Center za dezinstitucionalizacijo

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Third recommendations of the International Steering Committee for the Process of Deinstitutionalization in Slovenia

as part of the Strategy of the Republic of Slovenia for Deinstitutionalization in Social Protection for the period 2024-2034 (StaDI 2024–2034)

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Uvod

In accordance with the Republic of Slovenia's Strategy for Deinstitutionalization in Social Care for the period 2024-2034 (hereinafter: StaDI 2024–2034), the Ministry of Solidarity-Based Future[1] established the International Steering Committee for Deinstitutionalization in December 2024. In the remainder of this document, we will use the term "Ministry" to refer to the ministry responsible for deinstitutionalization.

The members of the ISC are responsible for advising and guiding the transformation of institutional care into community-based care, with the aim of improving the quality of life for people with disabilities and respecting their human rights. More information about the organization, operation, and members of the International Steering Committee is available online.

Framework for Preparing the third Recommendations

The members of the International Steering Committee conducted our third study visit to Slovenia between March 16 and 20, 2026. During the visit, we met with 11 multidisciplinary teams, the Hrastovec Institution, the Association of Social Work Centers of Slovenia, and the Ministry. During the visit, members of the International Steering Committee gathered up-to-date information on the deinstitutionalization process in Slovenia and gained insight into the establishment and operation of multidisciplinary teams.

Due to the large number of field visits, members of the International Steering Committee divided into three groups. Each group included at least one Slovenian and one foreign representative. At the end of the visit, each group verbally presented certain observations and recommendations to the visited organizations that would support their work in the deinstitutionalization process. After the study visit was completed, each group also prepared written recommendations specifically addressed to the organizations visited. The Center for Deinstitutionalization forwarded the written recommendations to the organizations.

Based on all the field visits, the members of the International Steering Committee prepared joint recommendations intended for a broad range of stakeholders. The recommendations provide guidelines for planning and implementing deinstitutionalization processes and promote coordinated cooperation and collaborative action among various stakeholders.

[1] The Strategy for Deinstitutionalization in Social Care for the period 2024–2034 was adopted by the Ministry of Solidarity-Based Future in March 2024. As of 5 June 2026, responsibility for the governance of deinstitutionalization was transferred to the Ministry of Demography, Family and Social Affairs in accordance with the Act Amending the Government of the Republic of Slovenia Act (Official Gazette of the Republic of Slovenia, No. 555/26). In the remainder of this document, the term "Ministry" refers to the ministry responsible for deinstitutionalization.

Recommendations

The recommendations and comments presented below are based on the findings of the third study visit of the International Steering Committee for Deinstitutionalization (hereinafter: ISC). The recommendations are organised according to the areas covered by the Strategy for Deinstitutionalization in Social Care for the period 2024–2034 (StaDI 2024–2034). We first present our observations and comments, followed by recommendations addressed to the various stakeholders. We have categorized the recommendations by topics of StaDI 2024-2034. A summary of the recommendations is provided at the end of this document.

Resettlement Dynamics and Transformation Planning

The StaDI 2024–2034 envisages the transformation of all social care institutions. In accordance with the Strategy, at least five institutions should have begun planning their transformation by 2026. During our study visits, we identified an interest in transformation planning in only one institution, Hrastovec Social Care Institution. We also observed a willingness to embrace change and development at DUO Impoljca, which has joined the multidisciplinary teams project and coordinates one multidisciplinary team.

We believe that, for the successful continuation of the deinstitutionalization process, it is essential that institutions begin preparing (and implementing) their transformation plans as soon as possible. The Ministry has developed a methodology that determines the order in which institutions are to be included in the deinstitutionalization process. This approach enables the gradual and well-planned implementation of transformation and contributes to ensuring high-quality resettlements of people using services while simultaneously establishing the necessary resources and support in the community. The methodology should also serve as guidance for multidisciplinary teams in setting priorities for supporting people with disabilities in their transition from institutions to community living.

In addition to encouraging institutions to begin planning their transformation, we believe that appropriate support should also be provided to those institutions that are involved in the transformation process. Throughout both the planning and implementation of transformation, institutions should receive professional support from the Centre for Deinstitutionalization.

1. *The ISC recommends that the Ministry, in accordance with the methodology for selecting service providers to be included in the deinstitutionalization process, invite those service providers identified for entry into the process to begin preparing their transformation plans as soon as possible.*

2. *The ISC recommends that the Ministry continue to provide Dom na Krasu with dedicated attention and support in completing its transformation process, thereby contributing to its timely and successful implementation.*
3. *The ISC recommends that multidisciplinary teams support the relocation of people with disabilities from social care institutions that have already entered the transformation process or are currently preparing their transformation plans. At present, these are: Dom na Krasu, Social Care Institution Hrastovec, and DUO Impoljca – Special Unit.*
4. *The ISC recommends that the Centre for Deinstitutionalization support interested social care institutions in preparing their transformation plans and encourage them to actively participate in support activities for implementing transformation (e.g. training programmes, webinars, and study visits).*

Development of Community-Based Services and Prevention of Institutionalization

Community-Based Service Development and Stakeholder Engagement

We visited the multidisciplinary teams during the initial phase of their establishment. During our visits, we observed a high level of motivation, professional commitment and readiness to develop community-based support. The teams represent significant potential for advancing the deinstitutionalization process and supporting people with disabilities to live in the community. At the same time, we identified a need for clearer planning of their long-term operation. The teams need a clearer vision for their development after the completion of the project, including a clearly defined role within their organisations, a plan for the development of community-based services, and the financial and organisational conditions necessary to ensure their continued operation. In providing support to people with more complex needs, it is also important to establish systematic cooperation with existing community-based services and other relevant service providers.

We also identified considerable potential for cooperation and mutual learning among the multidisciplinary teams. The teams are developing different practices, professional knowledge and experience that should be systematically shared and exchanged, as this can contribute to higher-quality community-based support and more effective responses to professional challenges. We believe that formalising this cooperation would significantly strengthen collaboration among the teams. In cooperation with the Centre for Deinstitutionalization, a network of multidisciplinary teams could also develop professional guidelines for community-based support.

In Slovenia, in addition to the multidisciplinary teams, we recognise the important role of mental health centres in providing community-based support. Mental health centres make an important contribution to prevention, early intervention and the prevention of

institutionalization. At the same time, multidisciplinary teams are developing specific knowledge and expertise in supporting people to move from institutions to the community and in organising community-based support. We believe that closer cooperation between mental health centres and multidisciplinary teams would contribute to more comprehensive, coordinated and continuous support for people with disabilities and people with mental health problems. Such cooperation would enable better coordination of services, more effective responses to individual needs, and stronger support for preventing institutionalization and promoting successful inclusion in the community.

5. *The ISC recommends that multidisciplinary teams prepare a business plan covering both the project implementation period and the period following the project's completion. The plan should include a clear vision for the multidisciplinary team, its role within the organisation, clearly defined objectives and activities for the first year of operation, a plan for the development of community-based services and cooperation with other stakeholders, and a financial framework for its operation. The plans should be evaluated annually.*
6. *The ISC recommends that multidisciplinary teams establish a formal network and support one another in the development of community-based services. This formal cooperation may include regular meetings of multidisciplinary teams, joint professional discussions and the exchange of examples of good practice.*
7. *The ISC recommends that multidisciplinary teams and the Centre for Deinstitutionalization jointly develop professional guidelines for community-based support.*
8. *The ISC recommends that the Ministry promote cooperation between multidisciplinary teams and mental health centres, and develop mechanisms for the joint planning and coordination of community-based support.*

Education and training for stakeholders

Multidisciplinary teams have different levels of experience in supporting the transition of people with disabilities from institutions back into the community. We recommend that the Centre for Deinstitutionalisation develop a diverse range of education and training programmes to support teams in providing support to people with disabilities. We suggest that the Centre for Deinstitutionalisation pay particular attention to the following topics: supporting people with disabilities during the process of moving from institutions back into the community; funding sources for the provision of support; stakeholder engagement and building a coalition for deinstitutionalisation; and providing support to people with disabilities with more complex support needs.

Within multidisciplinary teams, several professional roles have been established that are not yet widely developed or recognised in Slovenia, including support workers and peer support

workers. During the visit, teams highlighted the need for additional professional support, clearer definitions of their roles, and further development of the competencies required to carry out these tasks. We recommend that the Centre for Deinstitutionalisation give particular attention to these areas when planning training programmes, mentoring and other forms of professional support.

Special attention should also be given to multidisciplinary teams that provide or plan support for people with high support needs, including people living in secure units. These teams often face complex professional challenges; therefore, we recommend providing additional opportunities to learn from international practices. For this purpose, we suggest organising professional study visits, exchange visits, or other forms of knowledge exchange with organisations from abroad that have experience in successfully implementing community-based support for people with high support needs.

9. *The ISC recommends that the Centre for Deinstitutionalisation expand the training programme and other forms of professional support for multidisciplinary teams to better address the different levels of prior knowledge, experience and specific needs of individual teams.*
10. *The ISC recommends that the Centre for Deinstitutionalisation provide additional professional support, mentoring and competency development for support workers and peer support workers, and contribute to a clearer definition of their roles within the community-based support system.*

Support for people with complex support needs

As community-based services are being developed, we call on the responsible Ministry to pay particular attention to the development of support for people with disabilities with more complex support needs. During the visit, we were informed about plans to prepare a call for the establishment of a multidisciplinary team specialised in supporting people with disabilities who are placed in secure units. We welcome this initiative, as it represents an important step towards ensuring that all people with disabilities have the opportunity to live in the community, regardless of the complexity of their support needs. At the same time, we consider it essential that the call clearly defines the professional and organisational requirements for applicants.

11. *The ISC recommends that the Ministry continue with the preparation of the call for multidisciplinary teams supporting the transition of people with disabilities from secure units into the community. We recommend that the Ministry clearly and precisely define the eligibility criteria in the call, including the relevant experience required from applicants.*

Housing first

During the field visits, we identified the provision of adequate housing for people with disabilities moving from institutional care into the community as one of the key unresolved issues in the deinstitutionalisation process. Currently, there is no systemic mechanism at the national level for securing housing specifically intended for people with disabilities. Securing housing is particularly challenging for people moving out of institutions. Multidisciplinary teams report that finding housing is left to individual providers and teams, who must seek solutions for each person separately in cooperation with municipalities, housing funds and other local stakeholders. This approach creates significant differences between local environments and does not ensure equal access to housing for all people using services. It is also important to emphasise that people with disabilities often face discrimination and prejudice when seeking housing, linked to their experiences of institutional life, which places them at a disadvantage in the open housing market. Without systemic solutions, there is a risk that the lack of accessible housing will represent a significant barrier to the further development of community-based services.

In the development of housing policy, it is important that the Ministry directs funding for new construction and renovation towards the development of community-based housing solutions rather than the expansion of institutional capacities. We recommend that the Ministry support investments in institutional capacities only in cases where this is necessary to ensure the safety and life-sustaining needs of people with disabilities, while at the same time promoting the development of individual housing solutions in the community.

We are also aware of the challenges related to access to non-profit housing for people with disabilities who are under guardianship. The current arrangements often prevent them from independently applying for non-profit housing schemes. Such practices represent a significant barrier to exercising the right to independent living and inclusion in the community, as set out in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities. Existing procedures should therefore be reviewed and, where necessary, amended to ensure that guardianship does not constitute an unjustified barrier to accessing housing rights.

12. *The ISC recommends that the Ministry's Investment Service prioritise the use of existing community capacities, the development of individual housing solutions, and avoid investments in large-scale construction of clustered housing arrangements or larger residential units.*
13. *The ISC recommends that all deinstitutionalisation stakeholders avoid establishing clustered housing units or housing units located in close proximity to one another.*

14. *The ISC recommends that the Ministry amend the legal framework to ensure that a person under guardianship can also be an applicant for the allocation of non-profit housing.*

Quality services for quality of life

Multidisciplinary teams operate in different organisational and local contexts and build on diverse experiences, resources and levels of development. Therefore, it is important that the Centre for Deinstitutionalisation establishes clear criteria for monitoring the quality of support provided by teams to people with disabilities in the community.

Based on these criteria, the Centre for Deinstitutionalisation should also develop a system for the early identification of needs for additional support and prepare a plan for professional and organisational assistance for teams facing challenges in providing high-quality community-based support. Such an approach would contribute to more consistent quality of services, strengthen the competencies of teams, and reduce risks for people receiving support.

15. *The ISC recommends that the Centre for Deinstitutionalisation, in cooperation with the Ministry, develop standards for the provision of high-quality support by multidisciplinary teams.*

Annex

Summary of all general recommendations from the third visit of the International Steering Committee for Deinstitutionalisation, organised by the StaDI 2024–2034 topics

Recommendation No.	Recommendation	Responsible entity and participating stakeholders	Measure
Resettlement Dynamics and Transformation Planning			
1	The ISC recommends that the Ministry, in accordance with the methodology for selecting service providers to be included in the deinstitutionalization process, invite those service providers identified for entry into the process to begin preparing their transformation plans as soon as possible.	Ministry (MDDSZ) and social care institutions.	Call on service providers to initiate the transformation planning process.
2	The ISC recommends that the Ministry continue to provide Dom na Krasu with dedicated attention and support in completing its transformation process, thereby contributing to its timely and successful implementation.	Ministry (MDDSZ) and Dom na Krasu.	Regular monitoring of the completion of the transformation of Dom na Krasu.
3	The ISC recommends that multidisciplinary teams support the relocation of people with disabilities from social care institutions that have already entered the transformation	MDT and Dom na Krasu, SVZ Hrastovec, DUO Impoljca.	Cooperation between MDTs and institutions to support service users' resettlement

	process or are currently preparing their transformation plans. At present, these are: Dom na Krasu, Social Care Institution Hrastovec, and DUO Impoljca – Special Unit.		from institutions to the community.
4	The ISC recommends that the Centre for Deinstitutionalization support interested social care institutions in preparing their transformation plans and encourage them to actively participate in support activities for implementing transformation (e.g. training programmes, webinars, and study visits).	CDI and social care institutions.	Provided support for institution when planning transformation.
Development of Community-Based Services and Prevention of Institutionalization			
5	The ISC recommends that multidisciplinary teams prepare a business plan covering both the project implementation period and the period following the project's completion. The plan should include a clear vision for the multidisciplinary team, its role within the organisation, clearly defined objectives and activities for the first year of operation, a plan for the development of community-based services and cooperation with other stakeholders, and a financial framework for its operation. The plans should be evaluated annually.	MDT	Prepared business plan for MDTs and their work.
6	The ISC recommends that multidisciplinary teams establish a formal network and support one another in the development of community-based services. This formal cooperation may include regular meetings of multidisciplinary teams, joint	MDT	Establishment of a network of MDTs.

	professional discussions and the exchange of examples of good practice.		
7	The ISC recommends that multidisciplinary teams and the Centre for Deinstitutionalization jointly develop professional guidelines for community-based support.	MDT in CDI	Development of joint professional guidelines for community-based work.
8	The ISC recommends that the Ministry promote cooperation between multidisciplinary teams and mental health centres, and develop mechanisms for the joint planning and coordination of community-based support.	Ministry (MDDSZ) and MDT, CMH	Cooperation betweenMDT in CMH.
9	The ISC recommends that the Centre for Deinstitutionalisation expand the training programme and other forms of professional support for multidisciplinary teams to better address the different levels of prior knowledge, experience and specific needs of individual teams.	CDI	Training plan on specific topics for MDTs.
10	The ISC recommends that the Centre for Deinstitutionalisation provide additional professional support, mentoring and competency development for support workers and peer support workers, and contribute to a clearer definition of their roles within the community-based support system.	CDI	Providing support to support workers and peer support workers.
11	The ISC recommends that the Ministry continue with the preparation of the call for multidisciplinary teams supporting the transition of people with disabilities from secure units into	Ministry (MDDSZ)	Launching a call for MDTs supporting the resettlement of people from secure units.

	the community. We recommend that the Ministry clearly and precisely define the eligibility criteria in the call, including the relevant experience required from applicants.		
Housing first			
12	The ISC recommends that the Ministry's Investment Service prioritise the use of existing community capacities, the development of individual housing solutions, and avoid investments in large-scale construction of clustered housing arrangements or larger residential units.	Ministry (MDDSZ) - Investment Department	Redirecting funding towards community-based units instead of institutional units.
13	The ISC recommends that all deinstitutionalisation stakeholders avoid establishing clustered housing units or housing units located in close proximity to one another.	All stakeholders of StaDI2024-2034	Ensuring the dispersion of community-based housing units.
14	The ISC recommends that the Ministry amend the legal framework to ensure that a person under guardianship can also be an applicant for the allocation of non-profit housing.	Ministry (MDDSZ)	Amending legislation to enable people with disabilities to enter into housing rental agreements.
Quality services for quality of life			
15	The ISC recommends that the Centre for Deinstitutionalisation, in cooperation with the Ministry, develop standards for the provision of high-quality support by multidisciplinary teams.	CDI	MDT Quality Support Standards.