ASOCIÁCIA POSKYTOVATEĽOV A PODPOROVATEĽOV VČASNEJ INTERVENCIE

THE VELUX FOUNDATIONS
VILLUM FONDEN VELUX FONDEN

EASPD
IMPROVING SERVICES IMPROVING LIVES

Agora

Country Report on ECI – Slovakia

Fričová Monika – Matej Vladislav – Tichá Erika

Asociácia poskytovateľov a podporovateľov včasnej intervencie
National Association of Service Supporters and Providers (NASSP)

2018

Content

1. *Brief summary of the report*

The aim of this report is to present accurate picture about early childhood intervention (hereafter "ECI") in Slovakia in the broader context. The data is structured in such a way that it is comparable with other countries involved in the project (Bulgaria, Hungary, Poland and Romania).

The information was gathered through data collection; analysis and processing of publicly available data in cooperation with an analytical expert of the Institute of Health Policies; experts working at the Ministry of Education; and through our questionnaire survey among providers of social service – early childhood intervention (hereafter "SS ECI").

We also carried out structured qualitative interviews with four families and six providers of ECI**.**

The principal conclusion of our Report is that in spite of growing number of ECI providers in all sectors, service accessibility (financial, regional, informational) for families is low. At the same time it is indispensable to coordinate the services for families with children with disabilities across the sectors and strengthen established transitions (from the health sector to social services, from social services to education, etc.).

We expect the number of individuals interested in social service – early childhood intervention to grow five or six times in three to five years. Therefore, it will be necessary to provide for sufficient funding from public resources and at the same time prepare expert capacities of future counsellors.

2. *Introduction*

2.1. Brief project information, project goals and objectives

Project ECI Agora is an innovative pilot initiative of five Central and Eastern European countries (CEE) – Hungary, Slovakia, Poland, Romania and Bulgaria, designed to overcome the challenges in implementation of strategies aimed at developing adequate Early Childhood Intervention (ECI) systems for children with disabilities. Why "AGORA"? Our goals are:

- To create an all-embracing learning and meeting environment to bring together stakeholders to co-produce high quality ECI services;
- To produce practical guidance and tools to provoke a systemic change in the social welfare system by improving the legal and policy frameworks at European, national and/or regional levels;

- To gather examples of good practice that can serve as inspiring guidelines for other European countries and other groups of children with special needs or at risk of exclusion (e.g. children with a Roma or migrant background).

The project duration: January 2018 - April 2020. Main project activities include: situation mapping, toolbox, pilot, support network, dissemination & development.

The first Project stage – Mapping – is drafting a Country Report for Slovakia – early childhood intervention that consists of:

1. Desk research – Early Childhood Intervention – Country Report for Slovakia;
2. Report on qualitative survey on early childhood intervention among providers;
3. Report on qualitative survey on early childhood intervention among beneficiaries.

2.2. Goals and objectives of the country research

The main goals of early childhood intervention mapping:

- Get a comprehensive overview of offering support to children with developmental risks in all sectors in Slovakia;
- Offer an overview on the availability of early childhood intervention in Slovakia;
- Offer an outline of methodological procedures and quality of early childhood intervention (hereafter "ECI") provided in Slovakia;
- Offer a realistic description of how inaccessibility of ECI impacts families with children with disability;
- Offer the most accurate description of ECI in Slovakia for the purposes of this Project so that the partner organizations (Eurlyaid and EASPD) could maximally tailor ECI tools to our conditions (those will be implemented in later Project stages).

3. *Methodology*

3.1. Description of research methods used

During the study and analysis of available information on the ECI situation in Slovakia (desk research), various resources were available.

In the social field, we mostly used our own resources – i.e. those of the National Association of Supporters and Service Providers (hereafter "NASSP") collected at the beginning of 2018 through electronic survey among all providers of ECI (26).

In the health sector, we mainly used the statistical data of the National Centre of Health Information (Národné centrum zdravotníckych informácií - NCZI), the Institute of Health Policies

(Inštitút zdravotnej politiky - IZP). One staff member of the Institute of Health Policies, Ms. Laktišová, offered a helping hand with applying filters in databases and interpretation of collected numeric data. The team from the SOCIA Foundation used SWOT analysis when acquiring and interpreting data on neonatology. It then combined this analysis with an interview of the chief expert of the Ministry of Health Care of the Slovak Republic, prof. Zibolen.

In education, we closely cooperated with the Department for Competencies and Funding of Regional Education at the Ministry of Education of the Slovak Republic, using Reports on School Institutions for Counselling and Prevention, namely from academic years 2014/2015, 2015/2016 and 2016/2017.

The mapping exercise used an internationally agreed definition of early childhood intervention by Eurlyaid, the European umbrella organization that specializes in early childhood intervention. In 1993, Eurlyaid established a workforce to which it presented a Manifesto. The Manifesto on early childhood intervention for children with developmental disabilities (de Moor, 1993) defines early childhood intervention as follows:

"EARLY INTERVENTION is intended for all children who are subject to developmental risk or developmental disability. The aid covers the period between the moment of prenatal diagnosis and the moment that the child reaches the age at which school is compulsory. It includes the entire process from the earliest possible identification and detection up to the moment of training and guidance. Although at present we do not, strictly speaking, regard prenatal diagnosis as an integral part of early intervention, its psychological consequences for the parents do fall into this domain."[1]

4. *Desk research results*

4.1. General overview of ECI services in Slovakia

Number of inhabitants:	5,443,120
Area:	49,035 km^2
GDP (real growth rate)**:**	3.3%
GDP per capita:	$32,900
Unemployment rate:	8.1%.
Infant mortality:	5.1 deaths per 1,000 live births (index mundi)

[1] Manifesto - Early Intervention for Children with Developmental Disabilities: Manifesto of the Eurlyaid Working Party, b**y J. M. H. DE MOOR*, B. T.** M. VAN WAESBERGHE, J. B. L. HOSMAN, D. JAEKEN and S. MIEDEMA, Department of Special Education, Catholic University, PO Box 9103, 6500 HD Nijmegen, The Netherlands; published in: International Journal of Rehabilitation Research 16, 23-31 (1993)

Slovakia has the following administrative levels of governance: national (government, parliament, and president) and eight self-governing regions with regional governments and regional parliaments. In 2017, 57,969 children were born in Slovakia and 53,914 persons died. The natural growth of inhabitants was thus 4,055 persons.

Early Childhood Intervention in Slovakia – Target Group

Section 33 of Act No. 448/2008 on Social Services defines the **recipients (beneficiaries)** of early childhood intervention service to be **families with children up to seven years of age (and the children themselves) when** the child's development is at risk due to his/her disability.

The NASSP survey among the eight self-governing regions and paediatricians between 2015 and 2017 showed that there were 8,700 to 14,000 children with disability or with developmental risks up to seven years of age in Slovakia.

Further sources (Ministry of Education, Ministry of Health, WHO) have claimed that the share of children with disability and with developmental risks in the population is 3.5%. Therefore, we conclude that Slovakia has **about 14,000 children with disability up to seven years of age[2].**

These children have a potential to develop provided they receive a sufficient amount of information and early support.

The support system for children with disability must also indispensably include their families since their situation dramatically changes as a result of having a child with disability. The families also run a risk of being excluded from society if they do not receive adequate support. Therefore, early childhood intervention must render important and indispensable support to those families in managing the overall situation once a child with disability is born or once the child is diagnosed at later stages of his/her life.

Considering various demographic indicators (average life expectancy, number of persons in household, number of children with congenital disability and/or with developmental risks), it can be expected that the overall number of persons including family members with such condition may be 613,600, i.e. approximately 11.4 % of the total population in Slovakia.

[2] There is no official register of children with disability that could be beneficiaries of social service of early childhood intervention. In order to define the target group, we therefore use available surveys:

- *Paediatric survey carried out in cooperation with self-governing regions (Association, 2017)*
- *NCZI – Health Yearbook 2014 (1,559 children with congenital disability); Neonatological Section of the Slovak Association of Pediatritians (10% of prematurely born children have permanent disability as a result of early birth)*
- *Statistical Yearbook on Centres for Counselling and Prevention (number of six-year-old children – 1,574 children – only category: autism - APD, mental disability, physical, visual, auditory and multiple disability).*
- *WHO's qualified estimate: globally there are 2.2% to 3.8% of children with disability of the total live-born children.*

Of the total number of children of up to seven years old, only 2,254 have an identification card as a person with severe disability[3]. Therefore, this figure is not relevant for the sake of mapping the SS ECI. Likewise, this figure indicates that many children/their parents do not apply for this card or their application is turned down.

The Yearbook on School Counselling and Prevention Centres from academic year 2016/2017[4] shows that Centres of Special Pedagogical Counselling registered 23,162 children with disability up to age seven.

History of the development of ECI services – Summary

Before SS ECI was defined within the framework of the Act on Social Services, children with disability and their families had been provided aid and services that had elements of early childhood intervention in various centres both in Slovakia and the Czech Republic. These services had been complemented by individual efforts of dedicated professionals, medical doctors, nurses and public administration employees, professionals in education and social services, as well as parents and friends of children with disabilities who had offered their support to those in need.

Thus prof. Karol Matulay establish an **Out-patient department for children with uneven development** at the Clinic of Child Psychiatry at 1986 and from 1992 **Department of Early Child Diagnostics and Therapy** at the Paediatric Clinic of L. Dérer. In this centre was offered comprehensive early diagnostic and therapeutic care including prevention, psychological and personal interventions (social, pedagogical), and rehabilitation, social, legal and counselling interventions. In the same time **Child Centrum of prof. Th. Hellbrügge** at the Children's University
Hospital in Košice was established in Easter part of Slovakia.

Early childhood intervention as a social service was defined by Act No. 448/2008 on Social Services as of 1 January 2014. From 2015 first NGOs offering SS ECI were established, rendering services as non-public providers; first public providers offering early childhood intervention were registered.

In 2016 a need to methodologically harmonize services offered by SS ECI providers in various regions and the goal to provide for development of these services resulted in creating an umbrella organization. On 7 December 2016, the National Association of Supporters and Service

[3] Ústredie práce. Sociálnych vecí a rodiny, 2017

[4] Centrum vedecko-technických informácií SR (2018). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školský rok 2016/17 – Sumárny protokol*

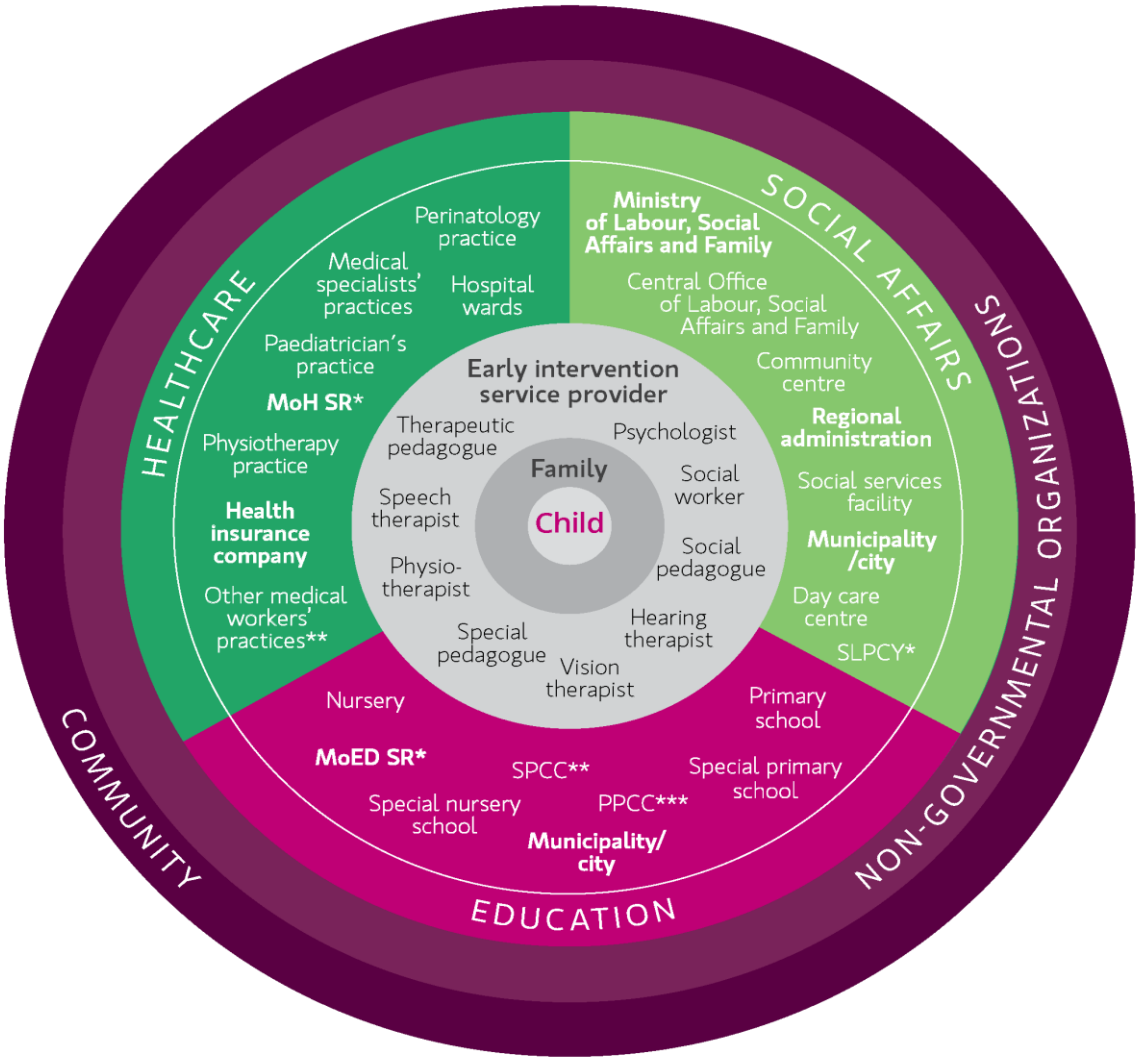
Providers was registered in the NGO register. While establishing itself, the Association interconnected providers and together with the Ministry of Labour, Social Affairs and Family and self-governing regions it contributed to building a system of social service of early childhood intervention in Slovakia.

Current general situation around ECI system and services.

In Slovakia, early childhood intervention (ECI) is understood more broadly – as a set of possible interventions and measures for children with developmental risks up to age seven and/or their families, reflecting their needs.

- In the health sector, early childhood intervention includes preventive, screening, diagnostic, therapeutic, treatment and counselling interventions from the time the risk of delayed development or diagnosis was made. The intervention is offered through out-patient services or institutional/hospital services. ECI therefore consists of services by individual health care professionals and facilitation of medical aids.
- In the education sector, early childhood intervention is materialized through activities in special pedagogical counselling; and preventive, diagnostic, rehabilitation, stimulation and counselling services. Experts from special-pedagogical counselling centres and pedagogues from pre-primary and primary education cooperate in the transitional phase to facilitate effective inclusion of a child into education.
- In the social sector, SS ECI also includes other social services, including compensation for health disability and facilitating medical aids offered by the Central Office of Labour, Social Affairs and Family.
- The need for targeted stimulation and therapeutic interventions is not sufficiently covered by the state. This deficiency is partially compensated by the private and non-profit sectors. The interventions are similar to those rendered in the area of education and health, while often their legislative definition does not correspond with the real character of services provided.

Figure No. 1: Early childhood intervention: broader concept – vision of support network for families with children with disability



Source: Platforma rodín so zdravotným postihnutím, 2016

Description of the existing ECI services in the country

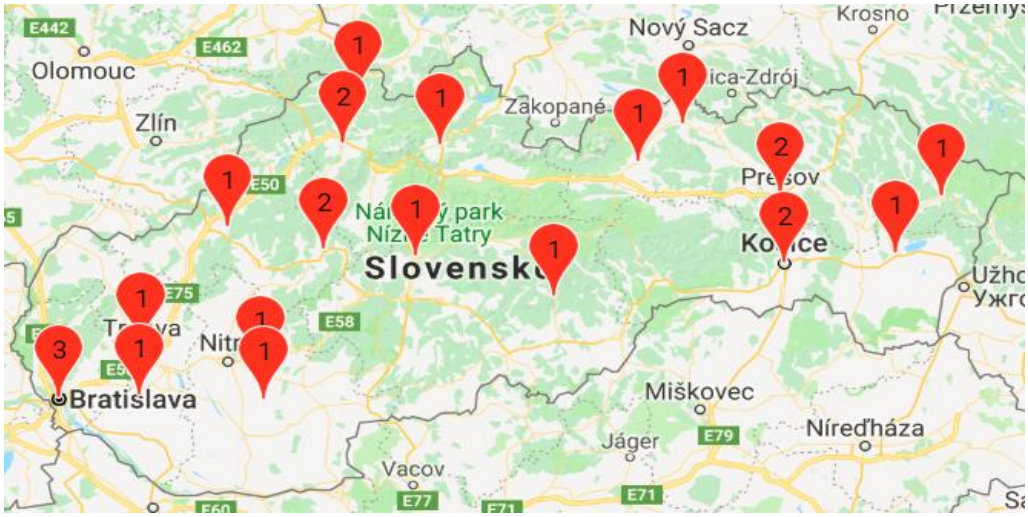
ECI – SOCIAL SECTOR

Social service of early childhood intervention (SS ECI) is designated for children up to seven years of age and their families if their development is at risk due to their disability (Section 33, Act on Social Services No. 448/2008). SS ECI includes prevention, comprehensive stimulation of development, social rehabilitation, specialized social counselling and community rehabilitation (including coordination of all services for a child with disability and his/her family).

As of 30 May 2018, 26 providers of SS ECI were registered in Slovakia. Until 31 December 2017, 857 children with disability and their families were guided and assisted by registered providers (22 at that time); as of **1 January 2018, there were 515 beneficiaries (families with children with disability) of the service, i.e. a 3.7% share from the target group** (Asociácia poskytovateľov a podporovateľov včasnej intervencie (2017). *Prieskum počtu detí so zdravotným postihnutím alebo rizikovým vývinom do 7 rokov veku* [PowerPoint]).

The Czech experience shows that only one third of children whose parents have applied for nursing allowance are beneficiaries of ECI.

Figure No. 2: Providers of social service of early childhood intervention



Resource: www.asociaciavi.sk, 2018

Specific names of service providers are in the interactive map on the noted webpage.

The latest trends in ECI clearly prioritize a bio-psycho-social model, family-centred approach, comprehensiveness, availability, a trans-disciplinary approach, partnership and cooperation of systems for support, including institutions representing social, education and health care sectors.

LEGISLATIVE FRAMEWORK

Pursuant to Section 33 Act No. 448/2008 on Social Services

(1) Early childhood intervention service includes:

1. Specialized social counselling;
2. Social rehabilitation;
3. Stimulation of a comprehensive development of a child with disability;
4. Preventive activities;
5. Community rehabilitation (therapy).

(5) The disability of a natural person must be attested by certification from the health care provider as defined by separate regulation.

PROVIDERS

The following section gives an overview of the number of SS ECI providers since 1 January 2014, when the applicable legislation was passed:

Table No. 1: Number of providers of SS ECI and ECI counsellors

SS ECI providers	2014	2015	2016	2017
Number of registered SS ECI providers	1	9	16	**22**
Number of full-time employees	0	N/A	17.25	**58**

UNUSED CAPACITY OF THE SYSTEM

Based on the experience in the Czech Republic and other providers with longer experience in providing SS ECI, the system is set up in such a way that one full-time employee usually manages 15 families (= full capacity). When analysing data from 2017 – there were 58 full-time professionals in the network, i.e. the system capacity was 865 families. As of 1 January 2018, the service was rendered to 515 families, **i.e. as of 31 December 2017 the capacity of the system was used only up to 60%.** A potential explanation is that the uptake rate upon the introduction of the SS ECI service is usually 20 families per year.

SERVICE RECIPIENTS – CHILDREN WITH DEVELOPMENTAL RISKS RESULTING FROM DISABILITY AND THEIR FAMILIES

Number of SS ECI recipients/families: overview from 2015:

Table No. 2: Number of SS ECI recipients

	2014	2015	2016	2017
SS ECI recipients	0	N/A	316	**561**

As of 31 December 2017, **561 families (i.e. 3.7% of the target group)** received SS ECI in Slovakia.

HOW IS SS ECI PROVIDED

According to the Act on Social Services as amended on 1 January 2018: "Field social service has a priority over ambulatory social service. If field social service is not adequate, effective or does not sufficiently react to the unfavourable social conditions, ambulatory type of service is facilitated." This guideline is aligned with good practice in SS ECI (EASPD Statement on Early Childhood Intervention (2016). *Moldava Conferece on ECI*, Získané z: http://www.easpd.eu/sites/default/files/sites/default/files/booklet_moldova.pdf) and expectations of the families with children with disabilities from this service. The following table offers an overview of number of hours counsellors dedicated to families with children with disabilities:

Table No. 3: Hours counsellors worked with families

SCOPE OF WORK WITH FAMILIES	2014	2015	2016	2017
Total number of hours	N/A	N/A	13,915	**45,384**
• **of that field work**	N/A	N/A	5,694	**34,560**
• **of that ambulatory form**	N/A	N/A	8,221	**10,824**
Share of field work	N/A	N/A	41%	**76%**

FUNDING OF SOCIAL SERVICE – EARLY CHILDHOOD INTERVENTION

Data on funding was collected through a survey among the service providers carried out in January 2018.

Table No. 4: Required and granted contributions in 2017-2018

	2017	2018*
Required (€)	1,000,906	1,470,922
Contribution of self-governing region (€)	446,114	935,648
Funding ratio	**44.6 %**	**64%**

* - data of 3 providers were not included

Table No. 5: Contribution per hour in 2017-2018 (Slovakia, region)

Region	Contribution in 2017 (€ per hr)	Contribution in 2018 (€ per hr)
Bratislava region	8.35	9.76
Banská Bystrica region	8.35	12.6
Košice region	18.7	15.0
Nitra region	-	12.6
Prešov region	8,0	8,0
Trenčín region	-	9.39
Trnava region	4.3	8.35
Žilina region	6.5	7.6
AVERAGE	**9.03**	**10.17**

Contribution of regional self-government per family for individual service providers varied – It ranged from €179 to €3,267 per family.

ECI – HEALTH SECTOR

Early childhood intervention offered in institutions for children with disabilities up to seven years of age is facilitated by:

- specialized medical doctors;
- paediatricians;
- Specialized health care professionals who carry out diagnostics and therapy for the benefit of a child's development. The participating specialists are listed in the Table No 6.

LEGISLATION

Health care is defined under Section 2, Act No. 576/2004 on Health Care and Health Care-related Services, as amended, as "a set of activities carried out by health professionals, including medication, administration of medical aids and dietary food with the aim to prolong the life expectancy of a natural person (hereinafter the "person"), improve the person's quality of life and healthy development of future generations; health care includes prevention, patient's follow up, diagnosing, treatment, bio-medical research, nursing and birth attendance."

PROVIDERS

Table No. 6: Specialized health professionals and availability of their services for

	Number of specialists, managing patients up to 3 years of age with disability	Number of children with disability 0-3 managed by specialist	Accesibility of specialists
Clinical psychologist	88	469	**8%**
Clinical speach therapists	122	562	**9%**
Occupational therapist	6	35	**0,6%**
	Number of departments managed children in the age 0-3.	**Number of operations**	**Accesibility**
Rehabilitation departments/centres	246	77946	**17%***

*Table No.7: Specialized health care professionals and accessibility of their services for **children with disability (0-7)***

	Number of specialists, managing patients up to 7 years of age with disability	Number of children with dissability (0-7) managed by specialists	Accesibility of specialists
Clinical psychologists	138	6 208	**44%**
Ocupational therapist	8	360	**3%**
	Number of departments managing children with disability (0-3)	**Number of services (therapies)**	**Accesibility**
Clinical speach therapist	153	360 356	**N/A**
Rehabilitation departments/centres	449	134 250	**19,7%**

General care for children and adolescents is provided by paediatrists in their out-patient departments. In 2016, there were 1,052 such out-patient departments with 952 paediatrists' working there.[5]

ECI - EDUCATION SECTOR

LEGISLATIVE FRAMEWORK

Pursuant to Section 130 Act No. 245/2008 on Upbringing and Education (School Act) as amended (hereafter "Act No. 245/2008"), the key components in the system of counselling and prevention are the centres of psychological, prevention and special-pedagogical counselling centres (hereinafter the "counselling centres") that include the following institutions:

a) Centres of pedagogical and psychological counselling and prevention (hereinafter "CPPCP");

b) Centres of special pedagogical counselling (hereinafter "CSPC").

Children with disabilities are referred to the centres of special pedagogical counselling (CSPCs).

CSPCs offer the following services:

a) diagnostics,

b) counselling,

c) therapeutical services,

d) preventive services,

e) rehabilitation.[6]

PROVIDERS

Table No. 8: Number of CSPCs and their staff

PROVIDERS OF SS ECI	2014/15	2015/16	2016/17
Number CSPCs	137	146	151
Number of employees	935	982	1,036

RECIPIENTS – CHILDREN WITH DISABILITIES

CSPCs render services to children with disabilities.

Table No. 9: Number of children with disabilities in pre-school age registered with CSPCs[7]

	2014/2015	2015/2016	2016/2017
Up to 1 year	57	32	84

[5] Národné centrum zdravotníckych informácií, 2017: http://www.nczisk.sk/Documents/publikacie/analyticke/zdravotnictvo_slovenskej_republiky_v_cislach_2016.pdf

[6] Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky (2017). *Analýza súčasného stavu financovania CPPPaP a CŠPP rok 2017*. Bratislava, 2018.

[7] Centrum vedecko-technických informácií SR (2018). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školské roky 2014/15, 2015/16, 2016/17 – Sumárny protokol*

Up to 2 years	119	97	144
Up to 3 years	416	438	477
UP TO 3 YEARS OF AGE TOTAL	**592**	**567**	**705**
Up to 4 years	1,461	1,542	1,719
Up to 5 years	3,398	3,840	4,159
Up to 6 years	6,109	7,042	9,115
Up to 7 years	8,459	8,702	7,464
UP TO 7 YEARS OF AGE TOTAL	**20,019**	**21,693**	**23,162**

The accessibility of early childhood intervention in the sector of education among children with disability age 0-3 (i.e. from the total number of children counselled at CSPCs) **is at the level of** 11**%.** However, this figure should be multiplied by a coefficient of the share of therapeutic services rendered by CSPCs (while in this case, therapeutic service = early childhood intervention).

FUNDING OF CSPCs

There must be at least three specialized employees in a counselling centre. Centres of Special Pedagogical Counselling may be established by:

- district office established in the region;
- church recognized by the state or a religious society;
- other natural or legal person.

When a CSPC is established by a district office in a region it is funded from the state budget.

When a CSPC is established by a state-recognized church or religious association, other legal or natural person, it is funded from municipal or regional government budgets.

Table 10: Overview of allocated funds per child (actual clients) in CSPCs[8]

State Centres of Special Pedagogical Counselling					Private/NGO Centres of Special Pedagogical Counselling			Difference
No. of children (actual clients:) 2016-2017	No. of children (actual clients:) 2017-2018	Recalculated number of children	Allocated funds from state budget in 2017 for lump and contribution and contr. Per service	Allocated funds from state budget per child in €	Coefficient from Annex 3 govt. decree No. 668/2004	Value of unit coefficient in 2017 from Tax declaration of Natural Persons in €	*Funds allocated to municipalities per child/client from Tax declaration of Natural Personsin €	
1	**2**	**3=(2/3*1+ 1/3*2)**	**4**	**5=4/3**	**6**	**7**	**8=6*7**	**9=8-5**
43,450	45,421	44,107	2,890,285	65,53	2	78,87	157,74	92.21

[8] Funding of Centres of Pedagogical and Psychological Counselling and Prevention and Centres of Special Pedagogical Counselling: Analysis for 2017

4.1.1. Current situation with regard to the following domains

Guralnik (2005)[9] promotes a model of developmental system in early childhood intervention. The following table outlines categories applicable/covered in Slovakia.

Table 11: Outlines categories covered in Slovakia

	Health care	Social affairs	Education
Screening and referral to ECI-	✓	×	×
Entitlement to SS ECI	✓	×	×
Follow up monitoring	×	×	✓
Access point	✓	×	×
Interdisciplinary assessment/diagnostics	✓	✓	✓
Assessing potential stress factors	×	✓	×
Designing and implementing individual intervention plan	×	✓	×
Monitoring and evaluating individual intervention plan	×	✓	×
Planning and transition into new environment	×	✓	✓

4.1.1.1.1. Screening and referrals to SS ECI

Slovakia has not yet introduced a national screening system for children with developmental risks. It is scheduled to be introduced in October 2018.

Current screening and referrals to SS ECI lack uniform rules and procedures and are organized individually by each sector.

Health care is the primary sector that identifies a child's disability or first potential developmental risks or aberrations from the standard.

Disabilities/aberrations are identified at:

- Gynaecological and obstetric wards;
- Neonatological wards;
- Out-patient departments for perinatal pathology and risks;[10]
- Out-patient departments for long-term follow up of new-borns; and
- Out-patient departments for children and adolescents.

In the sector of education, disabilities or aberrations/developmental disorders or risks are identified in/by:

- Centres for Pedagogical and Psychological Counselling and Prevention;
- Centres of Special Pedagogical Counselling; and

[9] https://depts.washington.edu/chdd/guralnick/pdfs/overview_dev_systems.pdf

[10] Tichá, E. (2016) Podpora rodinného systému v kontexte Centier včasnej intervencie – príklad z prax. In: Cangár, M., Krupa, S., Matej, V., Tichá, E., Záhorcová, V. Včasná intervencia a diagnostika pre osoby so zdravotným postihnutím v Slovenskej republike. Bratislava: Rada pre poradenstvo v sociálnej práci. (Early Childhood Intervention in Slovakia – Situation Report)

- Kindergartens.

In the social area by:

- local offices for labour, social affairs and family;
- social services available to children with disabilities up to seven years of age; and
- children homes.

Similarly, any expert working with children with disabilities in the private or NGO sector can refer such child into the SS ECI system.

Another option is that the family itself chooses SS ECI and approaches a particular provider.

4.1.1.1.2. Entitlement to SS ECI

The only formal criterion for receiving SS ECI is certification from a paediatrician or another specialist that the child has a certain disability:

Act No. 448/2008 on Social Services, Section 33 para. 5 stipulates that natural person must, pursuant to para. 1, demonstrate his/her disability by presenting a certification from a provider of health care as defined by separate regulation (Act No. 576/2004 on Health Care).

Pursuant to the Slovak Constitution every citizen of the Slovak Republic is entitled to receive free of charge health services (e.g. during delivery of a child and follow up full care for a new-born and the mother).

In the social sector, families of children with disabilities are entitled to social service of early childhood intervention that must be organized by the regional self-government if the family applies for such service (the region must either provide the service directly or facilitate it).

4.1.1.1.3. Follow up monitoring system

Patients assessed by health care professionals as persons at risk do stay in their care in Slovakia. However, there are no clear rules when it comes to the interval of reassessment and criteria applied.

4.1.1.1.4. Access point

The newly-drafted concept of standardized treatment procedures in the health care sector could potentially determine a single access point to SS ECI. It could be a direct referral of a medical doctor (general paediatrician within 11 mandatory preventive check-ups performed from birth to 3 years of age or a specialist at the gynaecological and paediatric care (immediately after the birth of a child) or a specialized neonatological department.

The social service of early childhood intervention may be provided either as a field service or as ambulatory service upon request of the child's parent. Field social service has a priority over the ambulatory service. If the field form of social service is not adequate, effective or does not sufficiently respond to an unfavourable social situation, ambulatory type of service is to be provided.

4.1.1.1.5. Interdisciplinary assessment - diagnostics

Interdisciplinary assessment of a child can be undertaken within all three sectors; direct diagnostics is under the competence of health care centres. Centres of Special Pedagogical Counselling carry out only a framework assessment of a child's developmental level. On the other hand, SS ECI has a direct potential and tools to work with the whole family, which is a missing component in the health care sector and education.

4.1.1.1.6. Assessment of potential stress factors

In the health sector, this type of assessment is performed only intuitively by experienced first contact health professionals (e.g. nurses, chief nurses); the health care sector has no standardized assessment tools or follow up work to stress factors.

SS ECI has the best assessment system of potential stress factors. When mapping family needs and subsequent drafting of an individual plan, there is enough room for identifying potential stress factors and ways how to eliminate them.

4.1.1.1.7. Setting up and implementing an individual plan

Health care institutions in cooperation with teams of experts set up an individual treatment plan for a child with identified health problems.

Pursuant to Act No. 448, Annex No. 2, SS ECI must set up and implement an individual plan for a child and his/her family. The individual plan must always be designed in cooperation with parents of the child and it must be regularly re-assessed and updated according to individual needs of the family and child.

4.1.1.1.8. Individual plan – implementation, monitoring and assessment

One of the core instruments used in SS ECI is individual planning with a family. The NASSP agreed with service providers on the procedures for early childhood intervention, where an individual plan and its monitoring and assessment represents the integral part.

4.1.1.1.9. Planning and transition into new environment

Planning the transition from a health care institution into the family and under the management of another service is not standardized. Currently, some SS ECI providers and hospitals have started testing pilot projects in this area.

Transition from SS ECI into a different environment is a standard part of the planning exercise, while in most cases the transition is into pre-primary education.

The transition should be facilitated by a wide network of Centres for Special Pedagogical Counselling within the education sector. However, children with disabilities often end up with one option – to attend a special school. For children with severe disability this means attending classes in school for two hours a week.

Table 12: School categories and their attendance by pupils/students[11]

Schools and students in academic year 2017/2018									
Type of institution		State schools		Private		Church		Total	
		Schools	Children, students	Schools	Children, students	Schools	Children, students	Schools	Children, students
Daily and external type of study	Kindergartens	2,742	14,917	156	6,444	86	4,848	2,984	160,309
	Elementary schools	1,914	406,790	59	8,520	116	25,272	2,089	440,582
	Elementary art schools	200	108,673	154	53,959	11	5,362	365	167,994
	Language schools	26	13,381	13	6,929	1	137	40	20,447
	Secondary grammar schools (gymnázium)	147	57,186	40	4,602	53	12,585	240	74,373
	Conservatories	6	1,843	10	1,047	1	158	17	3,048
	Secondary vocational schools	342	119,823	89	16,033	18	4,633	449	140,489
	Special schools	395	31,993	37	1808	20	577	452	**34,378**
	Evening schools	48	1,768	8	247	0	0	56	2,015
	Universities (I. II. level)	23	116,438	11	16,618			34	160,148
	Universities (III. level of tertiary edu. (PhD.)		6,634		357			x	10,345

4.1.1.1.10. Policies, legislation and funds

Slovakia has a tradition of strong residential services. Even today there are almost 40,000 clients living in more than 1,000 institutions/centres of social services (children with special needs, persons with disabilities and senior citizens). Albeit developing community-based services, including SS ECI, is one of the priorities of approved strategic documents (e.g. National Priorities for Developing Social

[11] http://www.cvtisr.sk/cvti-sr-vedecka-kniznica/informacie-o-skolstve/statistiky/statisticka-rocenka-publikacia/statisticka-rocenka-suhrnne-ta-bulky.html?page_id=9603

Services for 2015 – 2020, Ministry of Labour, Social Affairs and Family, 2014), the old system soaks most of public funds and there is no room left for building new, community-based services and client-centred services.

Regional self-governments have the primary responsibility for developing social services within their areas. The regions should:

- Plan and coordinate those services through a strategic instrument titled *Concept of Developing Social Services;*
- Provide for their accessibility, register new service providers and scale up the existing network of providers;
- Fund those services through taxes – annual budgets are approved by the regional councils.

Currently, further development of SS ECI in Slovakia lies in hands of the regional self-governments, their forward looking mind set and the amount of funds approved by the members of regional parliaments.

The Ministry of Labour, Social Affairs and Family can, on one hand, influence the basic framework for developing SS ECI through legislative instruments but it has not taken any initiative to secure extra resources for developing SS ECI from e.g. the European Social Fund.

Early childhood intervention falls under the jurisdiction of four sectors (so far we have not mentioned the Ministry of Interior that has jurisdiction over so-called specialized civil service – i.e. a network of district offices coordinating special schools). The sectors do not coordinate their activities and as a result, isolated, parallel and independent, unlinked systems are created, both from a legislative and practical point of view.

4.1.1.1.11. Training of professionals for SS ECI

Employees working for the providers of SS ECI may work with the families if they have specialisation and skills in working with families and children and are experienced in team work. Usually one key worker from the team visits the family. If needed, he/she invites his/her colleagues from an interdisciplinary team for consultations with the family. Teams usually consist of three to five experts in different areas. Teams should consult specific family needs and guide the family according to the

plan/milestones they have agreed upon together. The team meets to discuss and consult individual cases and if needed, it also contacts external experts.

Early childhood intervention counsellor is a newly established specialisation. The whole area is just being structured and the processes are being designed. In countries with long tradition in the field, this field is well established and graduates from second level university studies (MA degree in e.g. special pedagogy, social work) are offered specialized post-graduate training programmes. From 2015 onwards, a 120 hour long training course titled *Counsellor in early childhood intervention* is offered on annual basis. So far it has had 52 participants (counsellors).

Table No. 13: Specialisation of early childhood intervention counsellors (II. level of university study)

	2016	2017
Total number of employees of that:	49	**108**
special pedagogue	N/A	**35**
social worker	N/A	**25**
psychologist	N/A	**16**
physiotherapist	N/A	**16**
occupational therapist	N/A	**6**
speech therapist	N/A	**5**
social pedagogue	N/A	**3**
nurses	N/A	**1**
paediatricians	N/A	**1**

4.1.2. Conclusions, possible limitations of the study

Slovakia is one of the countries with a high number of institutionalized clients in social services. This was also confirmed by the UN Committee for the Rights of Persons with Disabilities that concluded: "The Committee is deeply concerned about the number of children with disabilities living in institutions, especially those with intellectual disabilities." Therefore it recommended to Slovakia:

"The Committee urges the State party to prevent any new placement of children with disabilities in institutions, and to introduce an action plan with a clear timetable for its implementation and budget allocations to ensure the full deinstitutionalization of children with disabilities from all residential services and their transition from institutions into the community."

The Committee's recommendation on early childhood intervention reads as follows: "**The Committee recommends that the State party develop a holistic and comprehensive network of health and social care services for the early diagnosis and intervention for children with**

disabilities, in close consultation with their representative organizations, and increase financial support for their families using public resources".[12]

Slovakia will need to report the measures it has taken towards systematic development of early childhood intervention since 2016 at the next meeting of the UN Committee. Currently, the Ministry of Education, the Ministry of Social Affairs and the Ministry of Health Care have declared their goodwill to cooperate in achieving the systematic changes in the area.

Building on the results from our survey on early childhood intervention, **in order to introduce a single, coordinated[13] system of support to children with developmental risks and their families with the aim to include them into society, we recommend the following measures:**

1. Coordinated efforts of at least three sectors (education, health care and social affairs) with the view to coordinate, develop and promote accessibility and sustainability and funding of early childhood intervention services. With this view it will be important to restart the inter-sectional working group that previously worked in 2017.
2. Provide for accessibility[14] of social service of early childhood intervention – primarily its field version – by the regional self-governments (accessibility in 2018: 4%), while those services will cooperate with other stakeholders supporting children with disability and their families.[15] Based on our calculations, the budget for ECI needs to be increased 11.5 times (from current €941,286 to almost €10.5 million).
3. Improve accessibility mainly of services supporting children's development in the health sector (in 2018, the accessibility of physiotherapy was at the level of 17%) for small children (primarily from birth to age 3) reimbursed by the health insurance companies; while those services will cooperate with other entities supporting children with disability and their families.[16] There is lack of such services/their accessibility is low, reimbursement by health insurance companies is also low which results in an increasing number of private providers (while the price for a two week rehabilitation stay per child costs anywhere between €660 and €3,000).
4. Improve accessibility of early childhood intervention services in the Centres of Special Pedagogical Counselling (CSPC) in the education sector (their accessibility in 2018: 11%). We

[12] Concluding observations on the initial report on Slovakia, UN Committee for the Rights of Persons with Disabilities (CRPD), Geneve, 2016.
[13] Convention on the Rights of the Child, general comment to Article 9, sec. E
[14] Convention on Rights of Child, General Comments to Article 9, par. D
[15] Zákon č. 448/2008 Z.z. o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov, § 33
[16] Zákon č. 448/2008 Z.z. o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov, Článok 97, § 1

expect it will be necessary to provide for such level of funding that the CSPCs are motivated to develop services supporting children's development from birth and cooperate with other entities supporting children with disabilities and their families. Young children in particular need repetitive and intensive interventions, the costs of which are not covered by the low cap amount set for such interventions (about €60-€120 per child per year).

5. Empirical experience shows that another challenge is transition (coordinated transfer) of children with disabilities between different parts of the support systems. For instance, transition from health care into the early childhood intervention service, from SS ECI to kindergartens and elementary schools or other types of social services.
6. The level of inclusion in Slovakia is currently very low and it has rather a declarative character. With the current massive system of special schools (452 special schools with 34,378 students, i.e. a 7.2% share of all children of school age) and the low number of hours per week per student with disability, it is actually challenging to include children with disabilities even to a special school, not mentioning the mainstream schools. A principal change will be needed also in this area so that the children with disabilities and their families could, once receiving support from early childhood intervention services in preschool age, be included into an inclusive environment, thus increasing his/her chances of inclusion into society. Activities of early childhood intervention counsellors should be geared towards this goal.

All those measures have one common denominator – they can be introduced and promoted if there is political will at both the national and regional levels. NASSP, together with partner organisations (Platforms of Families, National Council of Citizens with Disabilities, SocioForum, SOCIA – Social Reform Foundation, Social Work Advisory Board) are ready to present evidence, knowledge and information to the policymakers for the benefit of early childhood intervention and its further development.

A. QUALITATIVE SURVEY AMONG PROVIDERS OF EARLY CHILDHOOD INTERVENTION – SUMMARY REPORT

The aim of the survey carried out among members of the National Association of Providers and Supporters of Early Childhood Intervention was to identify what kinds of early childhood intervention services (in its broader sense) are provided by individual providers in Slovakia.

Methods used

For the purposes of our survey we used a structured interview. Questions asked were chosen according to the systematic model of supported development promoted by the concept of early childhood intervention (Guralnick 2005).[17] **The questions focused on mapping the types of early childhood intervention given by the providers in health care, education, and social affairs from the time when developmental risks in a child were identified (screening) until the transition of a family and its child within the existing system in Slovakia.**

The questionnaire was structured into 10 clusters. Altogether it contained 26 open and semi-open questions.

Research sample

We opted for purposive sampling (non-probability sampling) so that the selected entities represented a variety of provided early childhood intervention in those sectors. Altogether, we carried out interviews with 10 subjects.

Persons selected from the health care sector:

- Chief expert of the Ministry of Health Care for neonatology;
- A occupational pedagogue carrying out developmental diagnostics of children with developmental risks;
- Persons selected from the education sector:
- An employee in the special pedagogical counselling sector working with a standard representation of clients in Slovakia;

[17] https://depts.washington.edu/chdd/guralnick/pdfs/overview_dev_systems.pdf

- An employee of a special pedagogical counselling centre focused on diagnostics, therapy and stimulation of children in early age;
- An employee of a special pedagogical counselling centre focused on diagnostics, therapy and stimulation of children in early age through field intervention in the home environment.

Persons selected from the social sector:

- Counsellors in early intervention with limited experience working with a small team/individuals;
- Counsellors in early intervention with long- standing experience and a transdisciplinary team.

Survey implementation

Persons in the survey participated in the interviews voluntarily. They received detailed information on the substance and type of information to be collected. Most of the interviews were carried out personally or over the phone. The course of the interview was transcribed and the transcription was analysed.

Survey results

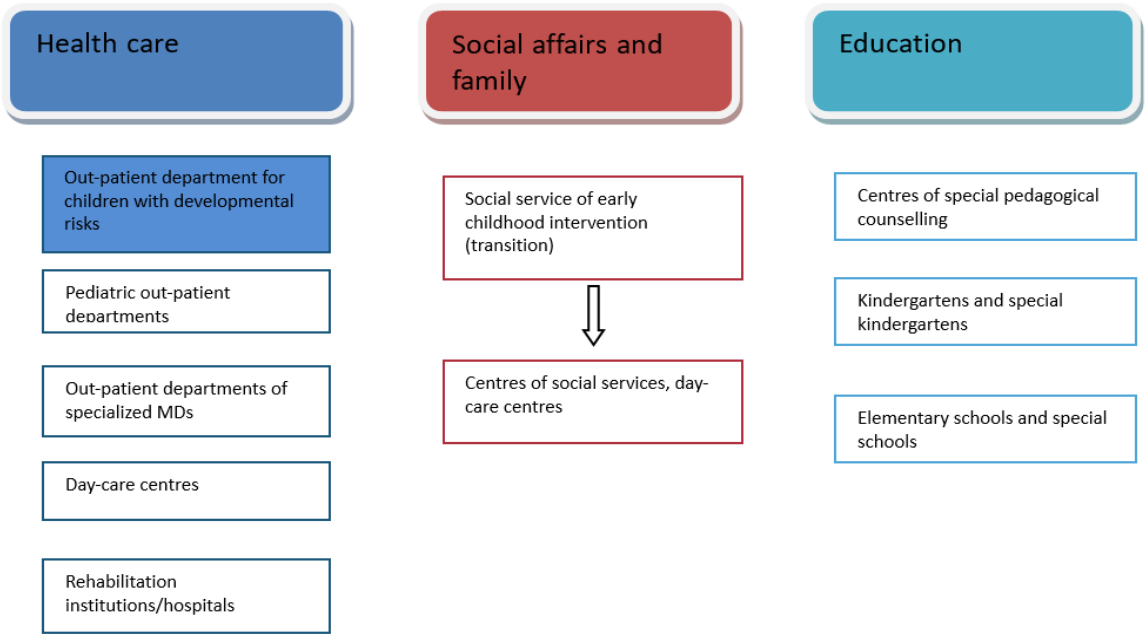
In Slovakia, early childhood intervention in its broader sense is managed through three sectors: health care, education and social affairs and family. Each sector has a specific approach to ECI that results in different concepts of early childhood intervention:

- Different terminology used by the sectors;
- Different identification of a target group;
- Different institutional framework for early childhood intervention;
- Different level of cooperation among experts in teams;
- Different understanding of what early childhood intervention is and should be.

Early childhood intervention in Slovakia		
Health care	**Social affairs and family**	**Education**
Early diagnostics and therapy Patient/child Child with a potential identified developmental risk	Social service of early childhood intervention Client/family Child with development at risk/disability and his/her family	Early childhood intervention Client/family Child with disability
Interdisciplinary cooperation of experts in a team	Transdisciplinary cooperation of experts in a team	Multidisciplinary cooperation of experts in a team
Out-patient department	Natural home/family environment	CSPC/SPPC/family environment

In spite of differing concepts of early childhood intervention among these sectors, there is a network of institutions offering a support network for families with children with disabilities or developmental risks.

Support network for a child and his/her family



B. REPORT FROM QUALITATIVE SURVEY ON EARLY CHILDHOOD INTERVENTION AMONG PARENTS

Survey participants

The target group for early childhood intervention are children with disabilities and their families. In our qualitative survey, we selected four families who benefit from different levels of support within early childhood intervention – in both content and scope. Structured interviews were carried out either in person or over the phone.

The participants were parents of a child with the following support available to them:

1. Only physiotherapy;
2. Therapy from the private sector and public health sector;
3. Therapy from the educational sector and private sector and social service of early intervention without coordination;
4. Social service of early childhood intervention (hereafter “ECI|”) that coordinated all other services, therapy and transition of the child into a new environment, along with two types of therapy from a private sector.

Survey results

	Family 1	Family 2	Family 3	Family 4
Child	- 10 months - Multiple disabilities - Passive repose, strong epileptic seizures, - Does not establish contact.	- 8 years - Crawls, outside only in a stroller. - Does not communicate verbally, comprehends, answers yes/no.	- 6 years - Multiple disabilities - Stands with support, does not walk, has hearing impairment - Does not verbalise.	- 3 years - Walks, PAS symptoms; - Does not communicate verbally, does not keep eye contact
Social background of family (household)	- Mother and child. - Mother on maternity leave	- Mother, child and partner; - Mother receives welfare caregiver support, does not work - Son – 3 times a week/5hrs in special elementary school	- Father, mother, child, grandparents - Mother is not entitled to welfare caregiver support - Son – 3 times a week in Centre of Social Services	- Father, mother, child; - In contact with step-sister; - mother and father work; - child – 5 times a week/full day in kindergarten
ECI support	- physiotherapy in a local hospital – out-patient form	- 1 type of therapy from health-care sector - 3 types of therapy from private sector	- Centre of special pedagogical services - speech therapist - Centre of special pedagogical services - auditory therapy; originally mobile pedagogue - 3 types of therapy from private sector. - 3 years of social service of early intervention with no coordination	- 2 types of therapy from private sector - 2 years of social service of early childhood intervention with coordination and transition into kindergarten
Family involvement	- Without broader family support	- Only grandmother, occasionally - Partner is not supportive and does not understand the whole picture	- Grandparents, occasionally, help with transportation to therapy; - **Both parents get involved in stimulation at home –** father less	- **both parents get involved in daily routines stimulation at home**
Areas of developmental stimulation (coverage)	- **Only partially for gross motor skills;** - Only in out-patient setting at a local hospital	- **Only partially – motor skills and sensory skills;** - **Uncoordinated services;** - **Repeated diagnostics** with diverse specialists;	- **All areas covered** - Mother has completed 8 courses on stimulation and they work at home	- Take-home recommendations from ECI service and one external specialist;

;

	- **Low level of awareness of importance also to stimulate other areas**	- **Numerous tasks identified by specialists;** - Lacking capacities of specialists when the child is in school age; - **Absence of transition and child-specialists-school cooperation**	- **Many recommendations on how to enhance stimulation at home from 4 specialists.** - **2 services organised at home** (mobile teacher and ECI service); - **Services mostly uncoordinated, mother relays the information;** - **Partial transition** through an employee of Centre for Special Pedagogical Counselling and Centre of Social Services	- **Services coordinated by ECI service;** external expert and kindergarten communicate - **Planned and organised transition into** kindergarten by a key worker (contact-point)
Support offered to family when coping with the situation after the child is born	- No family support - No professional support - 1 community representative - **Mother's own resources**	- Marginal family support - Medication (for psychological conditions) - **Mother's own resources** - Parents of other children with disability – left to chance	- **Well provided by ECI service for all family members** - Parents group through ECI service - Family group organised by parents - Own family resources	- **Well provided by ECI for all family members** - Parents group through ECI service - Own family resources
Compensation and social support	- **Uninformed on eligibility requirements for compensation** - 7 months – applying for allowance for fuel – now in the appeal process, still pending	- **Uninformed on entitlement for medical aids –** parent pays for aids that health care would have covered	- **Informed through ECI service, but not eligible**	- **Informed through ECI service**
Financial situation	- **€200/month for child care** - Own resources from one 1 parent's welfare allowance = 100% of expenditures for child care - **Dependant on foundations** - Mother does not work, they do not have a second income	- **€500/month for child care** - Own resources - 1 caregiver's welfare allowance + financial contribution from partner for food - **Dependant on donations, income fundraised through 2% from income tax scheme and foundations** - Mother cannot work due to child care, even a small income would lower the amount of her care allowance	- **€1000/month for child care** - Mother cannot work due to child care - **Dependant on funds raised through 2% income tax scheme**	- **€370/month for child care** (special diet and two external experts) - **Both parents work**
Integration into society	- **Social isolation**	- **Social isolation** - No free time	- **Isolation from the community** - No free time or contact with friends	- **Inclusion of the family into the society**

;

	- Exceptionally has moments outside home environment but lonely - 1 supporting individual in the community - No free time		- Parents' community – communication narrowed to child-related topics	- Working parents, family spends time together, has contacts with friends - **Child enrolled in a special kindergarten – inclusive education not available**

;

Survey conclusions

- Families with children with disabilities get various forms and levels of support in Slovakia. The survey shows that form of support was:
    1. Minimal - provided under the health care scheme;
    2. Provided by specialists in the private, health care or educational sectors, offering isolated therapies;
    3. Provided through a combination of social service of early childhood intervention, services rendered by a Centre of Special Pedagogical Counselling and private counsellors, with no coordination provided;
    4. Provided through a combination of social service of early childhood intervention, services rendered by a Centre of Special Pedagogical Counselling and private counsellors in a coordinated manner, under the umbrella of social service of early childhood intervention.
- The survey shows that the potential enhancement of the child's independence and inclusion of the family into society could result from unified, coordinated care – as demonstrated in the example of coordinated support under the umbrella of social service of early childhood intervention.
- This is valid provided that the social service of early childhood intervention is offered at a level of quality described by Family no. 4 (qualified and experienced counsellors working in a team, in a home environment with all family members, covering all areas of development, coordination of services offered to the child etc).
- Supporting families through isolated therapies from different sectors brings about the following risks:
    1. The child does not accomplish the level of independence attainable in his/her condition since some of the developmental areas are not covered (e.g. communication);
    2. The child may be over-stimulated (which may result in possible complications of the child’s health condition);
    3. The social isolation of the child and his/her family – travelling in order to get therapy, loss of natural ties to the community;
    4. High and disproportional financial burden on families with children with disabilities and their financial dependence on foundations, funds raised through 2% income tax

;

donation scheme and other donations – i.e. their segregation because of financial reasons;

5. Parents unable to implement recommendations of all specialists when at home with their child, which minimises the effectiveness of therapy the child undertakes;
6. High level of financial demands since therapy and diagnostic processes with one child are repeated in different sectors without coordination/comprehensive framework;
7. Loss of important information on the child with disabilities if transition among specialists through the different sectors is not carried out.

- In spite of the very challenging situation of the Family no. 1 mother has demonstrated a strong ability to mobilise her resources and look at the challenge in a pragmatic way, even though her only support was from one person from her community. This points to the fact that there is strong potential in parents of children with disabilities and their communities that needs to be supported and guided. Such approach would bring about not only financial savings but also a higher level of independence of those families from state support and the natural inclusion of all family members into the community.
- The interviews with parents of children with disabilities demonstrated that families are forced to purchase most support for the children with disabilities from private providers, since the state does not offer a sufficient spectrum of services that would allow a child with disabilities to achieve and sustain the maximum possible level of independence, use his/her full physical, mental, social and professional skills, and achieve full integration and involvement in all areas of life. Slovakia does not uphold its commitments arising from Article no. 29 of the Convention on the Rights of Persons with Disabilities to a sufficient extent.

Creating a unified, coordinated, long-term sustainable support system for children with disabilities requires **systematic, inter-sectoral cooperation between the Ministry of Health Care, Ministry of Education and Ministry of Labour, Social Affairs and Family** so that support to the child with disabilities is comprehensive and coordinated, without duplication among different sectors and with the same goal – inclusion of the child into life at home and kindergarten, and inclusion of the whole family into its natural

;

4.1.3. List of resources used in the desk research with the English translation of the titles according to the APA standards

1. Asociácia poskytovateľov a podporovateľov včasnej intervencie (2017). Prieskum počtu detí so zdravotným postihnutím alebo rizikovým vývinom do 7 rokov veku [PowerPoint]. (National Association of Supporters and Service Providers, Survey: Number of children with disability or developmental risks up to seven years of age)
2. Centrum vedecko-technických informácií SR (2016). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školský rok 2014/15 – Sumárny protocol* [Dátový súbor]. Získané z: http://www.cvtisr.sk/buxus/docs//JC/INE/v5_2014.pdf (*Report on School Institutions – counselling and prevention centres)*
3. Centrum vedecko-technických informácií SR (2017). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školský rok 2015/16 – Sumárny protokol* [Dátový súbor]. Získané z: http://www.cvtisr.sk/buxus/docs//JC/INE/v5_2015.pdf (*Report on School Institutions – counselling and prevention centres)*
4. Centrum vedecko-technických informácií SR (2018). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školský rok 2016/17 – Sumárny protocol* [Dátový súbor]. Získané z: http://www.cvtisr.sk/buxus/docs//JC/INE/v5_2016.pdf (Report on School Institutions – counselling and prevention centres)
5. Centrum vedecko-technických informácií SR (2018). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školský rok 2016/17 – Sumárny protokol* [Dátový súbor]. Získané z: http://www.cvtisr.sk/buxus/docs//JC/INE/v5_2016.pdf (Report on School Institutions – counselling and prevention centres)
6. Centrum vedecko-technických informácií SR (2018). *Výkaz o školských zariadeniach výchovného poradenstva a prevencie za školský rok 2016/17 – Sumárny protokol* [Dátový súbor]. Získané z: http://www.cvtisr.sk/buxus/docs//JC/INE/v5_2016.pdf (*Report on School Institutions – counselling and prevention centres)*
7. EASPD Statement on Early Childhood Intervention (2016). *Moldava Conferece on ECI*, Získané z: http://www.easpd.eu/sites/default/files/sites/default/files/booklet_moldova.pdf
8. Guralnick, M. J. (2001). *An Overview of the Developmental Sysytems Model for Early Interventction.* [Dátový súbor]. *Získané z:* https://depts.washington.edu/chdd/guralnick/pdfs/overview_dev_systems.pdf
9. Manifest - Early Intervention for Children with Developmental Disabilities: Manifesto of the Eurlyaid Working Party, by J. M. H. DE MOOR*, B. T. M. VAN WAESBERGHE, J. B. L. HOSMAN, D. JAEKEN and S. MIEDEMA, Department of Special Education, Catholic University, PO Box 9103, 6500 HD Nijmegen, The Netherlands; published in: International Journal of Rehabilitation Research 16, 23-31 (1993)

;
10. Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky (2017). *Analýza súčasného stavu financovania CPPPaP a CŠPP rok 2017*. Bratislava, 2018. *(Funding of CPPCP and CSPC in 2017 – Analytical report)*
11. Národné centrum zdravotníckych informácií (2017). *Zdravotnícka ročenka 2014 – Vrodené chyby v SR 2014.* [Dátový súbor]. Získané z: http://www.nczisk.sk/Aktuality/Pages/Vrodene-chyby-v-SR_2014.aspx *(National Centre of Health Information: Health Yearbook 2014)*
12. Národné centrum zdravotníckych informácií (2017). *Zdravotníctvo Slovenskej republiky v číslach 2016*. [Dátový súbor]. Získané z: http://www.nczisk.sk/Documents/publikacie/analyticke/zdravotnictvo_slovenskej_republiky_v_cislach_2016.pdf *(National Centre of Health Information)*
13. Platforma rodín detí so zdravotným znevýhodnením (2017). Potreby rodín v oblasti včasnej intervencie.
14. Tichá, E. (2016) Podpora rodinného systému v kontexte Centier včasnej intervencie – príklad z prax. In: *Cangár, M., Krupa, S., Matej, V., Tichá, E., Záhorcová, V. Včasná intervencia a diagnostika pre osoby so zdravotným postihnutím v Slovenskej republike*. Bratislava: Rada pre poradenstvo v sociálnej práci.
15. World Health Organization (2018). *Disability and Health.* [Dátový súbor]. Získané z: http://www.who.int/en/news-room/fact-sheets/detail/disability-and-health
16. Zákon č. 448/2008 Z.z. o sociálnych službách a o zmene a doplnení zákona č. 455/1991 Zb. o živnostenskom podnikaní (živnostenský zákon) v znení neskorších predpisov *(Act No. 448/2008 on Social Services as amended by Act No. 455/1991 on Small-Business Licences as amended)*