

# Caritas Cares Slovakia Report November 2015

## What this report is about

This report describes the main challenges related to poverty and social inclusion in Slovakia and provides recommendations for policy makers to address these challenges. The recommendations are based on an analysis of the grass-roots experience of Caritas Slovakia which is compared to official data.

## About Caritas Slovakia

The activities of Slovenska katolícka charita (Caritas Slovakia) range from social and charity work to health care and education services. The organisation's main beneficiaries are vulnerable groups and people experiencing poverty and social exclusion.

In 2014, the organisation reached a total of 35,000 beneficiaries in Slovakia; of these 40% were male and 60% were female. In terms of age groups, young children aged 0-15 represented 5% of the beneficiaries while elderly persons older than 60 years of age made up 60%. 20% of Caritas Slovakia's beneficiaries were homeless persons; while 65% of beneficiaries used Caritas Slovakia's home care and medical services.



### Recent publications by Caritas Slovakia:

Recent publications include the Caritas Slovakia magazine, informative material on rights etc. which can all be found on the [publications section](#) of the website.

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**Limited access to healthcare is only the tip of the iceberg representing the causes and consequences of poverty and social exclusion in Slovakia**

Slovakia's main challenges related to poverty and social exclusion:

❖ **Healthcare services have become inaccessible to large sections of the population**

Homeless persons and the Roma are the two vulnerable groups most excluded from healthcare services.

❖ **The right to work and housing is becoming increasingly inaccessible**

The main determinants for not being able to access these rights are affordability and discrimination.

❖ **Inadequate and inaccessible income support continues to hamper active inclusion.**

Minimum income schemes are inadequate in covering basic living needs; new eligibility criteria have made them even less accessible.

Policy recommendations for the National Government:

**Adequate income support:**

1. Revise the eligibility criteria for minimum income for families with children and launch public information campaigns on minimum income schemes in order to make adequate income support accessible to everyone.

**Access to quality services:**

2. Introduce means-tested co-financing measures to enable affordable access to social and healthcare services for excluded groups, and introduce accompanying measures that increase the take-up of these benefits.

**Other:**

3. Modify the Act on Social Services of the Slovak Republic by including more transparent rules and procedures that regulate the funding of social services and guarantee the provision of and access to quality services.

## 1. Poverty and social exclusion in Slovakia: the reality behind the data

### The problems of most concern in Slovakia

- ❖ Poverty and ill health
- ❖ Ongoing and massive unemployment

#### Poverty and health

Caritas, via its network of social and health care agencies, is providing mainly home care services, but also hospices and first aid for homeless people. Nevertheless, there is a growing number of desperate people asking for the organisation's assistance in the hope of support to cope with their growing costs of medicine, operations or medical devices that they are unable to afford.

Caritas Slovakia has observed that an increasing number of poor people with health problems is asking for help in order to be able to access health care services, as more and more of these services are being privatised and doctors and healthcare insurance funders are behaving more like commercial agencies. Their profits are currently a matter of political discussion, as it is hoped to use these to cover the

*Robo (23) left his family home due to disagreements with his parents. He found a job and was living in a hostel. He went to seek advice from Caritas Slovakia, as he had the feeling that he was going to lose his job and wanted to know about his possibilities in case that happened. Caritas offered him counselling and some food, after which he did not return for some time. Then, what he had feared happened: he was fired and could not afford his accommodation anymore, so he came to Caritas's night shelter. The social workers there found it difficult to communicate with him and eventually consulted a doctor who diagnosed him with developing schizophrenia. He himself did not know whether he was ill or not, he only knew that something was not in order with him and that he did not know what to do next. His family knew that he had some psychiatric problems, which was also one of reasons he left them. Also, Caritas social workers had to find a way of communicating with him. After some time, he found a new job – first part-time, later more permanent – and was able to earn some money after overcoming a difficult period. Caritas decided to contact his family who appreciated learning that he was doing fine, since they had been very worried, not knowing where he was or what had happened to him. Robo was not ready to meet them yet, so Caritas social workers felt the need to increase his self-confidence and orientation. Just a few days before Christmas 2014, they finally met. They celebrated the holiday together and he has stayed at their home since then. After Christmas, he came to thank Caritas for their support – he looked satisfied and happy. He is still in employment and is currently waiting to be received for institutional medical care.*

State's debt.

### **Ongoing and massive unemployment**

Unemployment in Slovakia is very high. Despite the fact that it is slowly decreasing; it is currently still above 12%, with significant geographic differences (in Bratislava about 6,2% and in Presov - Eastern Slovakia – 18,02%).

The largest group of unemployed people are low qualified people (about 35%) and young people between 20-25 years of age, followed by the age group 26-29 registered as unemployed. The average duration of unemployment is 17,4 months. In 2014, 65% of unemployed people were long-term unemployed (registered as unemployed for more than 1 year).

At the same time, Caritas Slovakia has been observing an increase in unemployed persons asking for its help.

### **Groups at risk of poverty with the highest need for political action in Slovakia**

- ❖ The Roma
- ❖ Homeless people

#### **Roma**

Roma people are a long-term neglected social group in the entire Central European region, including Slovakia. Discrimination against this ethnic group remains a common phenomenon in Slovakia; although no concrete data exists, it is obvious that large sections of the Roma are socially excluded and experience high levels of poverty. Ethnic data collection remains an issue due to the sensitivity of such data which is why census data on the Roma cannot be considered accurate. The services provided by Caritas Slovakia are based on social needs and not on the ethnicity of its beneficiaries, which is why the organisation can only report observations that Roma people make up a large beneficiary group. Caritas social centres are providing mainly food, clothes, child care and social counselling to the Roma. Although governmental policy covers Roma inclusion strategies in the areas of education, employment, health and housing, they remain ineffective in improving the situation for large sections of this ethnic group.

#### **Homeless people**

Homeless people are one of the most vulnerable groups in Slovakia. For instance, in 2014, the NGO Depaul Slovensko had around 1,303 clients visiting their shelters and night shelters and 193 visiting their day centres and personal hygiene centres.<sup>1</sup> Official statistics do not exist but some NGOs have collected their own data which estimates that there are approximately 10.000 homeless people in Slovakia, of whom around 80% are men and 20% women. The largest group of homeless people

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<sup>1</sup>DepaulSlovensko, 2014. [Annual Report](#).

are men aged 45-55, and who tend to be those suffering from differing diseases, alcohol dependence or mental illnesses. The data has also found that another growing group of homeless people are young drug users.<sup>2</sup>

There are NGO-initiated projects of cooperation with the Centre of Labour to do quantitative and qualitative research on homelessness in Slovakia and, with the Ministry of Labour and Family, to prepare a National Strategy against homelessness in Slovakia.

## The challenges in achieving active inclusion in Slovakia

- ❖ Adequate income support
- ❖ Inclusive labour markets
- ❖ Access to quality services

### Adequate income support

Slovakia has minimum income schemes but people experience administrative barriers in accessing them and the eligibility criteria are very strict. The latest assessment by the European Minimum Income Network (EMIN), of Slovakia's minimum income schemes,<sup>3</sup> found that homeless and young people leaving institutional care often have problems with access, because they live in isolation and do not have friends or relatives to advise them on how to cope with the social legislation. Families with children where one parent is unemployed and one employed with a low wage are another problem group. Their income is usually very low but often exceeds the subsistence minimum<sup>4</sup> by a few Euros, which is why they are not eligible for the assistance. Furthermore, the minimum income levels can be considered inadequate in covering basic living needs, as they do not suffice to cover the housing costs and almost inevitably lead to rent and electricity arrears and indebtedness. Therefore, minimum income schemes in Slovakia are considered to be inadequate in reducing poverty and social exclusion and in contributing to the inclusion of people.

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<sup>2</sup>Depaul Slovensko, 2014. [VÝROČNÉ SPRÁVY](#).

<sup>3</sup>European Commission, EMIN, 2014. [European Minimum Income Network: Country report Slovak Republic](#).

<sup>4</sup>The "socially acknowledged minimum level" of a person's income, below which s/he is recognised to be in a situation of material need.

*Karol (59) does not have fond memories of his childhood. He was raised by his mother and stepfather who ignored him and concentrated their attention on the children they had had together. After finishing his training as an electrician, he left the family home for some time and after he returned, he learnt that his family had de-registered their home as his permanent address. Consequently he decided to live fully on his own. He got married and had children with his wife; however, after some time, their relationship worsened and they divorced. Karol left the house he had built and went to work for some years in Austria. His wife and children have spurned him since then and he has never seen his grandchildren. After having worked some years in Austria, he moved to Poland to work, where he also met a new girlfriend. Everything seemed to be fine again until he had a stroke, which has left him with permanent physical consequences that have made it impossible for him to continue working. For a person who had been active his whole life, this situation was hard to accept. He had no savings and felt lost and did not know what to do, so he decided to take a train to Bratislava without knowing what to do next, either. While living as a homeless person in Bratislava, he learnt about the St. Vincent night shelter where he was then received. Social workers tried to assist him in finding his way back to Slovakia but things turned out to be more complicated than he had thought. Having lived many years outside the country, he did not appear in any register nor did Karol know how to register. He felt lost with the forms, internet applications, and long waiting times of up to 60 days. Even when being accompanied by a social worker, the reaction of some public administration officials was surprising: “He has nothing at all? No document, no social registration, no benefits?” Despite the administrative burden, Karol managed to register and now receives a disability pension which is too low to rent for a flat and pay for the assistance he needs, which is why he remains in the shelter. He is waiting to turn 60 so that he can ask for early retirement and be received in a home for institutional care for the elderly. “Let’s see,” he says with both hope and a certain degree of cynicism.*

## Inclusive labour markets

The labour market in Slovakia is slowly becoming more inclusive. This shift towards more inclusiveness can be directly linked to the influence of EU policies in Slovakia which, in this context, can be considered a positive trend.<sup>5</sup> The main barriers to fully inclusive labour markets are the lack of political will to make it a priority, the lack of administrative capacity to implement all common principles that promote inclusive labour markets, as well as the lack of financial resources to develop the necessary tools for implementation.

## Access to quality services

Since the 1990s, access to services had decreased tremendously – for large sections of the population they have even become inaccessible. This is due to the fact that services have become unaffordable (in user fees), scarce (in territorial coverage) and insufficient (in staffing and financial resources). Today, quality services are only accessible to those who can afford to pay for them and who do not have to use public transport to access them.

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<sup>5</sup>OECD, 2013. [“Better Policies” Series. Slovak Republic. Fostering an inclusive job-rich recovery.](#)

## Access to rights is limited for people at risk of poverty and social exclusion in Slovakia

- ❖ Right to healthcare
- ❖ Right to work
- ❖ Right to housing

The main problems related to not being able to realise these rights are unaffordability (of healthcare, housing) and discrimination (based on ethnicity, or age in the case of the right to work). Moreover, it must be highlighted that these rights are even less accessible for groups at high risk of poverty and social exclusion (i.e. Roma people, homeless people).

## 2. How effective are Slovakia's policies to fight poverty and social exclusion?

The Country Report for Slovakia,<sup>6</sup> published by the European Commission in February 2015, partly reflects the main problems and reality of poverty and social exclusion in the country. For instance, it highlights the low cost-effectiveness of the Slovak healthcare system and points to the fact that the country ranks low in terms of headline health status indicators and lowest in the EU when it comes to years of healthy life expectancy.<sup>7</sup> While this observation correctly highlights the startlingly poor health status in Slovakia, the rest of the document fails to draw a direct relationship between the accessibility/affordability of healthcare services and the increasingly limited resources of the Slovak population (i.e. poverty and poor health). Instead, the Country Report focuses on the expenditure of the healthcare system, which is a limited approach that does not take into account all aspects of poverty and social exclusion in the country, nor the longer term impact on the health care budget.

At the same time, the National Reform Programme<sup>8</sup> published by the Government of Slovakia, also in 2015, reflects only partly the main problems and reality of poverty and social exclusion in the country. Although the measures proposed for decreasing unemployment, particularly youth and long-term unemployment, can be seen as a move in the right direction, their effectiveness remains to be seen. The same applies to measures aimed at strengthening community centres and street work whose aim is the inclusion of the Roma. Furthermore, the measures foreseen to improve the health care system mainly focus on reforming the financial management of health care institutions but do not address affordability and accessibility.

In general, it can be said that the current policies implemented in Slovakia address only some of the problems related to poverty and social exclusion. However, the set

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<sup>6</sup>European Commission, 2015. [Country Report Slovakia 2015](#).

<sup>7</sup> At birth, Slovaks are expected to have 53.3 years of healthy life against the EU average of 61.6, according to the latest Eurostat data.

<sup>8</sup>Government of Slovakia, 2015. [National Reform Programme](#).

priorities are inadequate (e.g. reducing the healthcare budget instead of increasing accessibility to healthcare services) and the applied tools are inappropriate (e.g. reducing services).

## What policies are needed to address poverty and social exclusion more effectively?

In Slovakia, the National Roma Integration Strategy (NRIS) must be implemented more effectively. As the European Commission correctly highlighted in its assessment of the NRIS in 2014,<sup>9</sup> the Government must take a “more systematic integrated approach with clear measurable targets, a timeframe for implementation, appropriate financial allocation and effective monitoring”. Similarly, the planned housing interventions fail to apply an integrated approach and lack a long-term objective of de-segregation. In this context, the Commission observed that the construction, maintenance and upgrading of existing low-standard flats is currently not being monitored systematically while the abolishment of informal dwellings in the Roma settlements lacks adequate accompanying measures. With regards to employment, the assessment concluded that targeted active labour market policies for the Roma focusing on personalised services, and quality training in line with labour market demands were still not in place in Slovakia. Concerning education, any attempts to address the over-representation of Roma children in special-needs education have not been systematic nor are they being monitored, while the construction of schools in segregated areas continues in Slovakia. Similar concerns had already been raised in the Commission’s assessment of the Slovakian NRIS in 2012,<sup>10</sup> and it would therefore be of utmost importance for the Slovak Government to commit to applying the important recommendations made in both assessment reports.

Furthermore, the introduction of a National Strategy to fight homelessness is an absolute necessity.

In this context, the EU could support the Government of Slovakia in addressing the problems of poverty and social exclusion more effectively by providing tailored guidance (e.g. Country Reports, Country Specific Recommendations) that focus on the issues presented in this report.

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<sup>9</sup>European Commission, 2014. [Assessment of the Implementation of the NRIS in Slovakia.](#)

<sup>10</sup>European Commission, 2012. [Assessment of the NRIS in Slovakia.](#)

## The use of EU funds in Slovakia

- ❖ Slovakia has a specific ESF Operational Programme (OP) that addresses the challenges of poverty and social exclusion.
- ❖ Roma inclusion is an investment priority of this OP; however, the goals set appear unrealistic.

Caritas Slovakia has been involved in the planning process of the European Structural and Investment Funds 2014-2020 in Slovakia. However, only some proposals were taken into account in the programming documents. Nonetheless, Caritas Slovakia is expected to be involved in the direct implementation of European Structural and Investment Funds 2014-2020.

In this programming period, Slovakia has a specific European Social Fund Operational Programme (OP) that specifically addresses the challenges of poverty and social exclusion. This OP includes the following investment priorities: active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability; socio-economic integration of marginalised communities such as the Roma; and community-led local development strategies.

The planned measures regarding socio-economic integration of marginalised communities, such as the Roma, include pre-school education for Roma children. Although the planned measures are certainly considered positive, their set goals until 2020 do not appear realistic.

### 3. Recommendations to address the described problems

**Recommendation 1: Introduce means-tested co-financing measures to enable affordable access to social and healthcare services for excluded groups, and introduce accompanying measures<sup>11</sup> that increase the take up of these benefits.**

- ➔ **Problem addressed if implemented:** The limited access (due to unaffordability, unavailability, scarcity, discrimination, and lack of information) to healthcare and social services for homeless people and the Roma.
- ➔ **Governmental department that could lead this measure:** The Ministry of Social Affairs and Family, the Ministry of Health Care, the Ministry of Finance, Health Care Insurance, and Social Insurance.
- ➔ **Policy framework:** The EC Recommendation on the active inclusion of people excluded from the labour market (the “access to quality services” pillar).
- ➔ **How the European Commission could support this measure:** By providing tailored policy guidance (e.g. Country Report, Country Specific

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<sup>11</sup>E.g. A one-stop shop to access services and apply for benefits that enable accessibility; awareness-raising about the availability of benefits; personalized assistance to cope with the paperwork or process required to apply for social benefits.

Recommendations) that address the limited access to healthcare and social services for excluded groups, such as homeless people and the Roma in Slovakia.

**Recommendation 2: Modify the Act on Social Services of the Slovak Republic by including more transparent rules and procedures that regulate the funding of social services and guarantee the provision of and access to quality services.**

- **Problem addressed if implemented:** The criteria for selecting social service providers is unfair, as non-public service providers (mainly NGOs) are obliged to fulfil stricter quality requirements than public service providers. At the same time, “price” is the determining selection criteria for choosing providers, which results in a comparative advantage for (cheaper) public providers who often provide services of poorer quality and who force non-public providers to opt for poorer quality (e.g. furniture, infrastructure etc.) in order to be able to compete. As a result, beneficiaries of non-public services need to bear the costs of covering the expenditure of these services. Consequently, quality services are less accessible for users with limited financial capacity.
- **Governmental department that could lead this measure:** The Ministry of Social Affairs and Family.
- **Policy framework:** The EC Recommendation on the active inclusion of people excluded from the labour market (the “access to quality services” pillar), the Act on Social Services of the Slovak Republic.
- **How the European Commission could support this measure:** By encouraging the Slovak Government to establish transparent procedures that provide equal opportunities for social service providers, guarantee the provision of quality services and the right to choose.

**Recommendation 3: Revise the eligibility criteria for minimum income for families with children and launch public information campaigns on minimum income schemes in order to make adequate income support accessible to everyone.**

- **Problem addressed if implemented:** The current minimum income schemes are inadequate to cover basic living needs; and they are inaccessible to some excluded groups.
- **Governmental department that could lead this measure:** The Ministry of Social Affairs and Family.
- **Policy framework:** The EC Recommendation on the active inclusion of people excluded from the labour market (the “adequate income support” pillar).
- **How the European Commission could support this measure:** By providing tailored policy guidance (e.g. Country Report, Country Specific Recommendations) that address the inadequacy and inaccessibility of income support in Slovakia.



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