

Annex No. 1

Strategic frameworks and legislation in force for education

The basic prerequisite for a quality and functioning education system is to enable each individual to develop their educational potential, to ensure accessibility and permeability of all levels of education. Quality pre-primary and primary education helps reduce social disparities. By investing in quality and accessible education from pre-school age, we will save on social costs in the future.

Child poverty and equal access to quality services for children in vulnerable situations are reflected in the document *Slovakia's Vision and Development Strategy 2030 – Long-term Strategy for the Sustainable Development of the Slovak Republic – Slovakia 2030* (hereinafter referred to as “the Vision and Strategy”), which states that according to Eurostat population projections, Slovakia is among the European countries with the fastest ageing population. Slovakia is one of the countries with the lowest share of GDP investment in early childhood care. At the same time, the education system has long been unable to overcome the barriers that children, pupils and students face in relation to their socio-economic background, health status or disability, mother tongue, or the diversity of their educational needs. This is reflected in the strong impact of pupils’ socio-economic background on their performance in national and international testing, higher repetition and drop-out rates for pupils from socially disadvantaged backgrounds, and the over-representation of pupils with social and health disadvantages in the special education stream. The persistent discrimination and spatial segregation of Roma pupils, as well as their over-inclusion in the special education stream, is also a problem. The proportion of early school leavers is also high (8.3% in 2019, Eurostat). This negative fact is confirmed by the data presented in the document of the MESRaS SR *Strategy of an Inclusive Approach in Education and Training*, which declares that the Slovak Republic within Europe has the highest share of primary school pupils in the special education stream – up to 5.88% (the European average is almost four times lower: 1.62%), while among children from marginalised Roma communities (hereafter referred to as “MRC”) it is as high as 24%. At the same time, according to the OECD, the impact of social background on educational performance of primary school pupils in Slovakia is one of the highest in developed countries. Pupils from socially disadvantaged backgrounds (SDE) are 8 times more likely to repeat a grade than other primary school pupils (12.7% vs 1.6%).

The document *National Programme for the Development of Education and Training 2018 – 2027* responds to these facts. The strategic objectives of the programme are to improve the quality of the education and training system, expand access to quality education for all and modernise the education and training system in terms of content, management, financing and evaluation. The quality of education and access to education are closely interlinked. At the heart of the education system is the network of schools and educational establishments, regulated by the state.

With regard to the MRC, the Government of the Slovak Republic (hereinafter referred to as the SR) approved in April 2021 the *Strategy of Equality, Inclusion and Participation of the Roma until 2030* (hereinafter referred to as the “2030 Strategy”), which aims to achieve visible changes in terms of equality and inclusion of the Roma. The *2030 Strategy* focuses on four priority areas – employment, education, health and housing. The vision of the 2030 Strategy for “education” is to increase the real participation of children and pupils from the MRC in quality education in the mainstream at all levels of education, with an emphasis on the application of desegregation and inclusion measures in the educational process¹⁾.

¹⁾ MI SR. Strategy of Equality, Inclusion and Participation of the Roma until 2030. Available at: <https://www.minv.sk/?strategia-pre-rovnost-inkluziu-a-participaciu-romov-do-roku-2030>

*Strategy of the Slovak Republic for the Youth 2021 – 2028*²⁾ defines key areas, objectives, measures and indicators aimed at improving the situation of young people.³⁾ One of the objectives is to increase the participation and representative democracy of young people in society, so that young people with disadvantages and lack of opportunities are also involved in participation. Participation should enable them to express their views and these should be adequately taken into account. It also aims to create conditions for safe, accessible and active leisure time for young people, including young people for whom the financial burden of leisure activities is a barrier to participation. These young people represent the most vulnerable group in relation to socio-pathological phenomena, extremism and radicalism. This is why attention will be paid to community and low-threshold programmes and services aimed at working with unorganised youth in leisure time, including settlement and rural youth. An inclusive approach to youth work will be promoted, with specific regard to a wide range of disadvantaged groups of young people, including young people with disabilities, in order to balance their opportunities. Part of the measures will be aimed at promoting healthy lifestyles and mental health, as young people with disabilities, chronic illnesses, as well as youth who are stigmatised and marginalised for various reasons, are among the particularly vulnerable groups of youth in terms of mental health risks.

The act no. 415/2021 coll. amending the act no. 245/2008 coll. on the education and training (the school act) and on amendments and supplements to certain acts, as amended, amending and supplementing certain other acts, as amended (hereinafter referred to as the school act), has introduced a number of changes that reflect the need to improve the quality and accessibility of education for all, especially for children from socially disadvantaged backgrounds. Section 2 of the school act links Slovak legislation with international legislation, in particular the UN General Comment no. 4 (2016) on the right to inclusive education. Inclusive education is also introduced as a compulsory principle of upbringing and education and the child's right to it.

According to section 2 of the school act, a child and pupil with special educational needs (hereinafter referred to as "SEN") is a child and pupil who has been diagnosed with SEN by an educational counselling and prevention institution. Such children and pupils have the right to education using special forms and methods that meet their needs and to the creation of the necessary conditions to facilitate and permit this form of education. These educational adjustments are necessary for the development of the pupil's abilities or personality, for the attainment of an appropriate level of education and for appropriate integration into society.

The data obtained within the framework of the *Analysis of findings on the state of education in Slovakia*⁴⁾ indicate that the current concept of SEN used at the level of kindergartens, primary and secondary schools to grant support to children with disabilities or talents has several limitations. Part of this results in particular from the emphasis on a relatively rigid categorisation of children according to disadvantage or disability, without taking into account individual differences in their learning needs. The definition of SEN attributes their causes to the child's disadvantage or disability, or to the child's family. This diverts attention away from the barriers on the part of schools and the education system that children may face. It can lead to the choice of pedagogical strategies and support tools that may not ultimately be effective, which does not aim to equalise opportunities and fulfil the potential of each child and pupil, as education is

²⁾ MINEDU. Strategy of the Slovak Republic for the youth 2021 – 2028 Available at: [Microsoft Word – 2.vlastny-material_Strategia_SR_pre_mladez \(minedu.sk\)](#)

³⁾ According to act no. 282/2008 coll. on the support of youth work and on amendments to certain acts, as amended, all persons who have reached the age of 30 or less are considered to be youth, with a greater emphasis on the age group from 13 to 30 years.

⁴⁾ Hall, R. et al. (2019) Analysis of findings on the state of education in Slovakia It makes sense; available at: <https://analyza.todarozum.sk/analyza-zisteni-o-stave-skolstva-na-slovensku.pdf>.

not tailored to their needs. For some children, it can also mean a negative label that stigmatises them in education. At the same time, listing specific categories of disadvantage or giftedness is not, and can never be, fully exhaustive, leading to some children facing barriers to learning being excluded from the right to support and an individualised approach in education. The results of the survey also suggest that the current conditioning of support on the assignment of a “diagnosis” may limit the possibilities for preventive action and may also contribute to a higher representation of certain groups of children (for example, children with a Roma mother tongue, but also children growing up in institutional care) among children with disabilities and, consequently, in the special education system.

Section 7(a) of the school act, introduces an individual education programme (hereinafter referred to as the IEP) for a child or pupil with SEN, which is to be prepared by the school. In relation to the IEP, mandatory informed consent of the parent to the IEP is introduced. It is necessary that the parent is informed about and actively involved in the integration, understands the steps that will be taken together to support the child and even takes an active part in them, including home support. Education according to the IEP may also be allowed by the school principal for a pupil with a giftedness or for grave reasons, in particular pregnancy and maternity. The school act also defines conditions for the involvement of the teaching assistant in the quality preparation and implementation of the IEP. The school act also introduces compulsory pre-primary education in kindergarten from the age of 5. A child with disabilities may also fulfil compulsory pre-primary education for less than 4 hours per day, upon request of the legal representative or the representative of the establishment.

This change is also reflected in the *Recovery and Resilience Plan*,⁵⁾ in the section dedicated to ensuring the conditions for the implementation of compulsory pre-primary education from the age of 5 and the introduction of a legal entitlement to a place in kindergarten or other pre-primary education providers progressively from the age of 3, where the main objective is to increase the participation rate of children from 3 years of age in pre-primary education, including children with disabilities and children from socially disadvantaged backgrounds (namely from 88% to 95% for 5-year-olds and from 77% to 82% for 3 to 4-year-olds). In order to realise this objective, it is necessary to provide adequate financial tools to support children’s pre-primary education so that their diverse learning needs are met and barriers to enrolment are removed. *The Recovery and Resilience Plan* foresees an investment of EUR 135,400,000 to expand the capacity of kindergartens, but does not foresee the individualisation of education and financial instruments to meet the diverse educational needs of children that are planned from ESF+ resources.

The amendment to the school act also introduces support for pupils with mental disabilities, as well as early primary school leavers (pupils who have repeated a grade and have not completed primary school), as well as distance education as a standard form of teaching (section 54), which opens the way for hybrid forms of education, combining mainly online and offline learning. Also anchored in the school act is the so-called school support team, whose role is primarily to provide systemic support in the school, setting up and developing an inclusive culture, including implementation in the school curriculum. A new feature is the possibility of employing health care workers (in particular a doctor and a nurse) who may, with the informed consent of the parent, provide health care to a child or pupil in a school or a school facility (section 152). Sections 55 to 56 allow a school the use of various forms of assessment that are in line with statutory aims of education (grades, verbal assessment, reflection, other – these must be specified in the school’s curriculum) (hereafter referred to as the school’s curriculum). For summarising assessment, grades are still valid.

⁵⁾ Component 6, section 3.1.1 Reform 1.

Currently, in Slovakia, on the basis of the legislation in force, children's leisure activities are also supported by the state.⁶⁾ Any child or pupil of a primary or secondary school can benefit from an allowance for leisure education. The allowance is provided by means of educational vouchers and is intended for activities that are different in time and content from school lessons. Their content is aimed at pupils' leisure, recreational, physical education and social activities.⁷⁾ In May 2022, the National Council of the Slovak Republic approved the *draft law no. 232/2022 coll. on the financing of children's leisure time and on amending and supplementing certain acts*, which aims to further support children's leisure time activities in the fields of education, sport and culture, as well as to make these activities more accessible to as large a group of children as possible.⁸⁾ Children aged between 5 and 18 receive a financial allowance of EUR 60 each month for leisure activities. The rules for granting the allowance, the assessment of eligibility and the list of leisure activities for which the allowance can be used are specified in the adopted law.⁹⁾ The person entitled to handle the child's account is: 1. the person to whom the child allowance is paid for the child pursuant to a special regulation, 2. the statutory representative or an employee authorised in writing by the statutory representative of the social-legal protection of children and social guardianship or special educational institution in which care is provided to the child due to the execution of a court decision on the order of institutional care, an urgent measure, a decision on the imposition of protective education or an educational measure, 3. the natural person who first proves that he or she is the legal representative of the child, if there is no person pursuant to the first or the second point.

A child is considered to be a person with permanent residence, temporary residence or tolerated stay in the territory of the Slovak Republic from 5 years of age to 18 years of age, while only a child who continues to participate in the educational process in a school in the territory of the Slovak Republic or abroad is considered to be a child after the completion of compulsory school attendance.

Following the changes in the school act, the MESRaS SR has developed a *Strategy of an Inclusive Approach in Education and Training (SIAET)* The SIAET is a document aimed at improving the current state of education for all children, pupils and students in schools without distinction. The document presents the basic philosophy of inclusive education in kindergartens, primary schools, secondary schools and universities in the Slovak Republic, as well as in early guidance and lifelong learning, both in formal and non-formal education. The strategy document is also synergistically linked and harmonised with other already existing documents of the MESRaS SR (*the Zero Action Plan of the Strategy of an Inclusive Approach in Education and Training 2021, the National Programme for the Development of Education and Training*, and also with *Component 6 of the Recovery and Resilience Plan*). The long-term goals of supporting and motivating schools to become inclusive centres of learning are also covered by *the first action plan*¹⁰⁾ for the period 2022 to 2024. Each priority of the strategy has clearly stated strategic, global objectives and action lines that will be addressed and put into practice by the planned action plans. The process of developing the action plans will be a follow-up to the approved *strategy* in line with the principle of participation of all actors. Action plans for the implementation of the strategy will be issued by the MESRaS SR at regular intervals every 3 years.

⁶⁾ MESRaS SR (2022). Educational vouchers. Available at: <https://www.minedu.sk/vzdelavacie-poukazy/>

⁷⁾ Collection of Laws of the Slovak Republic. (2022) Available at: https://www.slov-lex.sk/static/pdf/2008/630/ZZ_2008_630_20220102.pdf.

⁸⁾ MF SR Helping families: increasing child allowances, tax bonus and introducing allowances for leisure school activities. Available at: <https://www.mfsr.sk/sk/media/tlacove-spravy/pomahame-rodinam-zvysujeme-detske-pridavky-danovy-bonus-zavadzame-kruzkovne.html>.

⁹⁾ National Council of the Slovak Republic. (2022). Government draft law from 2022 on the financing of children's leisure time and on amendments to certain laws. Available at: <https://www.nrsr.sk/web/Dynamic/DocumentPreview.aspx?DocID=511321>.

¹⁰⁾ MESRaS SR (2022) First action plan for the implementation of the Strategy for an Inclusive Approach in Education and Training 2022 – 2024. Available at: <https://www.minedu.sk/prvy-akcny-plan-plnenia-strategie-inkluzivneho-pristupu-vo-vychove-a-vzdelavani-na-roky-2022-2024/>

In 2021, the MESRaS SR developed the *Analysis of the situation – capacity of kindergartens*. The document is dedicated to the presentation of basic and key data and data on kindergartens; discusses the need and opportunities for expanding kindergarten capacities, as well as the risks and necessary capacities needed to meet the social demand for these services, and at the same time the capacity requirements after the introduction of compulsory pre-primary education for children aged 5 years and older. In 2020, the gross enrolment rate of children in kindergartens was 88.2%, which is 1% lower than in 2019. The number of registered pending applications for admission to kindergarten increased from 1,679 in 2004 to 18,038 in 2020.

Early childhood care is comprehensively covered in the strategic document “National Development Strategy for Coordinated Early Intervention and Early Care Services 2022 – 2030”¹¹⁾, which was adopted by the Government of the Slovak Republic on 28 June 2022. The aim of this strategy is to create optimal conditions for support and assistance through an effective system of counselling, development of social services, support for education and streamlining of health interventions provided within the framework of early intervention and early care services. This strategic document is aimed at ensuring the creation of appropriate conditions to support the comprehensive development and social inclusion of children with developmental needs, children with disabilities and children who are in an unfavourable social situation, in order to help them develop their full developmental potential. In this respect, services will be fully child-centred, respecting the changing individual needs and development of the child. The intention of the strategy is to propose substantive solutions, which must then be translated into changes in legislation in order to create an effective and functioning system. All parts of the strategy are developed with the aim of improving the quality of life of the target group of children and their families. The task of introducing a coordinated inter-departmental system of early intervention for children with disabilities and for children from socially disadvantaged backgrounds and their families is based on the programme statement of the Government of the Slovak Republic. This process requires coordinated action with a multi-departmental approach, in an effort to find common overlaps in interventions where health, social and educational interventions intersect. The strategy also includes the development of services to support the reconciliation of family and working life in the social services system.¹¹⁾

Strategic frameworks and legislation in force for housing and social care

In the area of housing, the situation of children at risk of poverty or social exclusion is also affected by their vulnerable position in relation to the situation of their parents or other care givers and on whom they depend. In particular, children from low-income families, children in precarious family situations, children leaving institutional care, children from families from the MRC and, more recently, increasingly from families with a migrant background, are at higher risk of severe housing deprivation, overcrowding and energy poverty, and are more vulnerable to homelessness. Consequently, children living in insufficient housing conditions are at increased risk of serious illness and disability, including a significantly higher risk of mental illness and disorders. Insufficient housing conditions also have a negative impact on school success and subsequent employment.¹²⁾

¹¹⁾ <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/>

¹²⁾ HARKER, L. Chance of a lifetime: The impact of bad housing on children’s lives. London: Shelter, 2006. ISBN 1 903595 64 9.

In the Slovak Republic, there are several financial support instruments to ensure the availability of housing for vulnerable groups, in particular support from the State Housing Development Fund (hereinafter referred to as "SHDF"), support for the acquisition of rental housing intended for social housing (public rental sector) and housing allowance.

Concessional loans with a fixed interest rate for the entire term of repayment provided by the SHDF in accordance with the *act no. 150/2013 coll. on the State Housing Development Fund as amended*, represent direct support for the acquisition of own housing for spouses up to 35 years of age, newly married couples, spouses with a child up to 6 years of age, severely disabled citizens or households of which a member is also a natural person with severe disabilities, persons whose care in an institution has been terminated on the basis of a court decision, a single parent with a dependent child. The applicant can thus obtain a loan of 100% of the acquisition costs for the construction or purchase of a flat with a maximum limit of EUR 100,000,000 or EUR 120,000 per flat, with a maximum repayment period of 30 or 40 years and an annual interest rate of 1 or 2%.

The basic legislation in the field of social housing in the Slovak Republic is *the act no. 443/2010 coll. on subsidies for housing development and social housing*, as amended. One of its main objectives is to address housing of socially vulnerable groups of the population and citizens in material and social need. Social housing is defined under this act as housing procured using public funds for the adequate and decent housing of natural persons who cannot afford to purchase housing on their own account and who meet the conditions under this act. From the perspective of children at risk, it is important that, in addition to low-income groups, social housing also targets the categories of single parent with a dependent child, persons with severe disabilities and persons for whom the provision of care in an institution has been terminated by a court order or for whom substitute personal care, foster care and guardianship have ceased to exist.

There is an alarming shortage of publicly owned rental houses, and the availability of rental houses for groups at risk, including children, would mean an immense help in ensuring that they have adequately housing. As noted in the *Report on the Implementation of the Objectives of the National Housing Policy Concept until 2020*, rental housing is one of the key issues to be addressed in the Slovak Republic, both in terms of its physical availability and affordability. Municipalities, with the support of subsidies¹³⁾ provided by the Ministry of Transport and Construction of the Slovak Republic (hereinafter referred to as "MoTC&RD SR"), have the possibility of acquiring public rental housing, in addition to construction, also by purchasing existing or not yet built flats. Nevertheless, the offer of public rental housing in the Slovak Republic is still not increasing in a substantial way, which is mainly due to the stagnating state budget allocated to this area, the rising prices of construction products and works, as well as the decreasing interest of the local government.

The framework document of the state which defines the vision and goals of the state in the field of housing is the Housing Policy of the Slovak Republic until 2030. The basic vision of the state until 2030 is to achieve an increase in the availability and quality of housing in the Slovak Republic, with a focus on increasing the affordability and physical accessibility of housing, with an emphasis on the development of all forms of rental housing. This vision will be realised by meeting sub-objectives such as increasing the supply of housing through the creation of a stable environment, increasing the availability of all forms of rental housing and improving the quality of housing. It will contribute to the fulfilment of the objectives set out in *the Slovak Vision and Development Strategy 2030*, of which the most relevant for vulnerable children are to increase the share of rental (including barrier-free) housing in the total volume of available housing

¹³⁾ In line with the act no. 443/2010 coll. on subsidies for housing development and social housing, as amended

stock to 10% by 2030 and to improve social accessibility of housing by doubling the share of rent-regulated housing in the total volume of housing from 1.6% to 3% in 2030.

The *act no. 222/2022 coll. on state support for rental housing and on amendments and supplements to certain acts*, which is due to enter into force on 1 July 2022, is intended to contribute to the start of the construction of rent-regulated apartments with a guarantee of long-term housing. The intention is to address the current problem of housing affordability in the Slovak Republic for broad groups of population. The government will set out in a forthcoming government regulation the criteria to be met by applicants, which will take into account in particular the government's priorities for providing state-assisted rental housing to selected groups of persons, such as persons for whom it is unaffordable or more difficult to obtain their own housing, selected income groups, or selected groups in a special social situation. In rental flats, a maximum rent will be set, excluding payments for services provided in connection with the use of the flat and excluding the cost of operation, maintenance and repairs of the residential building, while the government may introduce a different maximum rent depending on regions, projects of rental housing and year of approval. Employers may provide employees who will be tenants of state-assisted housing with an allowance of up to EUR 360 per month.¹⁴⁾ The forthcoming state-assisted rental housing will not cover the housing needs of some of the most vulnerable groups of children in need and their families. In fact, it will be a disqualifying criterion if the applicant is registered as a debtor with the tax office, public health insurance and social security, has a foreclosure record and does not meet the income financial criteria. Some may also find it difficult to meet the requirement to pay 3 to 6 months' rent in advance.

The concepts of "special-purpose housing" or "sheltered housing", which are intended for use by persons with reduced mobility, are also currently enshrined in the legislation¹⁵⁾. The offer of sheltered housing in the SR does not meet the needs of families with disabled children.¹⁶⁾ Over the last twenty years, very few housing blocks have been built in support of the procurement of public rental housing, including the so-called barrier-free houses. Such dwellings are hardly ever built in commercial construction.

In order to improve the quality of housing by removing barriers and facilitating the relocation of a natural person with severe disabilities, the contributions provided under the *act no. 447/2008 coll. on cash contributions for the compensation of severe disability and on amendments and supplements to certain acts as amended (hereinafter referred to as the act on monetary contributions)* (monetary contribution for the adaptation of a dwelling, monetary contribution for the adaptation of a family house) are aimed at improving the quality of housing. The state subsidies are mainly used for debarring home improvements.

In the context of the shortage of public rental housing and the associated problems for low-income households in obtaining and maintaining affordable housing, all options to support affordable housing are valuable. The local development charge and social housing enterprises have potential in this regard as a tool for increasing housing affordability in a social economy environment. The local development charge¹⁷⁾ is a relatively new instrument in the public sector that can

¹⁴⁾ The amount of the allowance provided by the employer to the employee for government-assisted rental housing will be exempt from personal income tax as well as social security and health insurance. The allowance will also be a tax expenditure on the part of the employer who provides the allowance to the employee.

¹⁵⁾ The act no. 189/1992 coll. on the regulation of certain conditions related to the rental of flats and housing compensation, as amended.

¹⁶⁾ Creating an inclusive environment in the process of deinstitutionalisation, IA MoLSAF 2015.

¹⁷⁾ Self-governments can use it since 2016 on the basis of the act no. 447/2015 coll. on local development fee and on amendments and supplements to certain acts, as amended.

also be used for social housing. The function of social housing enterprises¹⁸⁾ is to provide housing, management, maintenance and renovation of the housing stock through the construction, conversion or acquisition of dwellings for the purpose of renting to citizens with a monthly income not exceeding four times the minimum subsistence level in aggregate. By law, a social housing enterprise must rent out at least 70% of flats it owns at preferential, cost-oriented rents. As of 16 August 2022, 525 social enterprises were registered with the MLSAF SR, but none of them was registered as a social housing enterprise.

For certain target groups, it is not possible and appropriate to address the housing situation through own or rental housing. The selected social services also take into account the life situations of citizens when natural persons do not have the necessary conditions to satisfy their basic living needs, which, according to the *act no. 448/2008 coll. on social services and on amendments and supplements to the act no 455/1991 coll. on trade enterprise (Trade Licensing Act), as amended* (hereinafter referred to as the Social Services Act), include the provision of accommodation. In such cases, the natural person is provided with accommodation in the form of shelter for the purpose of overnight stay (dormitory), accommodation for a certain period of time (shelter, halfway house, emergency housing facility). In these social services, accommodation is provided, not housing, and the provision of this service is intended to be time-limited. In the recent period marked by the COVID-19 pandemic, these social services have been subject to enormous pressure and, in particular, demonstrably inadequate capacity, where, in the event of the quarantine of the facility, it has not been possible to provide the social service to other clients in the form required. In addition to this fact, some of the target groups are in a long-term state of crisis and therefore the social service is provided on a long-term basis, which multiplies the need to increase human and financial capacities.

The COVID-19 pandemic had a negative impact on household indebtedness, and even before the pandemic, Slovak household indebtedness was already the highest among CEE countries. At a time when the personal bankruptcy system in the SR has been relaxed and the number of bankruptcies has increased sharply, debt counselling has become an important social policy issue. Observation of statistics on foreclosures and debt in the SR shows that the financial literacy of a significant part of the population in the SR is not at an adequate level.

The provision of financial contributions to support housing affordability for low-income households is also an important social policy instrument that affects the ability of socially vulnerable groups to maintain or secure some form of housing, especially in the period before the share of municipal rental housing in the housing stock is increased in a more substantial way. The housing allowance provided under the system of assistance in material distress under the *act no. 417/2013 coll. on assistance in material need and on amendments and supplements to certain acts, as amended*, has the potential to fulfil this function. It is a support instrument for low-income groups of the population, which serves to cover part of the housing costs. Only those applicants who are granted assistance in material need are entitled to the housing allowance, after meeting other criteria, and not those who are not in material need but who are unable to cover their housing costs in full through their own efforts (including families with children living in hostels, cottages or rented single rooms). The allowance thus mainly helps those residents who are poor (according to income testing) but still have some resources, as they are able to pay the rent. The amount of the housing allowance is set at two levels (EUR 59.40 per month for a single-member household and EUR 94.80 per month for a multi-member household), but it can be noted that the amount of the allowance itself covers only a small part of the real housing costs. In December 2021, according to the data of the Central Office of Labour, Social Affairs and Family, 57,651 recipients were paid material need benefits with allowances, representing 122,270 persons. Out of this number of households, 26,311 households were entitled to housing allowance. Another important element of the provision of housing allowance in Slovakia is

¹⁸⁾ Regulated by the act no. 112/2018 coll. on social economy and social enterprises and on amendments and supplements to certain acts, as amended.

that the entitlement to the allowance arises even if the housing is in a supported housing facility, a social services home, a specialised facility with a year-round residential form, a shelter, a halfway house, an emergency housing facility or a crisis centre. In accordance with the document *“Housing Policy of the Slovak Republic until 2030¹⁹⁾”*, it is necessary from the long-term perspective to take measures to strengthen support for the financial sustainability of adequate housing and to allocate adequate financial resources in the state budget in order to maintain sustainability of housing.

A large part of the Roma lives in rural environments, in segregated residential zones, in overall poor housing conditions characterised by low quality housing, lack of space and overcrowded dwellings (UNDP, 2012). Many dwellings in the MRC fulfil the characteristics of inadequate housing, lacking access to public sewerage or water supply. A large part of communities does not have access to a stable form of heating (e.g. gas) or access to affordable services. In many cases, these are dwellings that do not have secure legal relations, and cases of forced evictions (most often related to the termination of tenancy relations or the illegality of the dwelling) are frequent. Slovak law provides for the obligation to provide alternative housing, accommodation or at least shelter only in certain specified cases. In many cases, forced evictions thus lead to the worst forms of homelessness, which have a devastating impact on children in particular, who are at increased risk of such evictions endangering their health, development or life, i.e. of having to be removed from their families.

The establishment and operation of a network of intervention centres will also make a major contribution to the fight against child poverty and social exclusion in the SR. With the amendment to the *act no. 274/2017 coll. on victims of crime and on amendments and additions to certain acts, as amended* (hereinafter referred to as the Victims Act), with effect from 1 July 2021, accredited entities providing specialised professional assistance to victims of domestic violence offences (hereinafter referred to as the accredited entity) may operate as an “intervention centre”. The intervention centre provides assistance to victims of domestic violence (and persons at risk of domestic violence) on the basis of cooperation with the police in cases where the violent person has been evicted from a shared household and contact information has been provided to the intervention centre by the police in the form of an eviction record. However, the intervention centre also provides assistance to those victims of domestic violence who contact it directly, regardless of whether or not the violent person has been evicted from the household.

A significant trigger for violence is unemployment and a period when one or the other parent of the child loses their job. While in families where violence is not present the parents are able to have a factual discussion about their financial situation, solutions and options, this is not possible in a family where violence is present. In cases where violence is present, the discussions are seen as an attack on the person who has lost their job or whose income has been reduced, and therefore at the same time is experiencing negatively that they are not able to take care of the children, the family, and this is often the trigger for violence against the other partner (statistically more often against women) or against minor children. Victims of domestic violence are in particular need of understanding and protection, but above all of effective and timely help and intervention. The main purpose is therefore to help women, adult and even child victims of domestic violence, also through intervention centres.

The housing and economic situation of a family is not in itself a reason for removing a child from the family, but it can be the cause of a situation for a child that threatens their health, development and life and needs to be addressed by removing the child from the family.

One of the supportive solutions for children is the assistance and counselling provided by intervention centres to the parents.

¹⁹⁾ Housing policy of the Slovak Republic until 2030 (2021). Available at: <https://www.mindop.sk/bytova-politika-sr-do-roku-2030>

If children's parents are among those at risk of losing their housing or who have already lost their housing (for example, as a result of forced eviction or poverty), the children are in an exceptionally serious situation, at risk of severe housing deprivation and at risk of being removed from their families. Measures to systematically address the problem of homelessness and prevent the risk of housing loss will be part of the forthcoming *National Concept for the Prevention and Solution of Homelessness in the Slovak Republic*.²²⁾ Proposed priority areas that have the potential to impact the situation of children in need include ensuring access to affordable housing and affordable housing with support, prevention of housing loss, including prevention of homelessness after release from institutional settings (such as CCHF), assistance in crisis situations through selected social services for crisis intervention immediately after homelessness, increase in housing allowance. The promotion of transitional forms of accommodation followed by the possible acquisition of permanent housing in the form of housing-first and rapid re-housing programmes for homeless people also has an indispensable role to play in dealing with housing crises.

Gradually, pilot projects on supported housing (housing-first and rapid re-housing) for homeless people, including homeless people and people with addictions, should be implemented in practice with the aim of introducing systemic solutions in this area. As part of homelessness prevention, it is important to introduce social work into procedures for dealing with tenants' rent arrears or other housing-related costs, and to adjust the definition and obligations of housing compensation in social housing in the event of eviction so as to avoid a situation of street homelessness, including long-term reliance on the services of night shelters, without access to 24-hour accommodation.

The forthcoming National Concept for the Prevention and Solution of Homelessness in the Slovak Republic also addresses systematic monitoring aimed at identifying the living situation and offering advice, especially in the area of housing for young people who have reached the age of majority and who have left the care of CCHF or a re-education centre. At the same time, this target group is (under the conditions laid down by law) eligible for social housing.

Energy poverty is defined in the *Concept for the protection of consumers who meet the conditions of energy poverty*²³⁾ as a condition where individuals or households do not have sufficient financial means to provide heating and other energy necessary for the functioning of the household, which in the conditions of the Slovak Republic means that the household's expenditure on energy is more than 10% of the average household expenditure on energy out of the household's total net monetary income, and at the same time the household meets the conditions for the provision of assistance in material need. It identifies low-income groups as the most vulnerable groups, including single parents, the unemployed, people receiving social benefits, households with multiple children, households dislocated in areas of concentrated and generational poverty (e.g., the MRC). Factors influencing the risk of household energy poverty include, in particular, low incomes of the population compared to economically developed EU countries, the rising level of electricity and gas prices for households in relation to incomes, inefficient heating methods, and also the high number of households living in flats and family houses that are not insulated. At the same time, low-income households are not in a position to change this situation because they do not have the means to insulate or replace their heating source or because they live in sublet accommodation.

²²⁾ On the initiative of the MLSAF SR, in 2018 the Institute for Labour and Family Research prepared background material for the preparation of the National Concept for the Prevention and Solution of Homelessness in the Slovak Republic. The concept itself is currently under preparation.

²³⁾ Concept for the protection of consumers who meet the conditions of energy poverty Available at: [2740_2020_BA_ECH_Vlastny_material_koncepcia_ECH.pdf \(sosprotrebitelov.sk\)](#), for the regulatory period 2017-2021

Ensuring protection and care for the child, which is necessary for their well-being and protection of their legally protected interests, while respecting their rights recognised by the International Convention on the Rights of the Child²⁴, with regard to the rights and obligations of their parents, adoptive parents, guardian, custodian and the person to whom the court has entrusted the child to personal or foster care is supported at the national level by *measures of social protection of children and social guardianship*²⁵. Institutional care is no longer considered the best way to care for children with different needs, including children with disabilities, as it reduces their quality of life and often means their lifelong exclusion from society and segregation. For this reason, the EU is promoting a process of deinstitutionalisation, which involves gradual closure of traditional social service facilities, relocation of social service recipients to low-capacity (family-type) facilities and the promotion of outreach and outpatient forms of social community services. The best interests of the child as well as their overall situation and individual needs shall be taken into account in the placement of children in institutional care or foster care, the promotion of the transition of children from institutional care or foster care to quality community-based care and, where possible, the return of children to their original families. This approach is supported at national level by both legislation and adopted strategic materials.

The current strategic and conceptual materials on deinstitutionalisation and transformation of social services and foster care show that there are no legal barriers to deinstitutionalisation in the Slovak Republic.²⁶) Provisions supporting the process of deinstitutionalisation, such as the promotion of independent living, are adopted in the *Act on Social Services*,²⁷) recent amendments to which have been aimed at supporting the process of deinstitutionalisation and improving the quality of services provided. Through the amendments to the *act no. 305/2005 coll. on the social and legal protection of children and on social guardianship and on the amendments to certain acts as amended* (hereinafter referred to as “the act no. 305/2005 coll.”), effective from 1 January 2019, conditions were created for the development of new work forms, as well for better quality and effectiveness of all forms of work with the child and their family depending on the situation in which the child, family or adult natural person is located, so that the placement of a child in a social-legal protection of children and social guardianship (hereinafter referred to as “SLPC&SG”) – CCHF on the basis of a court decision is an extreme and temporary solution.

As of 1 July 2022, the amendment to the act no. 305/2005 coll. became effective,²⁸) the basic aim of which is to increase interest in foster care for both larger sibling groups and disabled children. Care for these children is extremely demanding, which also affects the interest of potential foster parents in larger sibling groups as well as in children with disabilities. The state will support surrogate families who, despite the demands of care, choose to care for larger sibling groups or children with disabilities by increasing and graduating the recurrent allowance for the surrogate parent caring for the sibling group and by significantly increasing the special recurrent allowance for the surrogate parent caring for the child with a disability. At the same time, the Act introduces two new allowances – an allowance to the child to cover increased expenses, which will be provided for various exceptional life situations (e.g. to pay for teeth braces or

²⁴) UN. (1989). Convention on the Rights of the Child. Available at: https://detstvobeznasilia.gov.sk/web_data/content/upload/subsubsub/3/crc_sk-1-1.pdf

²⁵) Act no. 305/2005 coll. on the social and legal protection of children and on social guardianship and on the amendments to certain acts as amended

²⁶) Interim evaluation of the process of deinstitutionalisation of the system of social services and foster care with the contribution of the ESIF as of 31 December 2019.

²⁷) Also, in the related Decree of the MLSAF SR no. 103/2018 coll. implementing certain provisions of the act no. 305/2005 coll. on the social and legal protection of children and on social guardianship and on the amendments to certain acts as amended, regulating the requirements for deinstitutionalised centres.

²⁸) Act no. 107/2022 coll. amending the act no. 627/2005 coll. on contributions for the support of substitute child care, as amended, and amending the act no. 201/2008 coll. on substitute maintenance and amending the act no. 36/2005 coll. on the family and amending and supplementing certain acts, as amended by findings of the Constitutional Court of the Slovak Republic no. 615/2006 coll. as amended.

to buy a musical instrument) and an allowance to support education of foster parents, the purpose of which is to improve the quality of care provided to children in foster care. At the same time, the law made available a replacement maintenance allowance for orphans who are not entitled to an orphan's pension, as well as for orphans – children who are placed in SLPC&SG institutions.

In the area of foster care, it is not possible to assume the abolition of institutions as such (these are institutions which, among other purposes, ensure the execution of court decisions in a residential form). However, it is essential for the quality of life of children, including children who require specialised care, that this residential form of court decision is provided in an environment which simulates the family environment for children as far as possible and in a social environment which does not differ in any way from the environment in which ordinary families live. Many changes have been made in this respect in recent years. Nevertheless, about 1/3 of the institutions are not fully deinstitutionalised, despite the fact that the enforcement of court decisions is carried out in so-called self-organised groups, which in practice means that small groups of children, although living in purpose-built buildings, live in premises that are set up as flats and function as a small community.

The National Strategy for the Deinstitutionalisation of Social Services and Foster Care System 2021 (“National DI Strategy”²⁹⁾ and the subsequent action plans³⁰⁾ are aimed at eliminating the prevailing model of institutional care provided to people who are long-term dependent on the help of another person (including children with severe disabilities and children in foster care) and replacing it with a model of community-based services and SLPC&SG measures provided depending on individual needs in the natural social environment of the community. The creation of accessible and effective social services to support families with children and social services to provide accommodation³¹⁾ is one of the objectives of deinstitutionalisation³²⁾ in the field of foster care.

*National action plan for the deinstitutionalisation of social services 2022 – 2026*³³⁾ includes measures with an impact on children at risk. Children with disabilities who need support throughout their lives will benefit from the establishment of a system of long-term social and health care, which has been absent to date, and from the creation of an effective system of multi-source financing of community services. The reform of assessment will align the assessment of severe disability and the level of dependency on long-term care, not limiting it to the areas of mobility and self-care, but comprehensively assessing long-term care needs (e.g. for education, work integration and participation in society, health and material security) and linking them to other support tools (early

²⁹⁾ A strategic document with national scope, directly related to the previous strategy for the deinstitutionalisation of social services and foster care system in the Slovak Republic 2011. Available at: <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/narodna-strategia-deinstitucionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-2021.pdf>.

³⁰⁾ National Action Plan for the Deinstitutionalisation of Social Services for 2022 – 2026 and the Concept for Ensuring the Implementation of Measures in Institutions of Social Protection and Social Guardianship for 2021-2025/Deinstitutionalisation Plan.

³¹⁾ Within the framework of the medium-term objective no. 8 – deinstitutionalisation of 80% of the current capacities for the execution of the court decision in the centres to the community way of organising the organisational components of the centres by 31 December 2023, the national strategy for the deinstitutionalisation of social services and foster care system 2021.

³²⁾ In the field of foster care, the process of deinstitutionalisation is addressed by a number of strategic and conceptual materials, in particular in the national strategy for the deinstitutionalisation of social services and foster care system 2021, in the concept of ensuring the implementation of measures in institutions for social protection of children and social guardianship for the years 2021 – 2025/plan for deinstitutionalisation, the national action plan for the deinstitutionalisation of social services for 2022 –2026, the national programme for the development of living conditions of persons with disabilities for 2021 – 2030, the national strategy for the protection of children from violence, the national priorities for the development of social services for 2021 – 2030.

³³⁾ As of 19 May 2022 it is in the stage of being sent to the MPK.

intervention, personal assistance). The until now fragmented and inefficient system of supervision and control of social care provision will be unified and strengthened by the creation of a new supervisory body, defining new conditions for quality of care in both institutions and at home.

The concept of ensuring the implementation of measures in social protection and social guardianship institutions for the years 2021 – 2025/Deinstitutionalisation Plan³⁴⁾ (hereinafter referred to as the “Concept”) creates conditions for the continuous continuation of the process of deinstitutionalisation of foster care. The aim and objectives of the concept are designed to ensure that the implementation of social protection and social guardianship measures contributes to improving the quality of life of children and young people at risk and to reduce the number of children placed in SLPC&SG institutions³⁵⁾ on the basis of a court decision ordering institutional care. Placing a child in an institution on the basis of a court decision is considered a last resort and only comes into consideration when the measures cannot be implemented in a natural or alternative family environment. The child and their family must be given assistance to eliminate the causes for which the measures are necessary. This assistance should precede the choice of a residential placement. Once the child has been placed in an institution, it is necessary to bear in mind the temporary nature of such a solution to the child’s situation and to provide the child and their family with appropriate professional assistance and with a view to the child’s return to a natural family environment. The measures defined by law can be carried out in an outpatient or field-based form, which aims to create conditions for providing timely professional intervention to the child and their family and, in addition to potentially reducing the number of children placed in SLPC&SG facilities for a court decision, can prevent the deepening of the problems that have arisen, or the emergence of a crisis situation in the family.

Changes in the performance of institutions for social protection of children and social guardianship lead to their more significant involvement in the implementation of measures in the form of residence on the basis of an agreement, the so-called voluntary stays. By implementing voluntary stays, the conditions for the availability of professional help are improved not only for the child, but also for an adult physical person, which can be a young adult after the end of the court’s stay order, an adult in a resocialisation program and a pregnant woman and this woman after giving birth together with the child. A progressive element in voluntary stays is the possibility of accepting a child together with a parent, or a person who personally cares for the child. The vast majority of CCHFs had no experience with the so-called voluntary clients. Implementation of measures in the form of residence for the child and parent, or persons who personally take care of the child, cannot in any case replace the unfavourable housing situation of the family, nor the absence of social services for children and the family. The aim is to create a functional network of small residential facilities providing intensive, targeted assistance in the form of residential accommodation for children or children with their parents as an alternative to the court’s residence measures. It also shows the need to profile CCHFs for specific forms of professional assistance for children with disabilities and their families. Even if the state of health in itself is not the reason for the implementation of SLPC&SG measures, CCHFs must also be prepared to provide professional assistance to this target group of children and parents.

The amendment to the act on social and legal protection of children and on the social guardianship amended the conditions for the implementation of measures in the form of residence in a CCHF with a specialised program, in order to prevent the emergence, aggravation and recurrence of certain crisis

³⁴⁾ CLSAF (2020). The concept is a concrete planning document for the implementation of the strategy for deinstitutionalisation of social services and foster care in the Slovak Republic in the foster care section. Available at: [Konceptia_17.12.2020_pdf.pdf \(gov.sk\)](https://www.konceptia.gov.sk/)

³⁵⁾ Reduction of the share of the number of children placed in CCHF based on a court decision on institutional care in the total number of children placed in CCHF based on a court decision
Evaluation criterion in 2025: 50.5%

situations of children, i.e. a specialized programme for children who have been trafficked, battered and sexually abused, or to take measures to verify the extent to which children are at risk of battering, sexual abuse or other acts endangering their life, health or favourable mental, physical or social development.

If a child is admitted to the facility based on a decision on emergency measures, it is necessary to evaluate the child's situation and the possibilities for solving it in a short time frame so that the child's family is involved as much as possible in the solution (for example, in the form of a case conference or a family circle). Despite the fact that in the past period the number of case conferences and meetings of the family circle has increased in order to find the best solution for the child (230 families used this option in the years 2016 – 2019), there is a need to strengthen activities aimed at developing skills in family rehabilitation methods and strengthening support networks around the endangered family. There are also reserves in the involvement of the children themselves, their parents, relatives and close friends in the preparation and planning of solutions, as well as in the evaluation of the results of assistance.

There is a constant increase in the number of children with disabilities who require the so-called nursing care (the most significant increase is in the eastern part of the SR). This fact largely affects the DI process, which must necessarily take into account special conditions of care for children with disabilities. At the same time, it must be possible to ensure functioning and organisation of CCHF, which will be capable of reflecting and, above all, fulfilling the right of children with disabilities to integration and inclusion and effective access to health care and related services according to the knowledge of current science.

Also, the number of children with mental disorders combined with behavioural disorders, often with associated mental disabilities, is increasing, and due to the insufficient number of specialised groups, they are integrated into regular groups among intact children, but with a lack of specialists supporting their integration. Lack of specialists, or the absence of specialised medical facilities providing professional assistance to children with mental disorders combined with behavioural disorders, often with associated mental disabilities, means that specialised separate groups for children with mental disorders within SLPC&SG facilities are usually the only option to solve the child's situation, but not always the appropriate one from the point of view of securing the necessary professional assistance. The problem is also incomplete or absent diagnosis of the health status of children before placement in a facility (since the child's situation often requires an acute, operative solution and in most cases it concerns children living in difficult living conditions, it is not possible to solve the diagnosis of the health status before the placement of the child), a weak network of professional health care for children (a particularly serious problem is the unavailability of paediatric psychiatric, both outpatient and institutional health care), insufficient recommendations for working with the child in an institution from a paediatric psychiatrist or other experts and, above all, the impossibility of implementing psychotherapy due to current legislation. In some cases, SLPC&SG facilities replace absent professional help from other departments and cannot provide paediatric psychiatric care in the necessary scope and time. Problems with the provision of paediatric psychiatric care are also reflected in the provision of residential assistance for children addicted to alcohol, drugs or pathological gambling.

Fulfilment of the legal obligation to place children under 6 years of age admitted to CCHF based on a court decision into professional foster families, as well as compliance with the principle that placing children in professional foster families takes precedence over placing children in a separate organised group and in a specialised separate group, complicated decline in interest in professional surrogate parenting. This decrease in interest may be the result of unsatisfactory labour-legal conditions (e.g. provision of child care while taking leave), long-term burden (risk of inappropriate influence of other family members whose psychological competence is not tested, burnout and inability to handle risky situations) and insufficient preparation of professional surrogate parents for working with a child requiring specific needs (e.g. a child with behavioural disorders, an older child, sibling groups).

In the field of foster family care, it is necessary to help the child in the adaptation phases of arrival and departure from foster family care, but also to pay increased attention to the availability of professional help, accompaniment and other support services to substitute parents and to improve their access to educational professional activities.

Both in the case of SLPC&SG bodies and in the case of facilities, professional training of employees has been absent for a long time. Practically all sections of the performance notice a problem in the professional ability of graduates (given the overall situation on the labour market and the current lower interest in working in the system, the positions are occupied by graduates) and the lack of educational activities that would correspond to the needs of the performance in terms of content. From the viewpoint of current needs, it is necessary to increase the knowledge and skills of CCHF employees carrying out measures in an outpatient form, field form as well as residential form in the field of work with the child's family, in the field of family rehabilitation management, transcultural approach to child care and, last but not least, in the field of child psychology.

Strategic frameworks and legislation in force for health care

Human life and health are the most important values that are protected by many legal regulations, in particular Art. 40 of the Constitution of the Slovak Republic stipulates that "Everyone shall have the right to protection of his or her health. On the basis of health insurance, citizens have the right to free health care and to medical devices under the conditions laid down by law.", laws in the area of health care, e.g. Act No. 576/2004 Coll. on health care, services related to the provision of health care and on amendments and supplements to certain acts, as amended (hereinafter only Act No. 576/2004 Coll.), Act No. 578/2004 Coll. on health care providers, health care workers, professional organisations in health care and on amendments and supplements to certain acts and as amended (hereinafter only the Act No. 578/2004 Coll.).

Pursuant to Section 4 of Act No. 576/2004 Coll., the health care provider (hereinafter only the Provider) and health care professionals are obliged to provide health care correctly under the conditions laid down by special regulations, in particular by Act No. 578/2004 Coll.

Pursuant to Section 11(2) of Act No. 576/2004 Coll., the right to the provision of health care and services related to the provision of health care, including cross-border health care, is guaranteed equally to everyone in accordance with the principle of equal treatment in health care and in the provision of goods and services established by a special regulation. In accordance with the principle of equal treatment, discrimination on grounds of gender, religion or belief, race, citizenship, membership of a national or ethnic group, sexual orientation, marital or family status, skin colour, language, political or other opinion, trade union activity, national or social origin, disability, age, property, family or other status is also prohibited. According paragraph 8 of Act No. 576/2004 Coll., "In the provision of health care, everyone has the right to the protection of dignity, respect for physical integrity and psychological integrity, and the humane, ethical and dignified attitude of health professionals."

A health professional is obliged to practise the health profession professionally, in accordance with generally binding legislation and the Code of Ethics. In addition, as mentioned above, the legislation assumes that the provision of health care is the activity of health professionals, who have to meet a number of professional, medical and qualification requirements, and health professionals are accountable for the health care provided.

Part of the healthcare system in the Slovak Republic is public health insurance regulated by Act No. 580/2004 Coll. on health insurance and on amendments and supplements to Act No. 95/2002 Coll. on insurance sector and on amendments and supplements to certain acts (as amended by Act No. 718/2004 Coll.), on the basis of which the health care is provided to insured persons and which ceases only upon death. The state is the insurance payer for the dependent child. A newborn child is insured from birth by the health insurer that insured his/her mother at the time of birth and his/her mother is obliged to apply for health insurance within 60 days of birth.³⁶⁾

The law explicitly stipulates the number of preventive check-ups to which children up to the age of 18 years are entitled and which are covered by health insurance. On the basis of Act No. 577/2004 Coll. on the scope of health care reimbursed on the basis of public health insurance and on reimbursement for services related to the provision of health care, as amended, the public health insurance fully reimburses nine preventive check-ups of a public health insurance insured person up to the age of one year with a paediatrician, one preventive check-up at the age of 18 months, and then one preventive check-up every two years with a paediatrician from the age of 3 to 18 years of the child. One preventive check-up twice a calendar year with a dentist is also reimbursed up to the age of 18 years. Preventive check-ups and compulsory periodic vaccination of persons who have reached a certain age, compulsory vaccination of persons who are exposed to an increased risk of selected infections, and compulsory emergency vaccination to the extent determined or ordered by the state authorities in the area of public health care for the protection of health in order to prevent communicable diseases are fully reimbursed under public health insurance.

On the basis of Act No. 355/2007 Coll. on the protection, promotion and development of public health and on amendments and supplements to certain acts, as amended, the Office of Public Health of the Slovak Republic, pursuant to the provision of Section 5(4)(d), plans, coordinates and determines the scope and vaccination schedules of the immunisation programme. From the point of view of the protection of public health, Section 56(1)(a) of the above-mentioned Act stipulates that "An offence in the area of public health care shall be committed by a person who, without proof of serious medical or other reasons justified by a physician, fails to undergo a vaccination resulting from the relevant legislation, or a vaccination ordered by a physician. Vaccination calendar for each year³⁷⁾ includes a list of compulsory regular vaccinations (including re-vaccinations) according to the year of the child's birth, reimbursed by health insurance for children and adults. As is the case in other countries, in 2020 the government approved an amendment to the above-mentioned Public Health Protection Act, which allows a child to be placed in pre-school facility only if he or she has received the mandatory vaccinations. According to the data of the Office of Public Health of the Slovak Republic, in 2020 the vaccination coverage in the framework of regular compulsory vaccination of children who are registered in paediatricians' surgeries exceeded the threshold of 95% in all types of compulsory vaccination of children. The national vaccination coverage ranged from 95.6% to 97.4% in birth years. Compared to the previous period, vaccination coverage in the context of regular compulsory vaccination of children has remained approximately the same. However, at the level of some districts, even the 90% vaccination threshold has not been exceeded. Causes include the refusal of compulsory vaccination by legal representatives, but also the fact that some parents from the MRC visit doctors' offices only in case of health problems of the child, or not at all. Another cause may be the migration of children who are still registered with the paediatrician in the original district, as well as the

³⁶⁾ VŠZP (General Health Insurance Company). Baby insurance in VŠZP. Available at: <https://www.vszp.sk/poistenci/pre-mamicky/ako-poistit-dieta.html>

³⁷⁾ For 2022 see [Ockovaci kalendar pre pravidelne povinne ockovanie deti a dospelych na rok 2022.pdf \(uvzsr.sk\)](#).

impossibility of vaccinating some children due to their low birth weight or prematurity.³⁸⁾ Other causes may include a lack of good quality and clear information on the importance of vaccination communicated to society. This deficiency is even more pronounced with the amount of misinformation about vaccination that floods the public space, resulting in a lack of trust in vaccination and a belief that it is the right thing to do. This situation therefore requires dissemination of quality information, education of parents and other target groups, as well as improved cooperation between health and social professionals and the Roma assistants, community, school and other workers.³⁹⁾

Preventive check-ups in surgeries of general practitioners for children and adolescents are a key site for early identification of children with functional difficulties and identification of risks and resources to maximize the developmental potential of all children. The high attendance of young children in surgeries of general practitioners for children and adolescents creates a unique space for a wide reach of universal preventive measures for all children. Developmental support and counselling for parents, as well as population screening for functional difficulties, is carried out within the framework of preventive check-ups according to the standard procedure of the Ministry of Health of the Slovak Republic, with the parallel creation of the Database of selected developmental indicators. The assessment of psychomotor development of all children of early childhood age is made in cooperation with parents.

Population screening, i.e. detecting children at risk of functional difficulties, is carried out according to the standard MZ4 procedure.⁴⁰⁾

The UN Convention on the Rights of Persons with Disabilities defines persons with disabilities as persons with long-term physical, mental, intellectual or sensory impairments which, in combination with various barriers, may prevent their full and effective participation in society on an equal basis with others.⁴¹⁾ In accordance with the Policy Declaration of the Government of the Slovak Republic for the Years 2020 – 2024, the Government of the Slovak Republic undertook to develop, also in cooperation with NGOs, the National Programme for the Development of the Living Conditions of Persons with Disabilities for the Years 2021 – 2030, which will also focus on children with disabilities and which also aims to continue the process of de-institutionalisation of large-capacity facilities.⁴²⁾

Slovak law on persons with disabilities reflects the Convention for Persons with Disabilities, which is a supranational law for persons with disabilities, with no specific distinction for children and adults. The same idea is continued by the WHO, e.g. in the document "The highest attainable standard of health for persons with severe disabilities" it does not distinguish and separate children and adults. For example, the provision of allowances (for personal assistance, aids, equipment, care and home adaptations) to compensate for disabilities is also determined for them by the act on cash allowances. Equal treatment in the implementation of social and legal protection of children and social guardianship measures is guaranteed for children with disabilities by the Act on Social and Legal Protection of Children and on Social Guardianship. Decree of the Ministry of Health and Social Affairs of the Slovak Socialist Republic No. 151/1988 Coll.

³⁸⁾ Section of Epidemiology and Pandemic Preparedness, Department of Immunisation of the Institute of Public Health of the Slovak Republic. (2020). Evaluation of the administrative control of vaccination in the Slovak Republic as of 31 8. 2020. Available at: [Vyhodnotenie kontroly očkovania k 31 \(uvzsr.sk\)](#)

³⁹⁾ Section of Epidemiology and Pandemic Preparedness, Department of Immunisation of the Institute of Public Health of the Slovak Republic. (2020). Evaluation of the administrative control of vaccination in the Slovak Republic as of 31 8. 2020. Available at: [Vyhodnotenie kontroly očkovania k 31 \(uvzsr.sk\)](#)

⁴⁰⁾ Standard for the examination of children's psychomotor development at the 2nd – 11th preventive check-ups in primary care - Revision I. Available at: https://www.health.gov.sk/Zdroje?/Sources/dokumenty/SDTP/standardy/30-6-2021/12/12_1_psychomot_vyvin-deti-pri-2_11_prev_prehliadke-v-prim_starostlivosti_1_rev.pdf

⁴¹⁾ Art. 1 of the UN Convention on the Rights of Persons with Disabilities, published in the Collection of Laws of the Slovak Republic under No. 317/2010 Coll. Disabilities - MoLSAF SR (gov.sk)

⁴²⁾ See: Policy Declaration of the Government of the Slovak Republic for the period 2020 – 2024, p. 47 Available at: [programove_vyhlasenie_vlady_slovenskej_republiky_na_obdobie_rokov_2020-2024.pdf](#).

implementing the Social Security Act and the Act of the Slovak National Council on the Competence of the Authorities of the Slovak Socialist Republic in Social Security, as amended, also establishes the rights of disabled citizens, as well as their entitlement to special benefits and cash benefits. SLPC&SG measures on a non-discriminatory basis are regulated by the *act no. 305/2005 coll.*

Children with disabilities should be detected from an early age by a doctor (paediatrician, specialists - neurologist, internist...), as well as by the Office of Labour, Social Affairs and Family, and should receive professional care from special educators (speech therapist, typhlopedist, sign language therapist, therapeutic educator).⁴³⁾ However, it is also common for these children, due to physical or mental disabilities, to remain in seclusion of state assistance in the CCHF, as their parents are unable to care for them due to the required 24-hour care and medical appointments. However, these centres are not sufficient in terms of capacity.⁴⁴⁾

The Strategy of Inclusion and Participation of the Roma until 2030, in its action plan for the priority area of health for the years 2022 – 2024, has set objectives that should contribute to obtaining relevant data on the health status of members of the MRC, increasing health literacy and promoting prevention, strengthening the professional qualifications of health promotion assistants in the MRC environment and in the environment of hospitals through educational activities, training and courses, and reducing neonatal mortality.

As mentioned earlier, early intervention is key to detecting children with a potential health problem or disability. In line with the National Strategy for the Development of Coordinated Early Intervention and Early Care Services 2022 – 2030, early intervention can help diagnose and detect children at risk of developmental delay or disability as early as possible, including the subsequent setting up of treatment and the provision of related support⁴⁵⁾. *The Policy Declaration of the Government of the Slovak Republic for the Years 2021 – 2024* includes a commitment to introduce a system of early intervention for children with disabilities and for children from socially disadvantaged backgrounds and their families.⁴⁶⁾ The National Programme for the Development of the Living Conditions of Persons with Disabilities for the Years 2021 – 2030 also includes the task to increase the accessibility, sustainability and quality of early intervention.⁴⁷⁾ In addition, Act No. 448/2008 Coll. on social services and on amendments and supplements to Act No. 455/1991 Coll. on trade enterprise (Trade Enterprise Act), as amended, specifically regulates social services that can be provided to the target group of children aged 0 – 7 years and their parents in order to alleviate their unfavourable social situation. These services include an early intervention service.

⁴³⁾ Slovensko.sk (2013) The joys and worries of parents of disabled children. Available at: [Radosti a starosti rodičov postihnutých detí \(slovensko.sk\)](#)

⁴⁴⁾ Hovancová. (2020). We cannot change children's diagnoses, but we can fill their days with love. Available at: [Alexandra Hovancová: Diagnózy detí zmeniť nevieme, ale naplniť im dni láskou dokážeme | Promotion | .týždeň - iný pohľad na spoločnosť \(tyzden.sk\)](#)

⁴⁵⁾ Manifest - Early Intervention for Children with Developmental Disabilities 1993. Manifesto of the Eurlyard Working Party, by J. M. H. DE MOOR*, B. T. M. VAN WAESBERGHE, J. B. L. HOSMAN, D. JAEKEN and S. MIEDEMA, Department of Special Education, Catholic University, PO Box 9103, 6500 HD Nijmegen, The Netherlands; published in: International Journal of Rehabilitation Research 16, 1993. f23 – 31 p.

⁴⁶⁾ National Council of the Slovak Republic (2020). Policy Declaration of the Government of the Slovak Republic. Available at: <https://www.nrsr.sk/web/Default.aspx?sid=zakony/zakon&ZakZborID=13&CisObdobia=8&CPT=68>.

⁴⁷⁾ National Programme for the Development of the Living Conditions of Persons with Disabilities for the Years 2021 – 2030 Available at: https://www.komisarprezdravotnepostihnutych.sk/getmedia/f5d309c8-6eaa-48f9-b590-ef7d776ddfd7/Material NPRZOPZP_2021-2030.aspx

Breastfeeding plays an indispensable role in healthy nutrition. Breast milk is a unique optimal nutrition for both mature and premature babies. Breastfeeding provides the mother with beneficial hormonal physiological adaptations after birth, supports uterine involutinal processes, promotes emotional attachment to the infant, patterns of maternal behaviour that meet the infant's needs, and, in later life, protects against osteoporosis, the development of breast and ovarian cancer, and other disease states associated with the absence of breastfeeding in the early stages of infancy. It has a positive impact on the establishment of a secure relational bond between mother/father and child, sensitive and responsive parenthood and a safe family environment, which underpin the quality of the child's later social relationships and communication. It saves the family the money associated with the purchase of artificial replacement nutrition, strengthens the emotional bonds of family members, and prevents the infant from increased sickness rate and traumatisation.

In the context of the situation in Ukraine, it is also necessary to focus attention on children in need with a migrant background, whose number in the Slovak Republic is increasing. After crossing the border, refugees from Ukraine are entitled to health care to varying degrees.⁴⁸⁾ State social and supportive benefits in material need are also available for those who have left Ukraine, including the provision of child and foster care allowances and assistance in material need.⁴⁹⁾ Unaccompanied children in need in the territory of the Slovak Republic must be immediately provided with the basic necessities of life by the authority for social and legal protection of children and social guardianship, and CCHF must provide comprehensive care for these children, including the provision of health care and psychological assistance.⁵⁰⁾ However, people arriving from Ukraine are only entitled to full health care, including insurance, if they are granted asylum, subsidiary protection or employment. Children aged 0 to 18 years are entitled to full health care if one parent is entitled to public health insurance in the SR.⁵¹⁾ ***When granted subsidiary protection, health care should be provided within the scope of public health insurance and it is to be paid by the insurance company with the largest number of insured customers.*** – the above information follows from the provision in the act no. 580/2004 coll. on health insurance and on amendments and supplements to the act no. 95/2002 coll. on insurance sector and on amendments and supplements to certain acts, as amended.⁵²⁾

Strategic frameworks and legislation in force for healthy nutrition

Good eating habits are defined by the Slovak Public Health Service as one of the basic habits of children for their healthy growth and development. Following the signing of the European Charter on Combating Obesity (hereinafter only the Charter) at the Ministerial Conference in Istanbul on 16 November 2006, the Slovak Republic declared its commitment to strengthen activities aimed at combating obesity in accordance with the Charter and to make this issue one of the

⁴⁸⁾ Dôvera (2022). Useful information for people from Ukraine. Available at: <https://www.dovera.sk/aktuality/4798-uzitocne-informacie-pre-ludi-z-ukrajiny>

⁴⁹⁾ MLSAF SR (2022) State social benefits and assistance in material need will be more accessible to those leaving Ukraine. Available at:

[Štátne sociálne dávky a pomoc v hmotnej núdzi budú pre odídencov z Ukrajiny dostupnejšie - MPSVR SR \(gov.sk\).-](#)

⁵⁰⁾ MLSAF SR (2022) Helping children from Ukraine. Available at: https://www.employment.gov.sk/files/sk/uvodna-stranka/informacie-odidencov-z-ukrajiny/zakladne-informacie_pomoc-detom-z-ukrajiny_sk.pdf

⁵¹⁾ UNION. Health insurance in Slovakia for people from Ukraine displaced by the war. Available at: <https://www.union.sk/zdravotne-poistenie-na-slovensku-pre-ukrajincov/>

⁵²⁾ MLSAF SR (2022) Helping children from Ukraine. Available at: https://www.employment.gov.sk/files/sk/uvodna-stranka/informacie-odidencov-z-ukrajiny/zakladne-informacie_pomoc-detom-z-ukrajiny_sk.pdf

objectives and tasks of state policy. Subsequent implementation has been carried out mainly through specific departmental plans under the National Programmes, currently the National Action Plan for the Prevention of Obesity for the Years 2015 – 2025.⁵³⁾ Public health care is a system aimed at the protection, promotion and development of public health, including the monitoring of the effects of nutrition on human health and the development of recommendations for the nutritional intake of the population and for the nutritional policy of the state pursuant to Act No. 355/2007 Coll. on the protection, promotion and development of public health and on amendments and supplements to certain acts, as amended⁵⁴⁾. In the area of nutrition support, the Expert Guideline of the Ministry of Health of the Slovak Republic on the Diagnosis and Treatment of Obesity in Children⁵⁵⁾ and the Expert Guideline of the Ministry of Health of the Slovak Republic on the Promotion of Infant and Toddler Nutrition through Breastfeeding are effective⁵⁶⁾. In order to guarantee effective access to sufficient and healthy nutrition for children in need, the state has implemented several measures.

One of the measures of the state is the provision of a subsidy to support the education of children's eating habits (hereinafter referred to as "diet subsidy"), which is provided in accordance with the act no. 544/2010 coll. on subsidies within the scope of the Ministry of Labour, Social Affairs and Family of the SR, as amended, for a child who participates in the educational process in a kindergarten or teaching in an elementary school. The food subsidy is intended to help children living in families that receive assistance in material need or families with an income equal to the subsistence minimum or where more than 50% of children from families in the system of assistance in material need attend school. The food subsidy is also granted to children in the last year of kindergarten and primary school whose parents have not claimed the tax bonus provided for a child up to the age of 15 years. The average monthly number of children receiving a food subsidy in 2021 is 353,456.

The Action Plan of the Strategy of Equality, Inclusion and Participation of the Roma until 2030 in the area of health also marginally addresses this issue through measures aimed at promoting the health of children from the MRC environment, including awareness-raising activities on healthy lifestyles.

The Slovak Republic is also involved in the European School Fruit, Vegetable and Milk Scheme, which aims to motivate children to eat healthily and help them develop healthy eating habits. In addition to the distribution of fruit, vegetables and dairy products in schools, it also includes accompanying educational activities with the aim of increasing pupils' awareness of healthy nutrition, food production and contributing to the creation of a positive relationship between children and agriculture. In the SR, the program is known as the School Programme and is based on the strategy of the Slovak Republic for the implementation of the school programme for the school years 2017/2018 – 2022/2023. At the same time, this programme is amended by the Slovak Government Regulation No. 200/2019 coll. on the provision of aid for the supply and distribution of fruit, vegetables, milk and dairy products for children and pupils in schools, as amended.

⁵³⁾ Public Health Authority of the SR. National Action Plan on Obesity Prevention for the Years 2015 – 2025. Available at: [NAPPO 2015-2025 \(uvzsr.sk\)](https://www.naplo.sk/)

⁵⁴⁾ SLOV-LEX. 355/2007 coll. [355/2007 Coll. - The act on protection, support and development ... - SLOV-LEX](https://www.zbierka.sk/)

⁵⁵⁾ Ministry of Health of the SR. Bulletins of the Ministry of Health of the Slovak Republic 2011. Available at: [Ministerstvo zdravotníctva Slovenskej republiky \(gov.sk\)](https://www.mz.gov.sk/)

⁵⁶⁾ MH SR. Bulletins of the Ministry of Health of the Slovak Republic 2009. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\)](https://www.mz.gov.sk/).

The 2021 revision of the material-consumption standards and recipes for school catering, which set minimum quality requirements for the required raw materials in order to positively influence the quality of school catering and the culture of healthy eating, including subsidies from the Ministry of Education, Science, Research and Sport of the Slovak Republic to improve the equipment of school canteens, also responds to the current knowledge of nutrition science. The Ministry of Education, Science, Research and Sport of the Slovak Republic also emphasises in its document School Year Guide 2020/2021 the restriction of the sale of non-alcoholic sweetened and energy drinks in schools, as well as the restriction of the marketing promotion of unhealthy food.