

ANNEX NO. 1
to the National Action Plan of the European Child Guarantee
in the Slovak Republic
with a view to 2030
Update



1. Strategic frameworks and legislation in force for education

The fundamental prerequisite of a sound and functioning education system is to enable each individual to develop their educational potential, to ensure the accessibility and availability of all levels of education. Solid pre-primary and primary education help to reduce social disparities. By investing in solid and accessible education from preschool age, we will save on social spending in future.

Child poverty and equal access to quality services for children in vulnerable situations are reflected in the document *Slovak Vision and Development Strategy 2030 – a long-term strategy for sustainable development of the Slovak Republic – Slovakia 2030* (hereinafter only the “vision and strategy”), which states that according to Eurostat population forecasts, Slovakia is among the European countries with the fastest ageing population. SR is among the countries with the lowest share of GDP investment in early childhood care. At the same time, the education system has long been unable to overcome the obstacles that children, pupils and students face in relation to their socio-economic background, health status or disability, mother tongue, or in relation to diversity of their educational needs. This is reflected in the strong influence of pupils’ socio-economic background on their results in national and international tests, a higher rate of grade repetition and early school leaving in the case of pupils from socially disadvantaged backgrounds, or the over-representation of pupils with social and health disadvantages in the special education programme. The persistent discrimination and spatial segregation of Roma pupils, as well as their excessive inclusion in a special education stream, is also a problem. The share of pupils leaving school early is also high (6.4% in 2023 according to Eurostat). This negative fact is also confirmed by the data provided in the document of MERDaY SR *Strategy for an Inclusive Approach in Education and Training*, which declares that the Slovak Republic has the highest share of primary school pupils in special education in Europe – up to 5.88% (the European average is almost four times lower: 1.62%), while among children from marginalised Roma communities (hereinafter only MRC) it is up to 24%. At the same time, according to OECD, the influence of social background on the educational outcomes of primary school pupils in Slovakia is one of the highest among developed countries. Pupils from socially disadvantaged backgrounds (SDB) repeat a grade 8 times more often than other primary school pupils (12.7% vs 1.6%).

The document *National Programme for the Development of Education and Training 2018 – 2027* responds to these facts. The strategic objectives of the programme are to increase the quality of the education system, expand access to quality education for all, and modernize the education system in terms of content, as well as in the areas of management, financing, and evaluation. The quality of education and its accessibility are interlinked. The core of the education system is a network of schools and school facilities regulated by the state.

Regarding the MRCs, the government of the Slovak Republic (hereinafter only SR) approved in April 2021 the *Strategy for Equality, Inclusion, and Participation of the Roma until 2030 (hereinafter only 2030 Strategy)*, which aims to achieve visible changes in terms of equality and inclusion of the Roma. The *2030 Strategy focuses on* five priority areas – employment, education, health and housing, and combating anti-Roma racism and promoting participation. The vision of the 2030 Strategy for the area of “education” is to increase the real participation of children and pupils from MRCs in quality education and training in the mainstream at all levels of education, with an emphasis on the implementation of desegregation and inclusion measures in the educational process¹⁾.

*The Strategy of the Slovak Republic for Youth 2021-2028*²⁾ defines key areas, objectives, measures and indicators aimed at improving the situation of young people.³⁾ One of the objectives is to increase participation and representative democracy of young people in society, so that young people with disadvantages and lack of opportunities are also involved in participation. Participation should allow them to express their opinion which

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

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

³⁾ Within the meaning of the Act No. 282/2008 Coll. on the support of youth work and on amendments and supplements to certain acts, as amended, youth is considered to cover all persons who have reached the age of 30 at the most, with greater emphasis placed on the age group from 13 to 30 years.

should be adequately taken into account. It also aims to create conditions for safe, accessible and active spending of leisure time by young people, including young people for whom the financial demands of leisure activities are a barrier which hinders their engagement in these activities. These young people represent the most vulnerable group in relation to socio-pathological phenomena, susceptibility to extremism and radicalism. That is why attention will be paid to community and low-threshold programmes and services focused on working with unorganised youth in their free time, including youth living in housing estates and rural areas. An inclusive approach to youth work will be supported, with special attention to a wide range of disadvantaged groups of young people, including young people with physical disabilities, with the aim of equalizing their opportunities. Part of the measures will be aimed at supporting a healthy lifestyle and mental health, because young people with disabilities, chronic diseases, as well as youth who are stigmatised and marginalised for various reasons are among the particularly vulnerable groups of youth in terms of mental health risks.

The Act No. 415/2021 Coll., amending the Act No. 245/2008 Coll. on Education and Training and amending and supplementing certain acts, as amended (hereinafter only the School Act), has introduced several changes that reflect the needs for improving the quality and accessibility of education for all, especially children from socially disadvantaged backgrounds. In Section 2 of the School Act, the Slovak legislation is linked to international legislation, in particular to the UN General Comment No. 4 (2016) on the right to inclusive education. Inclusive education is also introduced as a mandatory principle of upbringing and education and a child's right to such education.

According to Section 2 of the School Act, a child with special educational needs (hereinafter only SEN) is a child with a disability, disadvantage, long-term illness or disability, children with developmental activity disorders, attention, learning, behavioural disorders, children from socially disadvantaged backgrounds and gifted children, a child or pupil whose health condition, social conditions, linguistic abilities, talents, behaviour, cognitive abilities, motivation, emotionality, creativity or skills require the provision of a support measure, who has been identified as a requirement for the provision of a support measure in education and training (hereinafter only support measure) by a diagnostic assessment in a guidance and prevention establishment

Data obtained within the framework of the *Analysis of Findings on the State of Education in Slovakia*⁴⁾ indicate that the current concept of SEN used at the level of kindergartens, primary and secondary schools to provide support to children with disabilities or giftedness has several limits. Some of these limits arise mainly from the emphasis on a relatively rigid categorisation of children according to their disadvantages or disabilities, without taking into account individual differences in their educational needs. The definition of SEN attributes their causes to the child's disadvantage or disability, or to their family. This diverts attention from the barriers on the part of schools and the education system that children may face. It may also lead to the choice of pedagogical strategies and support tools that may not be ultimately effective, which does not lead to equalizing opportunities and fulfilling the potential of each child and pupil, since education is not tailored to their needs. For some children, it can also mean a negative label that stigmatises them during education. At the same time, listing specific categories of disadvantage or talent is not and can never be completely exhaustive, which leads to the fact that some children facing obstacles in education are excluded from the right to support and an individual approach in education. The results of the survey also indicate that the current conditioning of support on the assignment of a "diagnosis" may limit the possibilities of preventive action and may also contribute to the higher representation of some groups of children (for example, children with a Roma mother tongue, but also children growing up in institutional care facilities) among children with disability, and subsequently also in the special education system.

Through the School Act, compulsory pre-primary education in kindergartens was introduced in 2021 for children up to the age of 5 and within the framework of at least 4 hours per day on business days. A child with a disadvantage may take compulsory pre-primary education for less than 4 hours a day, based on the request of the legal representative or a representative of the facility, accompanied by a statement of consent from the relevant guidance and prevention facility. Compulsory pre-primary education is implemented in all available

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

forms according to the needs of children (daily, also with the possibility of distance learning, individually or in a special form abroad). The School Act from 2023 also regulates the conditions for the introduction of the right to admission to pre-primary education. According to the transitional provision (Section 161t(1) of the Education Act), the pre-primary education is being introduced gradually from the 2024/2025 school year. The right to admission in the school year 2024/2025 is dedicated only for a child who reaches the age of four by 31 August 2024 and is applied by submitting an application for admission to pre-primary education between 1 May 2024 and 31 May 2024. Subsequently, in the next school year, a child who reaches the age of three by 31 August 2025 has the right to admission and this is applied by submitting an application for admission to pre-primary education between 1 May 2025 and 31 May 2025. New competencies have been established for municipalities and regional school administration offices in the regional seat (RSAO) related to ensuring sufficient capacities in kindergartens (Act 596/2003 Coll.).

This change is also reflected in the *Recovery and Resilience Plan*,⁵⁾ in the part dedicated to ensuring conditions for the implementation of compulsory pre-primary education from the age of 5 in kindergarten or other facilities providing pre-primary education and the introduction of a legal entitlement to a place in kindergarten gradually from the age of 3, where the main goal is to increase the participation rate of children from 3 years of age in pre-primary education, including children with disadvantages, disabilities and children from socially disadvantaged backgrounds (specifically from 88% to 95% in the case of 5-year-old children and from 77% to 82% in the case of 3-4-year-old children). In order to implement this goal, it is necessary to ensure adequate financial instruments to support the pre-primary education of children so that their diverse educational needs are met and obstacles that prevent their education are removed. The *Recovery and Resilience Plan* counts with an investment of EUR 135,400,000 to expand the capacities of kindergartens, but does not count with individualisation of education and financial instruments for meeting the diverse educational needs of children, which are planned from ESF+ resources.

The School Act also encompasses the so-called school support team, whose primary task is to provide systemic support in schools, setting up and developing an inclusive culture, including its implementation in the school educational programme. A new feature is the possibility of employing healthcare workers (especially physicians and nurses), who, with the informed consent of the parent, can provide healthcare to a child or pupil in a school or school facility (Section 152). Sections 55-56 allow the school to use various forms of assessment that are in line with statutory goals of education (grade, verbal assessment, reflection, others – but they must be listed in the school educational programme (hereinafter only SEP).

Currently in Slovakia, based on valid legislation, the state also supports hobby activities of children.⁶⁾ Every child, or primary or secondary school student, can use the contribution for hobby activities. The contribution is provided through educational vouchers and is intended for activities that are different in time and content from school teaching. Their content is focused on hobby, recreational, physical education and social activities of pupils.⁷⁾ In May 2022, the National Council of the Slovak Republic approved the draft *Act No. 232/2022 Coll. on financing children's leisure time and amending and supplementing certain acts*. The aim is to provide even greater support for children's leisure activities in the areas of education, sports and culture, as well as to make these activities more accessible to the largest possible group of children.⁸⁾ Children aged 5 to 18 will receive a monthly financial contribution of EUR 60 for leisure activities. The rules for providing the allowance, assessing the claim, as well as the list of leisure activities for which the allowance can be used are specified in the adopted act.⁹⁾ Authorised person who handles the child's account is: 1. a person to whom the allowance is paid for the child under a special regulation, 2. a statutory representative or an employee of a social and legal protection of children and social guardianship facility or a special educational facility authorised in writing by

⁵⁾ Component 6, part 3.1.1 Reform 1.

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

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

⁸⁾ MF SR We help families: raising child allowance and tax bonus, and introducing activity course subsidy Available at: <https://www.mfsr.sk/sk/media/tlacove-spravy/pomahame-rodinam-zvysujeme-detske-pridavky-danovy-bonus-zavadzame-kruzkovne.html>.

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

them, in which care is provided to the child due to the execution of a court decision on the order of institutional care, an urgent measure, a decision on the imposition of protective education or an educational measure, 3. a natural person who is the first to prove that they are the legal representative of the child, if there is no person under the first or second point.

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

Following the changes to the School Act, MERDaY SR has developed the *Strategy for an Inclusive Approach in Education and Training*¹⁰ (SIAET). SIAET is a document aimed at improving the current state of education of all children, pupils and students in schools without distinction. The document represents the basic philosophy of inclusive education in kindergartens, primary schools, secondary schools and universities in the Slovak Republic, as well as in early guidance and lifelong learning, both in formal and non-formal education. The strategic document is synergistically interconnected and harmonised with other existing documents of MERDaY SR (*Zero Action Plan of the Strategy for an Inclusive Approach in Education and Training for 2021, the National Program for the Development of Education and Training, and also with Component 6 of the Recovery and Resilience Plan*). The long-term objectives of supporting and motivating schools to become inclusive centres of education are also covered by the first action plan¹¹) for the period 2022-2024. Each priority of the strategy has clearly defined strategic goals, global goals and areas of measures that will directly implement the planned action plans. The process of creating action plans will be a follow-up to the approved *strategy* in accordance with the principle of participation of all stakeholders. MERDaY SR will issue action plans to implement this strategy at regular intervals every 3 years.

In 2021, MERDaY SR prepared a *Situation Analysis – Kindergarten Capacity*. The document is dedicated to displaying basic and key data and information on kindergartens, discussing the need and possibilities for expanding kindergarten capacities, as well as the risks and necessary capacities to cover the social demand for these services and at the same time the requirements for capacity options after the introduction of mandatory pre-primary education for children from 5 years of age. In 2020, the gross enrolment rate of children in kindergartens was 88.2%, which is 1% less than in 2019. The number of registered pending applications for admission to kindergarten increased from 1,679 in 2004 to 18,038 in 2020.

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

¹⁰ The strategy was approved by the Slovak government resolution No. 732 of 8 December 2021; link: <https://www.minedu.sk/30864-sk/strategia-inkluzivneho-pristupu-vo-vychove-a-vzdelavani/>.

¹¹) MERDaY SR (2022) The first action plan for the implementation of the Strategy for an Inclusive Approach in Education and Training 2022 – 2024. Available at: <https://www.minedu.sk/prvy-akcny-plan-plnenia-strategie-inkluzivneho-pristupu-vo-vychove-a-vzdelavani-na-roky-2022-2024/>

includes the development of services to support the reconciliation of family and work life in the social service system.¹²⁾

2. Strategic frameworks and legislation in force for housing and social care

In the area of housing, the situation of children at risk of poverty or social exclusion is influenced by their vulnerable position and by the situation of their parents or other persons who take care for them and on whom they are dependent. In particular, children from low-income families, children in unstable family situations, children leaving institutional care, children from MRC families and, more recently and increasingly, from families with a migrant background, are at higher risk of severe housing deprivation, overcrowding and energy poverty, and are more exposed to homelessness. Consequently, children living in inadequate housing conditions are at increased risk of serious illnesses and disabilities, including a significantly higher risk of mental illnesses and disorders. Inadequate housing also has a negative impact on success in school and subsequent employment.¹³⁾

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

Concessional loans with a fixed interest rate for the entire repayment period provided by SHDF in accordance with the *Act No. 150/2013 Coll. on the State Fund for Housing Development as amended*, represent direct support for the acquisition of own housing for spouses under the age of 35, newly married couples, spouses with a child under 6 years of age, severely disabled citizens or households whose members include a natural person with a severe disability, persons whose care in a facility has ended based on a court decision, single parents with a dependent child. The applicant can thus obtain a loan in the amount of 100% of the acquisition costs for the construction or purchase of an apartment with a maximum limit of EUR 100,000, or EUR 120,000 per apartment, with a repayment period of a maximum of 30 or 40 years and with an annual interest rate of 1 or 2%. The fundamental legislative act in the field of social housing in SR is the *Act No. 443/2010 coll. on subsidies for housing development and social housing, as amended*. One of its main objectives is to address housing needs of low-income groups of the population and citizens in material and social need. According to this act, social housing is defined as housing procured using public funds intended for adequate and humane housing for individuals who cannot procure housing on their own and meet the conditions under this act. From the perspective of children at risk, it is important that social housing, in addition to low-income groups, also targets the categories of single parents with dependent children, persons with severe disabilities, and persons for whom the provision of care in a facility has ended based on a court decision, or for whom personal foster care, foster care, and the function of guardian have ceased.

The lack of rental apartments owned by the public sector is alarming, whereas the availability of rental housing for vulnerable groups, including children, would significantly help ensure their adequate housing. As stated in the *Report on the Implementation of the Intentions of the Concept of State Housing Policy until 2020*, rental housing is one of the key problems that need to be addressed in SR, both in physical terms and in terms of affordability. Municipalities with support in form of subsidies¹⁴⁾ provided by the Ministry of Transport of the Slovak Republic (hereinafter only MT SR) have the option of acquiring public rental apartments, in addition to construction, by purchasing existing or not yet built apartments. In spite of this fact, the availability of public rental housing in SR is still not being increased in a significant way, which is mainly due to the stagnant state budget allocated to this area, the rising prices of construction products and works, as well as the decreasing interest of local governments.

The state framework document that defines the vision and goals of the state in the field of housing is the *Housing Policy of the Slovak Republic until 2030*. The main vision of the state until 2030 is to achieve an increase in the availability and quality of housing in SR, focusing on increasing the affordability and availability of housing, with an emphasis on the development of all forms of rental housing. This vision will

¹²⁾ <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/>

¹³⁾ HARKER, L. *Chance of a lifetime: The impact of bad housing on children's lives*. London: Shelter, 2006. ISBN 1 903595 64 9.

¹⁴⁾ In line with the Act No. 443/2010 coll. on subsidies for housing development and social housing, as amended

be implemented by fulfilling partial goals, such as increasing the availability of housing through the creation of a stable environment, increasing the availability of all forms of rental housing and increasing the quality of housing. It will contribute to the achievement of the goals set in the *Slovak Vision and Development Strategy 2030*, of which the following are relevant for children at risk: increasing the share of rental housing (including barrier-free housing) in the total volume of available housing stock to 10% by 2030 and improving social accessibility of housing by doubling the share of apartments with regulated rent in the total volume of apartments from 1.6% to 3% in 2030.

The *Act No. 222/2022 Coll. on state support for rental housing and on amendments and supplements to certain acts*, which should enter into force on 1 July 2022, is intended to contribute to the start of the construction of rental apartments with regulated rent and a guarantee of long-term housing. The intention is to solve the current problem of housing affordability in SR for broad groups of the population. The government will establish criteria in the prepared government regulation that applicants must meet, which will take into account in particular the government's priorities regarding the provision of state-supported rental housing to selected groups of persons, for example, persons for whom obtaining their own housing is inaccessible or more difficult, selected income groups or selected groups in a special social position. In rental apartments, a maximum rent amount will be set without payments for services provided with the use of the apartment and without costs for the operation, maintenance and repairs of the apartment building, while the government may establish a different maximum rent amount depending on regions, rental housing projects and the year of their final approval. Employers can provide employees who will be tenants of a state-supported apartment with a contribution of up to EUR 360 per month.¹⁵⁾ The planned state-supported rental housing will not cover the housing needs of some of the most vulnerable groups of children in need and their families. A disqualification criterion will be if the applicant is listed as a debtor with the tax office, public health insurance and social security, has a foreclosure and does not meet the income financial criteria. For some, the requirement to pay rent for 3 to 6 months in advance may also be difficult to meet.

Currently, the terms "special purpose apartment" or "protected housing" are also anchored in legislation¹⁶⁾ and are intended for use by persons with limited mobility and orientation. The offer of protected housing in the Slovak Republic does not meet the needs of families with children with disabilities.¹⁷⁾ Over the past twenty years, only very few apartment buildings have been built as part of the support for the procurement of public rental apartments, in which the so-called barrier-free apartments are also implemented. Such apartments are almost never built in commercial construction.

In the interest of debarrierisation of the home environment of individuals with severe disabilities, the state provides financial contributions to compensate for the social consequences of severe disability pursuant to Act No. 447/2008 Coll. on cash contributions for the compensation of severe disability and on amendments and supplements to certain acts as amended. These are the following financial contributions – financial contribution for apartment renovation, financial contribution for family house renovation and financial contribution for garage renovation.

With respect to the lack of public rental housing and the associated problems of low-income households in obtaining and maintaining affordable housing, all options for supporting affordable housing are valuable. The local development fee and social housing enterprises have potential in this regard as a tool for increasing the availability of housing in the social economy environment. The local development fee¹⁸⁾ is a relatively new tool in the public sector that can also be used for social housing. The function of social housing enterprises¹⁹⁾ is to provide housing, manage, maintain and renew the housing stock through the construction, reconstruction

¹⁵⁾ The amount of the contribution provided to the employee by the employer for state-supported rental housing will be exempt from personal income tax as well as social and health contributions. The contribution will also be a tax expense on the part of the employer who provides the contribution to the employee.

¹⁶⁾ Act No. 189/1992 Coll. on the regulation of certain conditions related to the rental of apartments and housing compensation, as amended.

¹⁷⁾ Creation of an inclusive environment in the process of deinstitutionalisation, IA MoLSAF 2015.

¹⁸⁾ Local governments have been able to use it since 2016 based on the Act No. 447/2015 Coll. on the local development fee and on amendments and supplements to certain acts, as amended.

¹⁹⁾ Amended by the Act No. 112/2018 Coll. on the social economy and social enterprises and on amendments and supplements to certain acts, as amended.

or procurement of apartments for the purpose of renting to citizens with a total monthly income not exceeding four times the subsistence minimum. According to the law, a social housing enterprise must rent at least 70% of the apartments it owns for preferential, cost-based rent. As of 16 August 2022, 525 social enterprises were registered with MLSAF SR, but none of them were registered as a social housing enterprise.

For certain target groups, it is not possible and appropriate to resolve the situation related to housing through own or rented housing. Selected social services also take into account life situations of citizens when individuals do not have the necessary conditions to satisfy their basic living needs, which, according to the *Act 448/2008 Coll. on social services and on amendments and supplements to the Act No. 455/1991 Coll. on trade licensing (Trade Licensing Act), as amended by later regulations* (hereinafter only the Social Services Act), also include the provision of housing. In such cases, the individual is provided with accommodation in the form of a shelter for the purpose of overnight stay (dormitory), accommodation for a certain period of time (shelter, halfway house, emergency housing facility). The aforementioned social services provide accommodation, not housing, and the provision of this service should be limited in time. In the recent period marked by the COVID-19 pandemic, the aforementioned social services were exposed to enormous pressure and, above all, to demonstrably insufficient capacities, when in the event of quarantine of the facility, it was not possible to provide social services to other clients in the required form. In addition, in the case of some target groups, this is a long-term crisis, and therefore the social service is provided for a long period of time, which multiplies the need to increase human resources and financial capacities.

The COVID-19 pandemic had a negative impact on household indebtedness and even before the outbreak of the pandemic, the indebtedness of Slovak households was the highest among the countries of the Central and Eastern part of the EU. At time, when the personal bankruptcy system was liberalised in the Slovak Republic and the number of such cases increased sharply, debt counselling became an important topic of social policy. Observation of the statistics of foreclosures and indebtedness of the population in the Slovak Republic shows that the financial literacy of a significant part of the population in the Slovak Republic is not at an adequate level.

Providing financial contributions to support the availability of housing for low-income households is also an important tool of social policy, which affects the possibilities of low-income groups of residents to maintain or secure a certain form of housing, especially in the period until the share of municipal rental apartments in the housing stock increases in a more fundamental way. The housing contribution provided within the system of assistance in material need according to the *Act No. 417/2013 Coll. on assistance in material need and on amendments and supplements to certain acts, as amended*, has the potential to fulfil this function. It is a support tool for low-income groups of the population, which serves to cover part of the costs of housing. Only those applicants who are provided with assistance in material need are entitled to housing allowance after meeting other criteria. The allowance thus mainly helps those residents who are in material need (according to income testing), but at the same time still have some funds, as they are able to pay the rent. The amount of the housing allowance is set at five levels, namely:

- EUR 95.20 per month, if it is a household with one household member,
- EUR 161.60 per month, if it is a household with two household members, or if it is a rental of an apartment or family house by two tenants who are members of a household to which assistance is provided in material need,
- EUR 205.10 per month, if it is a household with three household members, or if it is a rental of an apartment or family house by three tenants who are members of a household to which assistance is provided in material need,
- EUR 248.60 per month, if it is a household with four household members, or if it is a rental of an apartment or family house by four tenants who are members of a household to which assistance is provided in material need,
- EUR 291.90 per month, if it is a household with more than four household members, or if it is a rental of an apartment or family house by more than four tenants who are members of a household to which assistance is provided in material need,

The amount of the allowance itself covers only part of the real housing costs. In 2023, based on administrative data from the SBM MIS (management of social benefits – management information system), assistance in

material need was paid to an average of 65,020 recipients per month, which amounted to 138,672 persons. Of the above number of households, 24,943 households were granted the right to housing allowance. An important element of the provision of housing allowance in Slovakia is that the right to the allowance also arises if the person lives in a supported housing facility, a social services home, a specialised facility with a year-round residence form, a shelter, a halfway house, an emergency housing facility or a crisis centre. In accordance with the document “*Housing Policy of the Slovak Republic until 2030*”²⁰, it is necessary in the long term to take measures to strengthen the support for the financial sustainability of adequate housing and to allocate appropriate financial resources in the state budget in order to maintain the sustainability of housing.

A large part of Roma live in rural areas, in segregated residential areas, in generally poor housing conditions characterised by low quality of housing, lack of space and overcrowding (UNDP, 2012). Many dwellings in the MRCs meet the characteristics of inadequate housing, do not have access to public sewerage or water supply. A large part of the communities do not have access to a stable form of heating (e.g. gas) or to the availability of services. In many cases, these are dwellings that do not have secured legal relations, and cases of forced evictions are frequent (most often related to the termination of rental relations or the illegality of the dwelling). Slovak law establishes the obligation to provide alternative housing, accommodation or at least shelter only in some specified cases. In many cases, forced eviction leads to the worst forms of homelessness, which have a devastating impact, especially on children, for whom there is an increased risk that such eviction will endanger their health, development or life, i.e. a situation where the child will have to be removed from their family.

The establishment and operation of a network of intervention centres in the Slovak Republic will also contribute greatly to the fight against poverty and social exclusion of children. By amending the Act No. 274/2017 coll. on victims of crimes and on amendments and supplements to certain acts, as amended (hereinafter only the Act on Victims), effective from 1 July 2021, accredited entities providing specialised professional assistance to victims of domestic violence (hereinafter only the accredited entity) may act as a so-called “intervention centre”. The intervention centre, in cooperation with the police, provides assistance to victims of domestic violence (and persons at risk of domestic violence) in cases where the violent person has been evicted from the common household and the contact information has been provided to them by the police in the form of a record of eviction. However, the intervention centre also provides assistance to those victims of domestic violence who contact it directly, regardless of the eviction/non-eviction of the violent person from the common household.

A significant trigger for violence is unemployment and the period when one or both parents of the child lose their job. While in families where violence is not present, parents are able to talk objectively about their financial situation, solutions and options, in a family where violence is present, this is not possible. Discussions in cases where violence is present are considered an attack on a person who has lost their job or whose income has decreased, and therefore experiences negatively that they are unable to take care of their children and family, this is a frequent trigger for violence against the other partner (according to statistics, more often against women) or against minor children. Victims of domestic violence need special understanding and protection, but especially effective and timely help and intervention. The main purpose is therefore to help women, adults and also child victims of domestic violence through intervention centres.

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

One of the support solutions for children is also the provision of help and advice, which intervention centres provide to parents.

According to Section 28a of the Victims Act, the role of the intervention centre is mainly:

- to establish first contact with the victim within 72 hours of receiving the police report on eviction and to offer professional assistance;

²⁰) Housing policy of the Slovak Republic until 2030 (2021). Available at: <https://www.mindop.sk/bytova-politika-sr-do-roku-2030>

- to provide crisis intervention – in particular to provide psychological crisis intervention, assess the threat of danger to life or health and draw up a safety plan in cooperation with the victim of the crime of domestic violence, as soon as possible after establishing contact and obtaining the victim's consent to provide assistance;
- to provide professional assistance according to the granted accreditation (i.e. specialised professional assistance);
- to provide legal assistance according to Section 7(1) of the Victims Act;
- to mediate the provision of social services according to the needs of the victim of domestic violence;
- to ensure cooperation and exchange of information between intervention centres, entities providing assistance to victims, service providers and public authorities.

Intervention centres are able to work with the specific needs of children of women who experience violence. The needs of children are given the same attention as the work with women or other victims. The centre has developed standard procedures and measures for working with children and professionally qualified persons are trained in their application. The centres have developed a child protection policy and professionally qualified persons providing professional assistance are trained in its protection. In the event of a threat to the health or life of a child, the centre contacts the Office of Labour, Social Affairs and Family.

The area of housing is also one of the five priority areas of the *Strategy for Equality, Inclusion and Participation of the Roma until 2030*. The proposed global goals, which have the potential to significantly improve the housing situation of children from MRCs, include reducing the number of illegal dwellings in MRC settlements, improving access to and use of basic technical infrastructure and civic amenities in MRC settlements, increasing the quality of housing in MRC settlements, increasing the security of housing for Roma, reducing residential segregation of Roma, and also reducing discrimination against Roma in housing. Rental housing will be supported, including transitional housing elements, in municipalities with the presence of the MRC; it is also planned to continue providing subsidies to municipalities²¹⁾ with the presence of the MRC for the acquisition of rental housing for the purposes of social housing and to implement pilot projects of affordable rental housing based on Housing led principles (Housing first and/or Rapid rehousing) aimed at solving the homelessness of families with minor children, especially in urban MRCs. Ownership of housing will also be supported in cities and municipalities with the presence of the MRC, for example in the form of a pilot project of assistance in the legalization of technically compliant dwellings and self-help construction projects into ownership. The Strategy, as an umbrella document, is followed by Action Plans, which are elaborated in three-year cycles. The First *Action Plan*²²⁾ for the period 2022-2024 also includes the priority area of housing, in which global and partial goals are developed at the level of measures and activities, which have defined measurable indicators, responsible managers and partners, and a realistic calculation of the necessary financial claims and identified appropriate resources to cover them.

If parents are among those at risk of losing their housing or have already lost their housing (for example, as a result of forced eviction or poverty), the children are in an exceptionally serious situation, at risk of severe housing deprivation, and at risk of being taken away from their families. Measures to systematically address the problem of homelessness and prevent the risk of losing housing are part of the upcoming *National Concept for the Prevention and Ending of Homelessness*.²³⁾ The proposed priority areas that have the potential to influence the situation of children in need include ensuring access to affordable housing and affordable housing with support, preventing the loss of housing, including preventing homelessness after release from an institutional environment (such as CCHF), assistance in crisis situations through selected social crisis intervention services immediately after losing their home, and increasing the housing allowance. Support in the form of transitional housing programs with subsequent possible acquisition of permanent housing in the

²¹⁾ According to the Act No. 443/2010 coll. on subsidies for housing development and social housing, as amended.

²²⁾ Government Office of the Slovak Republic (2022). Action plans to the Strategy of Equality, Inclusion and Participation of the Roma until 2030 for 2022-2024. Available at: [akcne_plany_strategie_2030_na_roky_2022_2024_final.pdf](https://www.akcne.gov.sk/files/akcne_plany_strategie_2030_na_roky_2022_2024_final.pdf) (gov.sk).

²³⁾ The National Concept for the Prevention and Ending of Homelessness was approved by the Government of the Slovak Republic on 12 April 2023. Available at: <https://www.employment.gov.sk/files/sk/rodina-socialna-pomoc/socialne-sluzby/prevenicia-ukoncovania-bezdomovstva/narodna-koncepcia-prevenicie-ukoncovania-bezdomovstva.pdf>

form of housing-first and rapid re-housing programmes for homeless people plays an irreplaceable role in resolving the housing crises.

In practice, pilot projects of supported housing (housing-first and rapid re-housing) are also being implemented for vulnerable groups of residents (such as homeless people, people with low incomes, single-member families with children, people with disabilities, young workers, young adults leaving institutional care) and vulnerable groups of residents with the aim of ensuring standard, affordable, sustainable and independent housing for the selected target group, along with the implementation of social interventions and professional assistance and the introduction of systemic solutions in this area. Within the prevention of homelessness, it is important to introduce social work into the procedures for resolving tenants' debts for rent or other housing-related costs and to adjust the definition and obligations for providing housing compensation in social housing in the event of eviction in order to prevent the case of street homelessness, including long-term dependence on the services of hostels, without access to 24-hour accommodation.

The National Concept for the Prevention and Ending of Homelessness also addresses systematic monitoring aimed at determining the living situation and offering advice, especially in the area of housing for young people who have reached the age of majority and whose care in a CCHF or a re-education centre has ended. At the same time, this target group is (under the conditions set by law) entitled to the provision of social housing.

Energy poverty is defined in the *Concept for the protection of consumers who meet the conditions of energy poverty*²⁴⁾ as a state when individuals or households do not have enough financial resources to provide heating and other types of energy necessary for the functioning of the household, which in the Slovak Republic means that household energy expenses represent more than 10% of the average household energy expenses from the total net cash income of the household and at the same time this household meets the conditions for providing assistance in material need. The most vulnerable groups are identified as groups with low income, which also include single parents, the unemployed, persons receiving social benefits, households with multiple children, households located in areas of concentrated and generational poverty (for example, MRC). Factors that affect the risk of household energy poverty include, in particular, low income of the population compared to economically developed EU countries, rising electricity and gas prices for households in relation to income, inefficient heating methods, and a high number of households living in apartment and family houses that are not insulated. Low-income households do not have the opportunity to change this situation because they do not have the means to insulate or replace the heating source or live in rented flats.

Ensuring the protection and care for the child, which is necessary for their well-being and the protection of their legally protected interests, while respecting their rights recognised by the international Convention on the Rights of the Child²⁵⁾ with regard to the rights and obligations of their parents, adoptive parents, guardian, custodian and the person to whom the court has entrusted the child for personal or foster care, is supported at the national level by *measures of socio-legal protection of children and social guardianship*²⁶⁾. Institutional care is no longer considered the best way to care for children with various needs, including children with disabilities, as it reduces their quality of life and often means their lifelong exclusion from society and segregation. For this reason, the EU is promoting a process of deinstitutionalisation, within which traditional social service facilities are gradually closed, recipients of social services are moved to low-capacity facilities (family-type facilities) and the provision of field and outpatient forms of community social services is supported. When placing children in institutional care or foster care, the best interests of the child, as well as their overall situation and individual needs, are taken into account, supporting the transition of children from institutional care or foster care to quality community care, and, if possible, the return of children to their families of origin. This approach is supported at the national level by legislation and adopted strategic materials.

²⁴⁾ Concept for the protection of consumers who meet the conditions of energy poverty Available at: [2740_2020_BA_ECH_Vlastny_material_koncepcia_ECH.pdf\(sospotrebitelov.sk\)](https://2740_2020_BA_ECH_Vlastny_material_koncepcia_ECH.pdf(sospotrebitelov.sk)), for regulatory period 2017 – 2021.

²⁵⁾ UN. (1989). Convention on the Rights of the Child. Available at: https://detsvobeznasilia.gov.sk/web_data/content/upload/subsubsub/3/crc_sk-1-1.pdf

²⁶⁾ Act No. 305/2005 Coll. on the Social and Legal Protection of Children and on Social Guardianship and on amendment of certain acts as amended.

The current strategic and conceptual materials regarding deinstitutionalisation and transformation of social services and alternative care show that there are no legal obstacles to deinstitutionalisation in the Slovak Republic.²⁷⁾ Provisions supporting the deinstitutionalisation process, such as support for independent living, are adopted in the *Act on Social Services*,²⁸⁾ whose amendments in the recent period were aimed at supporting the deinstitutionalisation process and improving the quality of the services provided. Amendments to the *Act No. 305/2005 coll. on the social and legal protection of children and on social guardianship and on amendments to certain acts, as amended* (hereinafter only the Act No. 305/2005 Coll.), effective from 1 January 2019, have created conditions for both increasing the quality and effectiveness of all forms of work with a child and their family and the development of new ones, depending on the situation of the child, family or adult natural person, so that the placement of a child in a social and legal protection of children and social guardianship facility (hereinafter only SLPC&SG) – CCHF based on a court decision becomes the last resort and temporary solution.

Since 1 July 2022, the amendment of the Act No. 305/2005 Coll.²⁹⁾ entered into force which in principle aims to increase the interest in alternative care for both larger sibling groups and disabled children. Caring for these children is extremely demanding, which also affects the interest of potential foster parents in larger sibling groups, as well as children with disabilities. The state will support foster families who, despite the demanding care, decide to care for larger sibling groups or children with disabilities, by increasing and gradating the recurring allowance to a foster parent who cares for a sibling group and by significantly increasing the special recurring allowance to a foster parent who cares for a child with disabilities. At the same time, this law introduces two new allowances – a child allowance to cover increased expenses, which will be provided in various extraordinary life situations (e.g. to pay for braces or purchase a musical instrument) and an allowance to support the education of foster parents, the purpose of which is to increase the quality of care provided to children in foster care. The act also made available substitute maintenance for orphans who were not entitled to an orphan's pension, as well as for orphans – children who are placed in SLPC&SG facilities.

In the field of alternative care, it is not possible to assume the abolition of facilities as such (there are facilities that, among other purposes, ensure the enforcement of court decisions in a residential form). However, for the quality of life of children, also in the case of children who require specialised care, it is essential that this residential form of court decision is ensured in an environment that simulates the family environment for children to the greatest extent possible and in a social environment that does not differ in any way from the environment in which ordinary families live. Many changes have been made in this regard in recent years. Nevertheless, approximately 1/3 of facilities are not fully deinstitutionalised, despite the fact that the enforcement of court decisions is ensured in so-called separately organised groups, which in practice means that small groups of children, although living in purpose-built buildings, live in spaces that are arranged like apartments and function as a small community.

The *National Strategy for the deinstitutionalisation of the social services and foster care system 2021* (hereinafter only the National DI Strategy³⁰⁾ and subsequent action plans³¹⁾ aim to eliminate the currently prevailing model of institutional care provided to people long-term dependent on the help of another person (including children with severe disabilities, children in alternative care) and replace it with a model of community services and SLPC&SG measures provided depending on the individual needs in the natural social

²⁷⁾ Ongoing assessment of the process of deinstitutionalisation of the system of social services and alternative care with the contribution of European structural and investment funds as of 31 December 2019.

²⁸⁾ Also in the related Decree of MoLSAF SR No. 103/2018 Coll. implementing certain provisions of the Act No. 305/2005 Coll. on the social and legal protection of children and on social guardianship and on amendments and supplements to certain acts, as amended, regulating the requirements for deinstitutionalised centres.

²⁹⁾ Act No. 107/2022 Coll., amending and supplementing the Act No. 627/2005 Coll. on contributions to support substitute child care, as amended, and amending and supplementing the Act No. 201/2008 Coll. on substitute maintenance and amending the Act No. 36/2005 Coll. on the family and amending and supplementing certain acts, as amended by the ruling of the Constitutional Court of the Slovak Republic No. 615/2006 Coll., as amended.

³⁰⁾ Strategic document with nationwide scope, directly following up on the previous Strategy for the deinstitutionalisation of the system of social services and foster care in the Slovak Republic 2011. Available at: <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/narodna-strategia-deinstitucionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-2021.pdf>.

³¹⁾ National Action Plan for the deinstitutionalisation of social services for the years 2022–2026 and Concept for ensuring the implementation of measures in social protection and social guardianship facilities for the years 2021–2025/Deinstitutionalisation Plan.

environment of the community. The creation of accessible and effective social services to support families with children and social services to provide accommodation³²⁾ is one of the goals of deinstitutionalisation³³⁾ in the field of foster care.

*The National Action Plan for the deinstitutionalisation of social services 2022-2026*³⁴⁾ includes measures with an impact on children at risk. Children with disabilities who need lifelong support will benefit from the creation of a system of long-term social and health care, which has been absent so far, and from the creation of an effective system of multi-source financing of community services. As part of the reform of assessment activities, the process of assessing the degree of severe disability and the degree of dependence on long-term care will be harmonised, not limited to the areas of mobility and self-service, but will comprehensively assess the needs for long-term care (e.g. in the areas of education, work integration and participation in society, health protection and material security) and connect them with other support tools (early intervention, personal assistance). The previously fragmented and ineffective system of supervision and control over the provision of social care will be unified and strengthened by the creation of a new supervisory body, while new conditions for the quality of care in facilities and households will be defined.

*Concept for ensuring the implementation of measures in social and legal protection and social guardianship facilities for the years 2021–2025/Deinstitutionalisation Plan*³⁵⁾ (hereinafter only the concept) creates conditions for the continuous deinstitutionalisation of foster care. The concept objective and tasks are designed so that the implementation of social and legal protection and social guardianship measures contributes to improving the quality of life of children and young people at risk and to reducing the number of children placed in institutional care of SLPC&SG³⁶⁾ based on a court decision to order institutional care. The placement of a child in an institution based on a court decision is considered the last resort and is only considered when the measures cannot be implemented in a natural or alternative family environment. The child and their family must be provided with assistance to eliminate the causes for which the measures need to be implemented. This assistance should precede the choice of a residential measure in an institution. Once a child has been placed in an institution, it is necessary to bear in mind the temporary nature of such a solution to the child's situation and provide the child and their family with appropriate professional assistance with the aim of returning the child to his natural family environment. Measures defined by law can be implemented in an outpatient or field form, which aims to create conditions for providing timely professional intervention to the child and their family and, in addition to potentially reducing the number of children placed in SLPC&SG facilities based on a court decision, can prevent the deepening of existing problems or the emergence of a crisis situation in the family.

Changes in the performance of social and legal child protection facilities and social guardianship are aimed at their greater involvement in the implementation of measures in the form of residence based on an agreement, the so-called voluntary stays. The implementation of voluntary stays improves the conditions for the availability of professional assistance not only for a child, but also for an adult natural person who can be a young adult after the end of a stay measure ordered by the court, an adult in a resocialisation programme, and a pregnant woman, and this woman after childbirth together with the child. A progressive element in voluntary stays is the possibility of accepting a child together with a parent or a person who personally cares for the

³²⁾ Within the medium-term objective no. 8 – deinstitutionalisation of 80% of the current capacities for the execution of court decisions in centres for a community-based way of organising the organisational components of the centres by 31 December 2023, National Strategy for the deinstitutionalisation of the system of social services and foster care 2021.

³³⁾ In the area of foster care, the deinstitutionalisation process is addressed by numerous strategic and conceptual materials, in particular in the National Strategy for the deinstitutionalisation of the system of social services and foster care 2021, in the Concept for ensuring the implementation of measures in social protection and social guardianship facilities for the years 2021–2025/Deinstitutionalisation Plan, National action plan for the deinstitutionalisation of social services 2022 – 2026, National Programme for the development of the living conditions of persons with disabilities for the years 2021 – 2030, in the National Strategy for the protection of children from violence, in the National Priorities for the development of social services for the years 2021 – 2030.

³⁴⁾ As of 19 May 2022 in the stage of submission to MPK.

³⁵⁾ COLSAF (2020). The concept is a specific preparatory document for the implementation of the Strategy for the Deinstitutionalisation of social services and foster care in the Slovak Republic in the part of foster care. Available at: [Koncepcia_17.12.2020_pdf.pdf\(gov.sk\)](https://www.colsaf.gov.sk/Koncepcia_17.12.2020_pdf.pdf(gov.sk))

³⁶⁾ Reducing the share of children placed in CCFs based on a court decision ordering institutional care in the total number of children placed in CCFs based on a court decision Evaluation criterion in 2025: 50.5%

child. The vast majority of CCHFs have not yet had the experience with the so-called voluntary clients. Implementing measures in the form of a stay for a child and a parent or a person who personally cares for the child can in no way replace the family's unfavourable housing situation or the absence of social services for children and families. The goal is to create a functional network of small residential facilities providing intensive, targeted assistance in the form of a stay for children or children with their parents as an alternative to court-ordered stay measures. There is also a need to profile CCHFs for specific forms of professional assistance for children with disabilities and their families. Although the health condition itself is not a reason for implementing SLPC&SG measures, CCHFs must also be prepared to provide professional assistance to this target group of children and parents.

The amendment to the act on the social and legal protection of children and on the social guardianship has regulated the conditions for the implementation of measures in the residential form of CCHFs incl. a specialised programme order to prevent the emergence, aggravation and recurrence of certain crisis situations of children, i.e. a specialised programme for children who have been trafficked, battered and sexually abused, or to take measures to verify the extent to which children are at risk of battering, sexual abuse or other acts endangering their life, health or favourable mental, physical or social development.

If a child is admitted to the facility on the basis of a decision on an urgent measure, it is necessary to evaluate the child's situation and the possibilities for its solution in a short time frame so that the child's family is involved in the solution as much as possible (for example, in the form of a case conference or family circle). Despite the fact that the number of case conferences and family circle meetings has increased in the past period in order to find the best solution for the child (230 families used this option in 2016-2019), there is a need to strengthen activities aimed at developing skills in family rehabilitation methods and strengthening the support network around the family at risk. There are also gaps in involving the children themselves, their parents, relatives and loved ones in the preparation and planning of solutions, as well as in the evaluation of the results of assistance.

The number of children with disabilities in care who require nursing or so-called care services is constantly increasing (the most significant increase is in the eastern part of the Slovak Republic). This fact also largely affects the DI process, which must necessarily take into account the special conditions of care for children with disabilities. At the same time, it must be able to ensure the functioning and organisation of CCHFs in a way that will be capable of reflecting and, above all, fulfilling the right of children with disabilities to integration and inclusion and effective access to health care and related services according to current scientific knowledge.

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

Fulfilling the statutory obligation to place children under 6 years of age admitted to the CCHF based on a court decision in professional foster families, as well as adhering to the principle that placing children in

professional foster families should take priority over placing children in a separate organised group and a specialised separate group, has been complicated by the decline in interest in professional foster parenting. This decline in interest may be a consequence of inadequate employment conditions (e.g. ensuring childcare during vacation), long-term strain (risk of inappropriate influence from other family members whose psychological capacity is not tested, burnout and inability to cope with risky situations) and insufficient preparation of professional foster parents to work with a child requiring specific needs (e.g. a child with behavioural disorders, an older child, sibling groups).

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

In the case of both SLPC&SG authorities and facilities, there has been a long-term absence of professional training for employees. Practically all sections of the service report a problem in the professional competence of graduates (given the overall situation on the labour market and the current lower interest in working in the system, job positions are filled by graduates) and a lack of educational activities that would correspond to the needs of the service with their content. In terms of current needs, it is necessary to increase the knowledge and skills of CCHF employees carrying out measures in an outpatient, field and residential form in the area of work with the child's family, in the area of family rehabilitation management, transcultural approach to child care and last but not least, in the area of child psychology.

3. Strategic frameworks and legislation in force for health care

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

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

Pursuant to Section 11(2) of Act No. 576/2004 Coll., the right to the provision of health care and services related to the provision of health care, including cross-border health care, is guaranteed equally to everyone in accordance with the principle of equal treatment in health care and in the provision of goods and services established by a special regulation. In accordance with the principle of equal treatment, discrimination on grounds of gender, religion or belief, race, citizenship, membership of a national or ethnic group, sexual orientation, marital or family status, skin colour, language, political or other opinion, trade union activity, national or social origin, disability, age, property, family or other status is also prohibited. According to paragraph 9 of Act No. 576/2004 Coll., "In the provision of health care, everyone has the right to the protection of dignity, respect for physical integrity and psychological integrity, and the humane, ethical and dignified attitude of health professionals."

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

Part of the healthcare system in the Slovak Republic is public health insurance regulated by Act No. 580/2004 Coll. on health insurance and on amendments and supplements to Act No. 95/2002 Coll. on insurance sector

and on amendments and supplements to certain acts (as amended by Act No. 718/2004 Coll.), on the basis of which the health care is provided to insured persons and which ceases only upon death. The state is the insurance payer for the dependent child.³⁷⁾

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

On the basis of Act No. 355/2007 Coll. on the protection, promotion and development of public health and on amendments and supplements to certain acts, as amended, the Office of Public Health of the Slovak Republic, pursuant to the provision of Section 5(4)(d), plans, coordinates and determines the scope and vaccination schedules of the immunisation programme. From the point of view of the protection of public health, Section 56(1)(a) of the above-mentioned Act stipulates that "An offence in the area of public health care shall be committed by a person who, without proof of serious medical or other reasons justified by a physician, fails to undergo a vaccination resulting from the relevant legislation, or a vaccination ordered by a physician. Vaccination calendar for each year³⁸⁾ includes a list of compulsory regular vaccinations (including re-vaccinations) according to the year of the child's birth, reimbursed by health insurance for children and adults. As is the case in other countries, in 2020 the government approved an amendment to the above-mentioned Public Health Protection Act, which allows a child to be placed in pre-school facility only if he or she has received the mandatory vaccinations. According to the data of the Office of Public Health of the Slovak Republic as of 31 August 2023, the vaccination coverage in the framework of regular compulsory vaccination of children who are registered in paediatricians' outpatient clinics exceeded the threshold of 95% in five types of compulsory vaccination of children and did not exceed the threshold of 95% in four types of compulsory vaccination of children. The national vaccination coverage ranged from 93.9% to 96.3 % in birth years. Compared to the previous period, vaccination coverage within the framework of regular mandatory vaccination of children was lower by 0.2% to 1.0%, depending on the type of vaccination.

One of the causes is the refusal of compulsory vaccination by the child's legal representatives, but also the fact that some parents from the MRC visit doctors' offices only in case of health problems of the child, or not at all. Another cause may be the migration of children who are still registered with the primary paediatrician in the original district, as well as the impossibility of vaccinating some children due to their low birth weight or prematurity. Other causes may include a lack of quality and clear information on the importance of vaccination communicated to society. This deficiency is even more pronounced with the amount of misinformation about vaccination that floods the public space, resulting in a lack of trust in vaccination and a belief that it is the right thing to do. This situation therefore requires dissemination of quality information, education of parents and other target groups, as well as improved cooperation between health and social professionals and the Roma assistants, community, school and other workers.³⁹⁾

³⁷⁾ Within the meaning of Section 6(7) of the Act No. 580/2004 Coll. "The relevant health insurance company of the child is, from the date of their birth, the health insurance company with which the child's mother is or was publicly insured at the time of their birth; if the mother is not publicly insured, the relevant health insurance company of the child is the health insurance company with the largest number of insured persons." SLOV-LEX. 580/2004 Coll. <https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2004/580/>

³⁹⁾ For 2023 see <https://www.scribd.com/document/780766184/Ockovaci-kalendar-pre-pravidelne-povinne-ockovanie-deti-a-dospelych-na-rok-2023>

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

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

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

The Slovak legal system in the field of persons with disabilities reflects the Convention for Persons with Disabilities, which is a supranational law for persons with disabilities, with no specific distinction for children and adults. The same idea is continued by the WHO, e.g. in the document "The highest attainable standard of health for persons with severe disabilities"; it does not distinguish and separate children and adults. For example, the provision of allowances (for personal assistance, aids, equipment, care and home adaptations) to compensate for disabilities is also determined for them by the act on cash allowances. Equal treatment in the implementation of social and legal protection of children and social guardianship measures is guaranteed for children with disabilities by the Act on Social and Legal Protection of Children and on Social Guardianship. The 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, also establishes the rights of disabled citizens, as well as their entitlement to special benefits and cash benefits. SLPC&SG measures on a non-discriminatory basis are regulated by the Act No. 305/2005 Coll.

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

⁴⁰⁾ Standard for the examination of children's psychomotor development at the 2nd – 11th preventive check-ups in primary care - Revision I. Available at:

https://www.health.gov.sk/Zdroje/?/Sources/dokumenty/SDTP/standardy/30-6-2021/12/12_1_psychomot_vyvin-deti-pri-2_11_prev_prehliadke-v-prim_starostlivosti_1_rev.pdf

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

⁴²⁾ See: Policy Declaration of the Government of the Slovak Republic for the period 2020 – 2024, p. 46 Available at: https://www.vlada.gov.sk/site/assets/files/2439/pvvsr_2021-2024.pdf?csrt=6851129712940857601.

⁴³⁾ Slovensko.sk (2013) The joys and worries of parents of disabled children. Available at: [Radosti a starosti rodičov postihnutých detí \(slovensko.sk\)](https://www.slovensko.sk/radosti-a-starosti-rodicov-postihnutyh-deti).

⁴⁴⁾ Hovancová. (2020). We cannot change children's diagnoses, but we can fill their days with love. Available at: [Alexandra Hovancová: Diagnózy detí zmeniť nevieme, ale naplniť im dni láskou dokážeme | Promotion | .týždeň - iný pohľad na spoločnosť \(tyzden.sk\)](https://www.alexandra-hovancova.sk/diagnozy-deti-zmenit-nevieme-ale-naplnt-im-dni-laskou-dokazeme-Promotion-tyzden-iny-pohlad-na-spolocnost-tyzden.sk)

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

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

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

In the context of the situation in Ukraine, it is also necessary to focus attention on children in need with a migrant background, whose number in the Slovak Republic is increasing. After crossing the border, refugees from Ukraine are entitled to health care to varying degrees.⁴⁸⁾ State social benefits and assistance in material need are also available for those who have left Ukraine, including the provision of child and foster care allowances and assistance in material need.⁴⁹⁾ Unaccompanied children in need on the territory of the Slovak Republic must be immediately provided with the basic necessities of life by the authority for social and legal

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

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

⁴⁷⁾ National Programme for the Development of the Living Conditions of Persons with Disabilities for the Years 2021 – 2030 Available at: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/tazke-zdravotne-postihnutie/kontaktne-miesto-prava-osob-so-zdravotnym-postihnutim/dokumenty-3.html>

⁴⁸⁾ From 1 January 2023, the Ministry of Health of the Slovak Republic regulates the scope of health care for children and adolescents from birth to 18 years + 364 days who have been provided with temporary refuge in connection with the ongoing armed conflict in Ukraine, as specified in Section 2, Sections 3 and 7 of the 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.

From 1 September 2023, the Ministry of Health of the Slovak Republic regulates the scope of health care for adults who have been provided with temporary refuge in connection with the ongoing armed conflict in Ukraine, as specified in Section 2 and Section 3 of the 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. Ministry of Health of the Slovak Republic. Website. Available at: <https://www.health.gov.sk/?pomoc-ukrajine> [quoted 2024-10-31].

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

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

protection of children and social guardianship, and CCHF must provide comprehensive care for these children, including the provision of health care and psychological assistance.⁵⁰⁾ Within the meaning of Section 9h(1), (2) and (3) of the Act No. 580/2004 Coll.

Within the meaning of Section 9h(1), (2) and (3) of the Act No. 580/2004 Coll., a foreigner who is not publicly insured under this Act, is not insured in another Member State and is also

- a) a foreigner with subsidiary protection, or
- b) a foreigner with tolerated residence who has been included in the victims' protection programme,

is entitled to reimbursement of healthcare to the extent provided for by a special regulation.

A foreigner who is not publicly insured under this Act, is not insured in another Member State and is also a foreigner

- a) who has been granted temporary refuge in the Slovak Republic,
- b) who is an asylum seeker,
- c) who is a foreigner seeking temporary refuge,
- d) who has withdrawn their asylum application and requested voluntary return to their country of origin under assisted voluntary return and has been accommodated in a residence camp by the Ministry of Interior.

The above-mentioned health care is covered by the health insurance company with the largest number of insured persons.⁵¹⁾

4. Strategic frameworks and legislation in force for healthy nutrition

Good eating habits are defined by the Slovak Public Health Office as one of the basic habits of children for their healthy growth and development. Following the signing of the European Charter on Combating Obesity (hereinafter only the Charter) at the Ministerial Conference in Istanbul on 16 November 2006, the Slovak Republic declared its commitment to strengthen activities aimed at combating obesity in accordance with the Charter and to make this issue one of the objectives and tasks of the state policy. Subsequent implementation has been carried out mainly through specific departmental plans under the National Programmes, currently the National Action Plan for the Prevention of Obesity for the Years 2015 – 2025.⁵²⁾ The public health care is a system aimed at the protection, promotion and development of public health, including the monitoring of the effects of nutrition on human health and the development of recommendations for the nutritional intake of the population and for the nutritional policy of the state pursuant to Act No. 355/2007 Coll. on the protection, promotion and development of public health and on amendments and supplements to certain acts, as amended⁵³⁾. In the area of nutrition support, the Expert Guideline of the Ministry of Health of the Slovak Republic on the Diagnosis and Treatment of Obesity in Children⁵⁴⁾ and the Expert Guideline of the Ministry of Health of the Slovak Republic on the Promotion of Infant and Toddler Nutrition through Breastfeeding are effective⁵⁵⁾. In order to guarantee children in need effective access to sufficient and healthy nutrition, the state has introduced several measures.

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

⁵¹⁾ Act No. 580/2004 Coll. <https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2004/580/>

⁵²⁾ National Health Authority SR. National action plan for the prevention of obesity 2015 – 2025. Available at: https://www.uvzsr.sk/documents/41637/372955/NAPPO_2015-2025.pdf/bbb20f47-6573-3a63-9758-612d96e930e1?t=1664812463760

⁵³⁾ SLOV-LEX. 355/20007 Coll. [355/2007 Coll. - The act on protection, support and development ... - SLOV-LEX](#)

⁵⁴⁾ MH SR. Official Journals of MH SR 2011. Available at:

⁵⁵⁾ MH SR. Bulletins of the Ministry of Health of the Slovak Republic 2009. Available at: [Ministry of Health of the Slovak Republic \(gov.sk\)](#)

One of the state measures is the provision of a subsidy to support education in the child's eating habits (hereinafter only the food subsidy), which is provided pursuant to the Act No. 544/2010 Coll. on subsidies within the competence of the Ministry of Labour, Social Affairs and Family of the Slovak Republic, as amended, for a child who participates in the educational process in kindergarten or primary school, in the first to fourth year of an eight-year educational programme in secondary school or in the first year of a five-year educational programme in secondary school after being admitted to secondary school from the eighth year of primary school. The food subsidy is intended to help all children in the last year of kindergarten and elementary school, as well as children in kindergarten (except for the last year) living in families receiving assistance in material need or families with an income of the subsistence minimum or when more than 50% of children attending the school come from families in the material assistance system. The average monthly number of children receiving a food subsidy in 2023 is 319,665.

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

The Slovak Republic is also involved in the European School Fruit, Vegetable and Milk Scheme, which aims to motivate children to eat healthily and help them develop healthy eating habits. In addition to the distribution of fruit, vegetables and dairy products in schools, it also includes accompanying educational activities with the aim of increasing pupils' awareness of healthy nutrition, food production and contributing to the creation of a positive relationship between children and agriculture. In the Slovak Republic, the programme is known as the School Programme and is based on the Strategy of the Slovak Republic for the Implementation of the Schooling Programme for the School Years 2023/2024 – 2028/2029. At the same time, this programme is regulated by the Slovak Government Regulation No. 200/2019 Coll. on the provision of aid for the supply and distribution of fruit, vegetables, milk and dairy products for children and pupils in schools, as amended.

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