ECDUR UNICEF
ASSESSMENT OF NATIONAL CAPACITY IN EARLY INTERVENTION FOR UKRAINIAN CHILDREN WITH DISABILITIES IN SLOVAKIA

TENENET (NGO) Slovakia, EU

Autors:
PhDr. Elena Kopcová, PhD. – General director of TENENET oz
Ing. Martin Mňahončák, PhD. – Program director of MHPSS in TENENET oz
Mgr. Viliam Gyurke - Program director of ECI in TENENET oz
And by support and help of colleges from TENENET oz

Contents

INTRODUCTION

Since the beginning of the war in Ukraine, the Slovak Republic has been intensively involved in helping refugees from volunteers, non-governmental non-profit organizations, municipalities to the state administration in different waves and at different levels. As a helping country, we are on the top of our capacity for help.

However, this aid also has many problems and shortcomings. One of them includes help or inclusion of families with a child with disability or a child with special needs. Medically or mentally disabled child or with special needs. In the first year, the state was unable to provide financial, health, social or other forms of assistance for these families. This role was taken over by UNICEF, in the form of financial support (https://www.unicef.sk/kto-sme/218-informacie-pre-obcanov-ukrajiny/).

The aim of this study is to describe the current state of help, work with families and support for families with a child with disability or specific needs. These families have limited access to social, health, school, and other state services, which are not only related to their status as foreigners, but also to the overall state policy for such families. Currently, the State is committed to providing healthcare to all children with the status of temporary **outlander orphans**, and through the Ministry of Labor, Social Affairs and Family, assesses the level of admission to determine the financial contribution - not allowance. In this context, it is necessary to increase the level of inclusion, to set the same conditions as for citizens of the Slovak Republic, and to adjust the status of the resident alien to a temporary residence. The availability of regular schooling (formal education) as well as the recognition of qualifications and expertise in connection with more effective employment on the labor market also appear to be a problem, which has an impact on the prevention of poverty and low income of Ukrainian families who should be socially integrated in the Slovak Republic.

This study describes the current situation in the Slovak Republic with the aim of introducing inclusive measures that will prevent positive discrimination in relation to the citizens of the Slovak Republic and contribute to equal support for all families. In this analysis, we tried to describe the current situation, especially from the point of view of refugees and their children's perception of NGOs that provide them with help, free services, or advice. The goal is also to get feedback so that we can know their opinion, evaluate it and take corrective measures at the level of the state, municipality or NGO.

TENENET, o.z. is one of the largest NGOs operating in Slovakia and Ukraine. It employs more than 130 qualified employees, who have been providing services since 2010. All our services are licensed and, in the vast majority, provided free of charge. We have representation all over the country, we provide services both in our branches and in the form of mobile teams directly to clients. We are a stable partner of important international organizations such as UNHCR, UNICEF, IOM, IFCR, EASPD, WHO and other national and local NGOs. We cooperate with public administration, local government, municipalities, or the business sector.

EXECUTIVE SUMMARY

Based on data from the Research and Demographic Center (Info stat), there were 464,461 children under the age of 7 in Slovakia as of January 1, 2020. According to the Review of Expenditures for Groups at Risk of Poverty and Social Exclusion in the Slovak Republic, 4.8% of the children under 7 years are with a disability (3044 children) and 4.3% are children coming from socially disadvantaged backgrounds (2778 age group children). Early intervention service - social service was provided by 39 providers, of which 16 were public and 23 non-public. The number of recipients served by public social service providers was 440 clients as of 12/31/2020, and services were provided to 1,775 clients (children with disabilities) at non-public social service providers (early intervention), i.e., in total, the service was provided to 2,215 clients (compared to 2019, it was an increase of 515 clients), while 52.7 professional employees were employed at public early intervention providers and up to 171.3 professional employees at non-public ones. [2]

The high demand for targeted therapeutic interventions is partially met by the private and mostly NGO sector. These are interventions close like those in the education and healthcare systems, whose legislative often does not correspond to the services provided in the practice of social service provision.

Following the interviews (through telephone interview) with an expert from Universities, NGO, and municipal service providers of ECI in different part of Slovakia were done, aslo four focus groups (also with Ukrainian families with the children with disabilities in Slovakia – Bratislava, Žilina, Banská Bystrica, Košice) and included here in the text of a study with reference to their research or survey or expertise or policy papers (each with refereed sources at the end of study). And, lastly, interview with 40 Ukrainian families with children with disabilities, temporary living in Slovakia. We organised workshop with participation of higher territorial units, municipalities, and Ministry of health of Slovak Republic, to validate these findings and data from this report, not only to share the information (raising awareness):

At the national level of the Slovak Republic, several legislative materials, proposals, and measures are ready for discussion, which should contribute to a more efficient and coordinated procedure on the part of the state, local government and non-governmental non-profit organizations. The starting point at the national level are the following 3 key documents:

1) National strategy for the development of coordinated early intervention and early care services 2022-2030

(https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/ostatne/narodna-strategia-rozvoja-koordinovanych-sluzieb-vcasnej-intervencie-ranej-starostlivosti.pdf)

2) Action plan for the years 2023-2025 for the National Strategy for the Development of Coordinated Early Intervention and Early Care Services 2022-2030 (https://rokovania.gov.sk/RVL/Material/28326/1)

3) Eurlyaid: Recommended procedures for early intervention - a guide for experts (https://www.eurlyaid.eu/eciguidebook-slovakedition/)

Proposals for the introduction of a unified coordination system of support for children with at-risk development and their families (also for Ukrainian children with disabilities) with the aim of their integration into society, the following measures at the national, regional (VUC) and local (cities and municipalities) levels:

- Uniform assessment system and statistical monitoring - not based on pathology and diseases according to diagnosis (MKCH), but functional codes (ICF) according to needs, electronic database prepared within the framework of the National Early Intervention Strategy at the Ministry of Internal Affairs and Communications of the Slovak Republic and the Primary Prevention Committee (focused on early age) of the Government Council for Mental Health and ensure a financial mechanism for application in practice.

- Restructuring and revitalization of the services of 3 departments (school, health and social) for the purpose of coordination (information of the public and entry into the aid system, transition between aid systems), development (quality, education), accessibility and sustainability (networking, regional coverage, and continuity services) and funding of early intervention services. For this purpose, it will be necessary to renew the activity of the interdepartmental working group, which already operated in 2017.
    - Ensuring the availability of early intervention social services implemented primarily in the child's natural environment by self-governing regions (4% availability in 2018), which will cooperate with other entities supporting the child and his family. According to our calculations, an 11.5-fold increase in the budget for SVI will be necessary in the medium term (from the current 941,286 euros to almost 10.5 million euros).
    - Improving the availability of services supporting child development in healthcare (in 2018, availability of physiotherapy 17%) for young children (primarily aged 0-3 years) covered by health insurance, who will cooperate with other entities supporting children and their families. Their current deficit, possibly low availability and low rating by insurance

companies is also evidenced by the growing number of private providers, where the price of a two-week rehabilitation stay for one child ranges from 660 to 3,000 euros.

- Improving the availability of early care services in special pedagogical counseling centers (CŠPP) in the Ministry of Education (11% availability in 2018) to ensure the "integration of the child" through an individual study plan (inclusive education). At the same time, ensure that among the mandatory monitoring indicators of investments from public resources, there is an obligation to accept children with medical disabilities. We assume that it will be necessary to ensure such funding that CŠPP are motivated to work on the development of services supporting the development of children and for children from birth and to cooperate with other entities supporting children and their families. Small children require repeated and intensive interventions, which the low financial standard (approx. EUR 60-120 per child per year) does not cover. In the Slovak Republic, there is currently a very low level of school inclusion in general, which is rather declarative in nature and with the current massive branched system of special education (452 special schools are attended by 34,378 pupils, which represents a 7.2% share of all school-age children) and a low number of hours school attendance of a pupil with special needs makes it difficult to enroll children in a special school, even more so in a regular one. A fundamental change will be needed in this area as well, so that children with SEN and their families are integrated into an inclusive environment after the support of early intervention in preschool age and the chances of the child's integration into society increase, which is also the result of the so-called efforts of early intervention workers.

- Organization and integration of policies, systems and services, i.e. coordinated transition - interdepartmental (social, health, school) and intersectoral (public - state, self-governing, non-profit, business), the main stakeholder should be an interdepartmental working group - participation unit at 3 ministries, but probably at the Government Office (and not only for early intervention, but for comprehensive mental health) "psycho-social rehabilitation" and other professional methods and interventions for children with disabilities among different support systems. For example, from health services to early intervention services, from early intervention services to kindergartens and primary schools or other social services. To fill the gap between the 8-18 years of the child (early intervention for juniors) it is necessary to start a professional discussion, like the early intervention for children aged 0-7 years, because we need to ensure an adequate transition to other conditions that we should establish,

- Vocational training of workers - transfer to the curriculum of higher education institutions, further professional education, and supervision:
  - Defining guidelines for university curricular education and professional practice during university studies in humanitarian fields and further professional education, mentoring within the provision of services and supervision of local intervention teams at the national level.
  - Development of further education in the national qualification framework in accordance with the principles of education and based on effective methodologies. Defining specific guidelines for intervention evaluation procedures and processes and trans-disciplinary teamwork to guide professionals in their interactions with families and promote a family-centered approach. Greater emphasis on solving issues such as: compatibility of legal regulations and harmonization of measures; establishment and functioning of local intervention teams, assignment, and mobility of experts; early identification and referral of individuals to professionals; transfer of experience; monitoring and supervision of at-risk children based on prevention.
  - Providing expert supervision by experts trained in early intervention, improving communication processes within the team, sharing of ideas, dissemination of research results and interpretation of legislation.

Recommendations for the next action plan consist of 3 levels - national political, national professional and specifically from the workshop (member of the Primary Prevention Committee of the Government Council for Mental Health at the Ministry of Health of the Slovak Republic, VÚC - BBSK Department of Social Affairs,

Platform for Parents of Children with Disabilities, Pediatrician, TENENET as an early intervention service provider):

1) Political lobbying - among politicians and in the new government from September 2023, also at the professional sections of the Ministry of Internal Affairs and Communications of the Slovak Republic, the Ministry of Health of the Slovak Republic and the Ministry of Education and Culture of the Slovak Republic and through the Primary Prevention Committee (focused on early childhood) of the Government Council for Mental Health and work with SK8, VÚC:

a. The need to define care for early childhood development and to increase the mental health resilience of all families with all young children (in terms of prevention) and to divide the package of services depending on the needs of children with a health "disadvantage" (not yet a clear diagnosis due to the difficulty and long-time lag) – with increasing demands on resources with growing dysfunctions of the child and add a socially disadvantaged environment.

b. Screening and differential diagnosis collected by parents through pediatricians and to make the first contact and entry into the system more efficient and to anticipate further development and give it the necessary support in advance as part of prevention.

c. Intuitive parenting and parenting programs as well as mothering centers, community centers and other group activities should be used for education and development of skills and knowledge of parents of children with disabilities and continuous support of parents of children with disabilities in practice.

d. Reducing the qualification requirements for the professional staff of the early intervention service due to the need to increase the availability of the service. Establish a system of professional guidance, support, and supervision.

e. Increase the financing of early intervention services in the Slovak Republic - allocated under the Slovakia Program

2) To design a diagram of ideal early intervention services according to Slovak reality, to test the introduction of a pilot project, testing, feedback and verification of the modified model and the creation of a final version for the creation of an effective comprehensive model of coordinated early intervention services with examples of good practice.

METHODOLOGY OF THIS ASSESSMENT

Background information of this study is desk research of:

- general sources (government policies, plans, laws, normative bylaws, protocols and financial documents), organizational and component descriptions and websites, bilateral agencies and organizations (UNICEF), internet searches using keywords (name of country and leading topics), documents and technical guidance from national ECI and related national organizations, universities and training institutes and child and family status documents, national studies of rates of disability for children five years of age or younger, national service reports providing statistics on numbers of children served by ECI organizations for children with at-risk conditions, developmental delays, disabilities, and other conditions
- International and national policy documents pertaining to the ECI system (if any) and services of all types: national policies, strategies/strategy plans, action plans and legislation, including national development plans and other multi sectoral policies (ECD, women's and children's policies) that might mention contemporary ECI, evolving ECI services, and legacy services. Sectoral policy documents that mention ECD or ECI services: health, nutrition, wash, education, justice, social welfare, social and child protection and others. Normative/regulatory documents, including: ECI Guidelines and Procedures; regulations, regulatory systems, protocols, rule books, registration, accreditation or licensing systems, and service, personnel and/pr performance standards.

- ECI and related services information: To prepare for the ECI Mapping Survey, search for information and contacts regarding: Current ECI or related services including: contemporary ECI services; community-based rehabilitation services; center-based or hospital-based rehabilitation or habilitation institutions; childcare services for children with disabilities; inclusive ECD organizations; inclusive preschool centers, specialized health center's for children with disabilities; private therapy services; organizations of persons with disabilities; parent federation or associations; and ECI or Inclusive ECD coalitions, networks or associations, if any
- Human resource documents: the ECI Workforce and ECI specialists (by field) who participate in ECI organizations or other entities evolving toward providing contemporary ECI services.
- Training resource documents: descriptions of national university faculties, training centers, and shorter-term training activities. Data on the numbers of specialists and/or paraprofessionals and volunteers train annually by training sites and annual graduates per relevant fields. Studies of current training strengths, gaps, challenges and needs.
- Financial resources: Review the following types of documents: Public expenditure reviews or national ministerial and agency documents that might include ECI budgets and expenditures. Governmental documents regarding types of funding mechanisms that may be used at central, regional, and municipal levels where investments in ECI and other services evolving toward becoming contemporary ECI services. National NGOs, FBOs, CBOs and CSOs with ECI and evolving organizations.

Following the 40 interviews (through telephone interview) with an expert from Universities, NGO, and municipal service providers of ECI in different part of Slovakia were done and included here in the text of a study with reference to their research or survey or expertise or policy papers (each with refereed sources at the end of study). And, lastly, interview with 40 Ukrainian families with children with disabilities, temporary living in Slovakia - four focus groups (also with Ukrainian families with the children with disabilities in Slovakia – Bratislava, Žilina, Banská Bystrica, Košice).

EARLY CHILDHOOD INTERVENTION IN CONTEXT OF EU COUNTRIES

Abroad, in other EU countries of western Europe, early intervention programs are usually linked mainly to the first three years of a child's life and are usually defined as a complex of multidisciplinary services provided to developmentally vulnerable or disadvantaged children from birth to three years and their families, while early childhood education is provided from the fourth year. whose goal is to prepare the child for education. Early education assumes the child's development in areas such as physical and motor development, cognitive development, language development, social and emotional development, and readiness for education. Abroad, we repeatedly encounter the three most important types of early intervention: home visiting programs, childcare in centers, and parent education and training programs. In Denmark, Ireland, Great Britain and the Netherlands, the system of home visits is part of basic health care for all newborns and their mothers. In countries that provide a system of home visits, preventive programs, health education, supportive social services, and parent education are also included in the assistance to families. The all-day education system as a tool of inclusion creates space for both preparation and interest and other activities that will positively direct the possible negative influence of the family and wider social environment. The all-day educational system creates conditions for improving communication, for the application of playful and activating methods that have the potential to motivate the student to meaningful activity, while not disrupting emotional ties to parents. The development of parenting skills is based on the basic principles of parenting, such as providing a safe and stimulating environment, the home as a positive place for learning, setting rules and boundaries, realistic expectations of children and caring for parents.[6]

As part of the consideration of the direction of the future development of early intervention, it is important to preserve what the European Agency for Special Needs and Inclusive Education (EASNIE) presented as part of the recommendations for early intervention in the European context. Considering political priorities in the European area and progress in the field of early intervention in various countries, it identified several key areas that require greater effort and attention in several countries. EASNIE has identified areas in which greater investment is needed (EADSNE, 2011) in order to develop early intervention more equitably and effectively and to ensure " (...) the right of every child and family to provide the necessary support ", as follows:[11]

- early intervention strategy: will strengthen cooperation between different departments.
- early intervention services and implementation of evaluation mechanisms: it will ensure compliance with the standards, and thus contribute to improving the quality of early intervention services.
- adequacy of public funding in the field of early intervention: with the aim of changing the current situation, when early intervention receives less attention and less investment than any other stage of education, although it is proven that in timely intervention is more efficient and effective than intervention at a later stage of development.
- development and qualification of experts: it requires the establishment of professional standards through the recognition of the qualifications of experts working in the field of early intervention and the provision of quality training corresponding to the challenges in the field of early intervention and access to proven procedures.

Next, we present four axes around which it is possible to concentrate the individual aspects that the authors define in the framework of the proposal to modify the system of early intervention in Portugal, what perfectly suits to Slovakia state of play in early intervention: [12.]

1**. Framework of early intervention**

- development of a set of guidelines creating a common conceptual framework for the local intervention team in the field of transdisciplinary, family-oriented, and community-based procedures.
- defining quality criteria for early intervention procedures.
- establishment of an advisory committee of renowned experts at the national level.

2. **Professional training of workers – further education and supervision:**

- defining guidelines for further education within the provision of services and supervision of local intervention teams at the national level, including preschool teachers working at early intervention reference schools.
- development of further education in the national qualification framework in accordance with the principles of adult education and based on effective methodologies.
- provision of professional supervision by experts trained in the field of early intervention, which will improve communication processes within the team, sharing of ideas, dissemination of research results and interpretation of legislation.

3. **Organization and integration of policies, systems, and services:**

- Development of early intervention as an integrated system and harmonization of interdepartmental and intradepartmental cooperation at the national, regional, and local level and teamwork.
- Greater emphasis on solving issues such as: compatibility of legal regulations and harmonization of measures; establishment and operation of local intervention teams, allocation, and mobility of professionals; early identification and referral of individuals to experts; transfer of experience; monitoring and supervision of children at risk based on prevention.

4. **Intervention evaluation process and interaction between professional and family:**

- Defining specific guidelines for intervention evaluation procedures and processes and transdisciplinary teamwork with the aim of providing guidance to professionals in interactions with families and supporting a family-centered approach.

OVERVIEW OF GENERAL CONTEXT & LEGISLATIVE FRAMEWORK RELATED TO ECI

1. The need for ECI service in Slovakia
2. Legislative framework for ECI

Early care for disadvantaged children should be an outreach service. For families with children with disabilities, current childcare facilities for children under 3 years of age are not of adequate quality in Slovakia. Placement in institutional care is also criticized at international level. The UN Committee on the Rights of Persons with Disabilities recommended Slovakia as a State Party contracting state to ensure complete deinstitutionalization and transition from facilities to the community. The importance of early care in a family environment is also evidenced by the results of the Mobile Teacher program (special teachers and field social worker as community-based crisis intervention program, experts go to the field, mostly to excluded ghettos of Romas and helping to children with disabilities under 3 years to increase development) which was aimed at meeting the needs of families with children with hearing impairment. The quality of support is determined by the greatest possible degree of outreach services, thanks to which the child can progress in a safe environment. The core ideas of such programs are to work with the whole family and developing parenting skills.[14]

Exact data on the size of the total population of children at risk are either missing or are defined and collected differently across departments. According to data from the Ministry of Education, in 2018, 3,044 pupils in the zero, preparatory and first grades were diagnosed with a disability (4.8% of all pupils in the zero, preparatory and first grades). We do not know the number of children with developmental delays without a confirmed disability. Children from marginalized Roma communities can be considered at risk from environmental conditions with concentrated, generationally reproduced poverty. In 2018, the size of the population year of children from MRK was 2,778 children (4.4% of all pupils in the zero, preparatory and first year).[10]

The early intervention service has existed in Slovakia since 2014, when it was introduced by amending (§ 33) Act No. 448/2008 Coll. on social services, as amended. It is provided to a child under 7 years of age if his/her development is at risk due to a disability and to the entire family of this child. Thus, early intervention represents a complex of services that includes different types of support provided by a team of experts to the family and the child aged 0 to 7 years, whose development is at risk and delayed for various reasons, with the aim of preventing disability, eliminating, or mitigating its consequences, and to provide the family and the child with the possibility of social integration. As part of the early intervention service, specialized social counseling and social rehabilitation are provided, and stimulation of the **complex** development of a child with a disability, preventive activity, and community rehabilitation is carried out. Stimulation of the complex development of a child with a disability is a professional activity, the content of which is the implementation of procedures and techniques that support the child's psychomotor development, the development of communication skills and the child's adaptation to the surrounding environment in accordance with his individual needs and abilities, with the fact that it is also aimed at strengthening the abilities of family members of a child with a disability in the area of caring for this child.

It is provided to a child with disabilities up to 7 years of age and his family, since without the necessary support, the child's development may be at risk and, at the same time, there may be a risk of social exclusion and poverty of the child and his family. The social service must consider not only the individual needs of the child, but also the needs of other family members and overall family context. Furthermore, it is intended to help the family to realize and strengthen their own abilities and resources in overcoming everyday problems and situations. The advantage of this service is that it can be provided not only in an outpatient clinic (e.g., in a center), but also directly by professional staff in the field in the child's natural environment (i.e. at home, in a kindergarten, on the playground, etc.), where the child spends a significant part of the day. The counselor supports the child's development in the home environment, helps in creating routines in which the child learns naturally, finds opportunities for greater independence of the child, and adjusts the environment to be stimulating for the child. In searching for the most suitable solutions, the counselor works with parents and provides social and psychological counseling to family members. The individual needs of the child and the family also include the scope, place of provision and how often the family needs the early intervention service. The family therefore negotiates with the provider the scope, intensity, and place of service provision according to its specific individual needs.[1]

Activities provided by law as part of early intervention services include[1]:

- specialized social counseling – finding out the causes of the origin, nature, and extent of the problems of an individual, family or community and providing them with specific professional help (19 paragraph 3 of Act No. 448/2008 Coll.)
- social rehabilitation - support of autonomy, independence, self-sufficiency (e.g., development and training of skills, activation of abilities, strengthening of various habits, training in the use of aids, development of spatial orientation, independent movement) (§21 of Act No. 448/2008 Coll.)
- preventive activities – preventing, overcoming, and solving risky situations (23a of Act No. 448/2008 Coll.)
- stimulation of the child's complex development - implementation of procedures and techniques that support the child's psychomotor development, the development of communication and the child's adaptation to the surrounding environment in accordance with his individual needs and abilities, and which is also aimed at strengthening the abilities of family members for care for the child (23b of Act No. 448/2008 Coll.)
- community rehabilitation – ensuring the cooperation of subjects, which are mainly family, community, educational institutions, employment service providers, social service providers and health care providers; the goal of community rehabilitation is the restoration or development of a person's physical, mental, and work abilities and support for their integration into society (82 paragraph 3 of Act No. 448/2008 Coll.).

There are approximately 14,000 children with disabilities under the age of 7 in the Slovak Republic. Considering several demographic indicators (average life expectancy, number of household members, number of children born with disabilities and/or at risk of development), it can be estimated that the total number of people with disabilities (adults, children) may be as high as 613,600, which represents approximately 11.4% of the total population of Slovakia. Of the children under the age of 7, only 2,254 children have a card of disabilities (official documents by state about disability status) disability card. This data is therefore not relevant for the purposes of mapping the need for early intervention services SVI. At the same time, it shows that many parents of children with disabilities do not apply for a card, or their applications are rejected. According to the data of the Report on educational counseling and prevention school facilities for the school year 2016/2017, 23,162 children with disabilities up to the age of 7 were children supported by the center for special teaching and counseling (CŠPP). clients of CŠPP.[3]

In the Slovak Republic, early intervention is understood in a broader sense as a set of possible interventions and measures for a child with at-risk development up to 7 years of age and/or his family reflecting their needs:[3]

- In the health sector, early intervention includes preventive, screening, diagnostic, therapeutic, treatment and counseling interventions from the time of detection of the risk of delayed development or diagnosis provided as part of the outpatient or institutional/residential health care. Early intervention thus includes the

performance of individual health workers and the provision of medical services aids. Evidence shows that the intensity of the support provided is not sufficient and the coverage, as compared to the need, is low. When recalculating the number of physiotherapies sessions per 1 patient up to 3 years, we get the frequency of exercises 8.7 times a year. If we assume that the average need for physiotherapy sessions is 50 a year, the availability of timely intervention from the health sector is 17%. General care for children and adolescents is provided in pediatricians' clinics, of which there were 1,052 in 2016 and **952 pediatricians worked in them.**

- In the education sector, through the activities of special educational counseling facilities, early intervention includes preventive, diagnostic, rehabilitation, stimulation, and counseling services. The cooperation of the staff of special educational counseling facilities with teachers of pre-primary and primary education facilities in the form of a transit process is implemented to effectively integrate the child into the educational process. The target group - children with disabilities alongside to children with special need or developmental difficulties, are supported by centers of special pedagogical counseling and prevention, which carry out activities: diagnostic, counseling, therapeutic, preventive, rehabilitation. When recalculating the 705 children under 3 years of age who visited the CŠPP - we get **the availability of early intervention in the education sector at 11% from overall needs**
- As part of the country social services and f social affairs policies early intervention service (hereinafter SVI) and other social services, as well as disability benefits, including aids are provided by the State Office of Labour, Social Affairs and Families. As of May 30, 2018, 26 early intervention social service providers were registered in the Slovak Republic. Until 31.12.2017, 857 children with SEN and their families were accompanied by 22 registered providers**, as of 1.1.2018, 515 families of children with special education needs received the service, which represents a 3.7% share of the target group** (survey APPVI, 2018). The capacity of SVI providers assumes that a full-time employee usually provides support to15 families (based on the experience in the Czech Republic and the experience of providers who have been providing SVI for several years). If we recalculate the data in 2017 – for a full 58 full-time positions, the capacity of the network of providers is 865 families. As of January 1, 2018, the service was provided to 515 families. **The system works at 60% of its full capacity 31.12.2017.** We can explain this by the fact that the ramp-up curve after the start of SVI provision is approximately 20 families per year. As of 21/31/2017, **561 families** were provided with SVI in Slovakia, **which corresponds to 3.7%** of the target group. In 2017, the share of the field form of social service performance was 76%. In 2017, the family allowance was different for individual providers. It ranged from **179 Euros to 3,267 Euros/family.**

Practical unavailability of early intervention service. Parents of children with disabilities have pointed out during interviews that in practice they do not have access to this service because, although this service is legally free, providers make this service conditional on receiving additional paid services, which discourages many parents.[8]

The high demand for targeted therapeutic interventions is partially met by the private and mostly NGO sector. These are interventions close like those in the education and healthcare systems, whose legislative often does not correspond to the services provided in the practice of social service provision.[3]

Non-profit organizations, which in many areas supplement or replace dysfunctional public services, secure their resources through a combination of volunteerism, private resources, foreign resources, and public resources. But this does not allow them to develop organically and systematically and causes pressures, tensions, and frustration both for NGOs, the same as for families with children with disabilities. Many innovative solutions piloted in the first decade of the 21st century did not find expansion since there were no such policies that would sufficiently connect the sphere of non-profit organizations with the public sector and introduce these innovations.[9]

Based on data from the Research and Demographic Center (Info stat), there were 464,461 children under the age of 7 in Slovakia as of January 1, 2020. According to the Review of Expenditures for Groups at Risk of Poverty and Social Exclusion in the Slovak Republic, 4.8% of the children under 7 years are with a disability (3044 children) and 4.3% are children coming from socially disadvantaged backgrounds (2778 age group children). Early intervention service - social service was provided by 39 providers, of which 16 were

public and 23 non-public. The number of recipients served by public social service providers was 440 clients as of 12/31/2020, and services were provided to 1,775 clients at non-public social service providers, i.e., in total, the service was provided to 2,215 clients (compared to 2019, it was an increase of 515 clients), while 52.7 professional employees were employed at public early intervention providers and up to 171.3 professional employees at non-public ones.[2]

In the Department of Labor and Social Affairs, early intervention service providers (PSVI) work with families with children with disabilities up to the age of seven. In the education sector, special pedagogical counseling centers (CŠPP) focus mainly on working with children with disabilities themselves and stimulate their development through special pedagogical care. Currently, only children with a medically confirmed disability are entitled to receive support from the Department of Labor and the Department of Education. Thus, the system does not guarantee access to services for children with developmental delays (without a confirmed disability) and for children from socially disadvantaged backgrounds.[10]

In 2018, an interdepartmental working group focused on the issue of early intervention was established at the Ministry of Internal Affairs and Communications of the Slovak Republic. However, the real impact of the working group on systemic changes so far is limited. There is a lack of a supra-ministerial strategy, in accordance with which the system of early care for children at risk could be developed in an integrated and systematic manner. Each department independently sets the range of recipients, services and related activities, related standards, as well as the structure of services and funding mechanisms. Support for the lifelong education of experts in this field with an emphasis on their specialization in internationally recognized methods is also insufficient. [10]

Contributions for service providers per hour of early intervention service are determined by the VÚC (municipality - higher territorial unit). The amount of these contributions currently varies, from 7.6 euros in the Žilina region to 15 euros in the Košice region (Chapter 4). The measure assumes that higher territorial units will annually set and publish the average current expenses for the early intervention service, which will, among other things, consider real personnel costs for the wages of professional employees, their supervision and training, operating costs for renting premises, including the costs of field service provision and utilities. [10]

Slovak analyzes of the costs and benefits of early intervention focused on children with disabilities (children with autism spectrum disorders and children with hearing impairments) demonstrate that the benefits of early intervention exceed the costs of providing it, and that in addition to improving the quality of life, better results occur on the labor market and saving public resources in the field of education and social services. [10]

Despite the legislative anchoring of services aimed at supporting children with disabilities aged 0-7 and their families in the departments of health, education and work, social affairs and family, the practice suggests systemic issues:[2]

- Fragmentation of the system of early intervention across sectors - education, labor work, social and family affairs and health without functional and stable cooperation for addressing the specific needs of the target group of children and their parents.
- Lack of defined competences and interconnection between the involved individual sector ministries, implementation, and provision of related interventions at different levels of public administration.
- The fragmented system of early intervention and early care does not sufficiently consider the individual, complex needs of children and their families, leading to their social inclusion. The relevant sector-oriented components of the system are not sufficiently connected and do not ensure a smooth transition between services. When it is necessary to transfer a child with a disability or with developmental delay to the services provided by another sector, there are neither established procedures nor published complexed (in between social, education and health) registers of other services. In addition, each department uses its own monitoring system. Unification of systems could serve as a basis for efficient planning of services across departments and smooth transfer of a child to the care of another department.
- In addition to the comprehensive system of early intervention and early care services, it is necessary to ensure effective interdepartmental (in the social, health or educational) case management of the child and parents in the system of effective intervention, according to individual needs and interventions. So there is

a need for complexed approach (registered database, procedures, case management) of overall services (social, health and educational) for a child with disabilities and his/her family.

- There is a need for support for inclusion of children with disabilities and from socially disadvantaged backgrounds in kindergartens, also due to the lack of teacher assistants in kindergartens.
- The availability of services is not sufficient, problems are often identified late, there is a lack of specialized coordinated multidisciplinary services that would be able to respond to children who need a high level of support for their development (especially children with severe disabilities, mental or combined handicaps, and who experience mental health problems).
- Notification of a child's diagnosis or a positive screening is often not associated with the provision of crisis intervention, sufficient information about the diagnosis and support for parents.
- Sending the child to further care is carried out by the attending physician or other attending health worker, if they have contacts, there is no interdepartmental cooperation.

EARLY CHILD INTERVENTION (ECI) IN THE SOCIAL SECTOR

Early intervention is poorly accessible for the most vulnerable groups of children. Early care programs are extremely important for disadvantaged children. Disadvantages can be caused by the family's disadvantaged situation, or by the child's health condition. Early care programs for children under 3 can support social inclusion, not only of children, but also of their families. However, the existing early intervention system cannot meet the needs of all children with disabilities. Although three public sectors are involved in supporting children and their families' serious challenges exist and services are not sufficient to meet the needs. In the case of children from socially disadvantaged backgrounds, the situation is even more complicated. The current legislation does not include provisions of the early education process of children with disabilities under the age of 3 to ensure access, which can negatively affect their chances of standing on the same starting line as their peers when entering school.[14]

Children with disabilities have limited access to early intervention services. According to the Association of Early Intervention Providers and Supporters, financial, regional, and information accessibility to early intervention services for families with children with disabilities is low. Although three departments participate in the creation of the support network, in each of them there are problems that affect the access of the smallest and most vulnerable to early care. At the end of 2017, only 561 families with children with disabilities benefited from early intervention service, which in terms of the Act on Social Services 3 includes counseling, preventive activities, as well as stimulation of the development of the child at birth, which makes up only 3.7% of the total number of children entitled to the service. 4 A positive finding is that 76% of services were provided in the form of field work, so in a natural child's environment, which has a much higher effect than outpatient work.[14]

In the health department, pediatricians, and various medical specialists, as well as professional health workers provide diagnostic and therapeutic support for child development. However, the low availability of specialists for children under 3 years of age does not allow to provide all children in need with support. The number of clinical psychologists in relation to this age group of children was 8% in 2017 (and nowadays there is a similar situation), clinical speech therapists 9%, and occupational therapists only 0.6%. There is also a lack of experts in medical facilities who provide physiotherapy and rehabilitation for children under the age of 3. Only 17% of the children with disabilities received these services. [14]

The urgency of the issue of equal opportunities in education is especially felt by parents of children who are disadvantaged compared to other peers. Whether it is a disadvantage due to poor social or unfavorable health conditions, the fact is that these families need carefully targeted support and help in providing early care. It is necessary to open the topic of equal educational opportunities much earlier than when children enter school. Objective intervention must begin in the period when the most dynamic development of children's personality occurs, that is, in the first years of their lives. It follows from this that

the state must create a meaningful support system that will respond to the diverse needs of the most vulnerable groups of children and their families. The absence of a conceptual solution to the issue of early care in relation to socially and medically disadvantaged children is a manifestation of indifference, as well as ignorance of the principle of equal opportunities in education.[14]

In the educational sector, the care of children with disabilities is the responsibility of special educational counseling centers (hereinafter referred to as CŠPP). According to the national legislation, educational sector hos no mandate to provide support for newly born children (in the age of 0-3 years). Only mostly in private educational sector, there is 11% of overall needs covered. CŠPP's activities are primarily linked to preschool and school facilities. Parents of young children with disabilities (0-3 years) meet the mentioned CŠPP services only after their children reach appropriate age, when they are looking for a place for them in a kindergarten, or later in school.

and one percent of all children who receive services were children under 3 years of age. They used CŠPP in the monitored year.[14]

According to experts, this situation is mainly caused by a badly set up financing system, which depends on the number of clients, not number of interventions. So, centers are thus motivated to provide one-time outpatient services rather than intensive field work with their families.[14]

Early intervention social service was provided as of 31.12.2020 to 2 215 families with children with disabilities under the age of 7, i.e. 10.4% of children with disabilities under the age of 7, early care was provided by Special Pedagogical Counseling Centers in 2018 only for 1267 children with disabilities, i.e. 14% of children with disabilities under 3 years of age, and repeated physiotherapy in the health department was provided to only 17% of children with disabilities under 3 years of age as of December 31 2018.[2]

Table: Number of clients in counseling facilities by age, type of disability and impairment in the 2017/18 school year [14]

Počet klientov v poradenskom zariadení podľa veku, druhu postihnutia a narušenia v školskom roku 2017/18

	postihnutie*						
	syndróm autizmu	mentálne	sluchové	zrakové	telesné	viacnásobné	SPOLU
menej ako rok	1	4	13	0	20	11	**49**
1 rok	0	10	19	7	62	29	**127**
2 roky	32	12	30	18	36	56	**184**
3 roky	183	47	46	34	53	139	**502**
4 roky	266	82	40	52	40	243	**723**
5 rokov	318	210	65	96	53	323	**1065**
6 rokov	393	372	89	83	77	506	**1520**
7 rokov	345	683	55	65	63	746	**1957**
	1538	**1420**	**357**	**355**	**404**	**2053**	**6127**
Celkový počet klientov predškolského veku (od 0 do 7 rokov) v sledovanej cieľovej skupine za šk. rok 2017/2018							**6127**
Celkový počet všetkých klientov v poradenskom zariadení za šk. rok 2017/2018							**90062**

* Vybrané typy postihnutia zodpovedajúce kategórii dieťaťa so zdravotným znevýhodnením podľa Cangár a kol. (2016)

Zdroj: To dá rozum, na základe CVTI SR (2019)

Inclusive Early Childhood Education and Care (ECEC) services can support the development of children from disadvantaged families and children with disabilities.[14]

The last option for these families could be law -threshold social services for children and families and community centers. The Act on Social Services does not mention the provision of early interventions. Rather, it is about helping in exercising rights and interests protected by law, about interest-based activities and helping to prepare for school attendance and school teaching or accompanying children to and from school. These services therefore concern older children's who attend kindergarten or are already in compulsory

education. Despite this, in practice, as part of the activities of some community centers and low-threshold social services for children and families, programs aimed at increasing parental competences are also implemented. However, all children from socially disadvantaged backgrounds need such support, but the current legislation does not allow for such programs, and a comprehensive strategy for supporting families and children who live in conditions of social exclusion does not yet exist. [14]

Slovakia is among the countries with the lowest rate of placement of children under 3 in kindergarten in institutional daily early care. This fact is related to the setting of the system of social support for parents (state pay the parental allowance for mothers in maternity leave with no need for employment, ever social and health public insurance pay state for mothers till the child`s age of 3. These services are not available or not accessible for many of the disadvantaged children and children with disabilities.[14]

If a parent needs an early intervention service, the obligation to provide and finance this social service rests with the relevant higher territorial unit of municipality VÚC (through its organizations or non-public providers) in which the child with SEN has permanent or temporary residence. Unlike other social services, for the purposes of this social service, children do not need to be assessed by employees of the municipality or higher territorial unit of municipality as guarantor of disability assessment status VÚC. Children 's disability can be proven by confirmation from a health care provider (e.g., pediatrician). The early intervention service is free. Some early intervention centers require a contribution for the transport of toys and materials or a contribution for the provision of material services connected with the provision of community-based outpatient social services.*[1]*

Due to the lack affordable and accessible individualized complex and coordinated support funded from public funds, parents look for and subsequently use various mutually uncoordinated interventions provided by entities that are private. These interventions are associated with the obligation to pay the incurred costs from their own resources, e.g., for the implementation of outpatient therapies, rehabilitation stays, but on the assumption that families have this option of paying for the costs of the provided interventions from their own resources. The financial burden for the families of the target group of children is high. The amount for therapy is up to 4,217 euros per year, i.e., 351 euros per month in families with children under 7 years of age. However, in many cases, families of children with disabilities find themselves in an unfavorable socio-economic situation, so services to support their children's development, the provision of which is linked to the obligation to pay a fee, cannot be provided continuously and often even once. At the same time, 37.6% of Slovak households in 2020 report that they managed the family budget with difficulty /rather with difficulty. Financing of the early intervention - social service by the VÚC still does not cover the real costs, especially of non-public providers and is not uniform at the regional level. The financial allowance for operation provided by the provider of social services varied between 9.50 and 16.00 euros per hour, in different parts of Slovakia.*[2]*

Measures aimed at care in early childhood with the transition to education can be seen as an effective means of ensuring equal opportunities and application in later life. Social service/professional activity designed for children living in families at risk of social exclusion must be focused not only on children, but also on parents and on increasing parental skills, prevention, and elimination of negative effects of risk factors affecting the family. With this target group, it is also necessary to consider other life circumstances of families and ensure the greatest availability and accessibility of the service. The service must therefore comply with theˇ principles of low threshold. Another important aspect is the possible language barrier. If the family speaks a minority language, it is necessary for the provider of such an early care service to have the opportunity to provide interpretation and thus make communication in the language of the family accessible, if he does not speak this language. Based on the above, it is desirable in the legal framework of the Act on Social Services to define support for families with children aged 0-7, including for development of parenting skills as an unfavorable social situation, which requires to be addressed within the framework of social services.*[2]*

Early intervention service on the development of the potential of children with specific needs is highly needed with positive effects on children`s health and development. significant. At the individual level, a common sign of successful early intervention was if the child achieved the maximum possible degree of independence in self-service activities and in reducing the degree of dependency. At the community level, early intervention is successful if it is possible to involve children in the life of the extended family, neighborhood, community, and after the end of early intervention, especially in the education system.*[4]*

7 centers and 26 early intervention providers operate in Slovakia. The target group of early intervention centers are families with children with various types of disabilities. The early intervention service

has a multi-departmental character (MoH, Ministry of Health and Welfare and Ministry of Health and Welfare of the Slovak Republic), which requires cooperation between experts and coordination of the services provided.[4]

Research by the University of Trnava (2020) shows that the needs of early intervention service providers in the Slovak Republic currently include [4:]

- The need for sufficient funding - the lack of funding threatens the composition of early intervention teams, as the financial coverage of employees' salaries is uncertain for many in the future.
- The need for staff training - it is important that staff properly communicate with parents and the whole family, identify their needs, and involve the whole family in intervention processes.
- The need to improve the quality of communication between professionals - communication between professionals is important for establishing cooperation with the family as soon as the child is born; with pediatricians, who are the first to know the health status of children and have the closest contact; with parents ; with the relevant district and city authorities, whose task is to provide˘ counseling for parents who apply for the early intervention service; with kindergartens and elementary schools, which should accept a child with specific needs in the educational process as part of inclusive education

Research by the University of Trnava (2020) shows that the needs of families with children with disabilities currently in Slovakia include[4:]

- The need for support from professionals (medical staff, staff of early intervention centers, psychologists, etc.), from the family and the neighborhood was the most frequently expressed need. Women - mothers even feel it more often.
- The need for social contacts and relief from responsibilities to avoid social isolation of the family, burnout of those who take care of children with disabilities, falling into a routine.
- The need for time for children that creates a sense of security and safety background.
- The need for stimulation, which is associated with love and psychological well-being and acceptance.
- The need for an emotional connection primarily with the parents of the children, then with siblings and grandparents (these two groups proved to be extremely important for children with disabilities in our research).
- The need for information from experts about diagnosis, help and support options.
- Financial needs associated with increased expenses for childcare, the necessity for at least one of the parents (most often the mother) to leave work and devote themselves to 24-hour care.
- The need for inclusion, education, and overall follow-up services after the end of the provision of the early intervention service - this turned out to be the most important need in our project.

It turned out that families need support already in the first phase of accepting children, when providing information about the health status of children. They need a sensitive and empathetic approach of the staff, contact with a support person, professional help for parents, but also siblings and grandparents. In the beginning, parents need to see perspectives, get quality information material, so that they do not have to search for and filter information themselves in a situation full of emotions. Families need the help/intervention of an expert, both in processing their own internal frustrations and emotions, but also in caring for relationships between family members. The form of intervention (psychotherapy, counseling, counseling), its periodicity (regularity, ad hoc) and the selection of an appropriate type of facility are important. Acceptance by society substantially increases the quality of life of these families, primarily from the point of view of their social inclusion and functioning. Acceptance also means creating the conditions for their full functioning. In this area, there are still reserves in health, school, and special care for children with disabilities.[7]

Recommendation for the improving the support of services for children with disabilities[7]:

- Add basic information, " first aid packages ", i.e., navigation for parents, where they can go, who to contact.

- Information about early intervention provision should be obtained directly from the neonatal wards of hospitals.
- Networked, integrated and continuous help in individual stages of life.
- Offer to accompany parents and the whole family.
- The use of counseling as a new method of non-directive guidance - Counseling, i.e., guidance, is one of the methods of social work, which represents a way of helping clients in coping with difficult life situations. This is a form of individual support in which the guide leads the guided to mobilize his own internal resources, necessary to solve the problem. So, we are talking here about help for self-help.
- Support the admission of with disabilities for inclusive education.
- The possibility of˘ layout of the lesson and selection of subjects that can be dropped;˘
- Simplify the system of personal assistants and dispatch service.
- Supplementing the legal regulation in the institutional, financial and personnel area of early intervention (§33 of Act no. 448/2008 Coll. on social services) with a focus on the whole family.
- Regular as well as additional education in the field of helping ECI professions focused on counseling.
- Inclusion of the counseling profession in the catalog of job positions.
- Ensuring legal, financial, personnel and professional conditions for the establishment of family assistance centers (amendment to the fourth chapter of Act No. 448/2008 Coll. on social services).

FINDINGS FROM THE SURVEY (QUESTIONNAIRE & FOCUS GROUPS)

Our survey is focused on inclusion of all Ukrainian children (with and also without disabilities) to Slovak community in Slovakia with emphasize to special needs caused by disabilities. 40 respondents from mothers with children with disabilities who have been in Slovakia for a year. The median age is 35 years. During April 2023, we organized four focus groups (also with Ukrainian families with the children with disabilities in Slovakia – Bratislava, Žilina, Banská Bystrica, Košice), during which we collected e attached questions from EASPD, which would give us a better picture of the situation in families.

In the first days of their stay in Slovakia after fleeting from Ukraine in war, it was for families with children with disabilities mainly about calming down, then about orientation, and only then were they able to start actively looking for help for their families. The biggest problem was exchanging money, finding decent housing, and accepting the fact that they might be staying here for the rest of their lives.

Financial support from UNICEF, IFCR, IOM, UNHCR or private foundation sources (various charity and private sector sponsorship) is a huge help for Ukrainian refugees in Slovakia, because the cost of health services and aids are very high (mostly for children with disabilities). There is especially appreciated the subsidy for rent, free bus and train, food, and clothes. Mostly they spend the money not for services but to buy things for basic needs. It is very important to keep some of subsidy, to start intensive inclusion and to set the families to Slovak standards and rules.

60% of focus group respondents have a child with disability in the age of 0-7 and 40% in the age of 8-18. A similar percentage (20%) of the level of satisfaction with the number of hours of assistance provided is also found in similar studies on the part of Slovak families. This is a systemic need for setting up on the part of the state, municipality, or municipality. There is a need for assessment of support by interdisciplinary team of professionals (social workers, pediatrist, psychologist, psychiatrist, physiotherapist, speech therapist, teacher and trainers), because only 30% of respondents have support on multidisciplinary level.

Mostly they are missing pediatrist, psychologist, psychiatrist, physiotherapist, and other type of health specialist. The main problem is the situation in Slovakia. Also, Slovak families have problem to get lot of services in appropriate time. This is a system problem, that needs to be solved.

In General, 60% of families have met another Slovak or Ukrainian family at least once. Half of them continue to meet. As can be seen from the answers, the best place for meeting and exchanging experiences is children's extracurricular activities, joint community events, sports activities, or playgrounds. Also, based on this experience, it is necessary to persevere in community activities, expand the offer and involve Slovak families more. At the same time, it is surprising that up to 20% of families have not met another family. This gives us a strong message to increase mobile services, identify such families and find out the reasons for this condition.

These answers show the fact that Ukrainians do not know and don't care about the name of the organization that provides them with services when visiting integration centers (sports clubs, group creativity activities, chess, Slovak language, etc.). It is important to keep the integration centers and, on the contrary, to build them in those regions where they are still missing. These are mainly elderly people and families with children who visit them regularly. On the contrary, in the domestic environment (field social work, in the child`s natural environment) it is the exact opposite, mainly because of the more personal approach of the employees of individual organizations. In one case, there was also a negative experience and a subsequent exchange of the organization providing the services.

In most cases (80%), the level of intensity of services and interventions are stabilized at the level of once a week. 10% is twice a week and the rest are according to the agreement. Organizations that provide services to refugees are stable.

The percentage of families who want to stay to live, work and study in Slovakia is growing from month to month. It also follows from our answers that only a third of the respondents are determined to return to Ukraina for sure. Responses of this goup in the Survey show a low level of interest in integration. They still have a need for support and help and not a need for inclusion, integration or moving forward. The biggest problem in these families is the high percentage of children in online classes. Here we are already investigating the first pathological symptoms of sleep disorders, behavior, schizophrenia or lagging Ukrainian peers who attend Slovak schools.

50% of these families are already preparing for the situation of staying in Slovakia or the EU. Working with families who have made such a decision is much easier, they are interested and are looking for other possibilities of help or support themselves. Children who attend Slovak schools become the engine of the family in relation to language, culture or new friendships and ties. Just visiting school or work alone has a great inclusive impact on the whole family.

In general, and based on other inputs (interviews, discussions), we can state that some services for refugees are provided at a different level in the Slovak Republic. The variety of answers and the point of view of the questions are very varied. In short, however, we can state that the level of services provided is at a higher level. The only slight difference is the schools, which, however, are more difficult to compare or the level of prices in the healthcare sector is higher. In the area of social services or child support, it cannot even be compared.

The absence of social services, as we know them in Slovakia, gives great potential for the introduction of these services or a field of study during the restoration of Ukraine. Charitable organizations that distribute clothes, food or toys are also perceived very positively.

In relation to this question, the phenomenon was confirmed to us that there is no common database of families with children with disabilities or all refugees in Slovakia. The diversity of the number of supports and supported children shows the fact that even the cooperation of international organizations has its weaknesses, especially in databases, exchange of information and cooperation in the provision of help, support, or services.

Also, based on these facts, we should put more pressure on the level of cooperation, exchange of information and use of a single "source" of data in the provision of services.

CHALLENGES AND FUTURE TRENDS

Due to our main recommendation, which is the unification of conditions and levels of support for all citizens of the Slovak Republic and citizens living in the territory of the Slovak Republic, our proposals are regardless of citizenship or other form of residence in the territory of the Slovak Republic.

- Ensure the availability of regular school attendance (formal education) as well as the recognition of qualifications and expertise in connection with more effective employment on the labor market, which has an impact on the prevention of poverty and low income of Ukrainian families who should be socially integrated in the Slovak Republic,
- It is necessary to start a professional discussion to fill the gap between the age of 8-18 years of the child (early intervention for juniors), in a similar way to early intervention for children aged 0-7, because we need to ensure a reasonable transition to other conditions that we should set,
- Ensure the provision of services to families of children with disabilities or special needs only by licensed organizations under Slovak conditions,
- Unify all forms of support, setting the same conditions, help and advice in cooperation with UN agencies (UNICEF, UNHCR, WHO, IOM),
- Create a platform at the level of the state, local government, international organizations and non-governmental non-profit organizations for coordination, communication, and efficient use of resources, so to establish a kind of national coordinating body on ECI with participation of all relevant stakeholders.

Recommendations from non-profit organizations, along with university researchers, recommend addressing these challenges in the following ways:[12]

- Within the framework of the Ministry of Labour, Social Affairs and Family and the Ministry of Education, Science, Research and Sports, there should be an open discussion on the provision of morning care (services for families with problematic backround), or early intervention services for families with children from marginalized Roma communities, socially poor conditions, and children with orphan status,
- one of the recommended variants is that the early intervention service, as we know it today from Act no. 448/2008 Coll. on social services was extended, in addition to children whose development is at risk due to a disability and the families of these children, to include children from socially disadvantaged environments and families with children who live in a spatially segregated location with the presence of concentrated and generationally reproduced poverty, because of their neglected psycho-social and physical development.
- the second of the options is to open a discussion about establishing a separate early care social service, or morning education, which would be intended for families with children from a socially disadvantaged environment and for families with children who live in a spatially segregated location with the presence of concentrated and generationally reproduced poverty, while morning education would be provided to children from birth until they start compulsory preschool education,
- in the case of both variants, help and support in early intervention, would be provided mainly in the field (in the child`s natural environment) to families, mainly mothers with children, from birth, at least until the start of preschool education, or until the child is 7 years old at the most, with the fact that the interventions would be focused on specialized counseling for mothers and the child's development in areas such as physical and motor development, cognitive development, speech development, social and emotional development, and readiness for education,
- we also recommend that we need discussion about the financing of these services. This should be opened in cooperation with the Ministry of Finance and that several financing models should be discussed also on

other levels, like: (state, regional government, City or municipality or a combination thereof). Financing could be provided by an accredited entity based on elaborated projects,

- we recommend that a working group of experts be established at the state level, which would develop a legislative proposal for social services, propose a financing system and develop a methodology for working with these families (members of the working group should be representatives of the relevant ministries, experts currently providing early intervention services, experts, who have know-how in the field of providing morning care in MRK, etc.).

Next: [13]

- Early diagnosis and intervention are an outpatient and field service, and for this reason it is necessary to define the necessary network of services within the entire Slovak Republic - the so-called catchment areas,
- There should also be defined services at hospital/university or regional level - early intervention center - multidisciplinary team of health professionals and other health workers who take part in the diagnosis and etiology of disorders of PM development and guarantee further diagnoses and therapeutic procedures. This is in accordance with the National Program for PWDs, where it is also stated in the measures,
- Early intervention services / early intervention center should basically have the following cooperating experts – pediatrician, rehabilitation doctor, physiotherapist, medical pedagogue, psychologist, social worker, social counselor, speech therapist, orthopedist, psychiatrist,
- Recommendation - to create a developmental pediatrician specialization,
- In the department of social services, it is necessary to change the system of financing social services and introduce an obligation to finance the early intervention service by the state or self-governing regions. Currently, it is possible to partially finance early diagnosis and intervention services in the Ministry of Health, Social Affairs and Education. However, it is necessary to have a quality manager of the organization within such a system,
- It is necessary to work on the creation of transit programs in support of the family and children and within its development, in cooperation with the departments of health, social affairs and education.
- From the point of view of effective and good planning, it is necessary to revise the system of statistical detection in the field of disability (basic statistics on the prevalence of disability in age groups up to 7 years old are absent),

CONCLUSION AND RECOMMENDATION

We believe that this study will contribute to creating a picture of the current situation of families with children with medical, mental, or other disabilities or special needs.

Methodology of this study is based on desk research, interview with experts from partner NGO, state and municipal sector. Partners organizations: EQUITA, Plataforma rodín s deťmi so zdravotným postihnutím, UNHCR, UNICEF, WHO, Médecine du Monde Belgium, Nadácia DEDO, Daruso o.z., Žilinský Ukrajinský dom, Človek v ohrození n.o., Liga za duševné zdravie n.o., Trnavská Univerzita - Fakulta zdravotníctva a sociálnej práce, COMIN, Evanjelická charita, Arcidiecézna charita, Naša cesta o.z. etc.

Based on several years of experience in providing services for families with children with disabilities or children with special needs, we see ourselves as a relevant organization that is entitled to add a few recommendations that would make the entire early intervention system more efficient.

As we have already described in the previous points, the main shortcoming of the current situation is the absence of services for children with disabilities who reach the age of 8, because there is no provision of continuous help for the child or his family. There is a lack of intervention for youth with disabilities aged 8-15.

There is also a lack of a specialized home nursing service for severely disabled children, often with significant health limitations and even dying children, which is commonly available in the EU. Almost non-existent in Slovakia (except for 1 non-profit organization, no one goes to the home environment).

We perceive as another error in the system that the higher territorial unit of self-government was given the obligation to provide services from external providers (including NGOs), but without financial coverage from the state. Higher self-governing units are thus trying to ensure only a minimum level of early intervention service provision, which, however, is far from sufficient for the current needs of Slovak families with children with disabilities, let alone those of Ukraine with the status of aliens. This is evidenced by the long waiting times for the provision of services.

At the same time, it is necessary to mention the difference in the assessment system of Ukraine and Slovakia for children with disabilities for the needs of early intervention services. In the future, it would be appropriate and beneficial to unify these, not only between Ukraine and Slovakia, but also within the entire EU. We used meetings and working groups by us organized to validate these findings and data from this report, not only to share the information for raising awareness.

At the national SR level, many legislative materials, proposals, and measures are prepared for discussion, which should contribute to a more effective and coordinated approach on the part of the state, local government, and non-governmental non-profit organizations.

Proposals for the introduction of a unified coordination system of support for children with at-risk development and their families (also for Ukrainian children with disabilities) with the aim of their integration into society, the following measures at the national, regional (VUC) and local (cities and municipalities) levels:

1) **Uniform assessment system and statistical monitoring** - not based on pathology and diseases according to diagnosis (MKCH), but functional codes (ICF) according to needs, an electronic database prepared within the framework of the National Early Intervention Strategy at the Ministry of Internal Affairs and Communications of the Slovak Republic and the Primary Prevention Committee (focused on morning age) of the Government's Council for Mental Health and ensure a financial mechanism for practical application.

2) **Restructuring and revitalization of the services of 3 departments (school, health and social)** for the purpose of coordination, development, availability and sustainability and financing of early intervention services. For this purpose, it will be necessary to renew the activity of the interdepartmental working group, which already operated in 2017.

- Ensuring the availability of early intervention ***Social Services*** implemented primarily in the child's natural environment by self-governing regions (4% availability in 2018), which will cooperate with other entities supporting the child and his family. According to our calculations, an 11.5-fold increase in the budget for SVI will be necessary in the medium term (from the current 941,286 euros to almost 10.5 million euros).
- Improving the availability of services supporting child development in ***healthcare*** (in 2018, availability of physiotherapy 17%) for young children (primarily aged 0-3 years) covered by health insurance, who will cooperate with other entities supporting children and their families. Their current deficit, possibly low availability and low rating by insurance companies is also evidenced by the growing number of private providers, where the price of a two-week rehabilitation stay for one child ranges from 660 to 3,000 euros.
- Improving the availability of early care services in special ***pedagogical*** counseling centers (CŠPP) in the Ministry of Education (11% availability in 2018) to ensure the "integration of the child" through an individual study plan (inclusive education). At the same time, ensure that among the mandatory monitoring indicators of investments from public resources, there is an obligation to accept children with medical disabilities. We assume that it will be necessary to ensure such funding that CŠPP are motivated to work on the development of services supporting the development of children and for children from birth and to cooperate with other entities supporting children and their families. Small children in particular require repeated and intensive interventions, which the low financial standard (approx. EUR 60-120 per child per year) does not cover. In the Slovak Republic, there is currently a very low level of school inclusion in general, which is rather declarative in nature and with the current massive branched

system of special education (452 special schools are attended by 34,378 pupils, which represents a 7.2% share of all school-age children) and a low number of hours school attendance of a pupil with special needs makes it difficult to enroll children in a special school, even more so in a regular one. A fundamental change will be needed in this area as well, so that children with SEN and their families are integrated into an inclusive environment after the support of early intervention in preschool age and the chances of the child's integration into society increase, which is also the result of the so-called efforts of early intervention workers.

3) **Organization and integration of policies, systems and services,** i.e. coordinated transition - interdepartmental (social, health, school) and intersectoral (public - state, self-governing, non-profit, business), the main stakeholder should be an interdepartmental working group - participatory unit under 3 ministries, but probably under the Government Office (and not only for early intervention, but for comprehensive mental health) "psycho-social rehabilitation" and other professional methods and interventions for children with disabilities among different support systems. For example, from health services to early intervention services, from early intervention services to kindergartens and primary schools or other social services. To fill the gap between the 8-18 years of the child (early intervention for juniors) it is necessary to start a professional discussion, similar to the early intervention for children aged 0-7 years, because we need to ensure an adequate transition to other conditions that we should establish,

4) **Vocational training of workers** - transfer to the curriculum of higher education institutions, further professional education, and supervision:

• Defining guidelines for higher education curricular humanitarian courses and further professional education within the framework of service provision and supervision of local intervention teams at the national level.

• Development of further education in the national qualification framework in accordance with the principles of education and based on effective methodologies. Defining specific guidelines for intervention evaluation procedures and processes and trans-disciplinary teamwork to guide professionals in their interactions with families and promote a family-centered approach. Greater emphasis on solving issues such as: compatibility of legal regulations and harmonization of measures; establishment and functioning of local intervention teams, assignment and mobility of experts; early identification and referral of individuals to professionals; transfer of experience; monitoring and supervision of at-risk children based on prevention.

• Providing expert supervision by experts trained in early intervention, improving communication processes within the team, sharing of ideas, dissemination of research results and interpretation of legislation.

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ANNEX 1)

FINDINGS FROM THE QUESTIONNAIRE

40 respondents from mothers with children with disabilities who have been in Slovakia for a year. The median age is 35 years.

1. What experience do you have with other organizations in providing advice, services or help for you and your children?
5 of 40 - The children are at home, they study online in Ukraine, they don't go to clubs.
Dunajská - Slovak sports club, sports, dances
Bottova - pottery, children's corner, group interest groups
Ukrainian house - chess, Slovak, art

These answers show the fact that Ukrainians do not know and don't care about the name of the organization that provides them with services when visiting integration centers. On the contrary, in the domestic environment it is the exact opposite, mainly because of the more personal approach of the employees of individual organizations. In one case, there was also a negative experience and a subsequent exchange of the organization providing the services.

2. How often and what organizations have cooperated with you?
Online Schools UA
TENENET
League for Mental Health
Ukrainian house

In most cases, 80%, the level of intensity of services and interventions are stabilized at the level of 1x per week. 10% is 2 times a week and the rest is according to the agreement. Organizations that provide services to refugees are stable.

3. Do you also meet other Slovak or Ukrainian families?
Yes - 4 Excursions, 5 playground, 4 joint games, 4 training, 4 creativity circles, 1 supermarket, 1 school, 6 gym
11 of 40 - No - 6 No, the child studies in an online school and is home all day while I am at work. 5 Communicates with Ukrainian children in the dormitory.

In General, 60% of families have met another Slovak or Ukrainian family at least once. Half of them continue to meet. As can be seen from the answers, the best place for meeting and exchanging experiences is children's extracurricular activities, joint community events, sports activities, or playgrounds. Also, based on this experience, it is necessary to persevere in community activities, expand the offer and involve Slovak families more.

At the same time, it is surprising that up to 20% of families have not met another family. This gives us a strong message to increase mobile services, identify such families and find out the reasons for this condition.

4. Do you plan to stay in Slovakia even after the end of the war in Ukraine?
Yes - I have nowhere to go back, my house is broken. Yes, I need to organize my life in Slovakia. Yes, when the war ends, I plan to live in Slovakia, because a lot of things went wrong in my city in Ukraine, and it takes time to restore everything. Yes, we will stay in Slovakia, we are studying the language, the children have entered a university in Slovakia. Yes, we wanted to live in Europe for a long time, nothing is keeping us in Ukraine.
15 of 40 No - I will go home to Ukraine as soon as the war is over. If the free housing program is not extended. No, I don't have a job here, the kids haven't adjusted, we want to go home.

The percentage of families who want to stay to live, work and study in Slovakia is growing from month to month. It also follows from our answers that only a third of the respondents are determined to return for sure. The biggest problem in these families is the high percentage of children in online classes. Here we are already investigating the first pathological symptoms of sleep disorders, behavior, schizophrenia or lagging Ukrainian peers who attend Slovak schools.

50% of these families are already preparing for the situation of staying in Slovakia or the EU. Working with families who have made such a decision is much easier, they are interested and are looking for other possibilities of help or support themselves. Children who attend Slovak schools become the engine of the family in relation to language, culture or new friendships and ties. Just visiting school or work alone has a great inclusive impact on the whole family.

5. What main differences do you feel in state services (SK versus UA) for your children?

- 2 Education in schools in Slovakia is weaker than in Ukrainian schools.
- 5 The attitude towards children at school is better than in Ukraine, teachers are calm, they don't shout at children.
- 6 There are more payments and benefits for children in Ukraine than in Slovakia
- 8 Medicine in Ukraine is cheaper; we go to the dentist in the city of Uzhhorod in Ukraine
- 8 In Ukraine you can buy any medicine, in Slovakia it is a problem.
- 7 Meals at school in Ukraine are for free, in Slovakia we pay more than 40 euros for one child's meals every month. And I have three of them. Financially, it is difficult.
- We receive a lot of help in the form of clothes and toys for children. My child has never had so many toys. And now in humanitarian aid centers, my child can find any toy.
- In Slovakia, Slovak children know English at a conversational level. In Ukraine the level of English language of children is lower, but they can write in English correctly.
- It is necessary to create a Ukrainian school in Slovakia. Now there are many Ukrainian children in Slovakia, as well as many Ukrainian teachers. I would very much like to open a Ukrainian school.
- Slovakia has enormous support for children with disabilities or special needs.

In general, and on the basis of other inputs (interviews, discussions), we can state that some services for refugees are provided at a different level in the Slovak Republic. The variety of answers and the point of view of the questions are very varied. In short, however, we can state that the level of services provided is at a higher level. The only slight difference is the schools, which, however, are more difficult to compare or the level of prices in the healthcare sector is higher. In the area of social services or child support, it cannot even be compared.

The absence of social services, as we know them in Slovakia, gives great potential for the introduction of these services or a field of study during the restoration of Ukraine. Charitable organizations that distribute clothes, food or toys are also perceived very positively.

6. Do you have personal experience with the provision of support, services or help from other countries? If so, which one?

- 10 Experiences in obtaining aid from UNICEF
- 2 Last year, as a mother of many children, I received help from UNICEF ("Spilno " foam assistance program). I registered on a special form. They provided information to the children. Help came to a Ukrainian bank card.
- 1 No, there was no support
- 1 Help from the Red Cross was
- 1 Registered on the form, helped from PROJECT $1K, received $1,000
- 8 Mission of the International Committee of the Red Cross in Ukraine and the Society of the Red Cross of Ukraine (ICRC and OKCS) Received aid as an internally displaced family from the Donetsk region
- 7 Received help for a child with a disability from the IOM
- 5 RED ROSE CDS LIMITED - received one-time aid per child due to disability
- 5 ACTED - help for children with disabilities in the Kherson region, they asked but got nothing

In relation to this question, the phenomenon was confirmed to us that there is no common database of families with children with disabilities or all refugees in Slovakia. The diversity of the number of supports

and supported children shows the fact that even the cooperation of international organizations has its weaknesses, especially in databases, exchange of information and cooperation in the provision of help, support, or services.

Also, on the basis of these facts, we should put more pressure on the level of cooperation, exchange of information and use of a single "source" of data in the provision of services.

ANNEX 2)

FINDINGS FROM THE FOCUS GROUPS

During April 2023, we organized four focus groups (also with Ukrainian families with the children with disabilities in Slovakia – Bratislava, Žilina, Banská Bystrica, Košice), during which we collected e attached questions from EASPD, which would give us a better picture of the situation in families.

The most numerous responses from participants:

1. What services do you, your child and your family receive in the hosting country? In what ways do these services help you meet the needs of your child, yourself, and your family?

Financial support from UNICEF, IFCR, IOM and UNHCR. It was a big help, because the cost of health services and aids are very high. We are happy to have a subsidy for rent, free bus and train, food and clothes. Mostly they spend the money not for services but to buy things for basic needs.

It is very important to keep some of subsidy, to start intensive inclusion and to set the families to Slovak standards and rules.

2. How did you learn about and find these services?

Mostly in integration centers, the phone call and true social network.

It is important to keep the integration centers and, on the contrary, to build them in those regions where they are still missing. These are mainly elderly people and families with children who visit them regularly.

3. Where and when did your child or you receive these services? How pleased are you with the services arranged? If you could make any changes, what would they be?

Mostly home, then in integration centers. They are very satisfied except for two cases when the organization chose the wrong procedure and the child started having bigger problems. More money, keep subsidy for rent.

These responses show a low level of interest in integration. They still have a need for support and help and not a need for inclusion, integration or moving forward.

4. How old is your child that receives support services?

60% 0-7, 40% 8-18

5. How old was he/she when the support started?

60% 0-7, 40% 8-18

6. Do you think you receive enough hours of support compared to your needs?

a) Yes – 20%

b) No – 70%

c) don’t know – 10%

A similar percentage of the level of satisfaction with the number of hours of assistance provided is also found in similar studies on the part of Slovak families. This is a systemic need for setting up on the part of the state, municipality, or municipality.

7. Do you think your priorities, needs and resources are taken into consideration by the organization that support your child?

a) Yes – 20%
b) No – 60%
c) Partially – 20%

8. Is your child assessed and currently supported by an interdisciplinary team of professionals?

a) Yes – 40%
b) No – 60%
If yes, what professionals are involved?
Social workers, pediatrist, psychologist, psychiatrist, physiotherapist, speech therapist, teacher and trainers.

9. Are any types of early childhood intervention services needed but currently unavailable in your area?

If so, what are these services?

Mostly they are missing pediatrist, psychologist, psychiatrist, physiotherapist, and other type of health specialist.

The main problem is the situation in Slovakia. Also, Slovak families have problem to get lot of services in average time. This is a system problem, that needs to be solved.

10. What have been the biggest challenges with regards to the services your child/your family receives in the hosting country?

In the first days of their stay in Slovakia, it was mainly about calming down, then about orientation, and only then were they able to start actively looking for help for their families. The biggest problem was exchanging money, finding decent housing, and accepting the fact that they might be staying here for the rest of their lives.