

National Action Plan of the European Guarantee for Children in the Slovak Republic with a view to 2030

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LIST OF ABBREVIATIONS

- HEA – Health Educational Assistant
- AP EPSR – Action Plan of the European Pillar of Social Rights
- AP – National Action Plan for the fulfilment of the Child Guarantee 2022 – 2030
- HSA – Health Support Assistant
- BFHI – Baby Friendly Hospital Initiative
- BMI – Body Mass Index
- CAN – Child Abuse & Neglect
- CCF – Centre for Children and Families
- DI – Deinstitutionalisation
- ERDF – European Regional Development Fund
- EC – European Commission
- EPSR – European Pillar of Social Rights
- ESF – European Social Fund
- ESIF – European Structural and Investment Funds
- EU – European Union
- EU SILC – European Union Statistics on Income and Living Conditions
- HDI – Human Development Index
- GDP – gross domestic product
- IROP – Integrated Regional Operational Programme
- ILP – Individual Learning Programme
- MTC SR – Ministry of Transport and Construction of the Slovak Republic
- MF SR – Ministry of Finance of the Slovak Republic
- ME SR – Ministry of Economy of the Slovak Republic
- MLSAF SR – Ministry of Labour, Social Affairs and Family of the Slovak Republic
- MRC – marginalised Roma communities
- KG – kindergarten
- MESRaS SR – Ministry of Education, Science, Research and Sport of the Slovak Republic
- MH SR – Ministry of Health of the Slovak Republic
- NHIC – National Health Information Centre
- NEET – not in education, employment or training
- NP – national project
- NP Guide for Practice – Updating the system of guidance and development of other elements in the counselling and prevention system
- NFS – National Framework Strategy on the Support of Social Inclusion and Poverty Reduction

c.a./CA – civil association
LEA – law enforcement authority
OECD – Organisation for Economic Co-operation and Development
OP QE – Operational Programme Quality of Environment
OP HR – Operational Programme Human Resources
UNO – United Nations Organisation
PrS – professional staff
PISA – Programme for International Student Assessment
PA – priority axis
RRP SR – Recovery and Resilience Plan of the Slovak Republic
ESL – early school leaving
PeS – pedagogical staff
SIAET – Strategy of an Inclusive Approach in Education and Training
SLPC&SG – Social and Legal Protection of Children and Social Guardianship
SR – Slovak Republic
SS – secondary school
SDE – socially disadvantaged environment
SHDF – State Housing Development Fund
ŠKD – school children club
SP – Schooling Programme
SEN – special educational needs
SES – special elementary schools
OW – outreach work
OSW – outreach social work
UNDP – United Nations Developed Programme
COLSAF – Central Office of Labour, Social Affairs and Family
OLSAF – Office of Labour, Social Affairs and Family
OPRC – Office of the Plenipotentiary of the Government of SR for Roma Communities
GOSR – Government Office of the Slovak Republic
GPCA – General practitioner for children and adolescents
ECHEC – Early Childhood Education and Care
Un – university
VŠZP – Všeobecná zdravotná poisťovňa (General health insurance company)
RICHPaP – Research Institute of Child Psychology and Pathopsychology
WHO – World Health Organisation
Dis – disability

PS – primary school

HD – health disadvantage

GLOSSARY

Child – any person under 18 years of age

Disadvantaged child – a child who is sick or disabled or a pupil who is sick or disabled, a child with developmental disabilities or a pupil with developmental disabilities, a child with a behavioural disability or a pupil with a behavioural disability

Disabled child – a child or pupil with mental disability, hearing impairment, visual impairment, physical disability, communication impairment, autism or other pervasive developmental disabilities, or multiple disabilities

Child with migrant background – a child who comes from another country and a different cultural and linguistic background, or a child whose parents come from such a country or background but have already acquired Slovak citizenship

Child with special educational needs – included are disadvantaged children, disabled children, children with long-term illnesses or health impairments, children with developmental activity disorders, attention, learning, behavioural disorders, children from socially disadvantaged backgrounds and gifted children

Child in need – a person under 18 years of age at risk of poverty or social exclusion

Material deprivation – a condition where the income of the members of a household does not reach the minimum subsistence level¹⁾ and the members of the household are unable or unlikely to be able to secure or increase their income

Early childhood – a child aged 0-5 years

Minor mother – the mother of a child who has not reached the age of 18

Allowance – a sum of money or a thing that contributes to something

Subsidy – a special-purpose grant from public budgets

Poverty – a condition characterised by severe deprivation of basic human needs

Income poverty – a situation where income is below the calculated national poverty line

Menstrual poverty – a situation in which girls and women are unable to obtain menstrual supplies due to the lack of financial resources

Energy poverty – a situation where energy becomes unaffordable

¹⁾ <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/hmotna-nudza/zivotne-minimum/>

Social exclusion – a multidimensional phenomenon, a systematic process and a set of mechanisms that lead to the exclusion of individuals or groups from society, the weakening of their social ties, marginalisation or isolation.

Inclusion – finding ways to live with and draw on diversity

Inclusive education – an innovative approach to education that, above all, emphasises the right of every child to quality education

Upward social convergence – the increasing gradual levelling of differences in society

Active participation – active contribution, a stake in something

Implementation – the process of carrying out a theoretically established idea or project for the purpose of its further application

Deprivation – [hardship](#)²⁾, chronic lack of satisfaction of physical or psychological needs. This may be a lack of respect, a lack of a sense of security, love or social connection, but also a lack of sensory stimuli

Social deprivation – manifested by melancholy, depression³⁾ and anxiety⁴⁾, often can end in suicide⁵⁾

Material deprivation – the inability to possess goods and services and to engage in activities that are perceived by society as necessary

Holistic approach – a holistic view of the system

Professional foster family – allows a child permanence of person or spouse who provides full-time care. This form of foster care takes into account individual needs of the child and is closest to the family care model

Resocialisation – return to socially acceptable behaviour for people who have deviated from it

Integration – inclusion of a child with special educational needs in the educational process

Pre-primary education – education of a child in kindergarten

Secondary education – aimed at people who, for various reasons, have dropped out of school or have not continued their studies at higher levels of education.

Segregation – the purposeful separation of people or groups of people according to certain social characteristics

²⁾ living in lack, need, misery, suffering from lack, deprivation

³⁾ In psychology, depression is a mental state characterised by feelings of sadness, dejection, inner tension or indecision, together with a decline and slowing of mental and physical processes, impoverishment of interests and low self-esteem

⁴⁾ Anxiety in psychology is broadly defined as an emotional state characterised by tension, worry, nervousness, inner turmoil, and apprehension about future events. In a narrower sense, anxiety is merely the unpleasant emotional state of the preceding sentence, the cause of which cannot be more precisely or clearly defined; in other words, it is fear in a generalised form, “fear of nothing”.

⁵⁾ Suicide is an act by which a person deliberately causes his own death.

Desegregation – the aim is to gradually integrate disabled children from special stream into the mainstream, to prevent children from being incorrectly included in the special stream and at the same time to reduce the spatial segregation of children from marginalised communities

Mentoring – care and coaching in a relationship to a more educated and experienced person that helps build a professional or personal life for both parties

Tutoring – leading and direct guidance in a relationship to a more educated and experienced person that helps build a professional or personal life for both parties

Pupil at risk of school failure – a pupil with low motivation to learn, from a disadvantaged background, with inconsistent school preparation, repeated and prolonged academic failure, without adequate parental support and with problematic behaviour

Debarring – removal of barriers, obstacles that prevent disabled people, especially wheelchair users, from moving freely on the streets, in flats, in public institutions, etc.

Destigmatisation – reducing and removing negative or damaging evaluations of individuals, groups and certain professions, accepting differences and ensuring rights

Multidisciplinary team – comprehensive, personalised, organised and coordinated provision of professional services. The aim is to ensure that no one who needs help falls through the net of professional help and support and that they get the necessary support as quickly as possible, in places where it is available and by professionals who have the appropriate expertise

Overcrowding rate – proportion of people in the population who live in households with insufficient space

Housing first – views housing as a fundamental right in life, an effective and evidence-based tool to prevent and end homelessness for the most vulnerable groups

Deinstitutionalisation – aims to create and provide conditions for independent and free living for all citizens who are dependent on the assistance of society in a natural social community setting

Well-being – combination of feelings and states that create a kind of overall harmony. The concept of well-being is based on the enjoyment of work, the need to establish and maintain healthy relationships, and it also captures the need for own financial stability

Developmental trauma – the result of children and adolescents' chronic, prolonged and cumulative experience of developmentally adverse traumatic events, especially when combined with the breakdown of the emotional attachment system or failure to care by the closest persons

Mediation – form of dispute resolution consisting of an activity whereby the persons involved in the activity resolve, through a special third party called mediator, a dispute arising out of their contractual or other relationship

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1 Introduction

On 24 March 2021, the EC published two initiatives to ensure the rights of the child: Communication on a Strategy on the Rights of the Child⁶⁾ and adopted Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing the European Child Guarantee (hereinafter referred to as the Recommendation)⁷⁾, which the Council of the European Union approved on 14 June 2021. Despite unprecedented protection that children enjoy in the EU today, they are still subject to frequent violence, socio-economic exclusion, discrimination and a lack of consideration for their interests. The purpose of the recommendation is to prevent and reduce social exclusion by guaranteeing access for children in need (persons under the age of 18 at risk of poverty or social exclusion) to a set of key services, including gender perspective to take different situations of girls and boys into account, and thereby contributing to the respect, protection and fulfilment of the rights of a child and non-discrimination by reducing child poverty and promoting equal opportunities. In the Recommendation, we committed ourselves to submit to the Commission a National Action Plan for the European Child Guarantee for the period up to 2030.

The National Action Plan of the European Child Guarantee is one of the tools to implement the Action Plan of the European Pillar of Social Rights (hereinafter referred to as the EPSR AP⁸⁾) of 4 March 2021.

The EPSR action plan is a major initiative which, by materialising 20 principles contained in the European Pillar of Social Rights, aims to contribute to building a strong Social Europe on the background of recovery from the post-pandemic crisis, as well as the megatrends of digitalisation, climate and demographic change. This is the current strategic document of the European Commission for EU social policy until 2030. The EPSR action plan was approved at the highest political level in the context of the Social Summit in Porto on 7 – 8 May 2021 with the participation of MS leaders in the form of the so-called Porto Declaration.

In the EPSR action plan, the European Commission proposed 3 main target values of the EU (confirmed at meeting of the European Council in June 2021) to be achieved by the end of 2030. The adoption of the European targets formed the basic impetus for all Member States to take steps and set national targets.

The achievement of the objectives should be monitored in the framework of the European Semester tools and processes, in particular through a comparative overview of social indicators (the so-called social scoreboard⁹⁾). In order to ensure better monitoring of the implementation of the different EPSR principles, the EC has proposed a revision in the AP EPSR.

The National Framework Strategy on the Support of Social Inclusion and Poverty Reduction¹⁰⁾ (hereinafter only NFS) is the fundamental strategic framework document on poverty and social exclusion covering child inclusion.

⁶⁾ European Commission (2021). Commission notice to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Available at: https://eur-lex.europa.eu/resource.html?uri=cellar:b7c08d86-7cd5-11eb-9ac9-01aa75ed71a1.0001.02/DOC_1&format=PDF

⁷⁾ Council of the European Union (2021). Available at: <https://eur-lex.europa.eu/legal-content/SK/ALL/?uri=CELEX:32021H1004>

⁸⁾ European Commission (2021). Commission notice to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Available at: <https://eur-lex.europa.eu/legal-content/SK/TXT/?uri=COM%3A2021%3A102%3AFIN&qid=1614928358298>

⁹⁾ European Commission (2021) The European Pillar of Social Rights Action Plan. Available at: <https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/#annex2>

¹⁰⁾ MLSAF SR. Poverty reduction. Available at: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/boj-proti-chudobe/>

The policies aimed at promoting social inclusion and poverty reduction introduced by the NFS are based on the existing set of policies and measures resulting from the strategic, conceptual and planned legislative tasks of the respective central competent expert bodies of state administration. These policies take into account both current and long-term socio-economic challenges for the Slovak Republic (hereinafter referred to as the SR), in particular the priorities set out in the Programme Declaration of the Government of the Slovak Republic for 2020 – 2024, the National Reform Programme, as well as specific recommendations of the Council in the field of social inclusion and poverty reduction, the European Pillar of Social Rights, reflecting the crisis caused by the COVID-19 pandemic. The aim is to present measures that represent an integrated approach to the promotion of social inclusion and poverty reduction and could positively affect development in this area.

SR has set objectives that are closely related to the implementation of the European Child Guarantee arising from three target values of the AP EPSR that should be achieved by 2030 in the area of employment, skills and social protection in accordance with UN goals within sustainable development¹¹⁾:

Employment:

- Within the partial objective to “increase the extent of formal early childhood learning and care” (hereinafter referred to as ECHEC) to facilitate the harmonisation of work and private life and promote greater participation of women on the labour market in order to increase the availability of services for children from 0 to 5 years by establishing at least 1,000 new places in child care facilities for children under 3 years, whereas according to data from SBM MIS there were 3,789 places available by the end of 2021. According to records 7-01 and 10-01 for 2021, the number of providers was 202 and the number of clients was 2,651. As of October 2022, 214 childcare facilities for children up to three years of age with a capacity of 3,772 places are registered in the Social Services Register.
- As part of the partial objective to “decrease the portion of young people in the age of 15 to 29 who are not in education, employment or training (hereinafter referred to as NEET) a goal is set to approach the EU average, that is from 12.6% in 2019 to 9% in 2030.
- Skills and equality:
- As part of the partial objective to “decrease ESL and increase secondary school attendance” a goal is set to achieve 5% until 2030.

Social protection and inclusion:

- Decreasing the number of children endangered by poverty or social exclusion by 21,000 until 2030¹²⁾, while the initial value in 2019 was 210,000 and the number of such children reached 183,000 in 2020.

Key factors to achieve EPSR are: inclusive growth, rising social convergence and prevention of intergenerational transmission of poverty. Important predispositions for the elimination of main reasons for poverty and social exclusion are: ensuring the participation of under-represented groups such as disabled persons, persons living in rural and remote areas, Roma and other ethnic or racial minorities at particular risk of exclusion or discrimination, or persons with a migrant background on the labour market, developing minimum income schemes, ensuring sufficient system of benefits for families and persons in identified disadvantaged situations, investing in child care and education and breaking intergenerational cycles of

¹¹⁾ United Nations Organization, 21 October 2015, A/RES/70/1 – Transforming our world: 2030 agenda for sustainable development

¹²⁾ MLSAF SR. (2022) Definition of national objectives until 2030 in the context of the Action Plan for the implementation of the European Pillar of Social Rights – proposal. Available at: <https://rokovania.gov.sk/RVL/Material/26765/1>

disadvantage to prevent children from poor families from being at risk of poverty in adulthood, availability of quality housing and access to basic child care services.

SR in connection with recommendation of the Council of the EU establishing the European Child Guarantee¹³⁾ has committed to prepare the National Action Plan for the provision of the European Child Guarantee for 2022 – 2030 (hereinafter only AP). The AP describes the initial situation of Slovak children in need, specifies groups for this purpose explicitly, but not exclusively¹⁴⁾, defines vulnerable situations of children belonging to the category of children in need in SR, identifies the main problems of this group of children and describes the proposed measures aimed at improving the access of children in need and their families, including access to key services, programmes and care. These measures include:

- ensuring effective and free access¹⁵⁾ to care in early childhood¹⁶⁾;
- ensuring effective and free access to education at all levels and access to school activities;¹⁷⁾
- providing free access to at least one healthy meal a day;
- ensuring effective and free access to high-quality health care¹⁸⁾;
- ensuring effective access to healthy diet;
- ensuring effective access to adequate housing.¹⁹⁾

Horizontal principles of AP are:

- ensuring effective and free access to a safe environment, participation and non-discrimination for children;

All children should have effective opportunities and support to become active citizens and future agents of change. They have the right to participate in formulation, implementation and evaluation of policy priorities

¹³⁾ Recommendation of the Council (EU) 2021/1004 from 14 June 2021 establishing the European Child Guarantee

¹⁴⁾ In this document, a child in need is defined in chapter 2; a child can be in need in various vulnerable situations which are identified explicitly for this AP. The wording “not exclusively” means that the document is open to potential similarly vulnerable situations in future which cause that a child is in need. However, such situations are not defined yet, hence can be added in future.

¹⁵⁾ „effective access“ is a situation when services are available for low price, are accessible, provide high quality and are provided in a timely manner, and the potential users are aware of their existence as well as rights to use such services;

¹⁶⁾ Care in early childhood and “early childhood education and care” (ECHED) – phase before primary education – is based on the principle 11 of EPSR and the recommendation of the Council (EU) 2021/1004. The definition of “early childhood education and care” in the meaning of the Council Recommendation from 22 May 2019 on High-Quality Early Childhood Education and Care Systems (OJ C 189, 5 June 2019, p. 4-14) is available here: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2019.189.01.0004.01.ENG&toc=OJ:C:2019:189:TOC. Early age is defined as age between the birth and, normally, the age of six years which corresponds to education level ISCED 0. Early childhood education and care in the meaning of this recommendation should be understood to refer to any regulated mechanism that provides education and care for children from birth to the age of compulsory school attendance, regardless of environment, funding, opening hours or programme content, and which includes child care facilities and family-type day nurseries/preschools, private and publicly-funded service provision, as well as pre-school and pre-primary education and care provision.

¹⁷⁾ “school activities” means learning through sports, free-time or cultural activities that are carried out during or beyond normal teaching, or are organised by school community;

¹⁸⁾ In order to guarantee effective and free access to high-quality health care for children in need, Member States are recommended to: a) facilitate early detection and treatment of diseases and developmental problems, including those related to mental health; ensure access to regular medical examinations and screening programmes, including dental and vision examinations; ensure timely treatment and rehabilitation follow-ups, including access to medicines, treatment and equipment and access to immunisation programmes; b) provide targeted rehabilitation and habilitation services for children with disabilities; c) implement available health promotion and disease prevention programmes targeting children in need and their families, as well as professionals working with children

¹⁹⁾ “adequate housing” is a residential unit that meets current national technical standards, is in a reasonably good condition, provides adequate level of heat wellness and is available for acceptable price

by **exercising and applying their rights**. Active **participation** of children can and should be promoted at the level of public and social life, as well as in community, family and personal life. AP aims to eliminate prejudices that limit participation of children due to lack of expertise or resources, and especially stereotypes that limit the ambitions of boys and girls in their active participation in life choices. The fulfilment of children rights affects their participation in schools, sport, cultural and other free-time activities, in the justice and migration systems or in the health care sector, as well as in families²⁰⁾,

EC has invited²¹⁾ all Member States to:

- provide new and existing mechanisms for the participation of children at local, regional and national level
- raise awareness and knowledge of children rights, including for professionals working with and for children
- emphasise citizenship, equality and participation in democratic processes in the curriculum
- support schools in involving children and pupils in school life and decision-making.

Promoting participation is an investment in the development of active, responsible and democratically minded citizens. Active participation involves consultation, co-determination and control over decision-making and the real exercise of power by children and young people.²²⁾ The participation of children can be ensured through effective tools, such as preparation of a plan to ensure and promote the participation of children and young people; preparation of key laws and public policies in a child-friendly language; teaching others how to use child-friendly language; consulting children in the development of public policies²³⁾.

Although the European Child Guarantee was established on the EU territory and takes the form of a recommendation, it covers groups of children defined on the basis of grounds/criteria which in principle constitute prohibited grounds of discrimination under the Constitution of the Slovak Republic, the anti-discrimination act²⁴⁾, individual specific laws, but also under directives and other EU legal acts and under conventions of international law. At the same time, it contains recommendations in areas that fall under economic and social rights as well as civil and political rights, partly under EU directives, and partly under international conventions (e.g. the right to education, the right to housing, the right to adequate social security, the right to privacy, the right to health, the right to participate in public administration, partly the right to work). Thus, the AP under the Child Guarantee itself and its subsequent implementation should be one of the instruments through which the state and its authorities will implement their human rights obligations in practice.

The AP therefore prioritises **educating** all relevant subjects and at all levels of human rights, rights of children and discrimination – and in addition to the transfer of relevant information and knowledge, **sensitisation** to children from different backgrounds and with different needs should be part of any education. It is particularly important to strengthen authorities and institutions that have a duty to ensure that violations of rights are remedied and that the responsible authorities and institutions concerned take such initiative in a systematic way (based on data, evidence, methodology, advice, etc.)

- ensuring effective inclusion of children in education, health, housing and employment systems by promoting cooperation with the family.

²⁰⁾ EU (2021). EU strategy on rights of the child

²¹⁾ EU (2021). EU strategy on rights of the child Ibid, p. 5

²²⁾ MESRaS SR (2021). Strategy of SR for the youth 2021 – 2028

²³⁾ EU (2021). Plan of the European Union for the rights of children. The child friendly version of the EU Strategy on Children Rights (the plan)

²⁴⁾ Act No. 365/2004 Coll. on Equal Treatment in Some Areas and on Protection against Discrimination

In the meaning of Article 16 of the European Child Guarantee, where in order to ensure effective access or effective and free access to key services and care, Member States should either organise and provide such services and care, or provide adequate benefits to ensure that parents or other persons who care of children in need by court decision are able to pay costs or fees for these services.

The AP is a part of a strategic and political framework to prevent and address social exclusion of children. It is aimed at breaking intergenerational cycles of poverty and disadvantage and reducing the socio-economic impacts of the COVID-19 pandemic even in the context of the situation in Ukraine. The AP ensures coherence between policies that will contribute to greater investment in education, high-quality child care services, health care and social protection, adequate housing and non-discrimination.

The AP includes a timetable for the implementation of measures, identification of managers for individual measures and sources of funding.

The National Coordination Centre for Resolving the Issues of Violence against Children of the Family Policy Section of the MLSAF SR (Ministry of Labour, Social Affairs and Family of the Slovak Republic) has been designated as the manager in charge of the preparation of the AP, which will also fulfil the role of the National Coordinator of the European Child Guarantee in the Slovak Republic. The elaboration of the AP was coordinated by the National Coordinator of the European Child Guarantee in the Slovak Republic (hereinafter National Coordinator), based on the partnership principle. Representatives of relevant ministries contributed to its elaboration, namely:

- Ministry of Transport and Construction SR
- Ministry of Labour, Social Affairs and Family SR
- Ministry of Health SR
- Ministry of Investments, Regional Development and Informatisation SR
- Ministry of Education, Science, Research and Sport SR
- Ministry of Interior SR
- Ministry of Justice SR
- Ministry of Foreign Affairs SR
- Office of the Plenipotentiary of the Government of SR for Roma Communities
- Office of the Commissioner for Children
- Office of the Commissioner for People with Disabilities

At the same time, the material was consulted and agreed by the Committee on Children and Youth, whose voting members are drawn from governmental and non-governmental organisations, during its preparation and drafting. Representatives of local governments and a broad spectrum of the non-governmental and non-profit sectors will be involved in implementation, monitoring and evaluation.

2 Identification of the population of children in need

Children in need are persons under the age of 18 who are at risk of poverty or social exclusion, or who are experiencing severe material and social deprivation, or living in households with very low work intensity. Poverty and social exclusion are terms used to determine the level of risk of people in life situations related to income poverty, material deprivation and exclusion from the labour market²⁵⁾.

The AP identifies several categories of children in vulnerable situations that are not directly related to poverty and social exclusion, but may be closely related to them, or situations in which children in need in the Slovak Republic may find themselves. The purpose of such categorisation is to bring their diverse life situations into focus, not to restrict them to selected groups of children.

In order to achieve the AP objectives, the specific target group is also considered to cover all children under 3 years, including children in need who have not yet been identified and have not been given early access to appropriate support and assistance. Focusing on the youngest children is essential when planning, funding and implementing universal preventive support and education with an effect on families and children in need.

The European Child Guarantee has the potential to make a difference to the lives of families and children in need and to be a key tool to cope with inequalities of opportunity in childhood, thus breaking the vicious circle of social exclusion and poverty. However, this potential may be limited without a holistic approach to early childhood development, with special attention to the first 1,000 days of life.

Children facing severe housing deprivation

Severe housing deprivation²⁶⁾ in particular threatens children from poor backgrounds under the age of 18. According to the severe housing deprivation indicator, up to 16.1% of boys and 10.6% of girls under 18 live in very poor housing conditions. The statistics show that households with children are the most vulnerable to substandard housing. Overall, up to 3.9% of all households with children are at risk of severe housing deprivation compared to only 2.3% of households without children. According to EU SILC 2020 data, households with three or more children are most at risk at 7.3%, while single-parent households with one or more children make up 1.4%.

Families with children from marginalised communities and, currently, families with children from migrant backgrounds are also at higher risk of severe housing deprivation, overcrowding and energy poverty²⁷⁾. According to the EU SILC_MRK 2020 survey, the rate of severe material deprivation of children from the MRC (0 to 17 years) was 56% in 2020, while for the total population of children it was 6% in that particular year.²⁸⁾

Children from marginalised Roma communities

²⁵⁾ EU SILC 2020 – Indicators of poverty and social exclusion

²⁶⁾ Severe housing deprivation is a statistical indicator tracking the proportion of people who live in overcrowded conditions and whose housing also exhibits at least one of the indicators of housing deprivation, for instance insufficient light, lack of own bathrooms and indoor toilets, or leaks in the premises. See further the PBD02 severe housing deprivation indicator on p. 133 and the Metadata Sheet for PBD02 in the “2019 HR Report: Methodology”

²⁷⁾ Energy poverty is the term used to describe the lack of energy resources to provide electricity, heating, cooling, etc.

²⁸⁾ EU SILC MRC 2020 – so far unpublished material: Markovič F. – Plachá Ľ. (2022) Income and living conditions in marginalised Roma communities: Selected indicators from the EU SILC_MRK 2020 survey.

The average number of people per household in marginalised Roma communities (hereinafter only MRC) is 4.3, compared to 2.9 in the general population²⁹⁾. The portion of people from the MRC living below the poverty limit is 87%. Children from the MRC are a particularly vulnerable group. While in the general Slovak population in 2020 the risk of child poverty was 17%, for children from the MRC it was as high as 91%³⁰⁾. This fact indicates the reproduction of intergenerational transmission of social exclusion in the MRC and the severely limited opportunities to break out of it. According to the obtained data, 50% of households from the MRC environment are in material need³¹⁾ compared to 3% of households in the majority population³²⁾. Households in MRC are more likely to experience extreme deprivation in the form of lack of food for children or severely substandard housing and living conditions. Both in MRC households and in integrated households, a significantly higher unemployment rate prevails, the causes of which can be found, in addition to the generally lower educational level, mainly in a combination of several structural aspects – the concentration of job opportunities in the western part of Slovakia (i.e. outside regions with a higher representation of MRC), discrimination on the labour market on the grounds of ethnicity or social exclusion, and material deprivation.³³⁾

Children in foster care, especially in institutional care

In 2021, 14,020 children (1.3% of the total number of children³⁴⁾ lived outside their own family in the Slovak Republic. Of this number of children living outside their own family, 1,118 children are in foster care, 665 children are in the personal care of a guardian and 7,042 children are in foster care (figure excluding adopted children). There are 5,195 children (37.1%) in institutional care, i.e. in centres for children and families (hereinafter only CCHF), re-education centres, etc., including protective education, diagnostic centres and therapeutic-educational sanatoria. The placement of a child in institutional care is only carried out if it is in the best interests of the child, taking into account the overall situation as well as the individual needs of the child.

This is also a group of children who require increased support when leaving institutional care, the aim of which is independent living and social integration, i.e. measures aimed at avoiding an increased risk of possible homelessness.³⁵⁾ There are 17 CCHF nationwide that provide a resocialisation programme. Of these, there is 1 state-governed CCHF under the jurisdiction of COLSAF and 16 non-state CCHFs under the accreditation of the MLSAF SR. In 2021, a total of 4,928 persons were placed in CCHFs, of which 74% were children under the age of 15 and 20% were children aged 15 to 18. Particularly threatened groups of children include bilaterally orphaned children, who accounted for 1.4% of the total number of children in CCHFs, unilaterally orphaned children, who accounted for 11.46%, and minor mothers with children (0.5%).

²⁹⁾ EU SILC MRC 2020 – so far unpublished material: Markovič F. – Plachá Ľ. (2022) Income and living conditions in marginalised Roma communities: Selected indicators from the EU SILC_MRK 2020 survey.

³⁰⁾ Below the poverty line are those households which incomes fall below a calculated threshold set at 60% of median equivalised disposable income. This means that their income was below the calculated national poverty line. Income poverty is the most common of the three dimensions/components of poverty and social exclusion in Slovak society. Source EU SILC 2020, available at: <https://slovak.statistics.sk/>

³¹⁾ Material deprivation is a situation where the income of household members does not reach the subsistence level and household members are unable to secure or increase their income through their own work, the exercise of property or other rights to property, or the exercise of entitlements.

³²⁾ EU SILC MRK (2018). Available at: https://www.minv.sk/swift_data/source/romovia/EU%20SILC_MRK_2018_FINAL.pdf EU SILC MRK 2020 – so far unpublished material: Markovič F. – Plachá Ľ. (2022) Income and living conditions in marginalised Roma communities: Selected indicators from the EU SILC_MRK 2020 survey.

³³⁾ EU SILK MRC 2020 – so far unpublished material: Markovič F. – Plachá Ľ. (2022) Income and living conditions in marginalised Roma communities: Selected indicators from the EU SILC_MRK 2020 survey.

³⁴⁾ Annual V12 MLSAF SR report on the implementation of measures of social protection of children and social guardianship for 2021.

³⁵⁾ 7% of the homeless people counted in Bratislava grew up in an orphanage (now CCHF). According to the document Background material of the concept of prevention and solution of homelessness at the national level, Institute for Labour and Family Research, 2018.

A total of 668 professional foster families were in operation in 2021³⁶⁾, a total of 1,404 children were in professional foster families in 2021, 97% of whom were under the age of 18. Within this, disabled children accounted for 6.4%, children with mental disorders – 3.5%, children with behavioural disorders – 5.9%, and abused, sexually and otherwise exploited children – 3.1%.

In addition to the professional foster families, in 2021, there were 450 independently organised groups operating within the CCHF, with a total of 3,527 children, 92.7% of whom were children under the age of 18. Thus, there were a total of 7 to 8 children per 1 group. Within the group of children under 18 years, 17.2% were children with behavioural disorders, 15.0% were disabled children, 8.6% were children with mental disorders, 1.4% were abused, sexually and otherwise abused children, 1.0% were unaccompanied minors and 0.4% were children with behavioural disorders due to drug use. Multiple sibling groups may also be included among the groups at risk.

Children in uncertain family situations

Children in uncertain family situations are children exposed to various risk factors that can lead to poverty or social exclusion. This category includes children living in a single earner household, children living with a parent with disability, disadvantaged or worsened health condition, children living in a household where one member suffers from mental disorder or long-term illness, children living in a household where there is substance use or domestic violence, children of an EU national who has moved to another Member State while the children remain in their Member State of origin, children who have a minor mother or are a minor mother, and children who have a parent in the execution of a custodial sentence. In the Slovak Republic, 201,829 children under the age of 18 were at risk of poverty or social exclusion in 2021 (19.7% of the total number of children under the age of 18). The most at risk of poverty or social exclusion were single-parent families with children (35.1%) and large families with more than three children (37.8%). Households with disabled persons made up 27.0% of households with dependent children. Based on administrative data,³⁷⁾ of the total number of recipients of assistance in material need in 2021 (58,808), couples with children make up .21.3% and single persons with children 12.4%. Measures of social and legal protection of children and family and social guardianship were implemented for 12,914 new families and 19,650 new children during 2021.

Children at risk of income poverty³⁸⁾

In SR, one in eight inhabitants (12.3%) was at risk of income poverty in 2021, which amounted to almost 661,856 persons. Children make up more than a quarter of the total number of persons at risk of income poverty. In terms of age groups, children under the age of 18 are most at risk, with almost one in six children living in a household with an income below the poverty line. The COVID-19 pandemic has increased the proportion of children at risk of poverty year-on-year, from 17% to 17.6%. For the first time, poverty risk rate increased year-on-year in all regions of the country. However, there are significant regional differences, ranging from 4.0% in the Bratislava region to 19.2% in the Prešov region. The situation has slightly improved year-on-year for multi-child complete families with 3 or more dependent children (36.3% in 2021, compared to 37.1% in 2020), as well as for single parent incomplete households with one or more children (33.6% in 2021, compared to 33.9% in 2020). Still, in both of these household types, more than one-third of persons is at risk of income poverty. The amount determining the poverty line has fallen year-on-year, confirming that the total income of the population has decreased over the whole of 2021. In a single adult household, this was down by around €11 to €424 per month. For a full family with two children under 14, the threshold was

³⁶⁾ The professional foster family is an organisational component of CCHF.

³⁷⁾ SBM MIS – Management Information System for Social Benefits Management, MLSAF SR

³⁸⁾ Income poverty is the most common of the three examined dimensions/components of poverty and social exclusion in Slovak society. As of May 2022, the SI SR published (EU SILC 2021 sample survey results) this dimension of poverty as the first one and released further data during August 2022.

at €890 per month, which is less by €24. Children in families where the responsible person fails to meet his or her maintenance obligations are also at particular risk of poverty. In 2020, an average of 4,320 children were registered as receiving maintenance³⁹⁾ with an average of 6,683 children receiving unpaid maintenance per month.

Children at risk of violence

Children who have been or are exposed to violence and neglect by adults in their lives,⁴⁰⁾ may be at risk of violence in all areas of their lives – at home, at school, during free time in institutions, on the street in the community and in the media. 9.4% of children were exposed to neglect, approximately 20.6% of children experienced direct exposure to emotional violence, 23% of children were exposed to physical violence, and 7.1% of children were exposed to sexual abuse.⁴¹⁾ Exposure to all four forms of violence was reported more frequently by girls, children from households with very poor or poor financial circumstances, children from divorced families, children from single-parent paternal households, and those children who reported some type of health complications. In the area of violence in families, for abused, neglected and exploited children, in 2021, the social labour and family offices carried out measures of social protection of children and social guardianship for a total of 1,252 children, of whom 574 were new children. In 75 cases, the authority for social protection of children and social guardianship authority filed a complaint with the law enforcement authorities.

Children at risk of addiction and offending

In 2021, child social guardianship measures were implemented for 14,007 children, including 781 children who committed otherwise criminal activities. In 2021, assistance and protection in a misdemeanour procedure were provided to 3,101 children. A total of 5,646 children were in the care of social guardians due to neglect of school attendance. In 2021, the social guardians carried out guardianship measures for 160 children due to drug experimentation and addiction (25 of the children were under 14 years of age). Measures due to other addictions were implemented for 13 children. In 2020, 80 places have been designated for all regions of SR for the resocialisation of addictions in a residential form to ensure the execution of the measure ordered by the court in the CCHF with a resocialisation programme for juvenile clients.⁴²⁾ In 2021, there were 450 self-organised groups within the CCHF, with a total of 3,269 children, of which 17.2% were children with behavioural disorders. According to data from the National Health Information Centre (hereinafter only NHIC)⁴³⁾ from the long-term perspective, the number of treated drug users in the 0 to 19 age group declines slightly from 500 in 2004 to 253 in 2020. Drug addicted males under 19 entered treatment mainly in connection with cannabis use (54.8%; 96 out of all 175 treated males under 19) and a smaller proportion were stimulant users (26.9%; 47). In young women under 19 years of age, treatment from stimulant use was predominant (50.0%; totalling 39 of all 78 treated women under the age of 19), with a further 39.7% of them (totalling 31) using cannabis.

³⁹⁾ Report on the Social Situation of the Population of the Slovak Republic for 2020

⁴⁰⁾ National Strategy for the Protection of Children against Violence. Available at: [narodna-strategia-ochranu-deti-pred-nasilim.pdf \(gov.sk\)](https://www.naz.gov.sk/narodna-strategia-ochranu-deti-pred-nasilim.pdf).

⁴¹⁾ “Representative research on the prevalence of violence against children in the Slovak Republic” which focused on respondents from the child population of 8th and 9th grades of primary schools. The findings can be generalised to the child population at this age. The research task was carried out jointly by the Institute for Labour and Family Research (MLSAF SR) and the Research Institute of Child Psychology and Pathopsychology (MESRaS SR).

⁴²⁾ National Drug Strategy of the Slovak Republic for 2021 – 2025 with a view to 2030. Available at [Legislatívny proces - SLOV-LEX](https://www.zbierka.sk/legislativny-proces-slov-lex)

⁴³⁾ NHIC. (2020) Drug addiction – treatment of drug users in the Slovak Republic 2020. Available at: [Drogova zavislost liecba uzivatela drog v SR 2020 Sprava k publikovanim vystupom.pdf \(nczisk.sk\)](https://www.naz.gov.sk/narodna-strategia-ochranu-deti-pred-nasilim.pdf).

Children with a migrant background

Children with a migrant background also include children who are nationals of third countries, i.e. countries which are not EU Member States, regardless of their migration status – type/sort of residence in the territory of SR, and children with the nationality of a Member State of at least one of their parents who was born abroad. Of course, children arriving on the territory of SR as part of irregular migration, especially unaccompanied minors, are particularly at risk. The number of tolerated stays granted to third-country nationals was 75 in 2021, of which the vast majority were unaccompanied minors (67 in 2021). In 2021, there were 169 illegally staying children under the age of 17 (mostly from Afghanistan). There were 175 unaccompanied minors apprehended illegally crossing the state border and staying illegally in 2021.⁴⁴⁾

Since February 2022, in the context of the situation in Ukraine, there has been an increase in the number of children granted refugee status, with 94,699 persons applying for temporary refuge in Slovakia as of 22 September 2022, of which 35,610 (37.6%) were children aged 0 to 17.⁴⁵⁾

Disabled and disadvantaged children

The term disabled person (also including disadvantaged children) is defined in the UN Convention on the Rights of Persons with Disabilities which entered into force for the Slovak Republic on 25 June 2010. According to the Article 1 of the Convention, disabled people include people with long-term physical, mental, intellectual or sensory disabilities, which, in combination with various barriers, may prevent their full and effective participation in society on an equal basis with others.

The current enrolment rate of pre-school children in the general population is 95%. In primary education in the school in the school year 2020/2021, disadvantaged pupils achieved worse educational results than the general population and in the school year 2021/2022 they represented a larger proportion of pupils repeating a grade (3.45% of repeating pupils with disabilities compared to 2.35% of pupils without disadvantage).⁴⁶⁾

In the 2021/2022 school year, 13% of disabled pupils attended zero, preparatory, introductory and first year of primary school. Out of the total number of pupils in zero, preparatory, introductory and first year, 5.8% were disabled pupils. If a child's development up to the age of seven is endangered due to poor health or health disadvantage, an early intervention service can be provided to the child and his or her family in the social service system. In 2021, there were 15 public and 25 non-public providers of early intervention services registered in SR, who together provided social services to 2,477 children.⁴⁷⁾

Children with special educational needs (SEN)

In the school year 2021/2022, 17.4% of pupils in primary and special primary schools had special educational needs (hereinafter only SEN), while 6.5% of pupils with SEN in mainstream classes in primary schools were individually integrated.⁴⁸⁾

⁴⁴⁾ Processed on the basis of the Statistical overview of legal and illegal migration of foreigners in Slovakia. Available at: <https://www.minv.sk/?rok-2021-1>.

⁴⁵⁾ MI SR. (2022) Since the outbreak of the military conflict, almost 270,000 persons have arrived in Slovakia from Ukraine. Available at:

[Ministerstvo vnútra SR - Azyl a migrácia.](#)

⁴⁶⁾ MESRaS SR. (2021). Together smarter. Available at: [Spolu múdrejší | Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky \(minedu.sk\)](#)

⁴⁷⁾ Calculated as the share of clients in the total population of children with disabilities aged 0 – 7 years. A population size of 3,044 children with disabilities is assumed.

⁴⁸⁾ CENTRE FOR SCIENTIFIC AND TECHNICAL INFORMATION SR. (2021). Statistical Yearbook – Primary Schools. Available at: [Štatistická ročenka - základné školy - CVTI SR](#)

In the whole segment of regional education (kindergartens, primary schools and secondary schools), the share of children and pupils with SEN reached 12.16% of all pupils. The largest group is formed by disabled children and pupils, i.e. 8.33% of the total number of children and pupils; another group is formed by 4.15% of children and pupils from socially disadvantaged backgrounds.⁴⁹⁾

Of the total number of pupils, 5% were individually integrated children and pupils in mainstream classes in schools.

Children with mental health problems

Up to 50% of mental disorders arise in childhood and do not become fully apparent until adulthood.⁵⁰⁾ More than half of all mental disorders begin in adolescence and most cases go undiagnosed and untreated. A major problem for a child's healthy development is the lack of relational bonds, especially within the family. In the last decade, there has been a significant increase in hospital admissions in the 15 to 19 age group in psychiatric wards of institutional health care facilities, where the number of admissions has increased by 40.5%. Since 2009, there has already been an increase in the number of new patients in outpatient care for children aged 15 to 19 years, which has increased by 42.8%.⁵¹⁾ Although suicide is a rare cause of death in the general population, in adolescents it is second only to automobile accidents.⁵²⁾ In 2016, of all deaths of juveniles aged between 15 and 19 in Slovakia, suicide was the cause in up to 18%. According to experts, the situation has worsened significantly during the COVID-19 pandemic. Both substance and non-substance addictions are rising sharply, with an increasing number of suicide attempts, severe depression, and self-harm. In general, there is an increase in anxiety and depression, and not only in children who were already in the care of psychologists before the pandemic. The Ministry of Education, Science, Research and Sport SR (hereinafter only MESRaS SR) presented a 33% increase in the incidence of depressive symptoms in children up to the age of 18 and a fourfold increase in psychological problems in children up to the age of 9.

Children outside education, training and employment system

According to the Eurostat statistical survey, 2.7% of NEET children aged 15-17 will be in the Slovak Republic in 2021 (EU27 – 4.1%). In the 15-19 age group, the share of NEET children was 5.6% (EU27 – 6.8%). Key measures to overcome poverty and social exclusion (services, benefits) are targeted at children receiving some kind of service or in institutional care or in the education and training system, as well as in the context of measures aimed at assisting refugees from Ukraine and children present in the territory of the SR from third countries of origin (e.g. asylum seekers, children administratively detained due to illegal stay in the territory of the SR, etc.).

⁴⁹⁾ CENTRE FOR SCIENTIFIC AND TECHNICAL INFORMATION SR. (2021). Statistical Yearbook – Primary Schools. Available at: [Štatistická ročenka - základné školy - CVTI SR](#)

⁵⁰⁾ Roberts and Grimes, 2011, Hewlett et al., 2014.

⁵¹⁾ National Health Promotion Programme Update, December 2021, Available at: [3 Vlastny material NPPZ.pdf](#)

⁵²⁾ OECD, 2018.

3 Ensuring effective access to education at all levels and access to school activities

3.1 Current state

Ensuring effective access to care in early childhood

Slovakia is one of the countries with the lowest rate of participation of children under 3 in formal early childhood care.⁵³⁾ Organised early childhood care outside the family context is represented by early childhood centres for children up to 3 years of age and kindergartens. In 2020, 4.8% of children under 3 used formal child care facilities (EU average is 32.3%),⁵⁴⁾ mainly due to their inaccessibility.⁵⁵⁾ Inaccessibility of education for children aged 0-3 years is problematic due to the lack of accessibility, which has several aspects that need to be addressed: inaccessibility of facilities, private nature of the facilities and associated fees.

As of August 2022, there were 202 service providers in child care facilities for children up to 3 years of age with a capacity of 3,752 places, which does not correspond to the number of the target age group of children.

Pre-primary education is compulsory from September 2021 for every child who reaches the age of five by 31 August.⁵⁶⁾ A child is admitted to pre-primary education from the age of three. Exceptionally, a child may be admitted to pre-primary education after the age of two. The portion of children attending kindergartens in Slovakia in 2021 (94%)⁵⁷⁾ was lower than the EU average (95.3%).

In the context of the situation in Ukraine and the related mass arrival of foreigners, including children, the problem with the lack of capacity in early childhood care and pre-primary education (kindergartens) has become even more acute. In response to this unfavourable situation, *Act No. 199/2022 Coll. on certain measures in the social sphere in connection with the situation in Ukraine* was adopted on 24 May 2022.⁵⁸⁾ This act introduces the so-called children's group as one of the forms of child care. In the children's group, care is provided for no more than four children at the same time⁵⁹⁾.

⁵³⁾ It Makes Sense analysis: <https://analyza.todarozum.sk/docs/19072315410001jkm1/>.

⁵⁴⁾ Eurostat. (2022). Children aged less than 3 years in formal child care. Available at: https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp210/default/table?lang=en.

⁵⁵⁾ https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp210/default/table?lang=en. Eurostat. (2022). Children aged less than 3 years in formal child care. Available at: https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp210/default/table?lang=en.

⁵⁶⁾ Act No 245/2008 Coll. on Education and Training (School Act) and on amendments and supplements to certain acts, as amended.

⁵⁷⁾ European Commission Eurydice. Available at: [Welcome to Eurydice | Eurydice \(europa.eu\)](https://eurydice.eu/)

⁵⁸⁾ Act No. 199/2022 Coll. on certain social measures in connection with the situation in Ukraine

⁵⁹⁾ The amount of child care allowance in a children's group for one calendar month shall not exceed EUR 160. Available at <https://www.nrsr.sk/web/Dynamic/DocumentPreview.aspx?DocID=511713>.

ESL and secondary education

According to the Programme for International Student Assessment (PISA) survey, the portion of pupils in SR achieving below average results is higher than the EU average in all tested areas. The *ESL* rate in 2020 was 7.6%,⁶⁰⁾ which is below the EU average (9.9%).⁶¹⁾ It is higher in regions with MRC, where pupils from these communities make up a significant portion of early school leavers (up to 58% of pupils). The lack of involvement of pupils in extracurricular activities, which consist of activities to develop their interests, also in out-of-school hours and during holidays, also remains problematic.

ESL is closely linked to *secondary education*, which is aimed at people who, for various reasons, have dropped out of school or have not continued their studies at higher levels of education. Secondary education needs to be developed in a targeted way in those localities most affected by the phenomenon of low educational attainment, unemployment and poverty. Particularly in the second-chance system, issues of equality in education come to the fore, as it concerns in particular those individuals who, for individual or structural reasons (or a combination of these), have failed to obtain education.

The target groups for second-chance education are in particular young people who have dropped out of education, unemployed young people, but also adults and vulnerable groups from socially and economically disadvantaged backgrounds and minorities.

In the Slovak context, this target group also includes the MRC population, which has a high drop-out rate and a low level of education. In this regard, it should be pointed out that the education system has not helped many of them to fulfil their educational potential during their initial education, for example, by over-inclusion of Roma children in special primary schools (SPS) or special classes, by not providing sufficient opportunities for children with Roma mother tongue to acquire Slovak language or by the low quality of education. A characteristic feature of second-chance education is that it is not only about people who at some point decided to leave education on their own initiative, but also about those who were not allowed by the Slovak school system to obtain higher education, and thus were pushed out of normal education and mainstream schooling. Second-chance education serves a wider range of people, can take different forms and can be delivered outside school. Second-chance education programmes also largely involve an individualised approach and use alternative methodologies to initial education, usually in a flexible form. In the context of children and young people who have not completed primary school and have not successfully completed 9th grade, there is a possibility of engaging in lower secondary education courses to complete their primary/lower secondary education. Such lower secondary courses are run by primary and secondary vocational schools. However, such education is not sufficiently developed and used in Slovakia. In this sense, MESRaS SR in the Zero Action Plan plans to improve their availability and make the courses accessible especially to the population from excluded communities.⁶²⁾

Segregation in education

Segregation in education is a serious problem in Slovak education and in 2015 the EC initiated proceedings against SR for violation of the Racial Equality Directive due to the segregation of Roma children and their over-representation in the special education system. The Ministry of Education rejects any segregation not only on the grounds of different nationality, ethnicity, religion and culture, health disadvantage, but also the

⁶⁰⁾ <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

⁶¹⁾ <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

⁶²⁾ Rigová, E., Dráľová, A., Kováčová, L. (2021). Second-chance education in Slovakia: Implementation practice and its barriers. Bratislava: Institute for Well-Managed Society. ISBN 978-80-973347-6-5.

exclusion of children with obesity and less physically literate children from physical activities in schools. SR has also committed to desegregation in the Slovak Recovery and Resilience Plan (Component 6 Accessibility, Development and Quality of Inclusive Education at All Levels, Reform 5 Support to School Desegregation).⁶³⁾

Segregation in education is particularly evident in the education of children from the MRC. 47% of the MRC children aged 6 to 15 in common education have only Roma classmates. In case of primary schools, up to 67% of children from the MRC attend a school with exclusively Roma or mostly Roma pupils. Segregation of Roma pupils also occurs in special education. In 88% of special classes with children from the MRC, these children make up more than half of the pupils. 63% of children from the MRC in special education have only Roma classmates, while 32% of pupils from the MRC in special education attend schools with exclusively Roma pupils. Thus, segregation into separate classes and schools also occurs in cases where such a procedure is not justified by the high representation of Roma children in a town or a municipality⁶⁴⁾.

Education policies fail to effectively prevent the creation of purely Roma schools and classes in mainstream education. In addition to demographic developments in some municipalities, the way in which primary school catchment areas are determined, which in some cases replicate or even exacerbate existing residential segregation, contributes to the emergence of “Roma schools”. The exercise of the right of legal representatives to choose a school for their child also contributes to the emergence of such schools, which leads to the departure of majority of children from schools with a higher concentration of Roma children. At the level of secondary schools, the existence of allocated workplaces located in close proximity of excluded localities, which are often attended exclusively by Roma pupils, is particularly problematic. Some of the educational policy support instruments, such as zero grades⁶⁵⁾ or specialised classes also contribute to the separate education of Roma pupils in separate classes in primary schools. Also, the possibility of creating parallel classes with different curricula is used in some schools to create ethnically homogeneous classes, which, moreover, provide education of a different quality. However, the tendency to segregate Roma pupils into separate classes or schools may be a consequence of a lack of other tools and inadequate funding, as suggested by the data in “It Makes Sense”⁶⁶⁾. The unavailability of support and the subsequent sending of children to special education is particularly pronounced for those children whose *mother tongue is different from the language of instruction*.

Education of children with special educational needs

The portion of children and pupils with SEN in Slovakia is the fourth highest in Europe⁶⁷⁾. Pupils with SEN include pupils with health disadvantages, disabilities, long-term sick or disabled pupils, pupils with developmental disorders of activity, attention and learning, as well as pupils with behavioural disorders, pupils from socially disadvantaged backgrounds (pupils living in an environment which due to social, family, economic and cultural conditions does not sufficiently stimulate the development of the pupil’s mental,

⁶³⁾ MESRaS SR (2022). Together behind one desk. Methodological material on school desegregation for founders and principals. Available at <https://www.minedu.sk/data/att/23399.pdf>

⁶⁴⁾ EU SILK MRC 2020 – so far unpublished material: Markovič F. – Plachá Ľ. (2022) Income and living conditions in marginalised Roma communities: Selected indicators from the EU SILC_MRK 2020 survey.

⁶⁵⁾ Repealed by the amendment to the Act No. 245/2008 Coll. Transitional provision in Section 161(j) of the Act No. 245/2008 Coll. created the possibility for pupils who are in compulsory school attendance in the zero year or preparatory year at the time of the entry into force of the Act to complete the zero year or preparatory year after the entry into force of the amendment to the Act, i.e. by 31 August 2021 at the latest. The transitional provision also provides for the possibility to open, if necessary, for one more school year, zero grades in localities with insufficient capacity in kindergartens in the school year 2021/2022 and also preparatory grades in primary schools for disabled pupils (including in regular primary schools); these pupils will complete the zero or preparatory grade on 31 August 2022.

⁶⁶⁾ 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>

⁶⁷⁾ 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> – The portion of children who need support increases

volitional and emotional qualities, does not support his/her socialisation and does not provide him/her with sufficient and appropriate stimuli for the development of his/her personality). The group of SEN pupils also includes gifted pupils. In primary schools, pupils with SEN make up almost a fifth of the total pupil population and their numbers are steadily increasing, rising by around one third in the last 10 years. Although the largest group of children with SEN has long been the one including those with a diagnosed intellectual disability, the sharpest increase is seen in a group of children with developmental learning disabilities. There has also been a significant increase in the number of children with an activity disorder, and an almost threefold increase in the number of children diagnosed with autism. However, the total number of children with SEN may realistically be even higher. According to the results of the “It makes sense” analysis, thousands more children diagnosed with SEN attend kindergartens, primary and secondary schools (who are not included in the official statistics⁶⁸).

Implications of the COVID-19 pandemic

When distance learning began in Slovakia in March 2020 as a result of the COVID-19 pandemic, access to education changed significantly and some children were left out of education due to the lack of support for schools and pupils. The closure of schools⁶⁹ and the rapid transition to online education⁷⁰ have exacerbated already identified weaknesses in the education system⁷¹. Differences in technological equipment are significant between children from different socio-economic backgrounds, as according to a representative survey in 2019, children from poor and Roma households have significantly less access to different types of technological equipment. According to the representative research, 52% of children from poor households and 40% of children from Roma households have access to the internet, while up to 95% of children from ordinary households have access to the internet. Only 21% of children from Roma households, 28% of children from poor households and 86% of children from ordinary households have a laptop; 17% of children from Roma households, 29% of children from poor households and 51% of children from ordinary households have a desktop computer.⁷² The readiness of the education system to respond to technological advances is also related to the level of digital skills of pupils, with the proportion of pupils below the basic level in the ICILS tests being 12% in the last measurement, and 17% on average in the participating countries.⁷³

⁶⁸) 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>

⁶⁹) Decisions and guidelines on school closures are published on the website: <https://www.minedu.sk/rozhodnutia-a-usmernenia-v-case-covid-19//>

⁷⁰) Main findings from a questionnaire survey in primary and secondary schools on the course of distance learning in the school year 2019/2020. Source: IVP MŠVVaŠ SR, <https://www.minedu.sk/data/att/20815.pdf>

In the school year 2020/2021, almost 50% of children from socially disadvantaged backgrounds/MRC (359 out of 720) did not participate in full-time or distance education at the time of the pandemic measures because kindergartens did not provide any form of education. Source: The impact of the pandemic situation on the course of education in kindergartens in the school year 2020/2021, State School Inspection 2021. Available at:

https://www.ssi.sk/wpcontent/uploads/2021/07/Dotaznik_priebeh_vzdelavania_MS_sprava_2020-2021.pdf. According to the teachers of the second level of primary schools, 81% of children usually participated in distance education on a regular basis, and almost 10% of children did not participate in distance education at all. 84.5% of teachers reported that students learned less material during distance education. Teachers estimated that pupils were 2 months behind compared to a regular class. Teachers were most likely to experience a decline in health (46%) and mental health (41%) as a result of the pandemic. Source: Report of a Representative Survey on the Progress and Impact of Distance Education in the school year 2020/2021, Centre for Educational Analysis 2021, <https://www.vzdelavacieanalyzy.sk/?p=271>.

⁷¹) According to calculations based on principal and classroom teacher estimates, 52,000 elementary and secondary school students (7.5% of the student population) have not participated in distance education. Almost 128,000 pupils (18.5 % of the total pupil population) were not taught online (most of them were probably taught through other forms of distance learning, such as sending printed worksheets). Source: Main findings from a questionnaire survey in primary and secondary schools on the course of distance learning in the school year 2019/2020. <https://www.minedu.sk/data/att/20815.pdf>

⁷²) Michaela Bednárík, Juraj Čokyna, Alexandra Ostertáková, Michal Rehúš, 2020. How to ensure access to education for all children in times of crisis. Available at: [20814.pdf \(minedu.sk\)](https://www.minedu.sk/data/att/20814.pdf)

⁷³) MESRaS SR. Strategy for lifelong learning and guidance for 2021 to 2030. Available at: <https://www.minedu.sk/data/att/22182.pdf>

Implications of the situation in Ukraine

The ongoing war situation in Ukraine has an impact on education in Slovak schools. Of the over 9,700 children and pupils from Ukraine who are educated in Slovakia, 1,581 are in kindergartens, 7,287 are in primary schools and 864 are in secondary schools.⁷⁴⁾ Although there are support webinars, guidelines on the admission and adaptation of pupils from Ukraine, etc. under the Ministry of Education, there is a lack of direct guidance for teachers when teaching Ukrainian children and pupils. Other problems identified in the education of children of emigrants are: lack of interest of Ukrainian pupils to learn in Slovak (30%)⁷⁵⁾, psychological discomfort of Ukrainian pupils (21%), trauma caused by the war (18%), isolation of Ukrainian children from the rest of the collective (17%) or overload associated with parallel education in the Slovak school and the Ukrainian education system (13%), as well as the absence of background and basic needs of children (9%)⁷⁶⁾. Although this is de facto inclusion of children of foreigners or migrants, the war situation and trauma require specific forms of support for pupils, their families, as well as teachers.

Ensuring access to school activities

One solution to help children and pupils from socially disadvantaged backgrounds and those in material need to achieve better educational results is to increase the number of hours they spend in school. This can be done through *activities in school children clubs* (hereinafter only SCCs). These clubs are often aimed at deepening and consolidating knowledge. A school children club provides children who are in compulsory education at primary school with non-strenuous leisure activities in accordance with the educational programme of the school, aimed at preparing them for school and at satisfying and developing their interests outside school hours and during school holidays. On the basis of Section 114(3) of the Act No. 245/2008 Coll. on education and training (Education Act) and on amendment and supplement to certain acts, from 1 January 2019 the amount of monthly contribution to the partial reimbursement of costs associated with the activities of the school children club is EUR 18. If the legal representative provides proof that he/she is from a family whose income is no more than the minimum subsistence level (low-income family), the fee may be reduced at the discretion of the school principal. However, as some parents of children cannot realistically afford to pay for SCC (approximately 17,500 pupils), MESRaS SR has launched a call for reimbursement of the SCC fee for pupils from socially disadvantaged backgrounds or families in material need and pupils from low-income families under the RRP⁷⁷⁾.

An education voucher represents a special annual contribution from the state for special interest education for one pupil. In September 2021, a total of 699,750 vouchers have been issued, of which 540,583 have been redeemed, according to the findings of MESRaS SR. The value of the educational voucher for 2022 was set at EUR 32 (EUR 3.2 for 1 month). For the school year 2021/2022, a total of EUR 17,298,656 was spent on educational vouchers or subsidies, i.e. on children leisure activities.⁷⁸⁾

⁷⁴⁾ Data from 6 May 2022. Available at: <https://www.ta3.com/clanok/235851/na-slovenskych-skolach-sa-vzdelava-viac-ako-9-tisic-ziakov-z-ukrajiny-najviac-ich-je-v-bratislavskom-kraji>

⁷⁵⁾ While the availability of education in Ukrainian language is not ensured anyway, and online national Ukrainian education operates in the afternoon. The Ministry of Education monitors the situation and in cooperation with schools and regional school administration offices, Slovak language courses are being prepared so that children from Ukraine can be educated in the state language as soon as possible. There are currently 11 schools in SR providing instruction in the Ukrainian language Available at <https://www.vyberskolu.sk/zoznam.php?jazyk=400>

⁷⁶⁾ Comenius Institute, 2022. Available at: <https://komenskehoinstitut.sk/prieskum-zaclenovanie-ukrajinskych-deti-do-skol/>

⁷⁷⁾ MESRaS SR. (Call for proposals "Compensation of fees in the school children club for pupils from socially disadvantaged backgrounds and families in material need 2" – evaluation. Available at: <https://www.minedu.sk/vyzva-kompenzacia-poplatku-v-skolskom-klube-deti-za-ziakov-zo-socialne-znevychodneneho-prostredia-a-v-hmotnej-nudzi-2/>

⁷⁸⁾ MESRaS SR. Educational vouchers. Available at: <https://www.minedu.sk/vzdelavacie-poukazy/>

Ensuring access to at least one healthy meal every school day, including outside school days

A subsidy to support education of a child eating habits (hereafter only food subsidy or subsidy) may be granted to provide lunch and other meals to a child in kindergarten and primary school. The purpose of the meal subsidy is, in particular, to support the provision of meals for children from low-income households during school hours, to educate children about healthy eating habits and to relieve low-income parents of children from paying for meals. Legal relations in the provision of subsidies are regulated by the Act No. 544/2010 Coll. on subsidies under the competence of MESRaS SR, as amended (hereinafter only Subsidies Act). Meal subsidies are provided for children who participate in the educational process in kindergarten or primary school and live in families that receive assistance in material need or whose income is below the minimum subsistence level, or 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. In line with the EU Council Child Guarantee Recommendation, access to healthy food outside school days should be promoted, including through material or financial support.

Lack of community cooperation and participation of children in decision-making processes

The European Commission stresses the need for cooperation between all relevant actors. In the context of SR, cooperation with national, regional and local authorities, social economy organisations, NGOs promoting rights of children, children themselves and other stakeholders could be said to be insufficient. Attention is also paid to the participation of children themselves in the decision-making process. Children and their views should be taken into account, for example in consultations on future initiatives with an impact on children. Around 10,000 children were also part of the preparatory phase of the European Child Guarantee itself.⁷⁹⁾

3.2 Strategic frameworks and existing legislation

More detailed information on the strategic frameworks and the most relevant legislation is provided in Annex 1.

Overview of key documents:

- Vision and Strategy for the Development of Slovakia until 2030 – Long-term Strategy for the Sustainable Development of the Slovak Republic – Slovakia 2030
- UN Convention on the Rights of the Child
- National Programme for the Development of Education and Training 2018 – 2027
- Recovery and Resilience plan of the Slovak Republic
- Strategy of an Inclusive Approach in Education and Training
- Strategy of Equality, Inclusion and Participation of the Roma until 2030
- Strategy of the Slovak Republic for the youth 2021 – 2028
- National Development Strategy for Coordinated Early Intervention and Early Care 2022 – 2030
- Act No. 245/2008 Coll. on Education and Training (School Act) and on amendments and supplements to certain acts, as amended, amending and supplementing certain acts.
- Act No. 232/2022 Coll. on leisure time funding of a child and on amendments and supplements to certain acts
- Act no. 544/2010 Coll. on subsidies under the competence of MLSAF SR as amended
- Application tool for mental health promotion in schools

⁷⁹⁾ European Commission Questions and Answers: Comprehensive Strategy on the Rights of the Child and European Child Guarantee. Available at: https://ec.europa.eu/commission/presscorner/detail/en/qanda_21_1245.

- Curriculum Education for Marriage and Parenthood
- First action plan for the implementation of the Strategy for an Inclusive Approach in Education and Training 2022 – 2024

3.3 Existing measures

According to existing legislation and strategic documents, SR has to implement measures to ensure effective and free access to quality education for children in need. Many measures have already been implemented or are currently being implemented, mainly thanks to the European Structural Funds. For example, EU funding has been used to implement projects in the following areas. A major challenge remains to find systemic support and keep sustainability of the measures by increasing the share of funding from the national budget of SR.

Access to early childhood care and pre-primary education

In an effort to improve access to early childhood care and pre-primary education, several projects have already been implemented or are in the process of being implemented in SR. As an example, the National Project *Support for Pre-primary Education of Children from Marginalised Roma Communities I and II*.⁸⁰⁾ The European Social Fund (ESF) funds under the Human Resources Operational Programme (OP HR) were used for this project. The project is implemented in two phases, from 2017 to August 2023. The purpose of the project is to create an inclusive environment in kindergartens, increasing the number of children from the MRC attending kindergartens and consequently increasing the educational level of the members of the MRC. In the final evaluation of the project (implemented in 2017), it was noted that children of the selected kindergartens overall scored statistically significantly better in the exit orientation deprivation screening than in the entry deprivation screening.⁸¹⁾ An important element of the project is the collaboration with families through the introduction of a parent assistant (in phase I, a coordinator to work with the family), including directly in the child's natural environment, i.e. the family, the community.

Another example is the call for Support to Early Childhood Education and Care Programmes (ECHEC) for MRC children aged 0 to 3 years and related parental competence development. Under this call, financed by the European Social Fund (ESF) under priority axis 5 of the OP Human Resources, 3 projects have been approved and are currently under implementation for a total amount of EUR 669,000.63 (EUR 568,650.53 from EU funds).

Approved projects are implemented by non-governmental non-profit organisations and include activities aimed at children from the MRC in order to develop to the maximum extent the child sensory, motor, intellectual, linguistic, psychological and social potential. This project is funded by the European Social Fund (ESF) under the Operational Programme Human Resources (OP HR).⁸²⁾

⁸⁰⁾ Euro subsidy. OPLZNP-PO5-2017-3 – Call for the national project Support for pre-primary education of children from marginalised Roma communities I. Available at:

[OPLZNP-PO5-2017-3 – Call for the national project Support for pre-primary education of children from marginalised Roma communities I. – E-SUBSIDY \(edotacie.sk\)](https://www.edotacie.sk/OPLZNP-PO5-2017-3) OPLZNP-PO5-2017-3

⁸¹⁾ Šilonová, Klein. Evaluation of diagnostics and effectiveness of stimulation of kindergarten children of the national project prim. II. Available at:

https://www.romovia.vlada.gov.sk/site/assets/files/1505/evalvacia_diagnostiky_stimulacie_deti_prim_rok20_211_online.pdf?csrt=7815310047343780376.

⁸²⁾ Public administration SR. Call for Support to Early Childhood Education and Care Programmes for MRC children aged 0 to 3 years and related parental competence development. Available at:

<https://www.vssr.sk/clanok-z-titulky/vyzva-na-podporu-programov-vzdelavania-a-starostlivosti-v-ranom-detstve-pre-deti-z-mrk-vo-veku-0-az-3-roky-a-s-tym-suvisiacim-rozvojom-rodicovskych-kompetencii.htm>

Projects supported under the call within the Recovery and Resilience Plan of the Slovak Republic are also currently being implemented, such as: *Assistant educator in kindergarten*⁸³⁾. The main objective of the call is to assist kindergartens in providing compulsory pre-primary education to children with disabilities and/or children from socially disadvantaged environments. The Recovery and Resilience Plan will support 283 kindergartens in 2022 and 2023, which will receive funding for 340 educators for a total amount of EUR 5,068,415.⁸⁴⁾ The support lasts until 31 August 2023 and in the next period it will be necessary to reassess its systemic anchoring.

ESL

Early school leaving is a problem within SR, especially in regions with MRC. This is why support has been targeted at such regions in the past. In 2017, a demand-oriented call for *Mentoring and tutoring support for pupils from the MRC with an emphasis on successful completion of primary school and smooth transition to secondary school* was announced, the aim of which was to provide support to pupils from the MRC through mentoring and tutoring during primary school education up to the completion of secondary education, thus contributing to improving their school performance, eliminating early primary school drop-out (grade repetition) and reassignment to a special primary school, successful admission to secondary school and completion of secondary school (ideally with a matriculation diploma). For this call under priority axis 5. OP HR MRC Integration of Marginalised Roma Communities, 5,000,000 Euro have been allocated.⁸⁵⁾

Inclusion and promotion of desegregation in education

Insufficient inclusion and segregation (especially in excluded communities) is a weakness of the Slovak education system. As far as the promotion of inclusive education in the school environment is concerned, this has been and is being implemented through the national projects *Assisting Professions in the Education of Children and Pupils* and *Assisting Professions in the Education of Children and Pupils II*. These projects will be implemented from ESF funds under the PA Education OP HR carried out until August 2023. The supported activities include those that contribute to counterbalancing the disadvantages of pupils and ensuring equal opportunities in the educational process – for example through educational support by teaching assistants, teaching assistants for children and pupils with disabilities and members of inclusive teams (school psychologist, special educator and social educator) in schools.⁸⁶⁾

The National Project on *Professional Development of Teachers (TEACHERS)* is implemented by the Methodological and Pedagogical Centre in cooperation with the State Pedagogical Institute (NIVAM after the merger)⁸⁷⁾. Its main objective is to support professional development of pedagogical and professional staff in implementing changes in schools and educational institutions, including the management of crisis, post-crisis situations and impacts related to the interruption of teaching in schools and educational institutions due to the COVID-19 pandemic.

RICPaP is implementing the national project *“Updating the system of guidance and development of other elements in the counselling and prevention system”* (hereinafter referred to as “NP Guide for Practice”). The main objective of the project is to set up tools and processes for lifelong learning and professional development of pedagogical and professional staff in the educational guidance and prevention system and to

⁸³⁾ MESRaS SR. Call for kindergartens to submit applications for funding for the position of ASSISTANT EDUCATOR IN KINDERGARTEN. Available at: <https://www.minedu.sk/data/att/21445.pdf>

⁸⁴⁾ MESRaS SR. Call “Assistant Educator in Kindergartens” – evaluation. Available at:

<https://www.minedu.sk/vyzva-pomocny-vychovavatel-pre-materske-skoly-vyhodnotenie/>

⁸⁵⁾ Ministry of Investments, Regional Development and Informatisation of the Slovak Republic. OPLZ-PO5-2017-2 – Mentoring and tutoring support for pupils from the MRC with an emphasis on successful completion of primary school and smooth transition to secondary school. Available at: <https://www.itms2014.sk/vyzva?id=edb91f4d-af59-4c12-85b2-cb24ad4a4071>

⁸⁶⁾ OPLZ-PO1/2020/NP/1.1.1-03 and OPLZ-PO1/2019/NP/1.1.1-05.

⁸⁷⁾ National Institute of Education and Youth

introduce content and performance standards for methodological guidance (system, content and tools) so that every professional staff member in schools and guidance institutions has access to quality methodological guidance for their professional activities leading to the inclusion of children with diverse needs. The specific impact of such a system of methodological guidance is to enable response also to emergency crisis situations and thus to support the elimination of the consequences of the impact of the pandemic on the psychological deprivation of children, pupils and students and the elimination of knowledge gaps due to the interruption of school operations.

The national project *Inclusion and success on the labour market through standardisation of the system of counselling and prevention* under the responsibility of the RICPaP aims to offer a reference point for quality support – uniform standards for professional and professional-methodological activities. The standards should guarantee that children with diverse needs and their families receive the same quality care throughout Slovakia, anchored in a multidisciplinary approach.

The Ministry of Education has set itself the goal of creating a desegregation manual for school founders and principals, published in 2022 under the title *Together behind one desk*⁸⁸⁾. The first part of the methodology defines the need to educate inclusively, the terminology base of the concepts with an emphasis on segregation and desegregation. These terms are intended to serve the needs of future legislation. The second part is applied, it contains concrete recommendations on how to proceed in the desegregation process and a summary of methodological steps from segregation to an inclusive school model.

Access to school activities

In order to help pupils from a socially disadvantaged environment and families in material need to participate in afternoon school activities and thus help children achieve better school results, MESRaS SR announced in December 2021 a call for applications for the *Compensation of fees in the school children club for pupils from socially disadvantaged backgrounds and families in material need*. The eligibility of activities lasted until 30 June 2022, the second round was announced from September 2022. The main objective of this call is to compensate the fee for school children club for pupils from socially disadvantaged backgrounds or families in material need. This will temporarily remove the main barrier (SCC fees) to the participation of the target groups of children in the SCC activities. 229 primary schools were supported and received funding totalling EUR 289,575 to enable a total of 3,861 pupils from socially disadvantaged backgrounds or in material need to attend SCC.⁸⁹⁾ The systemic anchoring of support for children participation in SCC will need to be reassessed in the period ahead, particularly in the light of persistent barriers (described in the section on ensuring access to school activities).

Education of children with special educational needs (SEN)

Education of children with SEN has been supported by several projects under the AP OP HR Education in the programme period 2014 to 2020.⁹⁰⁾ The call *School Open to All* to support the implementation of the inclusive

⁸⁸⁾ MESRaS SR (2022). Methodological material on school desegregation for founders and principals. Available at: <https://www.minedu.sk/data/att/23399.pdf>

⁸⁹⁾ MESRaS SR. Call for proposals “Compensation of fees in the school children club for pupils from socially disadvantaged backgrounds and families in material need” – evaluation. Available at: <https://www.minedu.sk/vyzva-kompenzacia-poplatku-v-skolskom-klube-deti-za-ziakov-zo-socialne-znevychodnenedo-prostredia-a-v-hmotnej-nudzi-vyhodnotenie/>. <https://www.minedu.sk/vyzva-kompenzacia-poplatku-v-skolskom-klube-deti-za-ziakov-zo-socialne-znevychodnenedo-prostredia-a-v-hmotnej-nudzi-vyhodnotenie/>

⁹⁰⁾ MESRaS SR. Evaluation of inclusive measures under specific objective 1.1.1 PO1 OP HR Education (ad hoc evaluation) including annexes. Available at: <https://www.minedu.sk/hodnotenie-inkluzivnych-opatreni-v-ramci-specifickeho-ciela-111-po1-vzdelavanie-op-lz-ad-hoc-hodnotenie-vratane-priloh/>

education model in kindergarten environment, to support non-formal education of children from the MRC and to support the implementation of the pedagogical model of inclusive education in primary schools,⁹¹⁾ supported activities contributing to the equalisation of disadvantages of pupils and ensured equal opportunities in the educational process. The development, innovation and implementation of educational programmes aimed at promoting inclusive education were supported. Activities aimed at creating appropriate conditions for the joint education of majority and SEN children, taking into account children from the MRC, were also supported. Children with SEN are also an eligible target group in the *Assistance professions in education for children and pupils*⁹²⁾ and *Assistance professions in education for children and pupils II* projects mentioned above under Inclusion and promotion of desegregation in education. Demand-driven projects have also been carried out in the framework of the calls for proposals to increase the inclusiveness of education *Greater success in primary school I and II*⁹³⁾.

Implications of the COVID-19 pandemic

SR is one of the countries with the longest school closures during the COVID-19 pandemic.⁹⁴⁾ Surveys have shown significant disparities between children in access to different types of technological equipment and a widening gap in the use of digital technologies, compounded by the generally poor level of digital skills of pupils (see section Implications of the COVID-19 pandemic above).

One of the measures taken by MESRaS SR to mitigate the negative impact of the pandemic on the education and upbringing of pupils were tutoring programmes Together smarter (tutoring in primary schools) and Together more successful (tutoring in secondary schools). The aim of the project was to improve knowledge and skills of pupils at risk of school failure due to inadequate distance education through quality and accessible tutoring. Together smarter tutoring programme was implemented from the state budget, programmes Together smarter 2⁹⁵⁾, Together more successful 2021⁹⁶⁾ and Together More Successful 2⁹⁷⁾ were executed through RRP SR and the programme Together smarter 3⁹⁸⁾ was executed through a combination of these sources.

The selection criteria also considered whether the school was a school with pupils at risk of school failure (pupils with low motivation to learn, from disadvantaged backgrounds, with inconsistent school preparation, repeated and prolonged academic failure, without adequate parental support, with problematic behaviour) and how many of the school pupils were materially deprived and/or from socially disadvantaged backgrounds.

In response to the barriers to access to education identified above during the COVID-19 pandemic, projects funded through ESF were also initiated in July 2021 under OP HR. The calls were published under titles *Mitigating the impact of the COVID-19 pandemic on the education process at the second level of primary schools, including improving access to education, and Mitigating the impact of the COVID-19 pandemic on the education process in secondary schools, including improving access to education*. They aim to mitigate the impact of the COVID-19 pandemic on the educational process in primary and secondary schools, including

⁹¹⁾ Call OPLZ-PO1/2016/NP/1.1.1-02, [16737.pdf \(minedu.sk\)](#)

⁹²⁾ Call OPLZ-PO1/2019/NP/1.1.1-05, [15090.pdf \(minedu.sk\)](#) and call OPLZ-PO1/2020/NP/1.1.1-03.

⁹³⁾ Call OPLZ-PO1/2018/DOP/1.1.1-02, OPLZ-PO1/2016/DOP/1.1.1-01.

⁹⁴⁾ Vitáloš. (2021) Mitigating the impact of the pandemic on pupils' education must be a (higher) priority. Available at: <https://www.nku.gov.sk/documents/10157/1460168/Dopad+pand%C3%A9mie+na+vzdel%C3%A1vanie+%C5%BEiakov.pdf>.<https://www.nku.gov.sk/documents/10157/1460168/Dopad+pand%C3%A9mie+na+vzdel%C3%A1vanie+%C5%BEiakov.pdf>.

⁹⁵⁾ MESRaS SR. (2022) Call "Together smarter 2" – evaluation. Available at: [Call Together smarter 2 – evaluation | Ministry of Education, Science, Research and Sport of the Slovak Republic \(minedu.sk\)](#)

⁹⁶⁾ MESRaS SR. (2022). Call "Together more successful 2021" – evaluation. Available at: [Call Together more successful 2021 – evaluation | Ministry of Education, Science, Research and Sport of the Slovak Republic \(minedu.sk\)](#)

⁹⁷⁾ MESRaS SR. (2022). Call "Together more successful 2" – evaluation. Available at: [Call Together more successful 2 – evaluation | Ministry of Education, Science, Research and Sport of the Slovak Republic \(minedu.sk\)](#)

⁹⁸⁾ MESRaS SR. (2022). Call "Together smarter 3" – evaluation. Available at: [Call Together smarter 3 – evaluation | Ministry of Education, Science, Research and Sport of the Slovak Republic \(minedu.sk\)](#)

improving access to education.⁹⁹⁾ The supported activities are aimed at improving the academic performance of secondary school pupils, including those with special educational needs¹⁰⁰⁾ and activities aimed at supporting primary school pupils at risk of school failure and those with limited access to distance education. Supported activities may also relate to the provision of adequate technical equipment in schools.¹⁰¹⁾

3.4 Identified challenges

Based on the analysis of the current state of early child care and education, it is possible to identify challenges that underpin measures that have been elaborated by the different departments and are further defined in chapter 7 (Table 1):

- **The increase of capacities in child care facilities for children up to 3 years and support for early childhood programmes**

The area of early childhood care is the responsibility of several state and public authorities, without effective coordination of services. This could be ensured by an interdepartmental strategy¹⁰²⁾. The problem lies in the lack of capacities in child care facilities, while data on insufficient capacities are evaluated upon requests from legal guardians, and the risk persists that the actual (unfulfilled) need, especially in relation to children in need, is much higher.

- **Supporting inclusive approach in education and training**

The main goal of inclusive education is an inclusive education system that provides education to all children, pupils, students, respecting individual specificities and diverse educational needs of each child, pupil or student and enabling the fulfilment of their potential to the highest possible range¹⁰³⁾. Curriculum reform¹⁰⁴⁾, supporting teachers and other members of school personnel, creating conditions for children with diverse educational needs (including the removal of barriers, destigmatisation and desegregation) and promoting diversity, including working with the wider school community, are all part of the paradigm shift from integrated to inclusive education.

- **Decrease or elimination of segregation in education**

Segregation in education is a multidimensional phenomenon encompassing any act or failure to act that directly or indirectly results in the separate or less favourable education and training of children and pupils on grounds laid down by the anti-discrimination act. Separate education and training means any unjustified spatial, organisational, physical or symbolic exclusion or separation from other pupils and children.¹⁰⁵⁾ It also includes segregation in education, or disparities in opportunities for girls and boys to study subjects leading to future employment (e.g. few girls in the IT sector). Segregation has a particular impact on children in need, where exclusion is likely to deepen and choices to be narrowed for the reasons outlined in chapter 2 (e.g. for children from the MRC, the problem of spatial segregation of isolated workplaces at secondary vocational schools, and the problem of segregation – long criticised programme “Practical woman” aimed at girls).

⁹⁹⁾ OPLZ-PO1/2021/NP/1.1.1-01 and OPLZ-PO8/2021/NP/8.1.1-02.

¹⁰⁰⁾ OPLZ-PO1/2021/NP/1.1.1-01.

¹⁰¹⁾ OPLZ-PO8/2021/NP/8.1.1-02.

¹⁰²⁾ Currently, the National Strategy for the Development of Coordinated Early Intervention and Early Care Services 2022-2030 is closest to the concept of interdepartmental services. However, this strategy only declares interdepartmental character.

¹⁰³⁾ MESRaS SR (2021). Strategy of an Inclusive Approach in Education and Training. Available at: <https://www.minedu.sk/data/att/21468.pdf>

¹⁰⁴⁾ Recovery and Resilience plan, component 7: Education for the 21st Century. Available at: https://www.mfsr.sk/files/archiv/1/Plan_obnovy_a_odolnosti.pdf

¹⁰⁵⁾ MESRaS SR (2022). Together behind one desk. Methodological material on school desegregation for founders and principals. Available at <https://www.minedu.sk/data/att/23399.pdf>

It is necessary to prevent spatial and social segregation by methodical guidance of the creation of school districts based on the desegregation principle, e.g. through controlled choice. Given the demographic situation in municipalities and micro-regions with a high proportion of Roma population and the execution of rights (especially of non-Roma parents) to free choice of school, which leads to their outflow from schools with a high representation of Roma children, effective solutions to segregation in education are not possible only at the level of individual municipalities, but it is necessary to involve schools and other actors within the larger territory in the process.¹⁰⁶⁾

- **Lowering the proportion of children who leave the education system**

ESL is not a general phenomenon in Slovakia. It is a manifestation of unequal distribution of poverty in different regions of countries.¹⁰⁷⁾ According to the results of an international comparison, there are more such cases in rural areas than around cities. The majority of young people with ESL are found where families live in conditions of social exclusion, in localities with high unemployment. The proportion of children who leave compulsory education without completing primary education is many times higher in a group of children from the system of material deprivation than in the rest of the population. Most children at risk of poverty, and thus at risk of ESL, are located in the regions of eastern Slovakia, where both the absolute numbers and the proportions of persons below the poverty line are highest. These regions also have the highest number of children who have completed primary school below grade 9 and have not continued their studies in secondary school. The organisation of teaching and the educational setting are equally important in deciding whether to carry on studies. An inflexible timetable, for example, does not allow for combining income-generating activities with school duties, especially for pupils from low-income households. Rigid school curricula that focus more on knowledge than skills, weak support for pupils' autonomy in education and a lack of supporting mechanisms and a personalised approach to learning also play a negative role. Minors and young mothers are a particularly vulnerable group, as they are not encouraged to return to the education system if they leave education due to pregnancy and maternity (guarantee of an individual study plan, day-care centres set up at school, support for reconciling study and family life)¹⁰⁸⁾.

- **Development of non-formal education of young people within free-time and interest activities as a tool for inclusion**

System measures of access to both in-school and out-of-school activities are considered to be the participation of the child in the SCC and educational voucher. However, these measures have a problematic place in the use by children in need, as SCC is not a compulsory part of education, is set up by the school founder, not the state, and is fee-paying. The same applies to the education voucher, which represents a special annual state contribution for interest education for one pupil of a school where education is considered to be continuous vocational training and is issued to its pupils by primary and secondary schools and accepted by the schools and school facilities that make up the school system and the system of school facilities. One-off appeals for reimbursement of the SCC costs are not a system measure and the challenge is to adopt such a measure. In addition to the possibilities of obtaining such reimbursement, it is necessary to focus on simplifying the administrative complexity of application, as children in need generally do not have the competences to apply for (generally) allowances through a complex mechanism, fill in applications, declare income or reimbursements, and it is precisely this administrative accessibility that is a tool to support inclusion in the educational school and out-of-school process, as it does not discourage from applying for a

¹⁰⁶⁾ Strategy of Equality, Inclusion and Participation of the Roma 2030. Available at: https://www.romovia.vlada.gov.sk/site/assets/files/1113/strategia_2030.pdf?csrt=7153249755336895383

¹⁰⁷⁾ It Makes Sense analysis: <https://analyza.todarozum.sk/docs/339729001it1a/>

¹⁰⁸⁾ Particularly disadvantaged group in relation to the possibility of receiving parental allowance are, for example, girls or young women who have become pregnant before they have been gainfully employed for a sufficiently long period of time, disabled persons or persons with severe disabilities who have lower chances of entering the labour market, women from the MRC, etc.

particular type of benefit and directly supports this process. It should be taken into account that children in need are generally not competent to apply and fill in the forms themselves and do not have sufficient representation to be able to apply for the benefit through their legal representatives.

A neglected link in the education and training system and a priority area of support is non-formal education, activities outside school hours and during holidays, with unorganised youth, both rural and urban, with disadvantaged youth, with children outside the education and training system (e.g. children of refugees from Ukraine who are not educated in the Slovak education and training system), promotion of healthy lifestyle, civic engagement, participation and children's mental health.

From the comparison of the current situation, existing measures and challenges that are planned to be implemented, we also capture the challenges that are not among those currently planned and are not captured in any measure. Challenges that are not elaborated to a greater detail need to be formulated and specified into tasks that are measurable, applicable and will be a designated manager. Areas that need to be strengthened in the coming years and that the National Action Plan of the European Guarantee will address for the next period of its duration, until 2030, include:

- Education, methodological support for schools and founders in the admission of children with disabilities to pre-primary education. The purpose of this task will be to remove the barrier to the participation of a child with a disability in kindergarten, and to support the kindergarten PeS/PrS in the inclusion of a child, in cooperation with the child's family.
- To enable mother tongue education for children and pupils at all levels of education. The purpose is to establish support measures for children and pupils with a lack of knowledge of the language of instruction, which is not their mother tongue.
- Creation and support of measures aimed at assisting refugees from Ukraine and children from third countries of origin (e.g. asylum seekers, children administratively detained due to illegal stay in the territory of the Slovak Republic, etc.).
- Promoting sustainability of projects "Helping professions in the education of children and pupils I and II"
- Ensuring and supporting the approach to secondary education of individual approach and implementation of alternative educational methodologies by the support apparatus – multidisciplinary team with emphasis on school psychologists.

4 Ensuring access to adequate housing and social care

4.1 Current state

Ensuring adequate quality housing, including appropriate social and advisory services, and solving energy poverty

Housing deprivation can manifest itself in different ways, both in the housing conditions themselves and in the financial capacity of households to provide basic services. According to EU SILC 2020 data, one third of people in the Slovak Republic live in overcrowded flats and houses (overcrowding rate of 30.1%), which is well above the EU27 average (2020 17.4%). Limited living space is particularly characteristic of households with children. More than a third of households with dependent children (39.2%) lived in an overcrowded household, compared to 19.6% of households without dependent children. Multi-child households (67.5%) are most often affected by overcrowding.

The problem of overcrowding is also characteristic of Roma households. According to EU SILC MRC 2020, up to 88% of people from MRCs live in households that are considered overcrowded according to the Eurostat definition.¹⁰⁹⁾

The risk of falling into poverty with an income below 60% of the median is a factor that worsens the living conditions of children at risk.¹¹⁰⁾ More than 1 in 4 children from poor households live in unsuitable or uninhabitable housing. As many as 1 in 5 households at risk of poverty live in housing that can be described as substandard. Of children and youth living in families at risk of poverty, up to 64.6% live in confined conditions.¹¹¹⁾ Lack of space and privacy is felt most by single mothers and single parents with one or more children and multigenerational families with one or more children. One in two households in these groups are unable to provide a home in which children and adults have minimal privacy (e.g., a two-bedroom apartment for a two-person household, a three-bedroom apartment for a family of 3 adults and 2 children). For families with two adults, the situation will change significantly after the birth of a second child. Every fourth family of three members with one child lives in confined conditions (cannot provide a minimum of a two-room flat), but in the case of a second child we are already talking about two out of five families (given the above criteria, this may be a family with one child over 12 years of age who should already have a room of his/her own).

Expenditure on housing, water, gas and energy (according to Eurostat data for 2020¹¹²⁾ accounted for 30.7% of all consumer expenditure in the Slovak Republic. Slovak households' expenditure on housing, water, gas and energy accounted for the largest share of all expenditure among EU countries (the EU average was 25.7%).¹¹³⁾

¹⁰⁹⁾ EU SILC MRC 2020 – so far unpublished material: Markovič F. – Plachá Ľ. (2022) Income and living conditions in marginalised Roma communities: Selected indicators from the EU SILC_MRK 2020 survey.

¹¹⁰⁾ Report on the fulfilment of human rights including the principle of equal treatment in the Slovak Republic 2019, [Sprava-o-LP-v-SR-za-rok-2019.pdf \(snslp.sk\)](#)[Sprava-o-LP-v-SR-za-rok-2019.pdf \(snslp.sk\)](#)

¹¹¹⁾ The minimum space conditions that, if not met, include a given apartment/household in the calculation of overcrowding rates are as follows: one separate room per household; one separate room per couple living in the household; one separate room for a single person over 18 years of age; one separate room for a single person of the same sex/couple between the ages of 12 and 17 years; one separate room for a couple of children under the age of 12 years.

¹¹²⁾ Eurostat, 2020. Final consumption expenditure of households by consumption purpose (COICOP 3 digit). Available at: https://ec.europa.eu/eurostat/databrowser/view/NAMA_10_CO3_P3_custom_3206565/default/table?lang=en

¹¹³⁾ EUROSTAT. Available at: [Statistics | Eurostat \(europa.eu\)](#)

Extreme forms of housing deprivation occur in the MRC, where (according to available research¹¹⁴) the age composition of the Roma population is considerably younger compared to the general population. People under 34 years of age make up approximately 66% of the MRC population, which is 39% in the overall population. This increases the portion of households with dependent children. The average number of persons per household in the MRC is 4.5 compared to 2.9 in the general population. Children under the age of 15 make up more than a third of people in the MRC (36%) living below the poverty line. This fact indicates the reproduction of generational poverty in the MRC and the particularly limited opportunities to break out of it.

Ensuring affordable housing and preventing the risk of homelessness

Persons and households at risk of poverty face more frequent problems in maintaining or obtaining adequate housing. Nearly 2 in 5 households at risk of poverty spend more than 40% of their net income on housing-related expenses. This means that lower income groups are much more burdened by housing costs and are disproportionately affected by housing costs. Therefore, here must be various support mechanisms for these people, whether in the form of social housing or other forms.¹¹⁵

A person usually loses his or her home when a crisis situation arises in which the personal social network (family, friends, acquaintances), the social safety net (at community and state level) is absent or fails, and which the individual is no longer able to cope with by other means. In order to ensure the basic needs of life of a resident dependent on the help of another person, institution or organisation, the state has defined types and forms of assistance within the framework of social policy by act no. 448/2008 coll. on social services and on amendments to act no. 455/1991 Coll. on trade enterprise (trade act), as amended. In SR, accommodation for people in housing need is provided within the framework of crisis intervention social services. These are crisis accommodation facilities in combination with a crisis intervention field social service. The crisis intervention field service consists of activities aimed at preventing, overcoming or resolving risky behaviour and situations. Crisis accommodation facilities differ from one another with regard to the length of stay, the target group or the range of services provided. According to the current central register of social services, there are 52 registered hostels in the Slovak Republic with a capacity of 1,284 places. There were 103 shelters with a capacity of 2,496 places; 23 halfway houses with a capacity of 229 places and 35 emergency housing facilities with a capacity of 690 places.

Considering the best interests of the child when placing in institutional care and foster care

During 2021, measures of social protection of children and social guardianship¹¹⁶ were implemented for 74,704 children from 47,363 families, of which 12,914 new families and 19,650 children were added in 2021. In 2021, child social guardianship measures were implemented for 14,007 children (out of a total of 74,704 children for whom measures were implemented), which represents a decrease of 11,014 children compared to 2010. At present, 68 CCHFs operate in SR under the competence of CLSAF SR, 55 CCHFs are established by an accredited entity and 2 CCHFs are established by the self-administration.

When considering the best interests of a child in the implementation of the court's residential measure in CCHF¹¹⁷, one of the objectives is to reduce the number of children placed in institutions for social protection of children and social guardianship on the basis of a court decision on the order of institutional care to 50.5% of the total number of children placed on court decisions. As of 31 December 2021, the share of children placed in CCHF on the basis of a court decision was 66.9% of the total number of children placed on the basis

¹¹⁴) Data from UNDP research 2012 and the Atlas of Roma Communities 2019.

¹¹⁵) EU SILC 2020

¹¹⁶) Annual V12 MLSAF SR report on the implementation of measures of social protection of children and social guardianship for 2021.

¹¹⁷) One of the objectives of the national strategy for the deinstitutionalisation of the social services and foster care system.

of a court decision on the order of constitutional care out of the total number of children placed on the basis of a court decision.

CCHF follow the process of children's independence even after leaving the care system; administrative data are collected within 4 years after leaving CCHF. For example, by recording information after leaving the care system, as of 31 December 2019, data was available on 770 young adults, 34 of whom were recorded as homeless.¹¹⁸⁾ The majority of children leaving residential care (CCHF) with whom the CCHF staff manage to maintain contact live in various types of tenancies (administrative data do not distinguish between short-term accommodation in hostels, etc.). Almost one third of the CCHF youth "tracked" live with members of their original family.

Similarly, the need to provide housing and support for returning to life concerns young people whose care is terminated in re-education centres as special educational institutions, where children are admitted on the basis of, among other things, a court decision on the imposition of protective education, an educational measure, an urgent measure, or a court decision on the order of institutional care. Data on the number of young people in re-education centres whose care is terminated when they reach the age of majority and who are most at risk of homelessness because, unlike younger participants in re-education programmes, they may not have the possibility of returning to their families of origin are not tracked. The most comparable indicator in this respect is the number of permanently released children regardless of age. The number of juveniles leaving re-education centres potentially affected by the need to prevent homelessness does not exceed 300 per year, as shown by data from the Centre for Scientific and Technical Information of the Slovak Republic¹¹⁹⁾.

4.2 Strategic frameworks and existing legislation

More detailed information on the strategic frameworks and the most relevant legislation is provided in Annex 1.

Overview of key documents:

- Slovak Vision and Development Strategy 2030
- National Framework Strategy on the Support of Social Inclusion and Poverty Reduction
- Housing policy of the Slovak Republic until 2030
- Strategy of Equality, Inclusion and Participation of the Roma until 2030
- Concept for the protection of consumers who meet the conditions of energy poverty
- National Strategy for Coordinated Early Intervention and Early Care Services 2022 – 2030
- National Strategy for the deinstitutionalisation of social services and foster care system 2021
- National action plan for the deinstitutionalisation of social services 2022 – 2026
- Concept for ensuring the implementation of measures in social protection and social welfare institutions for 2021 – 2025/Deinstitutionalisation Plan
- National concept for the prevention and solution of homelessness in the Slovak Republic – document in preparation
- Act no. 150/2013 coll. on the State Fund for Housing Development as amended
- Act no. 443/2010 coll. on subsidies for housing development and social housing, as amended
- Act no. 222/2022 coll. on state support for rental housing and on amendments and supplements to certain acts

¹¹⁸⁾ According to the study Young Adults from Centres for Children and Families and the Exercise of the Right to Housing (Slovak National Centre for Human Rights), Bratislava, 2021.

¹¹⁹⁾ Centre for Scientific and Technical Information of the Slovak Republic, (2021) Statistical Yearbook Available at: http://www.cvtisr.sk/cvti-sr-vedecka-kniznica/informacie-o-skolstve/statistiky/statisticka-rocenka-publikacia/statisticka-rocenka-specialne-vychovne-zariadenia.html?page_id=9595

- Act no. 447/2008 coll. on cash contributions for the compensation of severe disability and on amendments and supplements to certain acts as amended
- Act no. 448/2008 coll. on social services and on the amendment to act no. 455/1991 coll. on trade licensing (trade act), as amended
- Act no. 417/2013 coll. on aid in material need and on amendments and supplements to certain acts, as amended
- 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
- Act no 274/2017 coll. on victims of crimes and on amendments and additions to certain acts, as amended

4.3 Existing measures

Ensuring adequate quality housing, including appropriate social and advisory services, and solving energy poverty

Household indebtedness is addressed by national projects¹²⁰⁾ aimed at promoting field social work in the areas of financial literacy, debt counselling, vocational counselling at individual and institutional level in the areas of housing and employment. Thanks to these projects, the number of people who have benefited from the available targeted social services has increased significantly. The projects focusing on social field work will continue in the 2021 – 2027 programming period, when the aim of the measures will be to carry out a social analysis of the overall situation of a person with a view to a pro-client-oriented approach. The projects will also provide families of vulnerable children and young adults leaving institutional care with free counselling on debt management and skills enhancement in dealing with difficult life situations and managing personal finances, as well as free counselling and psychological services.

Several measures of the *Action Plan 2022 – 2024 Strategy of Equality, Inclusion and Participation of the Roma until 2030* are targeted to improve the quality of housing of the MRC, such as the pilot project for self-help reconstruction of dwellings using micro-loans and the preparation of a micro-loan system for the reconstruction of potentially suitable dwellings. It will be possible to reduce the number of illegal dwellings through the implementation of the planned projects for the settlement of legal relations to land in municipalities with an MRC presence and through measures aimed at the elaboration of documentation of spatial plans and economic and social development plans for towns and municipalities with an MRC presence. Projects aimed at improving basic technical infrastructure, roads and access to drinking water will help to improve access to and use of basic technical infrastructure and amenities in MRC settlements. The implementation of a project for technical passporting of existing dwellings will be aimed at the additional regularisation of dwellings. Projects aimed at improving the quality and safety of housing in the MRC environment (fire prevention, waste management system, sanitation, environment) are also planned.

The ongoing OP HR project to *promote access to drinking water*¹²¹⁾ in the MRC environment will support 53 municipalities until 2023. Another ongoing project supported by OP HR aims to support the completion of utility networks¹²²⁾ in the MRC environment and plans to support 26 municipalities by 2023. As many as 196 municipalities with MRC will implement projects aimed at supporting the completion of basic technical

¹²⁰⁾ In the programme period 2014 to 2020, several national projects were implemented by the OLSAF offices, the IA of the MoLSAF, the Implementing Agency of MoLSAF SR, and also demand-driven projects focusing on field social work.

¹²¹⁾ Call No OPLZ - PO6 -SC611 -2020 -1, available at: [Call for support for access to drinking water in the MRC environment, Ministry of the Interior – European Programmes \(minv.sk\).](#)

¹²²⁾ Call OPLZ - PO6 -SC611 2020 -2, available at: [Call for support for the completion of utility networks in the environment of the MRC, Ministry of Interior of the Slovak Republic – European Programmes \(minv.sk\)..](#)

infrastructure¹²³⁾. In 35 municipalities with MRC presence, public sewerage systems, wastewater treatment plants and parallel public water supply systems will be built by 2023 under an ongoing project of the OP QE¹²⁴⁾. The OP QE also supported projects¹²⁵⁾ for the settlement of property rights to land in municipalities with the presence of MRC through simple land consolidation and national projects¹²⁶⁾ to support land settlement in MRC.

The Office of the Plenipotentiary of the Government of the Slovak Republic for Roma Communities in the past years from the budget chapter of the Office of the Government of the Slovak Republic (act no. 524/2010 coll. on the provision of subsidies within the competence of the Office of the Government of the Slovak Republic, as amended) and from the budget chapter of the Ministry of Interior of the Slovak Republic (act no. 526/2010 coll. on the provision of subsidies within the competence of the Ministry of Interior of the Slovak Republic, as amended) has provided *subsidies to support the social and cultural needs of the Roma community and to address the particularly adverse situations of the Roma community*. Supported activities in the field of housing quality include in particular the provision of technical equipment in settlements with the MRC, repair and reconstruction of flats and social housing, project documentation for lower standard flats, internal retrofitting and fuel storage for lower standard flats, support for the removal of emergency housing conditions caused mainly by natural disasters, natural elements or fires, support for the supply of electricity, heat, fuel or water for human consumption in cases of threat to human life and health, particularly in situations of adverse external environmental or weather conditions, support for the settlement of ownership of dwellings and the land on which they are situated, or for the purchase by the municipality of land for the construction of new dwellings.

Current measures to reduce energy poverty in the Slovak Republic include a contribution from MTC SR for *the insulation of a family house*¹²⁷⁾, as well as a contribution provided by the Slovak Innovation and Energy Agency¹²⁸⁾ for *the installation of equipment for the use of renewable energy sources in households*, provided from ERDF funds and the State budget of the Slovak Republic. Within the framework of material need assistance¹²⁹⁾ *the housing allowance* is part of the material need assistance provided. The amount of the allowance does not currently take into account the risk of energy poverty for children and their families. ME SR provides gas refunds (about 6% of their annual gas payment) to natural gas consumers in tariff bands D1, D2 and D3. The provision of loans for the renovation of existing housing from the State Housing Development Fund and, indirectly, by improving the financial situation, all social measures aimed at promoting employment also help to reduce energy poverty. For the period 2017 to 2021, the concept proposed operational solutions aimed at defining a procedure for energy companies in case a household finds itself in a situation where it cannot pay for energy and encouraging energy consumers to manage their own consumption. Proposed system solutions include the creation of legislative conditions for energy supply interruptions, the creation of a “public supplier”, a law on energy poverty assistance and the provision of effective support for energy efficiency improvements.

¹²³⁾ Calls OPLZ - PO6 -SC611 -2019 -1 + OPLZ -PO6 -SC611 - 2021 -2, available at: [Call for support for the completion of basic technical infrastructure - OPLZ-PO6-SC611-2019-1 – Closed, Ministry of the Interior of the Slovak Republic – European Programmes \(minv.sk\), New Call for support for the completion of basic technical infrastructure – OPLZ-PO6-SC611-2021-2 – Closed, Ministry of the Interior of the Slovak Republic - European Programmes \(minv.sk\)](#), ..

¹²⁴⁾ Call OPKZP-PO1- SC121/122-2021-69, available at: [000_Vyzva_OPKZP-PO1-SC121_122-2021-69.pdf \(op-kzp.sk\)](#).

¹²⁵⁾ Call OPLZ-PO5-2020-4, available at: [Call for support for the settlement of property relations to land in municipalities with the presence of the MRC – Closed, Ministry of the Interior of the Slovak Republic – European Programmes \(minv.sk\)](#)..

¹²⁶⁾ Call OPLZNP-PO5-2019-2, available at: [Call for the national project Support for land settlement in marginalised Roma communities – OPLZNP-PO5-2019-2, Ministry of Interior of the Slovak Republic – European Programmes \(minv.sk\)](#) and call OPLZNP-PO5-2017-1.

¹²⁷⁾ Act no. 555/2005 coll. on the energy performance of buildings and on amending and supplementing certain acts, as amended

¹²⁸⁾ Green to Households Project

¹²⁹⁾ According to the act no. 417/2013 coll. on aid in material need and on amendments and supplements to certain acts, as amended

Investments from the *Recovery and Resilience Plan SR*,¹³⁰⁾ where one of the objectives is to improve the energy performance (energy savings of at least 30%) of almost 30,000 family houses by supporting the renovation of family houses, will also contribute to addressing energy poverty in the near future. As low-income households have a problem with energy inefficient buildings and energy poverty threatens many of these households, the level of support will also take into account the economic status of socially disadvantaged households in terms of the share of energy costs (heating and domestic hot water) in household income, i.e. households affected by energy poverty will receive a significantly higher level of support than households with a better economic status.

Ensuring affordable housing and preventing the risk of homelessness

In 2014, a pilot project was implemented¹³¹⁾ from the subsidy scheme of the Office of the Plenipotentiary of the Government of the Slovak Republic for Roma Communities, in which municipalities provided self-help construction of family houses. After meeting set conditions, the selected applicants built their own housing. The contribution was used to purchase materials and to pay for a technical expert to supervise the construction. Another self-help family house construction project was financed by various sources of institutional partners as well as individual donors. It tested a new model of self-financed family home construction that is personally owned by the builder's family, financed by a combination of the builder's own savings and a non-profit micro-loan. The houses are built by young people from the MRCs on a legal and settled land, based on a validly issued building permit.¹³²⁾ The non-profit organisation Projekt DOM.ov has launched a long-term project to start self-help construction in Rankovce, Kojatice and in localities in their surroundings and in the Horná Topľa – Bardejov micro-region. Currently, a self-help construction programme is also being launched in the Banská Bystrica region (Gemerský and Novohrad), as well as in other localities in the Košice and Prešov regions.¹³³⁾

Within the call¹³⁴⁾ from OP HR for projects to provide *affordable housing with a housing led approach*, projects have been implemented with the aim of providing homeless people rental housing supported by social counselling or other professional assistance (e.g. legal, psychological, etc.) and thus eliminating problem areas related to housing. Non-profit organisations are also involved in the implementation of "housing first" projects¹³⁵⁾. Within OP HR, projects aimed at improved forms of housing with elements of a temporary housing¹³⁶⁾ for municipalities with the presence of MRC have also been implemented. Improved forms of housing for municipalities with the presence of MRC, with elements of a temporary housing are supported under *the Catching up - Regions initiative*¹³⁷⁾.

Considering the best interests of the child when placing them in institutional/community care and foster families

¹³⁰⁾ Recovery Plan, Roadmap to a Better Slovakia. Available at: [Plan obnovy a odolnosti.pdf \(mfsr.sk\)](http://plan.obnovy.a.odolnosti.pdf)

¹³¹⁾ Mol SR. (2014). Self-help construction started in Veľká Lomnica. Available at: https://www.minv.sk/?spravy_rk&sprava=zacala-sa-svojpomocna-vystavba-vo-velkej-lomnici

¹³²⁾ ETP Slovensko. From a shack to a 3E house – self-help construction of houses. Available at: <https://etp.sk/budujeme-nadej-z-chatrce-do-3e-domu/>.

¹³³⁾ Projekt DOM.ov. Available at: <http://projektdomov.sk/frontpage-with-slider/historia-projektov/> /

¹³⁴⁾ Call OP IZ DOP 2021/4.1.1/01, [Call OP IZ DOP 2021/4.1.1/01 – MLSAF SR](#).

¹³⁵⁾ Dedo Foundation. Housing first. Available at: <https://www.nadaciadedo.sk/housing-first/>,

<https://www.vagus.sk/dostupne-byvanie-s-prvkami-housing-first/36/hladame-prenajimatelov-a-prenajimatelky-bytov/>.

¹³⁶⁾ Call OPLZ-PO6-SC611-2018-2, [Call for improved forms of housing for municipalities with the presence of marginalised Roma communities with elements of a temporary housing – OPLZ-PO6-SC611-2018-2, Ministry of Interior SR – European programmes \(minv.sk\)](#).

¹³⁷⁾ Call OP IZ-PO6-SC611-2021-1, Call for improved forms of housing for municipalities with the presence of MRC with elements of a temporary housing within the Catching up – Regions initiative, Ministry of Interior SR – European programmes (minv.sk)

The deinstitutionalisation of social services and foster care in SR is supported by the ESIF means through the OP HR and IROP¹³⁸⁾ in the 2014 – 2020 programming period by a relatively large number of national and demand-driven projects¹³⁹⁾. While IROP supports the construction, reconstruction as well as material and technical equipment of buildings for DI, OP HR is devoted to the preparation and training of employees and professional personnel, work with beneficiaries of social services and measures of SLPC&SG, preparation of the environment for the reception and integration of persons with special needs and the development of selected social services and measures.

Since November 2018, the national project “Support for deinstitutionalisation of foster care III.”¹⁴⁰⁾

The aim of the national project is to support deinstitutionalisation of foster care, in particular to increase the availability of professional assistance and to improve quality of the implementation of measures of SLPC&SG for the child and the family. The national project supports the implementation of legislative changes in the field of SLPC&SG, the essence of which lies in changing the philosophy of the implementation of SLPC&SG measures in SLPC&SG facilities. The previous types of SLPC&SG facilities, which were primarily focused on professional assistance to children on a residential basis as per a court decision, have expanded their performance of SLPC&SG measures to include the performance of these measures on an outpatient and field basis, and at the same time have adapted the residential capacities for the performance of these measures for the child, or the child and his or her family, also on the basis of an agreement. In this context, it was also necessary to change the implementation of the above measures by SLPC&SG authorities themselves. At the same time, the national project also supports the development of the quality of the implemented SLPC&SG and SK measures. In 2021, the implementation of the National Project *Integrated access to the performance of social work by employees of labour offices*¹⁴¹⁾ continued, the support of which was also directed to the development of professional performance in the field – through field workers and field assistant workers, assistance and support is provided to children and adult natural persons for whom SLPC&SG measures are performed, in particular in connection with the determination and reassessment of the child’s level of risk and the effective detection of CAN syndrome,¹⁴²⁾ with the prevention of situations that could lead to the removal of the child from the family, with the stabilisation of the social situation of children who, after the rehabilitation of the family environment, have returned to their original biological families or have been entrusted to one of the forms of foster family care.

In order to reduce the child’s level of risk and improve the processes of assessment and reassessment of the situation of a child and his or her family (including foster family and the situation of children who are placed in an institution on the basis of an agreement or a court decision) and to improve the determination and assessment of the best interests of the child, social risk tests were handed over to all LSAF offices for use in

¹³⁸⁾ Human Resources Operational Programme (specific objective 4.2.1 Transition from institutional to community-based care) and Integrated Regional Operational Programme (specific objective 2.1.1 Supporting the transition of provision of social services and provision of social and legal protection of children and social care measures in institutions from institutional to community-based form, and supporting the development of child care services for children up to the age of three years at the community level.

¹³⁹⁾ Calls for national projects OP LZ NP 2018/4.2.1/01, OP LZ NP 2018/4.2.1/02, OP LZ NP 2018/4.2.1/03, OP LZ NP 2017/4.2.1/02, OP LZ NP 2015/4.2.1/01, OP LZ NP 2015/4.2.1/02, and calls for demand-based projects OP LZ DOP 2021/4.2.1/01, OP LZ DOP 2018/4.2.1/01, OP LZ DOP 2016/4.2.1/01, OP LZ DOP 2016/4.2.1/02, OP LZ DOP 2016/4.2.1/03, IROP-PO2-SC211-2017-17, IROP-PO2-SC211-2018-27. As of 31 December 2019, a total of €360 million has been allocated from EU sources IROP-PO2-SC211-2021-78 to support DI.

¹⁴⁰⁾ CLSAF SR. The national project Support for the deinstitutionalisation of foster care III. Available at:

https://www.upsvr.gov.sk/europsky-socialny-fond/narodne-projekty-v-programovom-obdobi-2014-2020/narodny-projekt-podpora-deinstitucionalizacie-nahradnej-starostlivosti-iii.html?page_id=891952

¹⁴¹⁾ CLSAF SR. National project Integrated access to the performance of social work by employees of offices of labour, social affairs and family. Available at: https://www.upsvr.gov.sk/europsky-socialny-fond/narodne-projekty-v-programovom-obdobi-2014-2020/narodny-projekt-integrovaný-prístup-k-výkonu-socialnej-prace-zamestnancami-uradov-prace-socialnych-veci-a-rodiny.html?page_id=1060317

¹⁴²⁾ CAN (Child Abuse & Neglect) syndrome is a complex social phenomenon. It is a set of specific forms of inadequate treatment of a child that lead to inadequate fulfilment of the child’s basic needs – biological, emotional, sense of safety, security, and thus to serious impairment and even permanent damage to the child’s development, personality, self-esteem and interpersonal relationships.

2021¹⁴³⁾. A standardised family social risk test with a structure of indicators, in addition to improving the determination of the child's level of risk and the justification of the child's level of risk, can direct the future intervention of the SLP&SG authority to the indicated critical areas. At the same time, the results of the testing can also provide staff with confidence in conducting social casework.

One of the concrete ways to improve processes of assessing and reassessing the situation of the child and his or her family is the implementation of the conference model of family work in the SLP&SG system in the form of case and family conferences (family circle meetings). In 2021, CLSAF SR implemented a pilot verification of the method of family circle meetings in the SLP&SG system in nine regions of Slovakia through trained coordinators in nine CCHFs. Case conferences involving parents, the child's wider family, municipality, school facility, the child's doctor, accredited entities or other entities participating in the solution of the child's situation, in addition to the SLP&SG authority and CCHF professional staff in the assessment and search for optimal solutions in favour of the child, were implemented in 2021 for 80% of the total number of children placed on the basis of a decision in the CCHF.

In the period from 28 April 2021 to 30 July 2021, an evaluation of the provision of nursing care in CCHFs was carried out, the aim of which was to determine the basis for unifying the basic procedures for the provision of nursing care and proposing changes necessary for improving the quality of child care with health disadvantages, including improving the conditions for ensuring their integration and inclusion. In 2021, MLSAF SR successfully applied for the support from the EC (through the Technical Support Instrument¹⁴⁴⁾ with a project proposal entitled *Implementation of the European Child Guarantee/Inclusion of children with disabilities in the context of deinstitutionalisation of foster care*. In particular, this project aims at identify gaps in the inclusion of children with disabilities in foster care, review and develop legislative and policy frameworks, develop an action plan for the transition from the current state to a foster care system that ensures a "child first" approach and the right to inclusion also for children with disabilities in foster care. UNICEF for Europe and Central Asia will be the expert investigator for the two-year project.

In 2022, the implementation of the project entitled "Improvement of the Monitoring and Evaluation System for the Foster Care (MaE) and Child Protection System in the Slovak Republic"¹⁴⁵⁾ was completed which was supported by the European Commission under the (at that time¹⁴⁶⁾) Structural Reform Support Programme. The project was implemented in the period 2019 to January 2022. The project was co-operated and the beneficiary of its outputs was MLSAF SR and the UNICEF regional office for Europe and Central Asia was the substantive investigator of the project.

Project objectives were:

1. Assessment of the current state of foster care monitoring and evaluation.

¹⁴³⁾ VEGA, University of Trnava.

¹⁴⁴⁾ In 2017, the EC launched the Structural Reform Support Programme (SRSP) 2017 to 2020. Since 2021, this programme operates under the name of Technical Support Instrument (TSI). The main coordinator for SR is the European Policies Department of the International Relations Section of the Ministry of Finance. The general objective of the instrument is to contribute to reforms in Member States through technical assistance (provision of experts, data collection, studies, research, analysis, communication projects, sharing of experience, etc.), which will be provided by the EC to Member States in consultation and cooperation with individual ministries. TSI focuses in particular on reforms in the context of the European Semester (Country Specific Recommendations - CSRs), on reforms linked to EU priorities, on reforms in the framework of preparation and implementation of Recovery and Resilience Plans and on reforms undertaken by Member States on their own initiative.

¹⁴⁵⁾ MLSAF SR (2021). Project "Improvement of the Monitoring and Evaluation System of the Foster Care and Child Protection System in the Slovak Republic". Available at: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialnopravna-ochrana-deti-socialna-kuratela/projekt-zlepsenie-systemu-monitorovania-hodnotenia-systemu-nahradnej-starostlivosti-ochrany-deti-slovenskej-republike/>

¹⁴⁶⁾ Currently Technical Support Tool.

2. Design and implementation of a national MaE framework that would improve the achievement of the aims and objectives of the deinstitutionalisation process in foster care.
3. Preparation (training) of institutional capacities of OLSAF SR for the implementation of the national MaE framework for foster care.

The outputs of the above-mentioned project will be used by MLSAF SR as a basis for the development and implementation of a monitoring and evaluation system for the deinstitutionalisation of foster care.

4.4 Identified challenges

Based on the analysis of the current state of child in need access to housing, it is possible to identify challenges that underpin measures that have been elaborated by the different departments and are further defined in chapter 7 (Table 2):

- **Increasing the availability of housing for families with children in need**

The highest housing deprivation is recorded in the category of children under the age of 18 coming from poor conditions, which can therefore be considered as the most vulnerable. As many as 28.5% of boys under the age of 18 and 25.8% of girls under the age of 18 from poor conditions live in very substandard housing. Since it is not possible to talk about children outside the context of families, it is evident that households with children are the most vulnerable to substandard housing. Overall, up to 7.1% of all households with children are at risk of severe housing deprivation compared to only 2.8% of households without children. Single parent households and households with three or more children are most at risk. The extreme housing situation is particularly prevalent in the MRC. In MRC, 46,600 people live in inadequate housing forms. According to the data collected, 47% of households from the MRC are in material need, compared to 4% of households in the general population, with only 36% of people in material need living in the MRC receiving housing benefit). More than 97,500 people from the MRC do not have access to drinking water, MRC residents from 480 villages do not have access to sanitation, and more than 283 villages with an MRC presence do not have settled land tenure.

- **Promoting and developing affordable forms of housing for families with children in need**

Access to affordable forms of housing and counselling for vulnerable groups, including families with children in need, is proving to be problematic and very limited. SR has long been one of the EU countries where the share of owner-occupied housing exceeds 90% of all dwellings, while the rental sector accounts for only about 6% of all dwellings.

Similarly, the need to provide housing and support for independence concerns young people leaving care in re-education centres, institutional and community care or foster families.

- **Reducing the number of children placed in CCHFs based on a court order for institutional care**

Adopting and applying effective measures resulting in a reduction in the number of children placed in CCHFs on the basis of a court decision ordering institutional care

- **Improving the process of transition from institutional to family care**

From the comparison of the current situation, existing measures and challenges that are planned to be implemented, we also capture the challenges that are not among those currently planned and are not captured in any measure. Challenges that are not elaborated to a greater detail need to be formulated and specified into tasks that are measurable, applicable and will be a designated manager. Areas that need to be strengthened in the coming years and that the National Action Plan of the European Guarantee will address for the next period of its duration, until 2030, include:

- **Consolidation of social security legislation in cases where groups of children in need and their families are disadvantaged**

At a general level, social security legislation is a major problem, creating or deepening many disadvantages for a number of groups, which are also relevant in the context of the Child Guarantee. The basic amount of cash allowance for care according to Act no. 447/2008 Coll. in conjunction with Regulation no. 213/2022 Coll. is €525.65 per month when caring for one disabled person and €699.15 when caring for two or more disabled persons. The amounts of the monetary allowances may be increased by €100 per month if disabled caretaker has one or more dependent children and at the same time the natural person providing care does not have employment income at the time of the care or does not receive pension insurance benefits, retirement security benefits or old-age pension savings.

Another example is legislation which regulates allowances to meet child needs (parental allowance, child benefit) but is discriminatory to the very parents and children it is also intended to specifically protect in the context of the Child Guarantee. For instance, parental allowance (as a benefit whereby the state contributes to the eligible person to ensure proper care for the child¹⁴⁷) is paid in two different amounts (€280 per month and €383.80 per month), depending on whether the claiming person received maternity pay before becoming entitled to parental allowance¹⁴⁸ – this means that the person must have been gainfully employed for a sufficiently long period of time beforehand. Particularly disadvantaged group in relation to the possibility of receiving this allowance are, for example, girls or young women who have become pregnant before they have been gainfully employed for a sufficiently long period of time, disabled persons or persons with severe disabilities who have lower chances of entering the labour market, women from the MRC, etc.

In addition, the parental allowance is reduced by half in cases “where the entitled person fails to ensure that the compulsory school attendance of another child in his or her care is properly fulfilled for at least three consecutive calendar months”¹⁴⁹). It is clear from various sources and data that unexcused school absence is more often a problem e.g. among children from MRCs, and the reasons for this often originate in difficult living situation of families living in marginalised Roma settlements (and the reasons are also e.g. lack of money for the bus, lack of money for breakfast and snacks, because of which parents leave the child at home and cook a hot meal at home in the morning, lack of warm clothes in the winter months, the distance of segregated settlements from school, which can be a serious obstacle to attendance in extremely cold temperatures in winter and the need to walk to school, etc.¹⁵⁰).

- **Promoting and ensuring the simplification of the adoption and fostering process**

In addition to a number of tools that are both organisationally and financially complicated, there is a need to focus on supporting the placement of children in families. Justification: In order to ensure adequate housing for children without a family environment, it is necessary to support and facilitate the adoption and fostering process, where the foster family is able to provide the best starting point for the child’s future life. It is also necessary to focus attention on this regulation and to simplify the adoption process in terms of administrative and organisational complexity.

¹⁴⁷) section 1(2) of the act no. 571/2009 coll. on parental allowance.

¹⁴⁸) section 4(1) of the act no. 571/2009 coll. on parental allowance.

¹⁴⁹) section 4(3) of the act no. 571/2009 coll. on parental allowance.

¹⁵⁰) See for instance: <https://ahojmama.pravda.sk/clanky/rozhovor-ucitelka-romskych-deti-katarina-caba/15802-clanok.html> or [rcm-civil-society-monitoring-report-2-slovakia-2018-eprint-fin-sk.pdf](https://civil-society-monitoring-report-2-slovakia-2018-eprint-fin-sk.pdf) (cvek.sk), p. 72 and 73.

5 Ensuring effective and free access to high-quality health care

5.1 Current state

Health, as defined by WHO, is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. It is therefore a cross-cutting value that is relevant to many sectors, not just health.¹⁵¹⁾ The Human Development Index (HDI) understands health, according to life expectancy, as one of the basic conditions for human life and development, along with access to education and ensuring a satisfactory standard of living.¹⁵²⁾ Inequalities in health are the result of several health determinants. According to the framework for assessing the health component of national strategies for Roma integration proposed by the WHO, it is necessary to address the different determinants of health.

The main social health determinants include education, housing, employment conditions, income and social support – the degree to which their quality contributes to health inequalities between population groups. These areas are interrelated, so addressing one does not necessarily lead to effective or sustainable outcomes.¹⁵³⁾

The Committee on the Rights of the Child (hereinafter only the committee) recognises that most mortality, morbidity and disability among children could be prevented if there were political commitment and sufficient allocation of resources aimed at applying available knowledge and technology to prevention, treatment and care. This general comment has been prepared to provide guidance and support to contracting states and other duty bearers to encourage them to respect, protect and fulfil the right of children to enjoy the highest attainable standard of health (hereinafter only the right of children to health).

According to data from a statistical survey¹⁵⁴⁾ (MH SR), in 2020, 1,056.3 outpatient clinics specialising in general child and adolescent care or paediatrics reported activity. Patients in the age category up to 26 years can be registered in the above-mentioned outpatient clinics. Of the total number of patients, more than 92% are under the age of 18. The largest proportion of attendance is made up of patients in the age category of 6 to 14 years (32.0%) and 1 to 5 years (29.9%).

Preventive checks are one of the essential elements of health care. In 2020, 944,439 preventive checks were carried out, of which 94.67% were for children under the age of 18. Of the total number of preventive checks, up to 44.07% were for children under the age of 1, 22.28% for children aged 1 to 5 years (per 1 registered person of a given age category), 21.56% for children aged 6 to 14 years and 6.76% for children aged 15 to 18 years. In 2020, 0.72 persons in the age of 0 to 5, 0.62 in the age of 6 to 14 and 0.54 in the age of 15 to 18 had a preventive dental check (the trend in the development of preventive checks is stable, with the highest number in children under the age of 1, and the lowest in the age category 6 to 14 and 15 to 18).

According to the data of the Public Health Authority of the Slovak Republic, in 2020 the vaccination coverage in the framework of regular compulsory vaccination of children exceeded the threshold of 95% in all types of compulsory vaccination of children.

Barriers to effective and free access to quality healthcare for children in need

¹⁵¹⁾ World Health Organization. Health and Well-Being. Available at: [Health and Well-Being \(who.int\)](https://www.who.int/).

¹⁵²⁾ Human Development Reports. Human Development Index (HDI). Available at: [HumanDevelopmentIndex \(HDI\) | HumanDevelopmentReports \(undp.org\)](https://data.undp.org/hdi/)

¹⁵³⁾ Human healths organization. Health and Well-Being. Available at: [Health and Well-Being \(who.int\)](https://www.who.int/).

¹⁵⁴⁾ NHIC, Activity of general outpatient clinics for children and adolescents in the Slovak Republic 2020. Available at: [General care for children and adolescents \(nczisk.sk\)](https://www.nczisk.sk/)

Children from disadvantaged backgrounds, affected by income poverty or other negative social health determinants are more likely to face barriers to accessing health care. Insufficient health care for Roma children will have a negative impact on their development, academic performance and school attendance. Inadequate housing can result in weak health, disrupt the educational cycle and reduce labour productivity. Low income can prevent families from securing good housing, accessing health care and creating an environment in which children can study and develop healthily. For this reason, prevention and early intervention are key factors.¹⁵⁵⁾

However, studies until now show that health status indicators for people from MRCs are significantly worse compared to the majority population. Roma facing social exclusion are more likely to suffer from infectious and chronic diseases. Life expectancy at birth for a person from the marginalised Roma population was almost 6 years shorter in Slovakia between 2006 and 2015 compared to the majority population. Infant mortality is almost three times higher compared to the rest of the population (the number of deaths under one year per 1,000 live births is 12.3 compared to 4.2 in the rest of the population). According to analyses by the Institute of Financial Policy, the infant mortality rate in the MRC setting varies between districts. Further, the analyses show that people from MRC backgrounds use health care one-third less than the majority population.¹⁵⁶⁾

Despite their poorer health status, people from the MRC background use health care a third (36%) less than the majority population, although the majority of Roma population (95%) has public health insurance. The disparity in health care utilisation is greatest in younger age groups, suggesting insufficient consumption of preventive health care. In addition to material preconditions (insufficient infrastructure), poor information and education, as well as discrimination and cultural or linguistic differences, contribute to the less frequent use of health care. People from MRCs use health care services only in acute cases.¹⁵⁷⁾ The majority of Roma population (95%) is covered by public health insurance. One of the reasons for the low use of health care in Roma communities is the physical inaccessibility of health facilities from the place of residence. In villages with Roma communities, the proportion of Roma living 10 kilometres or more from the nearest outpatient clinic is more than three times that of the majority population. The biggest problem is the accessibility of gynaecological and paediatric outpatient clinics – almost a third of the population of Roma communities has to travel 10 kilometres or more.

Serious barriers to access to health care include patients' financial participation in the financing of health care. As a consequence, up to half of the Roma population does not seek medical help even when they need it¹⁵⁸⁾. SR is one of few countries that has no measures to mitigate the financial burden due to low income, associated with healthcare. For poor people, the financial burden in relation to their income can be many times higher than the national average. Slovak legislation protects pensioners, children under the age of 6 and people with officially recognised disabilities from high co-payments for medicines. However, it would be appropriate to include other low-income groups who directly represent or care for children in need – for example, people with incomes below the minimum subsistence level, single-parent households, minor mothers and their children, children with a migrant background, etc. – among the groups thus protected. Conditional financial transfers to compensate for the monetary and non-monetary costs of visiting a doctor have proven to be an effective tool in other countries to stimulate demand for preventive health care. In addition to children, support should also be targeted at pregnant women and women in the post-natal period. When setting up this support system, it should be borne in mind that it must be set up in such a way

¹⁵⁵⁾ RECOMMENDATION OF THE COUNCIL (EU) 2021/1004 from 14 June 2021 establishing the European Child Guarantee

¹⁵⁶⁾ MoI SR. (2021). Strategy of Equality, Inclusion and Participation of the Roma until 2030. Available at: [Strategy of Equality, Inclusion and Participation of the Roma until 2030, Ministry of Interior SR – Roma communities \(minv.sk\)](#)

¹⁵⁷⁾ UNDP, 2021.

¹⁵⁸⁾ UNDP, 2021

that it is not based on the principle of reimbursement – because the vulnerable groups concerned may simply not have the necessary resources available to them, whether or not they are later reimbursed. There is also a need to specifically address the removal of barriers in the form of charges for health care (e.g. emergency services), charges/extra charges for special food, for medical devices (including dental care devices such as dental appliances). Particular focus should be given to payments related to the purchase of menstrual aids, fees for an accompanying person at child birth.

Barriers to the perceive quality, sufficient and comprehensible health and health care information may be due to external circumstances or low health literacy of children and their parents, especially those from MRC backgrounds. Low awareness is partly responsible for lower vaccination rates and lower uptake of preventive checks among children, pregnant and post-natal women.¹⁵⁹⁾

Despite worse average health status and near-universal health insurance coverage, health care utilisation among people from MRC backgrounds is 36% lower than in the general population. The disparity in health care utilisation is greatest in younger age groups, suggesting insufficient consumption of preventive health care. According to EC data, almost half of people from the MRCs are not vaccinated at all, compared to 1% of the general population. Although the number of visits in 2020 to general outpatient clinics for children and adolescents decreased significantly (COVID-19 pandemic), the number of preventive checks carried out for children and adolescents (including preventive vaccinations) almost maintained the level of the previous year 2019 (planned ordering of healthy children). In 2020, the downward trend in tuberculosis (TBC) morbidity continued in the Slovak Republic. A total of 158 TBC cases were reported to the National Tuberculosis Registry (incidence rate of 2.9 per 100,000 population), which was 56 fewer cases than in 2019 (tables 2.5.1 and 2.5.2). This was a decrease of 241 cases (-60.4%) compared to 2011. In terms of regions, the highest incidence of TBC was in the Košice Region (5.4 per 100,000 inhabitants of the region) and in the Prešov Region (5.3/100,000 inhabitants). Despite the overall significant decrease, the increase in morbidity occurred in the Bratislava region, where the number of cases increased from 10 in 2019 to 23 in 2020, representing a morbidity of 3.4/100,000 inhabitants of the region. The lowest morbidity rates were recorded in regions Banská Bystrica (1.1/100,000), Nitra (1.2/100,000) and Žilina (1.3/100,000).

The gaps in health indicators between the majority and socially disadvantaged groups begin at birth. As already mentioned, the mortality rate of infants in households receiving material assistance and infants in the MRC setting is more than three times that of the rest of the population. High infant mortality may be due to poorer access to information, information processing and willingness to change behaviour and receive health care,¹⁶⁰⁾ as well as conditions of living in poverty. The high incidence of infectious diseases in MRC settings also poses a risk to newborns, mainly due to poor standards of sanitation, housing and environmentally unsuitable environments. Infant mortality and morbidity may also be related to inadequate antenatal, prenatal, delivery and postnatal care and discrimination against Roma women in accessing it, the separation of newborns from their mothers in maternity clinics, as well as inadequate support for breastfeeding.¹⁶¹⁾ It is also related to poverty and the lack of potable, safe water (for example, if mothers from the MRC do not breastfeed their children, they do not have sufficient resources to purchase breast milk substitutes and other nutrition and cannot prepare this nutrition and drinks in potable water). In the group

¹⁵⁹⁾ WB, 2012; EC, 2014.

¹⁶⁰⁾ Šprocha, 2014.

¹⁶¹⁾ See for instance: Center for Reproductive Rights, Civil and Human Rights Counselling Centre, 2017. VAKERAS ZORALES WE SPEAK LOUD. Available on: vakeras-zorales-hovorime-nahlas-skusenosti-romskych-zien-so-zdravotnou-starostlivostou-o-reprodukcne-zdravie-na-slovensku.pdf (poradna-prava.sk). More general information see for instance: Committee on the Rights of the Child: General comment no. 15 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), 2013, CRC/C/GC/15, section 18, 34 and 35.

of Roma women, a total of 9.25% of parents were under the age of 18. The higher number of minor parents among Roma women speaks about the early beginning of sexual life as well as the lack of awareness in protection from conception. Primary education prevails to a large extent (92.29%) among Roma women parents. At the same time, negatively acting factors on the part of the mother, such as: lower maternal age, higher percentage of so-called teenage pregnancies, lower weight gain in pregnancy, higher number of pregnancies, have an impact on worse results of neonatal parameters. On the positive side, the higher percentage of spontaneous deliveries, the lower number of caesarean sections and, despite the lower weight, comparable neonatal vitality scores, reported as APGAR scores, can be assessed in the Roma population of mothers.¹⁶²⁾

The problem of pregnancies and births under the age of 18 does not only concern girls from the MRC. A large number of girls who gave birth before the age of majority in the Slovak Republic come from Prešov and Košice regions¹⁶³⁾ (where the MRC are represented to a much higher extent than in other parts of Slovakia). It can be concluded that pregnancies and child births at the age of childhood are an even greater problem in the MRC than in the rest of the population. In connection with these data, it is necessary to point out that in the case of pregnancy before the age of 15, this constitutes the offence of sexual abuse within the meaning of the article 201 of the Criminal Code as amended (hereinafter referred to as the “Criminal Code”), which we consider to be a serious offence. In 2020, 47 girls aged 10 to 14 and 1,198 girls aged 15 to 17 gave birth.

A particular problem related to the environment of women and girls at risk of poverty is the so-called menstrual poverty. It is a situation in which girls and women are unable to obtain menstrual supplies due to lack of financial resources, and generally do not have access to adequate sanitation and other menstruation-related needs during menstruation due to poverty (also following the absence of necessary infrastructure – for example, they do not have a toilet or shower in the place where they live or reside, they do not have a place to lie down during menstrual pain, they do not have the resources to buy painkillers, etc.). Although there is almost no data on this phenomenon in Slovakia, apart from the discomfort and violation of dignity that the girls concerned experience accordingly, menstrual poverty is also a factor that prevents them from attending school for the duration of menstruation (especially in the first days of bleeding.¹⁶⁴⁾ It is therefore necessary to pay comprehensive attention to this phenomenon and to develop mechanisms with this in mind, including mechanisms for the public reimbursement of the necessary sanitary products for vulnerable groups of girls.

The dental health of children from socially disadvantaged backgrounds is also poor. Since the disappearance of the network of school dentists, the entire responsibility for children’s dental care rests on the shoulders of their parents. In 2020, a total of 426,562 children under the age of 18 had a dental check. In the category of 0- to 5- year-old this amounts to 0.72 per 1 registered person of that age category (2019 – 0.76), in the category of 6- to 14- year-old it is 0.62 (2019 – 0.73) and in the category of 15- to 18- year-old it is 0.54 (2019 – 0.63). According to dentists, many parents underestimate their children’s oral hygiene. Officially, health insured persons under the age of 18 are entitled to a preventive check with a dentist twice a year. There are

¹⁶²⁾ Rimárová. (2013) An overview of results of studies on the health status of the minority Roma population in terms of child growth, impact on pregnancy and frequency of infectious diseases. Available at: [Rimarova-UPJS2013.pdf](#).

¹⁶³⁾ See: National Health Information Centre: *Thematic statistical outputs – obstetrics*. Maternal and Newborn Care in the Slovak Republic 2020 – Publication Tabular Outputs. Table T 5 – Births by area of residence and age of the mother in 2020. Available at: [Obstetrics \(nczisk.sk\)](#) (last visit on 15 July 2022).

¹⁶⁴⁾ On the menstrual poverty of Roma girls from poor families, see: Centre for Research of Ethnicity and Culture, Association for Culture, Education and Communication, Roma Advocacy and Research Centre, Roma Media (ROMED), Minority Community Centre, People in Need, Roma Platform. (2019). Civil society monitoring report on the implementation of the national Roma integration strategy in Slovakia. Available at: [rcm-civil-society-monitoring-report-2-slovakia-2018-eprint-fin-sk.pdf \(cvek.sk\)](#), p. 73. On menstrual poverty more generally, see for example: Bc. Zuzana Daubnerová. (2022) Menstrual poverty and the stigmatisation of menstruation (not only) in developing countries. Available at: https://theses.cz/id/zw9zav/KP_Daubnerova_Zuzana.pdf.

three health insurance companies in SR. All three insurance companies provide their insured persons an allowance for dental treatment, but each under different conditions and with a different financial limit. The dental allowance can only be claimed for procedures that are partly reimbursed by the insured person by law. It cannot be claimed for medical procedures that are fully self-funded. This restriction also applies to jaw orthopaedic procedures. These restrictions also prevent many children in need from accessing dental care. However, barriers may also stem from a general shortage of dentists, but also from the willingness to provide dental treatment for young children, which requires relatively more time and specific skills and attitudes (younger children in particular may be fearful of dental treatment, so persuading them to cooperate may require more time and specific skills). However, there is no data available on these other barriers, which would need to change in the near future.

Children coming from war-affected Ukraine are also currently a particularly vulnerable group. Although people who have been granted refugee status (i.e. have temporary refuge within the meaning of section 2(j) of the act no. 480/2022 coll. on asylum) are entitled to urgent health care, there is a lack of financial coverage for the provision of health care services that are over and above the health care required by children or persons with disabilities to address a health problem. This does not apply, for example, to planned spa treatment. Systemic and sufficient coverage of psychological care: this type of care is currently provided by NGOs (from their own resources) and outpatient clinics of clinical psychologists¹⁶⁵). The reluctance of health care providers to accept new patients is also a problem, which is also related to the lack of available information on how to report these interventions, and also the lack of capacity of these facilities.¹⁶⁶) The lack of information on health care options in the Ukrainian language, including on the websites of the providers themselves, can also be a problem.

People arriving from Ukraine are only entitled to comprehensive health care, including health insurance, like citizens of SR, if they are granted asylum or are provided with subsidiary protection or employment. In this case, the children will receive capitation with the GPCA, as do the children of SR. However, this does not mean that refugee children are only entitled to emergency health care. For instance, a child will be vaccinated free of charge and the vaccines, even for all vaccinations, will be paid for by the health insurance company. Also, a child who needs treatment for a chronic illness will receive this care.¹⁶⁷)

Disability is the result of interactions between people with impairments and between barriers in attitudes and environment that prevent them from participating fully and effectively in society on an equal basis with others.¹⁶⁸) Based on NHIC data, in 2020, there were 7,546 registered patients aged 0 to 18 years with a medical diagnosis of MKCH (F70.0 – F79.9) “mental retardation”; with dg. DMO (G80.0 – G80.9) 3,505 patients; with dg. epilepsy (G40.00 – G40.9) and 4,604 patients with dg. congenital defects, deformities and chromosomal anomalies (Q00.0 – Q99.9), 12,599 patients with congenital developmental defects of the circulatory system accounting for almost half of all congenital developmental defects.¹⁶⁹) However, there is a need to develop good methods and collect sufficient and good quality data on early childhood development and early detection of risk and deviation in psychomotoric development in all children, including children from socially disadvantaged backgrounds and children with disabilities in SR, the types and specificities of

¹⁶⁵) See for instance: Centre for Research of Ethnicity and Culture and the Milan Šimečka Foundation, in cooperation with People in Need, the Human Rights League and Mareena: *Integration of people from Ukraine: Proposed solutions*. Centre for Research of Ethnicity and Culture, Milan Šimečka Foundation, People in Need, for Human Rights League, Mareena, May 2022, pp. 33 to 3. Also available at: [Integration of people from Ukraine – proposed solutions – CVEK](#) (last visit on 13 July 2022).

¹⁶⁶) Ibid.

¹⁶⁷) UNION. Available at: <https://www.union.sk/zdravotne-poistenie-na-slovensku-pre-ukrajincov/>

¹⁶⁸) Convention for Persons with Disabilities. Collection of acts SR, Annex to no. 122. Notification of the Ministry of Foreign Affairs of the Slovak Republic No. 317/2010 coll. – Convention on the Rights of Persons with Disabilities

¹⁶⁹) NHIC. Medical Yearbook (2020). Available at: https://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/default.aspx

these disabilities, the numbers of children affected, the barriers imposed by their environment in different areas of their lives, and their needs. The provision of allowances to compensate for disabilities (e.g. allowances for personal assistance, aids, equipment, care and home adaptations) is regulated, also in relation to children, by the act no. 447/2008 coll. on monetary allowances to compensate for severe disabilities. Cash allowances to compensate for severe disability provided under the act no. 447/2008 coll., with the exception of the cash allowance for care, which is provided for the care of a child after the child reaches the age of 6 (until then, the parental allowance is provided), are not limited by age.

Every child, including children with disabilities, should have access to early and quality diagnosis, as well as to necessary and holistic (complex) health care, combined with social care, which should be linked and interacting with each other.¹⁷⁰⁾ Thus, in addition to access to diagnosis and care by paediatricians and relevant specialists, children should have access to diagnosis and therapy by, for example, speech and language therapists, typhlopedists, sign language therapists, therapeutic educators, etc., as well as to a range of supportive social services and financial contributions. Even the UN Committee on the Rights of Persons with Disabilities has also highlighted that there is a significant social shortage of early intervention and early diagnosis social services in Slovakia in the areas of health, social security and education, as well as a lack of financial support for parents of children with disabilities requiring early intervention.¹⁷¹⁾ Also as a result of these factors, parents are unable to care for children with more severe disabilities, many of whom require 24-hour care, in their home environment and place them in residential institutions (of which, however, there are not enough, given the number of children with an unmet or, in the current circumstances, unfulfilled need for care in the home environment).¹⁷²⁾ However, institutional care is not appropriate for children with disabilities, and the UN Committees in relation to SR have repeatedly stressed that they are concerned about the number of children with disabilities (especially intellectual disabilities) living in institutions. These committees have called on SR to stop placing children with disabilities in segregated institutions and to ensure the full de-institutionalisation of children with disabilities in terms of their transfer from residential social services to family and community-based services.¹⁷³⁾

General outpatient care for children and adolescents did not see a significant change in personnel in 2022 from the previous year. In Slovakia, as of 1 January 2022, the public network of general outpatient care providers (PNGOCP) for children and adolescents consisted of 979 PNGOCP for children and adolescents, with a total of 1,216 general practitioners for children and adolescents (GPCHaA) and a total of just under 993 full-time equivalent physician posts (PP). The average age of the GPCHaA was 59 years, with the oldest GPCHaA being 93 years old and the youngest GPCHaA being 30 years old. Nearly 48% of all PPs were GPCHaA of retirement age, i.e., 63 years of age or older.

As at 1 January 2022, as many as 58 districts did not have the required capacity of PNGOCP in general outpatient care for children and adolescents.

¹⁷⁰⁾ See for instance: Committee on the Rights of Persons with Disabilities: Concluding observations on the initial report of Slovakia. CRPD/S/SVK/CO/1, 17 May 2016, sections 25 and 26.

¹⁷¹⁾ Slovensko.sk. (2013). Joys and worries of parents of disabled children, available at: [Joys and worries of parents of disabled children \(slovensko.sk\)](#)

¹⁷²⁾ See for instance: See for instance: Monika Čopíková. (2020) Alexandra Hovancová: We can't change children's diagnoses, but we can fill their days with love. Available at: [Alexandra Hovancová: We can't change children's diagnoses, but we can fill their days with love | Promotion | .týždeň - a different view of society \(tyzden.sk\)](#)

¹⁷³⁾ See: Committee on the Rights of Persons with Disabilities: Concluding observations on the initial report of Slovakia. CRPD/S/SVK/CO/1, 17 May 2016, sections 23 and 24; Committee on the Rights of the Child: Concluding observations on the combined third to fifth periodic reports of Slovakia. CRC/C/SVK/CO/3-5, 20 July 2016, sections 36(c) and 37(d) and (e); Human Rights Committee: Concluding observations on the fourth report of Slovakia. CCPR/C/SVK/CO/4, 22 November 2016, sections 20 and 21; Committee on Economic, Social and Cultural Rights: Concluding observations on the third periodic report of Slovakia. E/C.12/SVK/CO/3, 14. November 2019, sections 16 and 17.

Although the number of visits in 2020 to general outpatient clinics for children and adolescents decreased significantly (COVID-19 pandemic), the number of preventive checks carried out for children and adolescents almost maintained the level of the previous year 2019 (planned ordering of healthy children).

Since many physical and mental health disorders that significantly reduce a person's functionality and competence when fully expressed symptomatology begin to manifest themselves at an early age through changes in the development of psychomotoric functions, preventive care is of irreplaceable importance in promoting optimal development of each child's developmental potential, but especially for children with developmental difficulties with the need for further, comprehensive, interdisciplinary, inter-departmental care¹⁷⁴⁾. When developmental difficulties manifest themselves in terms of persistent deviations from the population and physiological norm, it is important to identify them as early as possible so that the child and family can receive the necessary treatment and developmentally supportive interventions, including an inclusive approach in primary care, particularly during the period of infant and toddler development, the most sensitive to environmental influences.

Detection of developmental difficulties in general outpatient care for children and adolescents using developmental monitoring and screening methods according to the Standard for the Examination of Children's Psychomotoric Development at the 2nd to 11th Preventive Examination¹⁷⁵⁾ is carried out by the paediatrician in collaboration with the parent.

Family-friendly policies and practices clearly benefit children and families. In addition, they also bring economic benefits to the larger whole of society.

Generally speaking, societies that invest in families with children have the highest chance of achieving a balance in inequalities between people in health, education, well-being, and in achieving social cohesion and economic prosperity.

In addition to information and communication barriers, physical barriers, or barriers to effective spatial orientation in health, social and other related services, are a particular barrier for children with disabilities in accessing social services and health care.

According to NHIC data published in 2021, "over the last 9 years, the number of adolescents with a newly diagnosed mental disorder has increased by up to 72.1%. Suicides and suicide attempts are also on an upward trend in this age group. Conflicts and family problems are the main motives for premature suicide attempts". This situation has been worsened by the impact of the COVID-19 pandemic. This is also confirmed by the results of the survey "How are you, Slovakia?"¹⁷⁶⁾ conducted by the Slovak Academy of Sciences. In SR, at least one in nine people suffers from mental illness. Of these, one in four suffers from depressive disorders. The results of the research show that household relationships and the situation at work played a significant role during the pandemic. Respondents who reported that their household relationships had deteriorated during the pandemic also reported that their mental state had deteriorated. Pandemics and isolation at home trigger and intensify psychological problems of many people, including children. In addition, long-term on-line communication of children has a negative impact on the development of their social skills. With long-term

¹⁷⁴⁾ Promoting equity from the beginning through early child development and health in all Policies (ECD-HiAP); chapter 6 https://www.euro.who.int/_data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

¹⁷⁵⁾ Promoting equity from the beginning through early child development and health in all Policies (ECD-HiAP); chapter 6 https://www.euro.who.int/_data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

¹⁷⁶⁾ Research How are you, Slovakia? are representative of Slovakia's on-line population. Data collection is conducted on-line using the MNFORCE SK panel method with a sample of 1,000 respondents and adheres to strict ESOMAR quality standards. The authors of the project are the Institute of Sociology of the Slovak Academy of Sciences, the Institute of Social Communication Research of the Slovak Academy of Sciences, the MNFORCE survey agency and the Seesame communication agency. Available at: <https://www.akosamateslovensko.sk/o-projekte/>

on-line communication, there is a risk that children will not be able to react adequately to common problems in contact with people, will be misunderstood and their psychological discomfort will deepen.

The COVID-19 pandemic had a negative impact on children's mental health, with second graders and high school students experiencing the isolation the worst. The survey results show that young people coped less well psychologically with the pandemic than adults, and students in particular showed much higher levels of anxiety, stress and depression. The number of children under the age of 18 exhibiting depressive syndromes increased by 33% as a result of the curfew. There was also an increase in suicidal tendencies in children under the age of 14, as well as a 30% increase in domestic violence. In addition, as a result of the COVID-19 pandemic, there is an increased risk of addictions, whether to the internet, alcoholic beverages or other substances.

The Government of SR, by the resolution no. 112 of 24 February 2021, established the Government Council for Mental Health and MLSAF SR took over the activities of the Committee for Primary Prevention in the Field of Mental Health.

Children's mental health problems depend mainly on their personality and family background. Conflicts most often escalate in families where there are various communication problems and an inharmonious family environment. In many families, various pandemic measures exacerbate or deepen low socio-economic status, lack of finances and existential problems. Children are often witnesses or even direct victims of domestic violence. It is predominantly a problem in families of lower socio-economic and cultural status. Children's development is severely impaired due to psycho-social, emotional, educational and physical deprivation. When these forms of deprivation accumulate, they lead to developmental trauma. Children with developmental trauma are more vulnerable and more prone to become victims of, for example, child abuse, abuse and neglect with the development of complex trauma. In 2021, the Family Policy Section of MLSAF SR elaborated a pilot National Project "Family Counselling Centres – Counselling Psychological Services for Individuals, Couples and Families". The main objective is to contribute to a systemic solution in the field of prevention of mental illness, strengthening of family relationships and intergenerational communication by creating conditions for the provision of professional, especially psychological counselling for individuals, couples and families in solving problems in the family, marriage and interpersonal relationships

From the point of view of mental health, children who have fled to the Slovak Republic from the territory of Ukraine to escape war are also a particularly vulnerable group. These children have faced or are facing particularly traumatic or stressful experience or memories, or such events and memories are faced by their parents, most often mothers with whom they come to SR, or siblings. Asylum seekers and persons granted asylum or subsidiary protection from other third countries may be in a similar situation.

5.2 Strategic frameworks and existing legislation

More detailed information on the strategic frameworks and the most relevant legislation is provided in Annex 1.

Overview of key documents:

- Act no. 576/2004 coll. on health care, services related to the provision of health care
- Anti-discrimination act (act no. 365/2004 Coll. on equal treatment in some areas and on protection against discrimination)
- Act no. 580/2004 coll. on health insurance and on amendments and supplements to act no. 95/2002 coll. on insurance Industry and on amendments and supplements to certain acts as amended
- Act no. 577/2004 coll. on the scope of health care reimbursed under public health insurance and on reimbursement for services related to the provision of health care as amended
- Act no. 578/2004 coll. on healthcare providers, health professionals, professional organisations in healthcare and on amendments and supplements to certain acts, as amended
- Act no. 355/2007 coll. on the protection, promotion and development of public health and on the amendment and supplementation of certain acts as amended

- UN Convention on the Rights of Persons with Disabilities
- National Programme for the Development of Living Conditions of Persons with Disabilities for the Years 2021 – 2030
- 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
- Act no. 447/2008 coll. on cash contributions for the compensation of severe disability and on amendments and supplements to certain acts
- Decree of the Ministry of Health and Social Affairs of the Slovak Socialist Republic no. 151/1988 coll. 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
- Strategy for Roma Inclusion and Participation until 2030
- National Development Strategy for Coordinated Early Intervention and Early Care Services 2022 – 2030
- National Programme for the Development of Living Conditions of Persons with Disabilities for the Years 2021 – 2030
- Expert Guideline of the Ministry of Health of the Slovak Republic on the promotion of infant and toddler nutrition through breastfeeding; Official Journal of the Ministry of Health of the Slovak Republic, No. 14422/2009 – OZS
- Expert Guideline of the Ministry of Health of the Slovak Republic on the procedure for informing a parent or legal representative of a child with a disability about educational, psychological and special-pedagogical counselling and prevention; Official Journal of MH SR, no. Z28 43/2011 – OZS
- Expert guidance on the procedure for health care providers in reporting cases of suspected sexual abuse, Official Journal MH SR, no. 4-6, vol. 58/2010
- Decree of the Ministry of Health of the Slovak Republic no. 12422/2010-OL of 14 October 2010 establishing minimum standards for special study programmes, minimum standards for certification study programmes and minimum standards for continuing education study programmes and their structure regulating study programmes for continuing education of health professionals¹⁷⁷⁾
- Standard of examinations of psychomotoric development of children at the 2nd to 11th preventive check in primary care – 1st revision ¹⁷⁸⁾
- Prenatal care for low-risk (physiologic) pregnancy¹⁷⁹⁾
- Care of the low-risk parent during labour¹⁸⁰⁾
- Standard procedure for maternal and infant care according to BFHI principles - promoting relational bonding and lactation 1 January 2020 ¹⁸¹⁾

5.3 Existing measures

Prevention of poverty and social exclusion and access to health care for children in need

¹⁷⁷⁾ MH SR. Official Journals of MH SR. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\)](http://Ministry of Health of the Slovak Republic (gov.sk)).

¹⁷⁸⁾ Standartnepostupy.sk. Standards Primary Pediatrics II. (0 to 3 years). Available at: [Standards Primary Pediatrics II. \(0 to 3 years\): SPDTP \(standardnepostupy.sk\)](http://Standards Primary Pediatrics II. (0 to 3 years): SPDTP (standardnepostupy.sk))

¹⁷⁹⁾ Standartnepostupy.sk. Standards in Gynaecology and Obstetrics. Available at: [Standards in Gynaecology and Obstetrics: SPDTP \(standardnepostupy.sk\)](http://Standards in Gynaecology and Obstetrics: SPDTP (standardnepostupy.sk))

¹⁸⁰⁾ Standartnepostupy.sk. Standards in Gynaecology and Obstetrics. Available at: [Standards in Gynaecology and Obstetrics: SPDTP \(standardnepostupy.sk\)](http://Standards in Gynaecology and Obstetrics: SPDTP (standardnepostupy.sk))

¹⁸¹⁾ Standartnepostupy.sk. Baby-friendly Hospital Initiative (BFHI) - Interdisciplinary area. Available at: [BFHI standards: SPDTP \(standardnepostupy.sk\)](http://BFHI standards: SPDTP (standardnepostupy.sk))

Investing in health across the life cycle and creating opportunities for strengthening people's responsibility for their health is a priority in MH SR. Updated Strategic Framework for Health Care for 2014 to 2030.¹⁸²⁾

Eliminating inequalities in child health is the most effective way to reduce inequalities in adulthood. Health inequalities start early, from conception and early childhood, and social determinants of health – poverty, discrimination, insecurity and lack of protection from danger, lack of education – play a major role. A prerequisite for levelling inequalities is universal prevention, targeting all young children, early identification of risks and ensuring subsequent early access to interventions aimed at curing possible health conditions, but equally importantly also to interventions to increase functionality and thus reduce the risks of limited participation.¹⁸³⁾

Since 2019, preventive checks for young children up to the age of 3 include developmental progress monitoring and screening for developmental difficulties using standardised methods in collaboration with parents, according to the Standard for Examination of Psychomotoric Development in Children at the 2nd to 11th Preventive Examination.¹⁸⁴⁾ For 2021, of the more than 64,000 electronically completed S-PMV questionnaires, 87% of results were in the no-risk band and 13% of results were at varying degrees of risk for functional difficulties. Further child care (for 2021 approximately 8,000) is not evaluated. Prevention of functional difficulties at risk of limited participation is carried out through the Child Health© FOND web portal by prof. K. Matulaya, n. f., 2016. However, the full potential of this digital form of health care delivery is not currently being exploited in educating and supporting parents in early childhood development care, in increased interdisciplinary collaboration for children with captured risk in developmental conditions, in research related to typical developmental indicators at an early age and early detection of children at risk of functional difficulties, and in the prevention of social exclusion, and in ii.¹⁸⁵⁾

To date, screening results have been obtained from more than 160,000 parents.¹⁸⁶⁾

Prevention of poverty and social exclusion is supported by ESF/ ERDF funded projects under the OP HR. This purpose was served by the national project "Field social work and field work in municipalities with the presence of marginalised Roma communities II" (hereinafter only "NP FSW and FTW II"). Field social work (hereinafter only FSW), carried out in a person's natural environment (in a flat, in the community, in the open air), is aimed at preventing social exclusion or its deepening, at facilitating life, accompanying in difficult life situations and mitigating the effects of a unfavourable social situation. The main objective of NP FSW and FW II is to provide quality services to clients from MRCs who are among the most excluded groups or groups at risk of social exclusion and poverty. The purpose is to integrate these people into society, improve or alleviate their adverse living situation and create decent conditions and real opportunities to change these adverse living situations. . The project activities included thematic training FS and FS workers to improve their professional performance and networking with other helping professions working in the MRC.

A project explicitly focused on improving conditions for health is the National Project Healthy Communities 2B and 3B. The project is implemented by the state contributory organisation Healthy Regions, established by MH SR in December 2016. It is a form of field social work but, unlike the FSW programme, it is more narrowly

¹⁸²⁾ MH SR. Health Strategy. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\)](https://www.gov.sk/).

¹⁸³⁾ World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

¹⁸⁴⁾ Standarstnepostupy.sk. Standards Primary Pediatrics. Available at: [Standards Primary Pediatrics: SPDTP \(standardnepostupy.sk\)](https://standarstnepostupy.sk/)

¹⁸⁵⁾ M. Popelková, E. Jurišová, L. Ptáčniková (2022) PSYCHOMOTOR DEVELOPMENT SCREENING AS A TOOL FOR EARLY IDENTIFICATION OF PREDICTORS OF NEURODEVELOPMENTAL DISORDERS AND ITS IMPORTANCE IN PROMOTING ACADEMIC SUCCESS OF CHILDREN, *EDULEARN22 Proceedings*, pp. 3053-3060. Available at: <https://library.iated.org/view/POPELKOVA2022PSY>

¹⁸⁶⁾ Unpublished data from the Database of Selected Early Childhood Developmental Indicators in the Slovak Republic©Fond prof. K. Matulaya n.f..

focused on improving health conditions for excluded groups, especially MRC. HPAs working in the field with the target group implement health mediation in the MRC environment through interventions and awareness-raising activities. The activities and actions of the HPAs focus on social health determinants, which include health-related behaviour, health literacy, barriers to accessing health care, psychosocial factors and others. They also carry out prevention support or directly assist clients within their competence and help with orientation inside the health system.¹⁸⁷⁾ A continuous implementation of the project is a health promotion tool for people at risk of poverty and social exclusion. It leads to improved access to health care, in particular by reducing internal barriers, increasing participation in preventive checks and compulsory vaccination, ensuring early identification of the occurrence of infectious diseases, increasing awareness of health and health care, improving communication and relations with health care providers, increasing trust in the health system, improving information on freely available medicine and its use, etc., as well as building new staff capacities directly in locations involved in the project. For example, through the implementation and development of health mediation and education in MRCs, the number of preventive checks and vaccinations for children from the MRC has increased. In 2021, 544,730 interventions were implemented in 249 locations under the project Healthy Communities 2B. Compared to 2020, it is a significant increase (more than 30%).¹⁸⁸⁾ As of 31.12.2021, the Healthy Communities 2B and 3B projects employed 299 health promotion assistants and 26 coordinators, of which more than 86% were from MRC environments, working in 262 participating locations. In addition, in 2021, 14 HPAs were working mainly in paediatric and gynaecology and obstetrics wards in 10 partner hospitals. The projects have also developed collaboration with both first-contact physicians and specialists, with an average of over 800 collaborating physicians per year, and the organisation's activities are evaluated very positively. A survey of collaborating primary care physicians (paediatricians and adult general practitioners) showed that 78% of paediatricians and 80% of general practitioners collaborate with HPAs several times a week, and 99% of paediatricians and 98% of general practitioners wish to continue to collaborate in their respective locations. The survey also shows that 33% of adult general physicians and 29% of paediatricians record locations where HPAs will need to be introduced. They also expressed the need for an increase in the number of HPAs in larger and harder to reach communities. A complex evaluation of Healthy Regions activities is currently ongoing. However, it is already showing the need to expand the Healthy Communities project to fully cover MRCs in health promotion, health education and mediation. This would require the recruitment of approximately 50 additional assistants and 10 additional health education coordinators.¹⁸⁹⁾

The work of the non-governmental sector and registered churches and religious societies has also proved to be very effective and successful. There are a number of organisations working in SR to help people in poverty (including the MRC) to stand on their own feet and improve their living conditions, including access to health care. This is done, for example, through activities on the education of children and their basic hygiene and social habits (Maltese Order Slovakia), on parenting skills (civic association Hope for Children) or on stimulation and development of the child at an early age (Omama project of the association The Way Out).

The Way Out implements a unique project “*Omama*” in SR aiming at the support to early stimulation and healthy development of children in the MRC at a key age, i.e. from birth to 3 years. Trained workers – “*omamas*”, who come directly from the community, visit the homes of the families, where they work with children and their parents (most often mothers) on various games and activities aimed at psychosocial stimulation (fine and gross motorics, cognitive, language, communication skills, socio-emotional area). Each *omama* is accompanied by a middle-class mentor who provides her with necessary support, help with administration or problem solving in the field. One *omama* carries out regular weekly sessions in 15 to 20 families. In addition, she advises both to mothers and pregnant women and participates in group education

¹⁸⁷⁾ Healthy Communities, 09/2022. Available at: zdravekomunity.sk

¹⁸⁸⁾ Healthy Communities, 09/2022. Available at: zdravekomunity.sk

¹⁸⁹⁾ Healthy Communities, 09/2022. Available at: zdravekomunity.sk

sessions with parents once a month. The project was launched in 2018 in three at-risk communities and expanded to three more in 2019. The direct cost of the project per child is around € 1,000 per year, or € 3,000 for the entire critical first three years of a child's life. Costs include salary for the omama, costs for a guide, travel, training of omamas and mentors, play and other equipment, communication and overhead costs for working with paediatricians. Education of omamas is provided by health workers – training, educational videos, practical demonstrations.

The work of the missionaries and pastoral workers of the Catholic Church is also achieving excellent results. For example, in Lomnička, a health clinic has been introduced 2 times a day, which has not only increased the early detection rate of COVID-19, but children can experience acceptance and hugs on a daily basis, which is essential for healthy psychological development; a public laundry has been built there, which is a huge step forward in raising the health and hygiene level of the population. In Jarovnice, work with children aged between 1 and 3 years has been introduced through the work of a pastoral assistant. As a positive result of the work of nuns and pastoral workers in Jarovnice, there has been an increased interest in school and in continuing the studies at secondary or even higher education level (12 women and girls have been employed in Jarovnice alone; 18 women and girls are continuing their studies at secondary school, two at accreditation and one at university; three have obtained their driving licence; one pastoral assistant has applied for the school-leaving examination; three men found jobs; four young pupils in high school (two boys, two girls) were granted scholarships; 21 volunteers were trained on the topic of human trafficking; regularly, long term and systematically accompany more than 30 families, who are then able to influence other residents; they regularly work with girls – cooking, conserving, sewing, singing, tutoring, and boys – football, environmental education, art education; they provided 104 women with training with certificate education in computer, economic and communication. Wherever pastoral workers are working, the environment is improving, cooperation with the majority in various fields is increasing, employment and education are increasing, health and housing are improving. The work of pastoral workers thus helps eliminate social exclusion and contributes to inclusion, and promotes desegregation, deghettoisation and demarginalisation.

The NGO sector is also active in prevention, in the operation and management of all activities related to the use of the web portal Child Health© FOND prof. K. Matulaya, n. f., 2016 in monitoring the developmental progress and screening of functional difficulties of early age children, as well as the report of the Database of selected developmental indicators of children of early age in prevention care within general child and young children care.

Services provided to children with disabilities

Through various grant schemes/programmes, projects related to health, prevention of various diseases, as well as healthy lifestyles are also supported.

The ESF funds under OP 1 Education OP HR support the projects mentioned above (see pages 17 to 18) aimed at supporting teaching assistants as well as members of inclusive teams directly in schools in order to guarantee inclusive education in the school environment. These professions also include psychologists, which has a positive impact on the promotion of children's mental health, as well as the provision of assistants for children with disabilities.¹⁹⁰⁾ In addition, MESRaS SR is preparing the implementation of a project under the Recovery and Resilience Plan SR and has announced a call for applications for *Health Workers in Kindergarten, Primary and Secondary Schools*¹⁹¹⁾ with the aim of providing health workers directly in schools, the position of which has a positive impact on the promotion of children's mental health, as well as the provision of

¹⁹⁰⁾MESRaS SR. National Project POPII. Available at: [About the project | MPC \(mpc-edu.sk\)](https://www.minedu.sk/vyzva-zdravotnicky-pracovnik-v-materskej-v-zakladnej-a-v-strednej-skole/).

¹⁹¹⁾MESRaS SR. (2022). Call for proposals "Health worker in kindergarten, primary and secondary school". Available at: <https://www.minedu.sk/vyzva-zdravotnicky-pracovnik-v-materskej-v-zakladnej-a-v-strednej-skole/>

assistants for children with disabilities.¹⁹²⁾ According to relevant provision of this act, health care may be provided to children in schools if it is carried out by a qualified health care worker. In addition to assisting disabled children, the project also aims to assist other pupils through counselling activities aimed at prevention (of oncological diseases as well as obesity, including the promotion of a healthy lifestyle), dental care and first aid, with a pilot project already introduced in Plavecký Štvrtok, where doctors informed children about the primary prevention of dental caries through a model educational activity led by doctors.¹⁹³⁾¹⁹⁴⁾

In relation to children's mental health, it is also worth mentioning activities aimed at preventing violence against children. The ESF has supported the National Project *Support for the Protection of Children from Violence*, which is aimed at making the system for the protection of children from violence more effective.¹⁹⁵⁾

Within the national project *“Community services in towns and villages with the presence of marginalised Roma communities – II. Phase”*, the problems of youth at risk of addiction to psychoactive substances are addressed in the community centre in Košice. An expert in the field of addictions in the MRC leads regular preventive meetings for adolescents affected by the problem of addiction (e.g. toluene). The current COVID-19 pandemic has made the situation even worse for people from the MRC.

In order to improve access to health care and intensify health education on COVID-19, to eliminate the threat of COVID-19 or other pandemic diseases and to prepare the population of the MRC for possible future waves of COVID-19, the National Project *“Support for activities aimed at addressing the adverse situations related to COVID-19 in municipalities with marginalised Roma communities”* was implemented in the Slovak Republic.¹⁹⁶⁾

5.4 Identified challenges

Based on the analysis of the current state of child in need access to health care, it is possible to identify challenges that underpin measures that have been elaborated by the different departments and are further defined in chapter 7 (Table 3):

- **Ensuring the measurement of disparities in health status and health determinants between children in need, particularly from MRC, and the general population of children by establishing a system to monitor health inequalities between MRC and the general population of children**
- **Ensuring support for pregnant women and mothers, including minor girls or girls who have just recently reached full age and their newborns in the perinatal period according to the BFHI standard practice of breastfeeding promotion and relational bonding, including measuring the quality of this health care, and strengthening the number of HSA in hospital settings**
- **Increasing the level of awareness and health literacy of children and parents from disadvantaged backgrounds and from the MRC, as well as promoting a system of early intervention for children with health disadvantages**
- **Improving communication and relationships with health care providers**
- **Strengthening professional qualifications of health promotion assistants**

¹⁹²⁾ [About the project | MPC \(mpc-edu.sk\)](https://mpc-edu.sk/).

¹⁹³⁾ MH SR. (2022). Starting to raise a generation of responsible people to take care of their health. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\)](https://www.mh.gov.sk/).

¹⁹⁴⁾ Section 10b of the act no. 576/2004 coll. on health care.

¹⁹⁵⁾ OP IZ NP 2017/4.1.1/01

¹⁹⁶⁾ Ministry of Interior of the SR (2020) National Project Supporting the activities focused on dealing with unfavourable situations related to COVID-19 in municipalities with marginalised Roma communities. Available at: <https://www.minv.sk/?narodny-projekt-podpora-cinnosti-zameranych-na-riesenie-nepriaznivych-situacii-suvisiacich-s-ochorenim-covid-19-v-obciach-s-pritomnostou-marginalizovanych-romskych-komunit>

- **Increasing the participation of children from a disadvantaged environment and MRC backgrounds in disease prevention and health promotion programmes**
- **Establishing an effective system of protection of children from violence in general and in social services, and in the implementation of measures of social protection of children and social guardianship**

From the comparison of the current situation, existing measures and challenges that are planned to be implemented, we also capture the challenges that are not among those currently planned and are not captured in any measure. Challenges that are not elaborated to a greater detail need to be formulated and specified into tasks that are measurable, applicable and will be a designated manager. Areas that need to be strengthened in the coming years and that the National Action Plan of the European Guarantee will address for the next period of its duration, until 2030, include:

- Collecting and evaluating data on the environment and lifestyles of children in need, the purpose of which is to collect, analyse and interpret quantitative and qualitative data on the provision of access to, barriers to, and needs for curative and preventive health care, disaggregated by categories of children in need, and involving children in the collection of this data to the greatest extent possible
- Strengthening the system to assist children in need and their parents in accessing curative-preventive health care and medical devices as well as treatment processes, including menstrual aids for girls, based on their classification as families with income below the subsistence level.
- Mapping the challenges in the provision of information by health professionals in the prevention, diagnosis, treatment and follow-up care provided to children with disabilities and their parents, taking into account their specific needs.
- Strengthening capacities, qualifications and skills of HPA and other services or health promotion workers. Further systematic training and strengthening of the qualifications, professional skills and cultural sensitivity of HPA and other health support workers.
- Promoting further systematic training in professional skills and cultural sensitivity for health promotion assistants and other non-health workers carrying out health promotion support activities.
- Improving the knowledge of children and parents with incomes below the subsistence level, particularly from MRC backgrounds, about options for addressing suspected discriminatory behaviours in relation to access to medical and preventive health care.
- Strengthening the communication skills of health workers needed to inform children in need and their parents, awareness of the problems of different categories of children in need and of the settings from which they come, and sensitizing them, in order to reduce communication barriers that may constitute a partial barrier to health care decisions.
- Ensuring interventions to increase participation of children from MRCs and other relevant groups of children in need in preventive checks and mandatory vaccinations.
- Activating Roma women, men, girls and boys in health improvement programmes through accredited evidence-based medicine education programmes on access to responsible parenthood, appropriate care and support for families to enable women/parents to manage pregnancy and motherhood safely, and the importance of preventive check-ups and doctor visits early in a child's life, with the aim of early identification of a health problem.
- Establishing an effective system to prevent, map and treat childhood addictions and mental health difficulties in children and young people.
- Strengthening multidisciplinary teams and explicitly school psychologists within the child and adolescent mental health prevention and intervention.
- Improving access to the provision of psychological and therapeutic care for children and adolescents.
- Ensuring the expansion of a functional electronic system in the provision of preventive care for the healthy development of young children in general outpatient health care for children and adolescents, including education, primary prevention aimed at parents, and opportunities for effective interdisciplinary collaboration at the community level.

- Supporting the provision of inclusive early childhood developmental health care with universal, targeted and indicated solutions to the needs of children and their families in need with incomes below the subsistence level in health promotion, prevention, early identification of functional difficulties, including treatment, rehabilitation and habilitation through to coordination of further interdisciplinary and inter-departmental care.
- Ensuring measures to improve the availability as well as the necessary capacity of paediatric physicians within each district.

6 Ensuring regular access to healthy diet

6.1 Current state

Access to a healthy and balanced diet

According to an analysis by the Public Health Authority SR, almost 40% of children do not eat breakfast regularly, of which 17.2% do not eat breakfast at all, 1.8% do not eat snacks, and the number of children who eat sweets or fast food for snacks increases with age. Also, the number of children who have irregular lunches increases with age.¹⁹⁷⁾ Particularly in low-income families, therefore, access to a healthy and sustainable diet can be a challenge. Programmes that focus on healthy food and nutrition can address the problem of poor diet (malnutrition, poor nutrition), but also obesity, physical inactivity, and alcohol and tobacco use, as these problems are more prevalent among children from disadvantaged backgrounds.¹⁹⁸⁾

Income poverty also has a significant impact on the nutrition of children from MRC backgrounds. When comparing the body height, weight, BMI, total cholesterol of Roma and non-Roma children, there was a significant lag in the growth of Roma children, despite lower cholesterol levels. Also, the intake of fruits, vegetables, and dairy products, as well as the frequency of meal intake were identified as insufficient.¹⁹⁹⁾

Overweight and obesity of children

The global level of healthy lifestyle in the population of children and adolescents is declining sharply worldwide and is now spilling over into much younger age groups than in the past²⁰⁰⁾. Obesity of children is now a major problem in SR, linked to poor lifestyle, inappropriate diet and lack of exercise. From 80% of obese children become obese adults, which is associated with an increased risk of diabetes, high blood pressure, heart attack or infertility.²⁰¹⁾ The numbers of overweight children in SR are high. In 2019, prior to the COVID-19 pandemic, there were 936,769 people aged 1 to 18 years registered in Slovakia, according to data from outpatient clinics for children and adolescents. Of this number, 15,161 children were overweight with a BMI percentile²⁰²⁾ between 90 and 97, and 5,103 children were obese with a BMI percentile above 97. For children aged 4 to 5 years, out of a total of 110,654; 3,652 children were overweight with a BMI percentile of 90 to 97 and 925 children were obese with a BMI percentile above 97.²⁰³⁾

Implications of the COVID-19 pandemic

The COVID-19 pandemic has contributed to overweight and obesity of children. Analysis by VŠZP confirms weight gain of children, particularly those aged 9 to 11 years, during the pandemic, whether due to restricted

¹⁹⁷⁾ Public Health Authority SR, Association for Health and Nutrition. Healthy Nutrition of Children Available at: https://www.ruvzpd.sk/vz/data/Zdrava_vyziva_deti.pdf

¹⁹⁸⁾ RECOMMENDATION OF THE COUNCIL (EU) 2021/1004 from 14 June 2021 establishing the European Child Guarantee

¹⁹⁹⁾ Rimárová (2013). An overview of results of studies on the health status of the minority Roma population in terms of child growth, impact on pregnancy and frequency of infectious diseases. Available at: [Rimarova-UPJS2013.pdf](#)

²⁰⁰⁾ Regular physical activity as a tool for prevention of non-communicable diseases in the context of negative impacts of the COVID-19 pandemic in young school-aged children.

²⁰¹⁾ Public Health Authority SR, Association for Health and Nutrition. Healthy Nutrition of Children Available at: https://www.ruvzpd.sk/vz/data/Zdrava_vyziva_deti.pdf https://www.ruvzpd.sk/vz/data/Zdrava_vyziva_deti.pdf

²⁰²⁾ Classification of body mass index values of children and adolescents according to the methodology of the Public Health Authority SR.

²⁰³⁾ Regular physical activity as a tool for prevention of non-communicable diseases in the context of negative impacts of the COVID-19 pandemic in young school-aged children.

exercise or free access to the refrigerator and to sweets and sugary drinks while at home.²⁰⁴⁾ However, the impact of COVID-19 may not only be evident in the form of weight gain of children during prolonged home stays. UN analysis shows that nearly half of the world's children population eat exclusively at school, and furthermore, as a result of limited resources, families are forced to cut back on even basic expenses, including food.²⁰⁵⁾ Moreover, the social isolation caused by the pandemic of children has also been reflected in the form of eating disorder problems. School closures reduce access to services, including meals, and the reduction in children's supervised time increases the likelihood of neglect.²⁰⁶⁾

6.2 Strategic frameworks and existing legislation

More detailed information on the strategic frameworks and the most relevant legislation is provided in Annex 1.

Overview of key documents:

- Act no. 544/2010 Coll. on subsidies under the competence of MLSAF SR as amended
- Action plan Strategy of Equality, Inclusion and Participation of the Roma until 2030
- Strategy of the Slovak Republic for the Implementation of the Schooling Programme for the School Years 2017/2018 – 2022/2023
- Revision of material and consumption standards and recipes for school meals from 2021
- National action plan for the prevention of obesity 2015 – 2026 ²⁰⁷⁾
- Expert guidance of the Ministry of Health of the Slovak Republic on the diagnosis and treatment of child obesity ²⁰⁸⁾
- Expert Guideline of the Ministry of Health of the Slovak Republic on the promotion of infant and toddler nutrition through breastfeeding ²⁰⁹⁾
- Standard procedure for maternal and infant care according to BFHI principles – promoting relational bonding and lactation ²¹⁰⁾
- Updated Strategic Framework for Health Care 2014 to 2030²¹¹⁾

6.3 Existing measures

As children are the most vulnerable group in terms of risk of poverty or social exclusion, they are one of the target groups of the Measure no. 1 (Provision of food parcels with accompanying measures as a tool to address food deprivation) and Measure no. 4 (Provision of hygiene parcels with accompanying measures as a

²⁰⁴⁾ <https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html>

²⁰⁵⁾ Institute for Work and Family Research. UN: Impact of the COVID-19 pandemic on children. Available at:

[UN: Impact of the COVID-19 pandemic on children – Institute for Work and Family Research \(gov.sk\).](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

²⁰⁶⁾ Lišháková. (2022) New study: Roughly half of school children have mental health problems because of the pandemic. Available at: [New study: Roughly half of school children have mental health problems because of the pandemic – SCIENCE AT HAND \(cvtisr.sk\).](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

²⁰⁷⁾ National Health Authority SR. National action plan for the prevention of obesity 2015 – 2025. Available on: [NAPPO 2015-2025 \(uvzs.sk\)](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

²⁰⁸⁾ MH SR. Official Journals of MH SR 2011. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\).](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

²⁰⁹⁾ MH SR. Standard procedure for the performance of prevention: Maternal and Newborn Care according to the principles of the Baby-Friendly Hospital Initiative (BFHI) – promoting relational bond and lactation. Available on:

[Standardny postup Starostlivost o matku a novorodenca podla zasad BFHI podpora vazbovej vazby a laktacie 2 revizia \(1\).pdf](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

²¹⁰⁾ [Standarstnepostupy.sk](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html). Baby-friendly Hospital Initiative (BFHI) - Interdisciplinary area. Available at: [BFHI standards: SPDTP \(standardnepostupy.sk\)](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

²¹¹⁾ Ministry of Health of the SR. Health Strategy. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\).](https://www.vszp.sk/novinky/nasledkom-pandemie-je-prirastok-vahe-najma-deti.html)

tool to address material deprivation) of the Operational Programme for Food and Basic Material Assistance 2014 to 2020. In 2019, a total of 376,609 food parcels and 41,354 hygiene parcels were distributed.²¹²⁾

The active participation of schools in educating children and young people about good eating habits is supported by the *Let's Talk About Food* project, which aims to motivate pupils and teachers to learn creatively about food and healthy eating.²¹³⁾

The third sector is actively involved in helping children. Direct material or food aid is provided by various NGOs, such as the Slovak Catholic Charity or the Angel's Wings Foundation, which provide food to families in need.²¹⁴⁾ In response to the negative aspects of the COVID-19 pandemic (e.g. loss of employment and income), the non-profit organisation *Úsmev ako dar* (Smile as a gift) offers help to families at risk in the form of free lunches. Thanks to the *Donate lunch* activity, more than 65 lunches a day are given to families in need in Košice. UNICEF has also started to provide packages for children in need from Ukraine, in line with the current situation.²¹⁵⁾ Also the NGO Civil Association *Dom nádeje* (House of Hope) through the project *"I see...with my heart...I help"* helps to buy non-perishable food for mothers or families with children who have come from Ukraine because of the war.²¹⁶⁾

The public health service is systematically focused on monitoring the effects of nutrition on people's health and making recommendations on the nutritional intake of the population and for the nutritional policy of the state, pursuant to the act no. 355/2007 coll. on the protection, promotion and development of public health and on the amendment and supplementation of certain acts, as amended.²¹⁷⁾ Following the signing of the European Charter against Obesity in Istanbul, the Slovak Republic declared its commitment to strengthen activities and policies aimed at combating obesity. Implementation is mainly carried out through specific departmental plans and national programmes, currently the National Action Plan for obesity prevention for 2015 to 2025.

6.4 Identified challenges

Based on the analysis of the current state of child in need access to healthy diet, it is possible to identify challenges that underpin measures that have been elaborated by the different departments and are further defined in chapter 7 (Table 4):

- **Ensuring access to healthy food outside the school day and promoting healthy lifestyle**

In order to promote healthy lifestyles, movement specialists should be provided in schools. In addition to improving the physical and health condition of children, it should also improve their awareness of the importance of exercise and sport for a healthy lifestyle and disease prevention.

From the comparison of the current situation, existing measures and challenges that are planned to be implemented, we also capture the challenges that are not among those currently planned and are not captured in any measure. Challenges that are not elaborated to a greater detail need to be formulated and specified into tasks that are measurable, applicable and will be a designated manager. Areas that need to be

²¹²⁾ CLSAF SR. Operational Programme for Food and Basic Material Assistance 2014 to 2020. Available on:

https://www.upsvr.gov.sk/operacny-program-potravinovej-a-zakladnej-materialnej-pomoci-2014-2020.html?page_id=530818

²¹³⁾ Ministry of Agriculture and Rural Development SR. (2021) The 9th edition of the *Let's Talk About Food* project is coming to schools. Available at: [News – The 9th edition of the Let's Talk About Food project is coming to schools – Ministry of Agriculture and Rural Development SR \(mpsr.sk\)](#)

²¹⁴⁾ <https://www.charita.sk/pomoc-ludom-v-nudzi-cez-nadaciu-eph/>, <https://nadaciaanjelskekridla.sk/spojili-srdcia-spojili-lasku-v-ramci-projektu-jedlo-ako-dar/>

²¹⁵⁾ UNICEF. Gifts for Life. Available at: <https://www.unicef.sk/darceky/>

²¹⁶⁾ Civil Association *Dom nádeje* (House of Hope). Available at: <https://www.ozdomnadeje.sk/>

²¹⁷⁾ SLOV-LEX. 355/2007 coll. [355/2007 Coll. - The act on protection, support and development ... - SLOV-LEX](#)

strengthened in the coming years and that the National Action Plan of the European Guarantee will address for the next period of its duration, until 2030, include:

- raising awareness of the importance of a healthy diet, especially among children from socio-economically disadvantaged backgrounds
- avoiding access to foods high in fat, salt and sugar in early education and care settings

7 Planned actions

Effective access to education at all levels and to school activities

Table 1 Effective access to education at all levels and to school activities

Point as recommended	Name of the measure	Brief description of the measure	Indicators	Deadline	Promoter	Collaborating entities	Source of funding
Identified challenge: The increase of capacities in child care facilities for children up to 3 years and support for early childhood programmes							
7a) 7d)	Construction, reconstruction and renovation of childcare facilities for children up to 3 years and support for playgroups	Ensuring sufficient capacity in child care facilities for children up to the age of 3 by building new facilities or by renovating and refurbishing existing facilities.	Capacity of new or upgraded childcare facilities for children under 3 years.	2021 – 2027	MoLSAF SR	n/a	ERDF
	Improving cognitive, emotional and pro-social skills of children from MRC aged 0 to 3 years through active participation of children and parents in early childhood care programmes	<p>This measure includes three activities: Preparation of an interdepartmental care strategy for disadvantaged children and children from MRCs, including identification of barriers to access to early care programmes.</p> <p>Raise public awareness of realised early childhood care programmes, including summarising methodological materials and standards for early childhood care.</p> <p>Implement programmes and support early childhood actors in the MRC focusing on parenting skills and family literacy.</p>	<p>Elaborated and implemented National Development Strategy for Coordinated Early Intervention and Early Care Services 2022 – 2030 approved by the Slovak Government.</p> <p>Number of activities implemented to raise awareness of early childhood care programmes.</p> <p>Number of methodological materials developed in the framework of the implemented projects focused on early care programmes.</p> <p>Number of staff implementing interventions and early care programmes.</p>	2022 – 2024	MoLSAF SR MESRaS SR	<p>GO (OPRC)</p> <p>Ministry of Health of the SR</p> <p>NGOs</p> <p>MI SR</p> <p>Healthy Regions</p> <p>Association of Towns and Municipalities of Slovakia</p>	<p>EU funds/state budget</p> <p>POO</p>

			Number of supported entities. Number of children in early care programmes. Number of supported entities.				
Development of staff capacities in the field of formalised care for children up to the age of entry to compulsory pre-primary education	Ensuring a sufficient number of qualified staff and supporting staff capacity in such childcare facilities.	Number of persons providing social services	2021 – 2027	MoLSAF SR	n/a	ESF+	
Creation of flexible forms of care for children up to the age of entry to compulsory pre-primary education	New flexible forms of child care, created e.g. by employers, municipalities, NGOs, etc., will be an alternative to standard child care facilities and which will support parents' free choice.	Number of persons providing care.	2021 – 2027	MoLSAF SR	n/a	ESF+	
Ensure an effective system of identification and referral of children in need, at full developmental potential, including children with disabilities or children from socially disadvantaged backgrounds, to support and assistance systems in the areas of education, health and labour, social affairs and family	Systematic support for early intervention and early care providers through the definition of a clear and understandable system of networking and referral of clients to the education, health and labour, social affairs and family systems.	Number of legal regulations, methodologies, standardised procedures for the provision of early intervention and early care that include a dimension of cooperation between actors with associated networking of professionals.	2021 – 2027	MoLSAF SR MESRaS SR, MH SR	n/a	n/a	
Establishment of child groups, especially for Ukrainian children up to the age of entry to compulsory pre-primary education	In the time of the ongoing emergency situation in connection with the mass influx of foreigners to the territory of the Slovak Republic caused by the armed conflict on the territory of Ukraine, the real availability of the provision of formalised care for children is being strengthened, namely at the time of preparation of a parent or other natural person who has the child entrusted by the court with personal care for entry or return to the labour market, preparation for a profession by studying at a secondary school or university, or at the time of carrying out gainful employment. A service to promote the reconciliation of family life and working life shall allow for the provision of childcare in a child group. This form of care is provided in a small group of children, up to a maximum of four children, from birth until the start of compulsory pre-primary education in kindergarten. It shall be provided in the home	Number of child groups	2023	MoLSAF SR	n/a	OP I'Z CARE	

	environment (or another environment approximating to the home environment in terms of space and facilities). The child group shall provide usual childcare activities and shall ensure the provision of interest-oriented activities. Care in a child group does not include, and thus does not replace, the provision of specialist activities such as education and training provided in childcare in childcare facilities for children up to three years of age and in nursery schools.					
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Identified challenge: Supporting inclusive approach in education and training							
7a) 7c) 7d) 7e)	Operation of support teams in schools and educational institutions for health care professionals	Support teams in schools and educational establishments (teaching assistants, members of inclusion teams, assistant teachers, etc.) will be supported.	Number of health care professionals in schools and educational institutions	2023 – 2027	MESRaS SR	n/a	ESF+/POO
7a) 7b) 7c) 7e)	Development of comprehensive skills and literacy for children, pupils and young people	Various forms of educational programmes, training or free-time activities aimed at developing the skills of children, pupils and young people, focusing on communication, creativity, cooperation, critical thinking, literacy in reading, mathematics, science, financial, media and environmental literacy, independence and responsibility, vision of opportunities, complex problem solving, civic engagement, digital and entrepreneurial skills, including the promotion of intrinsic motivation for lifelong learning.	Relevant state educational programmes	2023 – 2027	MESRaS SR.	NIVAM	ESF+
	Providing systemic and methodological support for the introduction of inclusive education for children and pupils from the MRC	Two activities are defined under this measure: Development of a strategy for inclusive education. Establishment of preconditions for curricular transformation of education taking into account the specificities of education of children and pupils from the MRC.	Strategy for inclusive education is developed and implemented New state educational programme for primary schools is developed and implemented Number of schools piloting the use of basic and extended educational standards	2022 – 2024	MESRaS SR.	National Institute for Education	Does not have impact on the budget
7a) 7g)	Implement inclusive education programmes for children and pupils	Two activities are defined under this measure: Create inclusive working coordination groups	Number of inclusive coordination groups in	2022 – 2024	MESRaS SR.	n/a	EU funds/state

7h)	from the MRC at all levels of the education system	(support teams) at micro-regional level. Implement and continuously evaluate inclusive education programmes in kindergartens and primary schools.	regions with higher concentration of MRC (baseline as at 2021: 150) Number of inclusive education programmes in kindergartens and primary schools (baseline as at 2021: 3) Number of psychologists, PeS, SPeS, and their funding/number of primary schools, kindergartens, secondary schools (baseline as at 2021: 466)				budget
7i)	Enable mother tongue education for children and pupils from RC at all levels of education	The following activity is defined under this measure: Establish support measures for children and pupils from RC with a lack of knowledge of the language of instruction, which is not their mother tongue.	A diagnostic tool for mapping the level of proficiency in the language of instruction is created for children from RC and for children with a mother tongue other than the language of instruction. Number of support measures focused on the language of instruction.	2022 – 2024	MESRaS SR.	National Institute for Education RICPaP	n/a
Identified challenge: Decrease or elimination of segregation in education							
7a) 7e)	Prevent spatial and social segregation through methodological guidance and application of desegregation tools	Two activities are defined under this measure: Defining a concept of segregation in school legislation and methodological guidelines or in the anti-discrimination act. Develop and implement desegregation methodologies for the education and training of children and pupils from the MRC.	Amendment to the School Act no. 245/2008 coll. or act no. 365/2004 coll. on equal treatment in certain areas and on protection against discrimination as amended (anti-discrimination act) and its supplementation with the definition of segregation in the educational process. Methodological guidance on the application of desegregation tools in primary schools and kindergartens.	2022 – 2024	MESRaS SR.	MJ SR Association of Towns and Municipalities of Slovakia	EU funds
	Systematically mitigate and eliminate the manifestations of segregation in	Two activities are defined under this measure: Establish a system for monitoring segregation	Methodology for monitoring segregation in the Slovak	2022 – 2024	MESRaS	Association of Towns and	EU funds

	the educational process at all levels of the education system	and desegregation practices in the SR school system and implement desegregation monitoring. Implement desegregation projects at all levels of the educational process.	education system. Case study of examples of good desegregation practices. Number of pilot desegregation programmes in regional distribution. Number of participants, projects.			Municipalities of Slovakia	
	Improving access of pupils from the MRC to mainstream education by supporting the transformation of special education	The following activity is defined under this measure: Ensure objective and culturally sensitive assessment of the individual educational needs of children and pupils from MRC in order to effectively identify and meet them in an inclusive school environment	Number of methodologies for working with diagnostic tools with mapping of good practice	2022 – 2024	MESRaS	RICPaP	EU funds/state budget
Identified challenge: Lowering the proportion of children who leave the education system							
7b) 7h)	Establishing and implementing flexible education programmes (both formal and non-formal), including preventive and second-chance education programmes, with an emphasis on pupils from the MRC	Formal and non-formal educational activities aimed at strengthening digital skills and other key competences of children and youth, such as tutoring, mentoring, tutoring, after-school activities, peer groups, etc.	Formal education – relevant national education programmes	2023 – 2027	MESRaS SR	n/a	ESF+
7b)	Ensuring a higher rate of successful completion of ISCED 2 lower secondary education during compulsory school attendance of children from the MRC	This measure includes three activities: Increasing the number of schools implementing a full-day education programme as a prerequisite for successful completion of primary school, with an emphasis on municipalities with the highest concentration of pupils from the MRC Prevent ESL by reducing the percentage of underachieving pupils from the MRC by creating support measures for proper completion of compulsory school attendance Implementing the NSOV programme with an integral part of primary school completion and determination of the highest number of NSOV pupils to ensure the continuation of NSOV (SKKR 2) graduates in SOV (SKKR 3) in the higher year of study, with emphasis on	Number of primary schools with a CVS programme Number of pupils from CVS programmes Number of pupils whose SCC fees are waived Survey conducted on reasons for early completion of compulsory education Number of teaching assistants and professional staff in primary schools with underachieving pupils from the MRC Declining year-on-year trend of underachieving pupils	2022 – 2024	MESRaS	GO SR (OPRC) NGOs	EU funds/state budget POO

		supporting women with parental responsibilities	<p>from MRC (baseline as at 2019: 6%)</p> <p>Number of marriage and parenthood education programmes implemented to prevent the risk of early pregnancy</p> <p>Number of NSOV programmes with an integral part of NSV completion</p> <p>Number of updated F disciplines (validated and respecting the principle of gender equality)</p> <p>Number of F discipline students (baseline as at 2021: 5000)</p> <p>Number of pupils in F subjects continuing in H subjects</p>				
7b)	Supporting student/graduate training and career development, first work experience, job placement	The following activity is set under this measure: Supporting scholarship mentoring/tutoring programmes for Roma students (primary, secondary, higher education).	Number of supported organisations (supporting regranting)	2022 – 2024	GO SR (OPRC)	n/a	State budget
7b)	Supporting F fields	In order to improve the quality of existing F programmes, it is necessary to ensure the regulation of the number of pupils in these fields, sufficient staff capacity for teaching in F fields, e.g. in schools with dual education (vocational staff and teaching assistants), so as to support the transfer of pupils from NSOV to SOV in order to obtain a higher level of education and to ensure their employability on the labour market.	<p>Number of pupils in F subjects continuing in H subjects</p> <p>Number of support teams/teaching and professional staff</p>	2023 – 2027	MESRaS SR	n/a	ESF+ State budget
	Facilitating the transition from education to employment through mentoring, training, internships and dual training	<p>Two activities are specified under this measure: Implementing mentoring programmes</p> <p>Implementation of support activities for linking dual education with employers as well as with registered social enterprises (including</p>	<p>Number of participants in mentoring programmes</p> <p>Number of training places within SDV/of which training courses</p>	2022 – 2024	MESRaS SR.	MoLSAF SR	State budget SaPO

		those with the presence of the MRC) on the basis of the amendment to act no. 61/2015 coll. on vocational education and training and on the amendment and supplementation of certain acts, as amended by the act no. 209/2018 coll. and act no. 415/2021 coll.	Number of employers in SDV				
	Supporting education and training for the labour market through retraining, further and secondary education as well as non-formal education for the long-term unemployed and low-skilled job seekers	<p>Four activities are specified under this measure: Implement activities to support the acquisition of secondary vocational education (H fields) for girls and women from the MRC with the aim of eliminating negative stereotypes regarding the status of Roma women related to studying only in lower fields of secondary vocational education (F fields)</p> <p>Activities to promote the completion of lower secondary education programmes in accordance with section 31a of the Education Act (secondary education)</p> <p>Providing targeted career counselling for the MRC through Guidance Centres with the aim to: - guide them towards careers in promising fields, including the social sphere, health and public administration - increase the supply of apprenticeship courses for girls and women from MRCs to prevent them from entering only F fields, which are based on negative stereotypes about the status of Roma women</p> <p>Educational activities to strengthen the participation of Roma girls and women in education and the labour market.</p>	<p>Number of pupils in “H” fields (including pupils from “F” fields who have continuously switched to “H” fields)</p> <p>Introduction of legislative changes to the Decree of the Ministry of Education and Higher Education 251/2018 coll. on the system of educational disciplines for secondary schools and on the subject competence of educational disciplines</p> <p>Number of candidates who have completed the lower secondary education programme</p> <p>Number of visits to the Guidance Centres for pupils and candidates from MRCs Number of women and girls who have undergone educational activities</p>	2022 – 2024	MESRaS SR. GO SR (OPRC)	MoLSAF SR NGOs	EU funds
Identified challenge: Development of non-formal education of young people within free-time and interest activities as a tool for inclusion							
7. j)	Promoting accessible free-time and interest activities and a full-day education system	Activities will support free-time, interest, peer, volunteer and community activities, the development of non-formal education of children and young people in free-time, interest, peer, volunteer and community activities as a tool of inclusion. The removal of barriers to access to these activities will also be supported, particularly with regard to the needs of pupils with disabilities and pupils	Number of supported projects: 2 in each year and at the same time, for the reason that it could fall under the Non-Formal Youth Education Unit we ask to remove the term full-day educational system.	2023 – 2027	MESRaS SR	NIVAM, NGOs	ESF+ State budget

		from socially disadvantaged backgrounds (SEN) and children of refugees from Ukraine. The foundation will be the successful programmes of the full-day education system.					
	Implementation of community-based and low-threshold programmes and services aimed at working with disorganised youth	The aim of the measure is to increase participation and representative democracy of young people in society, creating conditions for safe, accessible and active leisure time for youth, including young people for whom the financial burden of leisure activities is a barrier.	Number of supported projects: 3 in each year	2023 – 2027	MESRaS SR	NGOs, NIVAM	State budget

Effective access to adequate housing and social care

Table 2 Effective access to adequate housing and social care

Point as recommended	Name of the measure	Brief description of the measure	Indicator	Deadline	Promoter	Collaborating entities	Source of funding
Identified challenge: Increasing the availability of housing for families with children in need							
	Implementing measures aimed at promoting the settlement of ownership and use of land under the MRC settlements	<p>The following activities are specified under this measure:</p> <p>Implementing the national project Support for the Settlement of Legal Relations to Land in Municipalities with the Presence of the MRC by 2022</p> <p>Implementing the national project Support for the Settlement of Legal Relations to Land in Settlements with the Presence of the MRC from 2023.</p> <p>Implementing demand-driven projects for land settlement under MRC settlements by 2023</p> <p>Implementing land settlement under MRC settlements outside the “150 take-away package”</p> <p>Implementing demand-driven projects for land settlement under MRC settlements from 2023 (2023, 2024)</p>	<p>Number of municipalities involved in the project</p> <p>Number of supported municipalities</p>	2022 – 2024	<p>MI SR (SEP)</p> <p>Intermediate body of the Slovak Government Office</p> <p>GO SR (OPRC)</p>	n/a	<p>EU funds</p> <p>State budget</p>
10. a)	Programmes supporting the provision of housing for children in need and their families	Ensuring affordable housing with the support of housing first, rapid re-housing or other housing led approaches (e.g. legal, social and psychological services, counselling, peer-to-peer, accompaniment, housing mediation, etc.).	Number of staff providing social or assistance services	2021 – 2027	MoLSAF SR	n/a	ESF+
10 a)	Programmes supporting the maintenance of housing for children in need and their families	Performance of social interventions linked to the provision of affordable housing for socially disadvantaged families with children at risk of losing their housing. The performance of FSW will ensure the social analysis of the overall situation of the client and the subsequent creation and planning of individual steps for the development of his/her social skills. Free counselling services will be provided in the field of personal finance and debt management, financial literacy	Number of staff providing social or assistance services	2021 – 2027	MoLSAF SR	n/a	ESF+

		education, professional counselling at individual as well as institutional level in the field of housing, finance and employment, and also counselling and psychological services.					
Identified challenge: Promoting and developing affordable forms of housing for families with children in need							
10. a), c)	Providing affordable housing infrastructure	Construction of new or reconstruction of existing buildings to provide affordable housing that meets accessibility/barrier-free criteria.	Capacity of new or upgraded social housing per year	2021 – 2027	MoLSAF SR	n/a	ERDF
10. a), c)	Implementing programmes aimed at improving basic technical infrastructure, roads and ensuring access to drinking water in the MRC	<p>The following activities are specified under this measure: Capacity building by providing technical assistance to local governments through expert consultations to enhance synergies with other interventions at local government level</p> <p>Implementing projects to support access to drinking water in the MRC environment by 2023 (OPLZ-PO6-SC611-2020-1)</p> <p>Implementing projects to support the completion of utilities, including access to drinking water, and support the completion of basic technical infrastructure in the MRC environment from 2024</p> <p>Implementing projects aimed at supporting the completion of utilities (sewerage, access to drinking water) in the MRC environment (OPLZ-PO6-SC611-2020-2)</p> <p>Implementing projects aimed at supporting the completion of basic technical infrastructure (OPLZ-PO6-SC611-2019-1 + OPLZ-PO6-SC611-2021-1)</p> <p>Implementing projects aimed at supporting the completion of infrastructure in the field of waste water management in agglomerations up to 2,000 inhabitants with the presence of MRC in the catching-up regions and ensuring access to drinking water and municipal waste water management in municipalities up to 2,000 inhabitants with the presence of MRC in the catching-up regions, from 2023</p> <p>Providing subsidies for the acquisition of technical equipment within the meaning of act no. 443/2010 coll. on subsidies for housing development and social housing</p> <p>Construction of public sewerage systems, waste water</p>	<p>Number of participating municipalities</p> <p>Number of municipalities with MRC where the project has been implemented (subsidy provided)</p>	2022 – 2024	<p>ME SR/ SEA</p> <p>MoTC&RD SR</p> <p>MoIEDI SR</p> <p>MI SR (SEP)</p> <p>Intermediate body of the Slovak Government Office</p> <p>SGO (OPRC)</p>	<p>Association of Towns and Municipalities of Slovakia</p> <p>Higher territorial units</p> <p>UMS</p> <p>SEI</p>	EU funds/ State budget

		<p>treatment plants and parallel construction of public water supply systems in agglomerations above 2,000 inhabitants in accordance with the obligations of the Slovak Republic towards the EU. (OPKZP-PO1-SC121/122-2021-69) Activity by 2023</p> <p>Construction of public sewerage systems, waste water treatment plants and parallel construction of public water supply systems in agglomerations above 2,000 inhabitants in accordance with the obligations of the Slovak Republic towards the EU. Activity from 2024</p>					
10. a), c)	Supporting rental housing in towns and villages with the presence of MRCs	<p>The following activities are specified under this measure: Implementing projects aimed at improved forms of housing for communities with the presence of the MRC with elements of transitional housing by 2023 (OPLZ-PO6-SC611-2018-2)</p> <p>Implementing projects aimed at improved forms of housing for communities with the presence of the MRC from 2024</p> <p>Providing subsidies for the acquisition of a rental flat for the purposes of moderate-rent housing within the meaning of act no. 443/2010 coll. on subsidies for housing development and social housing</p> <p>Implementing pilot affordable rental housing projects based on Housing First and/or Rapid re-housing principles aimed at addressing homelessness of families with minor children, especially in urban MRCs</p>	<p>Number of municipalities with an MRC presence that received a subsidy</p> <p>Number of created housing assistant jobs</p> <p>Number of people involved in pilot projects</p>	2022 – 2024	<p>MoLSAF SR</p> <p>MoTC&RD SR</p> <p>Intermediate body of the Slovak Government Office</p> <p>MI SR (SEP)</p>	<p>SGO (OPRC)</p> <p>NGOs/ Social Service Providers</p>	EU funds/state budget
	Supporting owner-occupied housing in towns and villages with presence of MRC	<p>The following activities are specified under this measure: Preparing a pilot programme to assist in the regularisation of technically compliant dwellings in MRC settlements</p> <p>Preparing a pilot project for (self-help) reconstruction of suitable dwellings under professional supervision and with professional support and using micro-loans</p> <p>Preparing a system of micro-loans for the reconstruction of potentially suitable dwellings</p> <p>Self-help construction project for ownership, taking into account previous experience</p>	<p>Pilot project</p> <p>Number of dwellings in municipalities with a MRC presence that have been included in the project</p> <p>Micro-loan system set up</p> <p>Number of loans granted</p> <p>Number of supported projects</p>	2022 – 2024	<p>SGO (OPRC)</p> <p>SIH</p> <p>Intermediate body of the Slovak Government Office</p>	<p>Academic community /NGOs/ACM (construction offices)</p>	EU funds/state budget
	Implementing measures aimed at improving the quality of the environment and the living and hygiene conditions in	<p>The following activities are specified under this measure: Implementing activities aimed at improving the quality of life and the environment in the MRC by workers of the helping professions (MOPS, TSP, KC, etc.)</p> <p>Implementing activities aimed at improving the quality of life</p>	<p>Number of municipalities with MRC where the activities were performed</p> <p>Number of municipalities with MRC where the</p>	2022 – 2024	<p>GO SR (OPRC)</p> <p>PHA SR</p> <p>Association of Towns and</p>	<p>NGOs/academic community , MLSAF SR</p>	EU funds/state budget

	municipalities with the presence of MRC	and the environment in the MRC by workers of the helping professions (MOPS, development teams, etc.) Implementing an information and education campaign aimed at the leadership of municipalities and the MRC population to raise awareness of the possible health consequences associated with the use of uncontrolled water sources (publication of information leaflets and their distribution).	activities were performed Number of municipalities with MRC where the activities were performed		Municipalities of Slovakia		
Identified challenge: Reducing the number of children placed in CCHF based on a court order for institutional care							
10. d)	Establishment of an accessible and functional network of professional support for children, parents and (foster) families on a voluntary basis	Performance of residential professional assistance on the basis of an agreement with parents, including professional assistance to children/parents with disabilities. Increasing the professionalism and effectiveness of short-term residential educational measures.	Number of clients benefiting from services	2021 – 2027	MoLSAF SR	n/a	ESF+
10. d)	Setting rules for integration and inclusion of children with disabilities placed in CCHF	Reviewing and establishing uniform procedures and standards for the provision of care to children with disabilities in CCHF	Development of uniform procedures and standards	2021 – 2027	MoLSAF SR	n/a	ESF+
Identified challenge: Improving the process of transition from institutional to family care							
10. d)	Methodological support for transition teams in the implementation and development of transition plans in the process of deinstitutionalisation	Creation and implementation of transition plans	Number of transition teams/facilities supported	2021 – 2027	MoLSAF SR NP partners	Higher territorial units, municipalities, social service providers	ESF+
10. d)	Expanding and improving methods of work with a child placed in an institution on the basis of a court decision and his/her family	Expanding and improving the range of professional methods of work aimed at using the potential of the child's family, persons close to the family and the community to address the child's situation.	Education process participants	2021 – 2027	MoLSAF SR	n/a	ESF+
10. d)	Improving conditions for the performance of professional foster care	Improving support for family forms of foster care and improving the process of preparation for family forms of foster care. Reviewing and implementing programmes, activities and other measures to increase interest in the provision of foster family care for children and to prevent the failure of foster families. Establishing a quality monitoring and evaluation system for foster care.	Education process participants	2021 – 2027	MoLSAF SR	n/a	ESF+
10. d)	Construction, reconstruction and debarring of SLP&SG facilities	Spatial deinstitutionalisation of CCHF through reconstruction, debarring, increasing energy efficiency, purchase of land, flats, family houses and their construction and reconstruction so that foster care is provided in an environment that simulates the children's family environment as much as possible.	Users of new or upgraded social care facilities per year	2021 – 2027	MoLSAF SR	n/a	ERDF

Planned actions

Effective access to quality health care

Table 3 Effective access to quality health care

Point as recommended	Name of the measure	Brief description of the measure	Indicator	Deadline	Promoter	Collaborating entities	Source of funding
Identified challenge: Ensuring the measurement of disparities in health status and health determinants between children in need, particularly from MRC, and the general population of children by establishing a system to monitor health inequalities between MRC and the general population of children							
4. a), 8	Establishment of a system to monitor health inequalities between the MRC and the general population	The following activities are specified under this measure: Proposed methodology for measuring and evaluating differences in health status and determinants of health status between the MRC and the general population Monitoring and evaluation of the occurrence of epidemics of selected infectious diseases in areas with low sanitation standards	Methodological manual for reporting on health inequalities between the MRC and the general population Existence of an evaluation report	2022 – 2024	MH SR (HAI) PHA SR, RPHO SR	GO SR (OPRC) ZP ZR NHIC PHA SR SAS	Does not have impact on the budget
	Improving conditions for health at community level	The following activities are specified under this measure: Collection and analysis of data on the level of health conditions in the MRC (health-related behaviours, psychological burden, material conditions, access to and quality of health care, social status) Implementation of health education activities in the field of promoting healthy lifestyles and disease prevention in the MRC Implementation of health education activities aimed at raising awareness about the importance of vaccination in the framework of the European Immunisation Week in April Implementation of health promotion at community level through health promotion assistants and regional health promotion facilitators Implementation of MRC health promotion at structural level	Report on the level of conditions for health in the MRC Number of implemented health promotion activities Number of implemented health promotion activities Number of health promotion assistants working in communities with MRC Number of regional facilitators Number of health promotion interventions Number of suggestions for structural changes in the field of health promotion of the MRC	2022 – 2024	ZR PHA SR RPHA SR	MoLSAF SR GO SR (OPRC)	EU funds/ state budget

			towards the OPRC or the Interdepartmental Working Group for Health Promotion of the MRC				
Identified challenge: : Ensuring support for pregnant women, mothers and their newborns in the perinatal period according to the BFHI standard practice of breastfeeding promotion and relational bonding, including measuring the quality of this health care, and strengthening the number of HPAs in hospital settings							
8. c)	Ensuring quality prenatal, delivery and postnatal care for all women.	Supporting the implementation of the BFHI standard practice of breastfeeding promotion and relational bonding, including measuring the quality of inpatient health care provided in this area to mothers' newborns.	Number of BFHI clinical audits conducted in hospitals	2023 – 2029	Ministry of Health of the SR	Slovak Paediatric Society and Slovak Gynaecological and Obstetric Society of the Slovak Medical Association	ESF+
8. c)	Provision of community health education in the MRC setting with a focus on pregnant women, mothers and young Roma women	Provision of health education directly in the MRC setting at the community level, but also in outpatient clinics and hospitals, especially for parents of newborns and parents-to-be, with the aim of improving their awareness of the causes of neonatal mortality, care of newborns and infants, including awareness of the importance of preventive checks and vaccinations. Boys and young men will also be intensively targeted.	Number of staff providing social or assistance services	2021 – 2027	Ministry of Health of the SR	Office of the Government Plenipotentiary for Roma Communities	ESF+
8. c)	Supporting further training of medical personnel	Improving the quality of health care provision in gynaecological-obstetric and neonatal units of hospitals through training programmes for health workers in breastfeeding promotion and relational bonding.	Number of participants involved in training Number of training activities	2023 – 2029	Ministry of Health of the SR	Educational entities accredited by MH SR	ESF+
8. c)	Increasing life expectancy by reducing neonatal/infant mortality	The following activity is set under this measure: Providing neonatal and infant visitation services in MRC settings by a paediatric care provider coupled with health education and encouragement of mothers to participate in gynaecological preventive care	Number of paediatric care providers involved in the pilot project Number of newborn and infant visits conducted in MRC settings	2022 – 2024	BSGR	ZR GO SR (OPRC) ZP	State budget
Identified challenge: Increasing the level of awareness and health literacy of children and parents from disadvantaged backgrounds and from the MRC, as well as promoting a system of early intervention for children with health disadvantages							
8. a)	Implementing programmes focusing on counselling activities for families, including third-country nationals (TCN) with a view to healthy child development and the availability of early childhood intervention systems	Provision of information, counselling, mediation and prevention activities on access to health care for families with children in order to make them better informed about the possibilities of access to health care, early intervention services, as well as also with the aim of making health interventions more effective and removing barriers.	Number of programmes to promote awareness, health literacy and access to early intervention	2021 – 2027	MoLSA F SR	n/a	ESF+
Identified challenge: Improving communication and relationships with health care providers							
8. c)	Improving the knowledge and skills	The following activities are specified under this measure:	Content analysis of the current	2022 –	Ministr	Educational	State

	of health workers on the specifics of providing health care services to people from MRC	Expanding the content of the minimum standard for the specialisation study programme in the specialisation field: Nursing care in the community, with the specifics of marginalised Roma communities in the provision of health care Monitoring the education of nurses in the relevant content and thematically innovated specialisation study programme Nursing care in the community	thematic areas of the minimum standard of the specialisation study, proposal and incorporation of new thematic areas of education o specific characteristics of providing nursing care to a member of the MRC Number of graduates of the upgraded specialisation study	2024	y of Health of the SR	establishments	budget
Identified challenge: Strengthening professional qualifications of health promotion assistants							
8. c)	Strengthening professional qualification of community health promotion workers	The following activity is set under this measure: Implementation of training activities, trainings and coaching for health promotion assistants in MRC and hospital settings	Number of training activities implemented on specific topics Number of thematic areas of training for health promotion assistants	2022 – 2024	ZR	n/a	EU funds/ state budget
Identified challenge: Increasing the participation of children from a disadvantaged environment and MRC backgrounds in disease prevention and health promotion programmes							
8a)	Disease prevention and promotion of healthy lifestyles for children	Ensuring access to prevention (including prevention of mental disorders) for young children through the expansion of the existing universal preventive e-programme Child Health. Implementation: 1. adaptation of screening questionnaires and addition of illustrative videos so that no parent, due to reduced literacy or lack of language proficiency, is excluded from collaborating with a paediatrician in the screening of children's psychomotoric development, but instead is supported so that they can collaborate in the identification of children with functional difficulties and later in any follow-up care 2. illustrative videos and specific information for parents to be able to create a safe home environment with responsive social relationships, where the health, nutrition and stimulation needs of young children are met, focusing on building resilience in early childhood 3. information on help options in the neighbourhood (psychologists, speech therapists, early intervention centres....).	Functionally extended universal preventive programme for general outpatient health care "Child Health"	2023 – 2027	Ministry of Health of the SR	: © FOND prof. K. Matulaya, n.f.	ESF+

Identified challenge: Establishing an effective system of protection of children from violence in general and in social services/social and legal guardianship services							
8. c)	Implementing programmes aimed at the prevention and elimination of violence against children and in the family and awareness-raising activities on violence against children	<p>January Prevention and elimination of violence in terms of direct access to victims of violence will be ensured through the provision of counselling services, mental health support as well as anonymised support through ICT, including crisis helplines and Information Offices for Victims of Crime.</p> <p>2. Through awareness-raising campaigns, information will be disseminated on children's rights, on options for help, on the need for prevention, and will also raise the visibility of actors providing assistance to those subjected to violence.</p> <p>3. Establishment and operation of Comprehensive Assistance Houses, where coordinated and effective assistance will be provided, and</p> <p>4. strengthening of activities of child protection coordinators against violence, contributing to better coordination of LEA interventions and subsequent assistance to victims of violence and their families.</p>	Number of assistance programmes for people experiencing violence	2023 – 2029	MoLSA F SR	Ministry of Health of the SR MI SR MJ SR Ministry of Culture of the SR	ESF+ ERDF

Effective access to healthy diet

Table 4 Effective access to healthy diet

Point as recommended	Name of the measure	Brief description of the measure	Indicator	Deadline	Promoter	Collaborating entities	Source of funding
Identified challenge: Ensuring access to healthy food outside the school day and promoting healthy lifestyle							
8. c)	Acting of specialists in physical activity and sport for pupils in schools and school facilities	In order to promote healthy lifestyles, movement specialists will be provided in schools. In addition to improving the physical and health condition of children, it will also improve their awareness of the importance of exercise and sport for a healthy lifestyle and disease prevention.	Number of motion professionals in schools and educational institutions	2021 – 2027	MESRaS SR.	n/a	ESF+

8 Monitoring and evaluation

The purpose of monitoring and evaluation is to obtain reliable feedback on the achievement of the objectives of the current action plan, its measures and the impact of the measures on the target group of “children in need”, including their families, if these are measures that necessarily require participation of the family (in the case of family we mean parents or guardians of children in need, in certain contexts also siblings, etc.).

The fulfilment of the objectives of the AP EPSR of the Slovak Republic with a view to 2030 is based on the fulfilment of the EPSR objectives, which should be monitored within the framework of the European Semester tools and processes, in particular through the comparative overview of social indicators (the so-called social scoreboard).

Monitoring and evaluation of progress in the area of objectives and measures of the Action Plan of the European Child Guarantee in the Slovak Republic with a view to 2030 (hereinafter AP) will be carried out in two-year cycles, according to the periodicity of the development or update of the Action Plan.

The Action Plan defines the following information for the purpose of monitoring and evaluation of the planned measures from chapter 7 of this material:

- a) Point as recommended by the Council of the EU
- b) Name of the measure
- c) Brief description of the measure
- d) Indicator
- e) Implementation deadline
- f) Promoter
- g) Collaborating entity
- h) Source of funding

The purpose of obtaining feedback through monitoring and evaluation is to contribute to the overview of social indicators monitored under the European Semester and at the same time to improve the understanding of the different actors involved in its design and implementation of the needs of the target group, to monitor progress and possibly lagging areas of the AP, identifying trends and emerging needs of the target group, updating the implementation of measures and activities, budgeted AP resources, distributing responsibilities and reducing inequalities through disaggregated data on accessibility of children in need to existing health, educational and social opportunities in SR.

Monitoring and evaluation will be carried out through six main data sources, possibly combining them where possible:

- Data collection through state administration information systems
- Data collection through external field research
- Ensuring participation of members on regional level, including involvement of outside government organisations
- Ensuring children’s participation in the evaluation of selected interventions impacting children
- Settlement of individual measures by the gestors
- Collecting aggregated data on monitoring early childhood developmental progress and functional difficulties of children at population level through WHO, UNICEF tools and MH SR information systems

Monitoring and evaluation will be a combination of statistical and qualitative surveys. It will be processed by the National Coordinator and submitted to the Slovak government and the EC. A monitoring and evaluation report for the duration of the AP period (i.e. on a two-year cycle). The development of the next AP should include the revision and reformulation of measures, or the formulation of new tasks and measures related to

the challenges to which no specific measures are assigned (and their associated indicators, funding sources, budget levels, etc.), based on the findings of the Monitoring and Evaluation Report for the previous period.

During the actual implementation, the National Focal Point on Violence against Children will raise awareness of the issue through its communication channels and through the creation of annual campaigns that will focus primarily on children in need. The awareness raising will be both through on-line and digital channels as well as physically through awareness raising at schools and childcare facilities.

The National Coordinator may request and outsource the evaluation and monitoring to an external evaluator. It is recommended to use the mechanism of an external evaluator, in particular for monitoring and evaluating the impact of the measures on the target group “children in need”, as well as for mapping existing providers of available care (education, health, social services, private institutions, non-profit organisations, etc.) in different regions of SR, analyses and proposals for supplementing measures and forms of care in order to create fair conditions for all children.

Overall, the monitoring and evaluation of the AP will cover 3 main areas:

- Monitoring of activities
- Monitoring of financial allocation
- Impact monitoring

and will be presented to the public in the following ways:

- Monitoring and evaluation by the EC
- Monitoring and evaluation report by the National Coordinator
- External monitoring and evaluation as appropriate.