknowledged that for many of the additional services such as special therapies or equipment that they would like to offer or acquire they need to look for funding from other sources such as grants, either national or from the EU. Interviewed stakeholders also acknowledged that the ideal scenario assuring the highest quality would be if one care and/or social worker is in charge of a small number of clients. Due to the financial restrictions, facilities can employ only a limited number of care and social workers. The overall far-from-ideal working conditions in the social service sector discourage young professionals to join this sector.

This is visible in the rather high average age of social workers which raises questions about the accessibility and sustainability of social services.²⁶ Lack of staff directly impacts the availability of the social services. There have been already cases where not all eligible users could be provided a social service due to the lack of staff caused from a large part by inadequate salaries.

Furthermore it was noted that hardly ever is the income (mostly from the disability pension) of the social services users sufficient to cover the expenses related with provision of social services. On the other hand, the interviewed providers acknowledged that the prices of their services are not high if compared to the expenses incurred by the provision of services and employment of staff.

It can be therefore concluded that the funding model in use, i.e. mainly the reserved market, does not provide sufficient funding for enhancing the quality of social services and/or improving the conditions of employees and staff as it manages to cover mainly the operational expenses and wages.

Day Care Providers

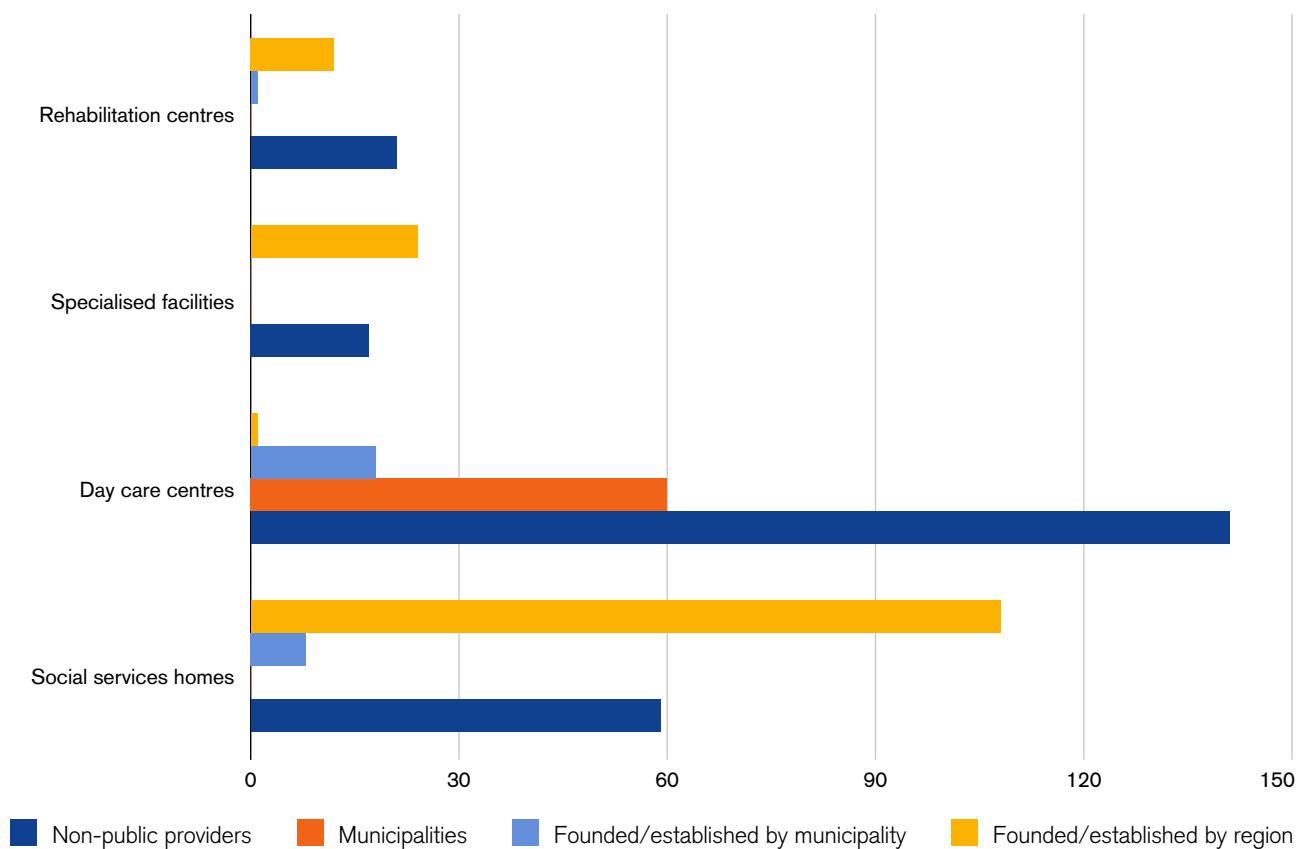
Day care services for PwD in Slovakia are delivered mostly in the following facilities: day care centres, social services homes (ambulant and weekly residential), rehabilitation centres and to lesser extent in specialised facilities (ambulant and weekly residential), albeit the latter provide mostly long-term services. Providers established/founded by regions are the most prevalent type of day care service providers (489 facilities), followed by private providers (467 (facilities), municipalities (68) and providers established/founded by municipalities (55).²⁷ The figure below (Figure 2) shows the most predominant type of provider per each type of day care service facility.

²⁶ Supreme Audit Office of the Slovak Republic (2020). „Správa o výsledku kontroly: Domáca opatrovateľská služba“. Available at: <https://www.nku.gov.sk/documents/10157/83e29d64-93c0-428a-bc37-5dd3ff8d8a1e>

²⁷ Central register of social service providers as of February 2021



FIGURE 2 | Predominant type of providers per type of day care social service



Source: Author, based on Central registry of social services providers

Funding amounts

Day care services are funded mostly from local budgets (direct provision in case of public providers, service agreements in case of private non-profit providers), Ministry of Social Affairs dependency contribution (provided under the reserved market through service agreement concluded between the Ministry and providers stipulating the conditions, amounts, etc.) and users' payments (out of pocket payments). The share of each

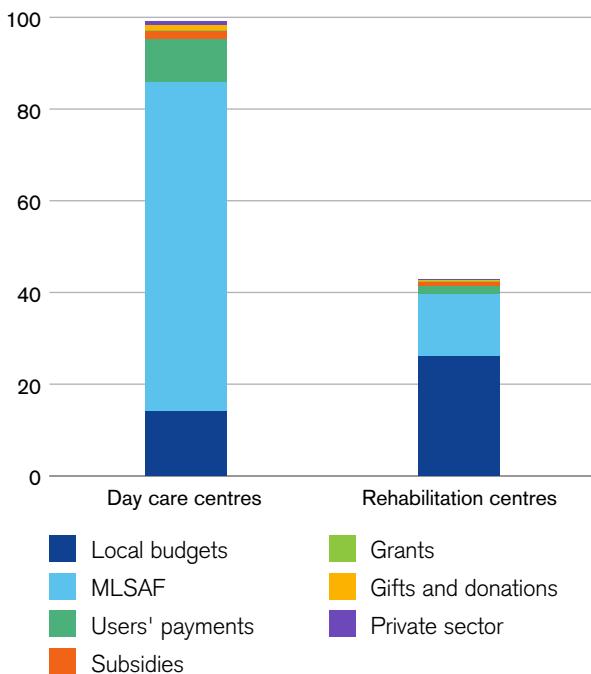
source varies according to the type of service. In 2019 municipalities and regions provided EUR 111 411 796²⁸ from their budgets to the above mentioned social facilities. The Ministry of Social Affairs dependency contribution in the same year and same facilities amounted EUR 19 921 448²⁹. Users' out of pocket payments reached EUR 34 443 668³⁰.

28 Data received from the Ministry of Labour, Social Affairs and Family

29 Ibid

30 Ibid

FIGURE 3 | Funding sources and amounts per type of day care facility (in million EUR)



Source: Author, based on the Central registry of social services providers

Accessibility of day care services

In general, there is a lack of available day care facilities and the existing ones would not be able to cover the full potential demand from PwD. With regards to waiting lists,

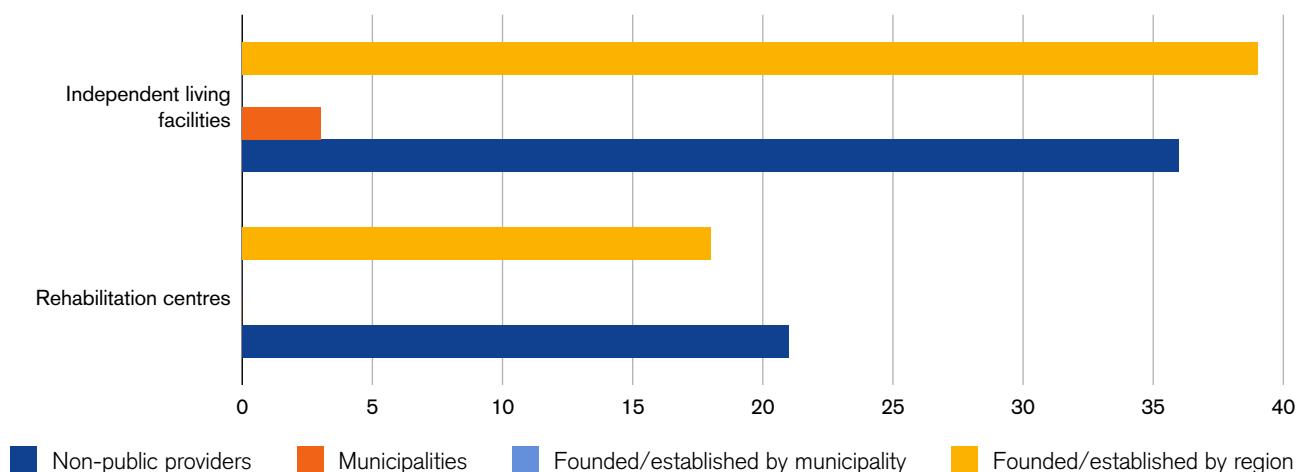
it was noted by the interviewed stakeholders that they are not that common for day care services as many users stay only a certain part of the day in the given facility, which makes it much more flexible than in residential facilities. Day care social services are unavailable for many PwD either due to the lack of facilities or insufficient finances.

Independent/Supported Living

Providers

Independent and supported living is provided in the facilities of supported living and rehabilitation centres. Most of the rehabilitation centres offer ambulant form or residential weekly form. Some providers also provide this service in the residential form. Nevertheless, we can still consider them under independent-supported living given that the main objective of rehabilitation centres is to provide social rehabilitation thus supporting the integration of PwD in the society. Moreover, the time spent in the rehabilitation centres is limited by law to three months with a possibility to prolong it once by the same period of time. This type of facility is therefore considered by many as a community type of service. Providers of these two types of facilities are predominantly founded or established by regions (57) and private non-profit providers (57). As of 8 February 2021, 78 facilities of supported living and 39 rehabilitation centres have been registered in the Central register of social service providers.

FIGURE 4 | Predominant type providers of independent/supported living facilities

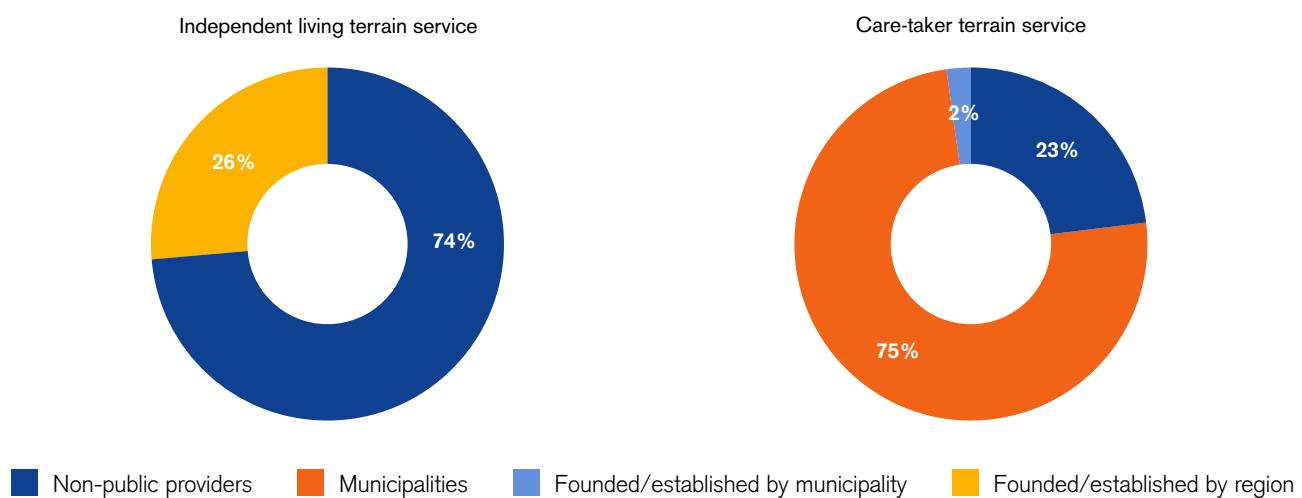


Source: Author, based on Central registry of social services providers

PwD can be supported in their independent living also through some of the services provided in terrain form, such as care-taker service and independent living service that are provided at their homes. While the care-taker services are provided mostly by municipalities, private providers are the most common when it comes to the independent living terrain service. The share of each type of provider on the above mentioned terrain services supporting independent living is displayed in the figure below (Figure 5).

Findings from the Slovak Supreme Audit 2020 report on care-taker terrain service show that currently only less than a third of all municipalities provide this service directly. The rest of municipalities provide this service through private providers (service agreements) or do not provide it at all.³¹

FIGURE 5 | Predominant type of providers of independent and care-taker terrain services



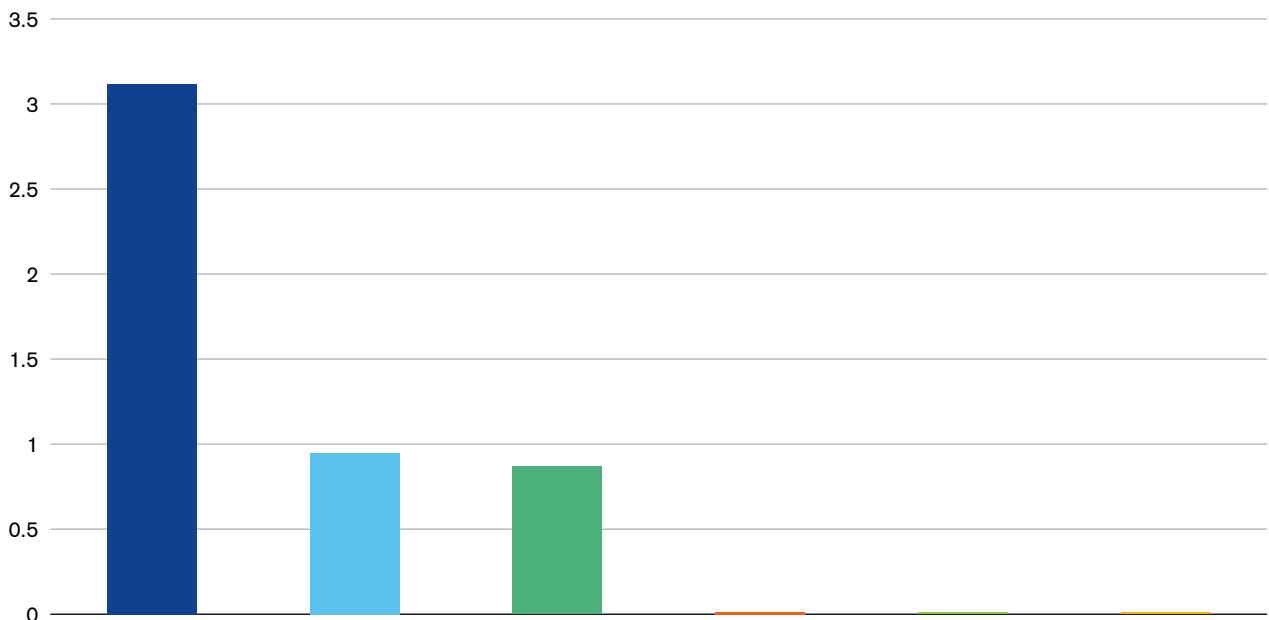
Source: Author, based on Central registry of social services providers

Funding amounts

Facilities of supported living are financed mostly from the local budgets (direct provision for public providers and service agreements for private non-profit providers), followed by the Ministry of Social Affairs contributions (service agreement based under the reserved market)

and users' payments (out of pocket). In 2019, the funding from local budgets amounted to EUR 3 116 369; the Ministry of Social Affairs contributed with EUR 946 833 and users' out of pocket payments reached the amount of EUR 869 512.

³¹ Supreme Audit Office of the Slovak Republic (2020). „Správa o výsledku kontroly: Domáca opatrovate ská služba“. Available at: <https://www.nku.gov.sk/documents/10157/83e29d64-93c0-428a-bc37-5dd3ff8d8a1e>

FIGURE 6 | Funding sources in million EUR of independent/supported living facilities

Source: Author, based on statistics from the Ministry of Labour, Social Affairs and Family

Accessibility of services

Interviewed stakeholders acknowledged that there are not that many facilities offering independent/supported living. Data from the Central register of social service providers evidence the same tendency. Most of the time, providers of supported living facilities have only a few apartments where a certain number of clients can live, usually between 2-5 depending on the size of the apartment. The low number of facilities can be related to the fact that many PwD lived in home care with their parents taking care of them even in adult age. This trend has started to slowly change and the demand for this type of service is likely to increase. Nevertheless, independent living services are very scarce across the country. In 2018, the supported living facilities accommodated 541 people and rehabilitation centres 680 people.³² The majority of municipalities do not even offer terrain care-taker service that is provided at a user's home.

The terrain care-taker service whose provision is in the competence of municipalities is especially problematic in terms of accessibility. On the one hand, there is an overall shortage of this type of service with only 30% of all municipalities offering this service to their citizens.³³ On the other hand, the financing through public funds is insufficient. That is also the reason why service providers make use of EU funds through different projects. These were implemented as part of the Operational Programmes Human Resources and Employment in the period of 2014-2020. Albeit these funds supported the providers in covering their expenses (public providers covered some 23% of their expenses and private ones up to 50%), it was noted that after the end of each project, the availability of the care-taker service decreased. Data from the period of 2017-2019 show that overall the number of users have not increased and in the case of private providers their number even decreased. This funding

³² Repková, K. (2020). "Plnenie národných priorit rozvoja sociálnych služieb v rokoch 2015-2020" pp.20, Institute for Labour and Family research. Available at: <https://ivpr.gov.sk/plnenie-narodnych-priorit-rozvoja-socialnych-sluzieb-v-rokoch-2015-2020-analyza-kvetoslava-repkova-2020/>

³³ Šmehilová, A.L. et col. (2020). "Optimalizácia procesu poskytovania vybraných sociálnych služieb pre osoby so zdravotným postihnutím". Available at: http://effeta.sk/svk/projekty/projekt-evs/obrona_studia_2020.pdf

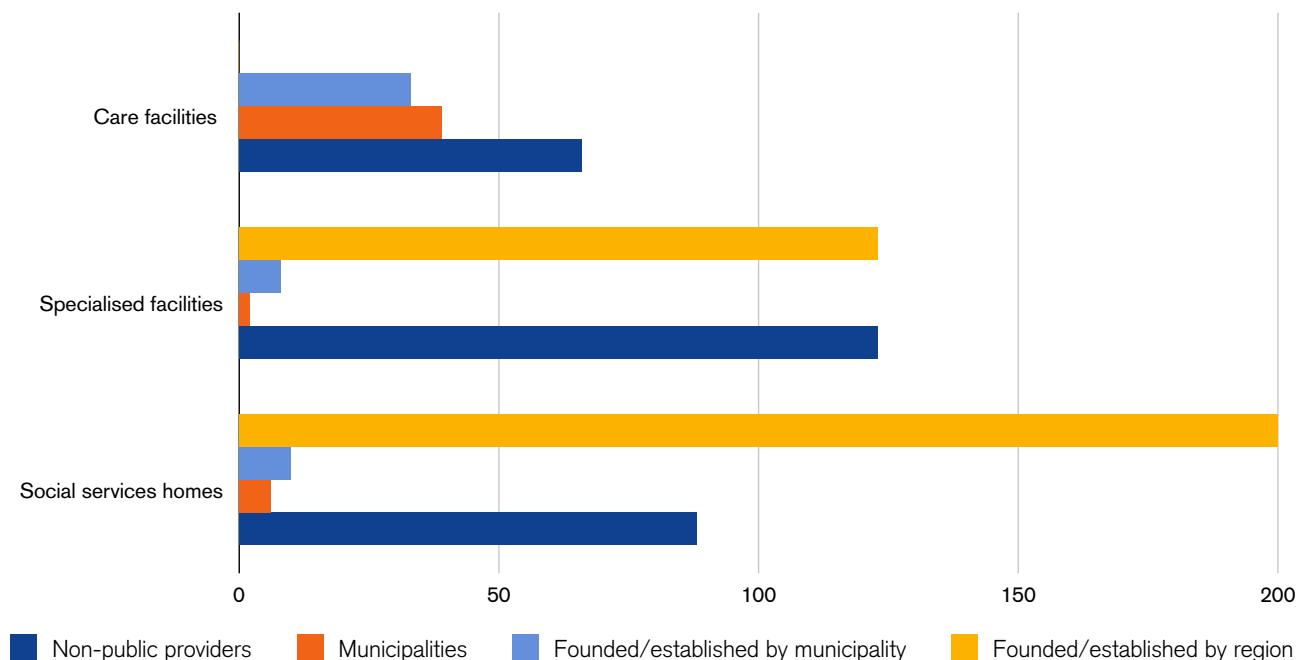
model is thus considered as inadequate and unsystematic as the funds from project grants were used only to cover the expenses incurred but were not invested into the development of the service and its quality. Concerns were therefore raised about the dependency of this type of service, which is not eligible for the Ministry of Social Affairs contribution, on EU funds which in turn affects the sustainability and accessibility of the service for users in the long term. This funding model through grants also impacts the working conditions of the staff providing the terrain care-taker service. In 2018, the payment of funds from the EU grants were delayed resulting in wages being paid several months later.³⁴

Long Term Institutional Care

Providers

Long-term care is provided mainly in the following facilities: social services homes, specialised facilities and care facilities. Predominant type of provider differs in each type of facility which can be consulted in the figure below (Figure 7). Overall, the most predominant across the whole sector of long-term institutional care for PwD are providers founded/established by regions (323 facilities), private providers (277 facilities), providers founded/established by municipalities (51 facilities) and municipal providers (47 facilities).³⁵

FIGURE 7 | Predominant types of providers of long-term institutional care



Source: Author, on the basis of data from the Central register of social services providers

34 Supreme Audit Office of the Slovak Republic (2020). „Správa o výsledku kontroly: Domáca opatovateľská služba“. Available at: <https://www.nku.gov.sk/documents/10157/83e29d64-93c0-428a-bc37-5dd3ff8d8a1e>

35 Central register of social services providers as of 14 January 2021

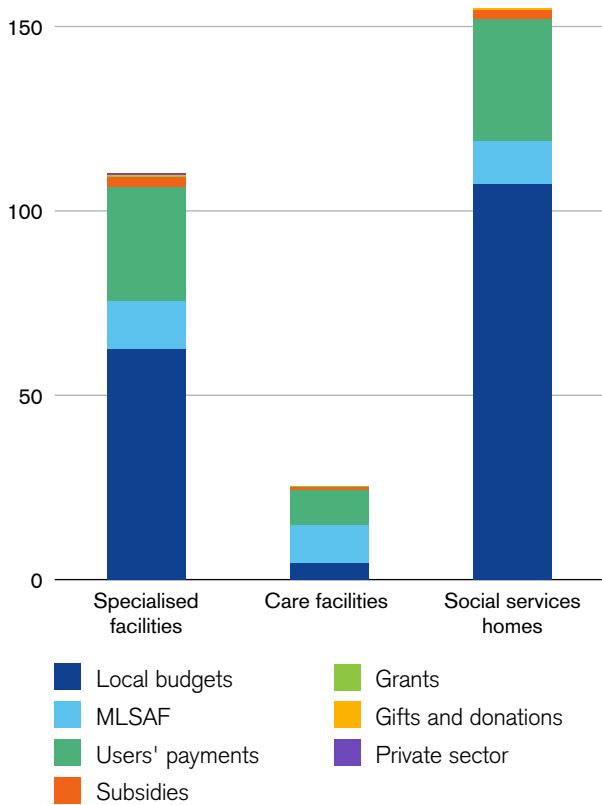
Funding amounts

Three main type of sources through which the facilities of long-term institutional care are financed are local budgets allocated as direct provision for public providers and through service agreements for private non-profit providers, contributions from the Ministry of Social Affairs provided under reserved market through contracts to municipal and private non-public providers and users' payments paid out of pocket. Each type of facility³⁶, however, has different distribution of these three funding sources. Predominant source in **social services homes** are local budgets whose funding represented in 2019 EUR 107 392 338. The Ministry of Social Affairs contributed in the same year with an amount of EUR 11 390 993 and users with EUR 33 338 875. More than half of the funds of **specialised facilities** comes from local budgets – in 2019 this sum represented EUR 62 485 329. Users' payments are the second main source which in the same year amounted EUR 30 832 144. The contribution from the Ministry of Social Affairs represents some 12% of funding and the sum in 2019 was EUR 13 063 417. On the other hand, the Ministry of Social Affairs contribution was the predominant source of funding (40%) of **care facilities** which in 2019 represented EUR 10 361 565. This is closely followed by users' payments that in the same year amounted to EUR 9 362 506 and made some 36 % of all funds of care facilities. The third main source are local budgets which contributed with EUR 4 443 273 in 2019 (17%).³⁷

Accessibility of services

Albeit the facilities providing long-term care are among the most numerous in Slovakia, a trend that is contrary to the declared deinstitutionalisation process launched in 2011, the accessibility is worsened by lack of vacant places, resulting in long waiting lists. In 2017, the overall capacity of specialised facilities reached the number of 6 860, care facilities 2 388 and social services homes' capacity was 13 273 people.³⁸ One of the interviewed provider of long-term institutional care noted they have around 20 people on the waiting list with an average waiting period of 10 years. Not all waiting lists, however,

FIGURE 8 | Funding sources and amounts In million EUR of long-term institutional care



Source: Author, statistics from the Ministry of Labour, Social Affairs and Family

are that long and in some cases the waiting period is counted in months, not years. One of the problems of the waiting lists is that they are often not well administered. In many cases, people that are still on the waiting lists had already received social services elsewhere or do not need the service anymore (e.g. in case of death, cease of rehabilitation needs). This is due mostly to the fact that people seeking social services often contact several providers at once, many of which put them on their waiting list, but do not inform the providers in case they do not need the service anymore. This can result in waiting lists not being updated and reporting multi-annual waiting periods. In 2018, the total number of people dependent on another person waiting to be placed in a social service facility amounted to almost 10,000 from which more than

36 The funding amounts are provided for each group of services regardless the form of social service (ambulant or residential). Therefore, facilities providing day care services but fall in the same group (e.g. social services homes) are also counted in the funding amounts.

37 Ministry of Labour, Social Affairs and Family statistics

38 Šmehilová, A.L. et col. (2020). "Optimalizácia procesu poskytovania vybraných sociálnych služieb pre osoby so zdravotným postihnutím", pp. 196. Available at: http://effeta.sk/svk/projekty/projekt-evs/odborna_studia_2020.pdf

a half were facilities for elderly people. It was furthermore noted that fees for these types of services are in general rather low. This might be partly explained by continuous investments from public sources in these types of facilities, e.g. providers of all three types of facilities are eligible for the contribution from the Ministry of Labour, Social Affairs and Family which is higher for residential facilities than those providing services in ambulant form.

Respite care

Providers and funding amounts

Respite care is in the Slovak legislation included among support services under the service called 'relief service'³⁹. This service is intended for carers of PwD with objective to provide them with time to rest, run errands, etc. According to the Social Services Act, the relief service is provided for the whole day, maximum 30 days per calendar year. Providing this type of service is in the competence of each municipality that is obliged to ensure the PwD of the carer that is requesting the relief service is given the required social service during at least 12 hours per day.⁴⁰ In general, however, the relief service is not very demanded due to several reasons explained below.⁴¹

Accessibility and quality of services

Accessibility of the relief service is questionable as it is provided under another registered services, e.g. a PwD whose carer asked for respite service is placed in a day care facility for some hours. Thus, respite care is provided through a day care service where only the latter is being registered in the Central register of providers. This in practice causes several problems, as the demand for respite care is not regular and therefore it is difficult to plan and in the end provide the respite care services. The irregularity of demand is also one of the reasons why municipalities are reluctant to set aside funding specifically for this service as it could turn to be inefficient if not fully used.⁴²

In addition, the fact that the respite care is provided through other services, the fee that needs to be paid is the one of the service through which the respite care is provided, e.g. if the respite care is provided by the PwD being placed in a day care centre for a certain amount of hours, the fee that needs to be paid is the fee valid for the day care centre service. Carers of Pwd that want the respite care service need therefore to pay full fee of other services through which the respite care is provided. This may result in respite care being financially inaccessible for carers which is in turn reflected in generally low demand for respite service. Another problem is that the legislation does not set the upper fee limit specifically for the relief service.⁴³

39 In Slovak language 'odlāhčovacia služba'

40 §54 of the Law no. 448/2008 on Social Services.

41 Európske noviny (2018). „Jana Žitňanská: Odlāhčovacia služba pre rodiny zdravotne postihnutých v praxi nefunguje“. Available at: <https://europskenuviny.sk/2018/12/07/jana-zitnanska-odlahcovacia-sluzba-pre-rodiny-zdravotne-postihnutych-v-praxi-nefunguje/>

42 Šmehilová, A.L. et col. (2020). "Optimalizácia procesu poskytovania vybraných sociálnych služieb pre osoby so zdravotným postihnutím". Available at: http://effeta.sk/svk/projekty/projekt-evs/odborna_studia_2020.pdf

43 Európske noviny (2018). „Jana Žitňanská: Odlāhčovacia služba pre rodiny zdravotne postihnutých v praxi nefunguje“. Available at: <https://europskenuviny.sk/2018/12/07/jana-zitnanska-odlahcovacia-sluzba-pre-rodiny-zdravotne-postihnutych-v-praxi-nefunguje/>

Interviews

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- ★ Martina Betinová, Director of a Social Services Centre and Provider (public founded by region), Interview on 5th of January, 2021
- ★ Emília Illéšová, Regulator at the Social Services Department, Ministry of Labour, Social Affairs and Family, Interview on 7th of January, 2021
- ★ Katarína Martinčová, Director of a Social Services Centre and Private Non-profit Provider, Interview on 7th of January, 2021
- ★ Štefánia Rampachová, Head and Social Worker in a Social Services Centre (the provider is municipality), Interview on 8th of January, 2021
- ★ Eva Zaujecová, Regulator at the Social Services Department, Ministry of Labour, Social Affairs and Family, Interview on 8th of January, 2021
- ★ Jana Šuranová, Director of Social Services Centre and Supported Living, Private Non-profit Provider, Interview on 25th of January, 2021
- ★ Lukáš Kvokačka, Director of a Civic Association providing social services ‘Barlička’ (member of SocioFórum - EASPD member) and Reviewer, Interview on 9th of March, 2021

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European Association of Service providers for Persons with Disabilities
Handelstraat 72 Rue du Commerce, B-1040 Brussels
+32 2 233 77 20 | info@easpd.eu | www.easpd.eu

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