

No child left behind?

**Study on Early Childhood Development (ECD)
and Early Childhood Education and Care (ECEC) interventions
(with focus on the Hungarian-Slovak border area)**



Kárpátok Alapítvány-Magyarország - Carpathian Foundation - Hungary

No child left behind?



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¹ The title refers to the US Act named No Child Left Behind Act of 2002.

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Executive Summary

As part of the Interreg project “Chance for Children from Disadvantaged Backgrounds” implemented by the Carpathian Foundation–Slovakia and the Carpathian Foundation–Hungary, **two national studies were conducted in order to present and analyze the current situation of early childhood development (ECD) and early childhood education and care (ECEC) services and programs in Slovakia and in Hungary.**¹ The studies focus on the national characteristics and aim to describe the main standards, legal frameworks, target groups, approaches, methods, and interventions regarding ECD and ECEC. The papers also intend to share the experiences, results and dilemmas of state-run and civil interventions as good and/or adaptable practices in Slovakia and in Hungary. They are based on similar methods and sources. The Slovak experts and the Hungarian expert drew upon relevant research and numerous studies, acts and other regulation, databases and figures in order to analyze the characteristics of ECD and ECEC. As concerned Interreg border regions (target regions) with several economic and social drawbacks, the Kosice Region in Slovakia and Northern Hungary and the Northern Great Plain in Hungary are in the focus of the studies.

The joint starting points are the international definitions determined by the European Union and world-wide organizations such as the UNICEF, the WHO and the World Bank. They strictly highlight the importance of interventions in the early years, especially in case of **children aged between zero and eight**. The organizations particularly emphasize the significance of early interventions targeting disadvantaged and marginalized children. Therefore, **the target group of the papers is the defined age group**, especially those who belong to the Roma minority and/or live in poverty and social exclusion.

Slovakia and Hungary have a significant Roma population (approximately 7-9 percent of the total population), and many of them live in the target regions. The problems affecting Roma people such as income poverty, material deprivation, residential and school segregation, and wide-spread discrimination are well-know. Moreover, as the studies highlight and analyze, a significant part of Roma children do not access (quality) services, which highly weakens their future chances. That is why ECEC and ECD interventions are acutely needed in these regions in order to improve the chances of these (Roma and non-Roma) children.

Main definitions and interpretations of ECD and ECEC

In the international context, **early childhood development (ECD) primarily refers to a concept, an approach.** According to the WHO, it is based on the fact that “the early years are critical, because this is the period in life when the brain develops most rapidly and has a high capacity for change, and the foundation is laid for health and wellbeing throughout life. Nurturing care – defined as care that is provided in a stable

¹ The Hungarian and Slovak studies were written as part of the project “Chance for Children from Disadvantaged Backgrounds”, FMP-E / 1901 / 4.1 / 015, funded by the European Union, co-financed by the European Regional Development Fund with support from the Slovakia-Hungary Interreg V A Program Small Project Fund.

environment, that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating – is at the heart of children's potential to develop". **Early childhood education and care (ECEC) refers to the system of interventions**, the public and other institutions, services and programs targeting young children to complete the goals of ECD's approach. According to the European Union's definition, it "refers to any regulated arrangement that provides education and care for children from birth to compulsory primary school age, which may vary across the EU. It includes centre and family-day care, privately and publicly funded provision, pre-school and pre-primary provision. Quality early childhood education and care can lay the foundations for later success in life in terms of education, well-being, employability, and social integration, and is especially important for children from disadvantaged backgrounds." EU leaders have defined **ECEC as one of the fundamental rights of European citizens**. One of the 20 key principles of the European Pillar of Social Rights states that "children have the right to affordable early childhood education and care of good quality". It emphasizes the fact that "children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities".

The main characteristics of ECD and ECEC institutions and services in Slovakia and in Hungary

In Slovakia, ECEC can be divided into two different stages depending on the age of the child. Children from birth to the age of six months are considered to be cared for by their mothers or foster parents as the state sets the maternity leave for working mothers up to six months from birth (in general). Also, **nurseries** (or Facilities for children under three years of age) are available from the age of six months. Nursery is considered to be a social service provided mostly to help mothers to return to work. Nurseries are more widely available in district towns and are mostly owned by non-public providers. The necessary qualification for caregivers in facilities for children under three years of age is a high school diploma or an accredited course.

Children from the age of three to six can be admitted to **kindergartens**. Kindergartens in Slovakia are not compulsory and places for children are not guaranteed. Attendance is encouraged by the free education of five-year-old children before the start of elementary school. Therefore, children have the opportunity to be educated in the state language and also to be prepared for primary education. The education of kindergarten teachers in Slovakia is implemented on two levels. They are either graduates of complete secondary vocational education in pedagogical school or in the field of teaching for kindergartens and education or they are graduates of higher education in the relevant pedagogical field. In general terms, kindergartens are founded and financed by local municipalities from their budgets. The foundation of facilities depends on the demand and the financial possibilities of the municipality. Parents are obliged to pay some fees except in the last year before compulsory school attendance. Five-year-old children are admitted preferably to younger children.

Children with special needs, that is, children with disabilities or children from socially disadvantaged backgrounds or children with talent, can but do not have to be admitted. Their needs are being met mostly by programs financed by the EU grants.

Compulsory **elementary school** attendance starts when a child is six years old and lasts for ten years. As ECEC targets children up to the age of eight years, it covers the first two grades. In general, there is no special approach to facilitate the transition between kindergarten and first grade. However, each school applies some methods to help children cope with new situation. In the first four years of primary education, teachers have more flexibility to adjust the curriculum according to the needs of their classes. However, this method is not frequently used and schools can be rigid in fulfilling the standard teaching procedures. Children with special educational needs face difficulties in this area as the inclusiveness of most Slovak schools is inadequate. There are a few initiatives dedicated to helping children succeed such as assistants of the child, teacher's assistants, zero grades and preparatory grades. Preparatory grades and zero grades are already included in compulsory school attendance. Primary schools are founded by municipalities or churches and are free of charge. Currently all children receive a lunch donation (1,20 Euro) as part of state social support program.

In Hungary, early development means special development interventions in the case of children with special needs, that is, those who are behind in their development or progress. They have different levels of learning, speech, hearing, visual or other physical and mental disabilities. The disadvantages or disabilities must be diagnosed by specialized professionals.

The notion of **early childhood skills development** was introduced by the Sure Start approach and its local programs in 2004. It refers to early interventions intending to decrease socio-economic disadvantages. The Sure Start model applied in Hungary is based on the Sure Start Program established in the United Kingdom in 1998. The initiative targeted parents and children under the age of four years living in the most disadvantaged areas of the country. Sure Start projects deliver a wide variety of services which are designed to support zero to five- year-old children's learning skills, health and well-being, and social and emotional development. In Hungary, the first pilot programs started in 2004. Since then, several so-called Sure Start Children Houses have been established in disadvantaged settlements and segregated areas. In 2019, 2150 families and almost 2400 children were involved in this kind of service.

The Hungarian system of early childhood education and care is divided into two stages. The first stage includes children aged zero to three years (nursery) and the second stage lasts from the age of three to school starting age. But according to the current studies' interpretation based on international terminology, ECEC includes institutional services targeting children aged from zero to eight years. The optional **children's day care system including nurseries** is regulated by the Child Protection Act (1997). In pursuance of it, children's day care provides daily services, supervision, care, rearing and institutional meals for children whose parents work or study, or because of their illness or other reason are not able to look after their children. In the nursery provision, complex services must be provided from the age of 20 weeks to the age of three. In 2019, 46 500 children were enrolled at different types of nurseries (including day care for children). Services are not compulsory, and parents must pay a regular fee and the meal costs (depending on the family's income). In 2017, 66 percent of enrolled nursery children were entitled to have free meals.

Most of the nurseries are municipality-run: 90 percent of infant nurseries and 62 percent of mini infant nurseries are maintained by municipalities. The nursery staff includes an 'infant and early childhood educator' with at least a bachelor's degree and a nurse with the relevant qualification.

Kindergarten is part of ECEC, and at the same time it is the first level of the Hungarian public education system. Therefore, the system providing institutional full-day care for three- to six-year-old children is regulated by the Act on National Public Education (2011). According to the act, kindergartens accept children from the age of three to their school age, and gradually prepare them for school education. In the 2019/2020 school year 330 500 children attended these institutions. Parents do not pay a fee for compulsory kindergarten, but they have to cover the meal costs (depending on the family's income) and several additional costs. Detailed data is not available, but due to an expansion of institutional free meals in 2016, altogether approximately 90 percent of nursery and kindergarten children eat free of charge. Most (81 percent) kindergartens are maintained by municipalities. A bachelor's degree is required to hold professional positions in kindergartens, and nurses need to complete an adult education course.

Children start **primary/elementary school** at the age of six. They have to complete eight grades by the age of fourteen. The Act on National Public Education declares that primary/elementary schools must provide elementary education based on national standardized requirements and outcomes. Schools must follow the strongly centralized guidelines and programs defined by the national curriculum and do not have effective opportunities to implement their own curricula. In the 2019/2020 school year more than 720 thousand pupils attended primary/elementary school, and 13 percent of them studied in the first grade. Mandatory public primary school is free of charge, but parents have to pay numerous additional costs and the meal costs (depending on the family's socio-economic background). In 2018, more than one fifth (21 percent) of elementary school students were entitled to get free meals. The proportion was significantly higher in 2010 (29 percent). Most (77 percent) of the primary/elementary schools are maintained by school district centers as part of the state administration. Further 15 percent of the institutions are operated by churches and their organizations. Primary/elementary school teachers must have at least a bachelor's degree.

Target regions and difficulties, problems regarding marginalized children

The Slovak target region, the Kosice region belongs to the second group of regions where the poverty rate is slightly higher than the Slovak average. The Kosice Region has more than 800 thousand inhabitants and the largest number of the Roma live here in Slovakia. According to estimates, more than 126 thousand Roma people live in this area (that is, 16 percent of the total population). In 2013, there were more than 11 thousand Roma children up to the age of six years in the Kosice Region. The at-risk-of-poverty rate in the region was 16 percent in 2017. Many of the families and children live in poor conditions with deficient inclusiveness at schools. These children's right to proper education can be endangered.

Access to ECEC services for children from marginalized Roma communities is difficult due to different needs of parents living in generationally reproduced poverty and to insufficient capacities or the geographical distribution of the facilities. However, there are programs aiming at the care and education of children from the age of zero to three years who are at risk of exclusion and tend to be disadvantaged in the educational process. These programs are initiated only by local organizations or Community Centers as special social services.

Zero grades are often attended by children from marginalized Roma communities to learn basic self-maintenance, hygiene, state language etc. Zero grades and preparatory

classes are the “borderline” in the education system, as they are focused on children who did not reach a school maturity till the age of six years. Both are to be cancelled and replaced by compulsory kindergarten attendance from the age of five. The start of this reform is still open. In primary education there are voices for inclusiveness much stronger but it is necessary to reform the whole education system as it is indicated by numerous studies such as PISA surveys.

The Hungarian target regions Northern Hungary and the Northern Great Plain have altogether almost 2.6 million inhabitants (27 percent of Hungary’s total population. Among the eight Hungarian regions, the relative poverty rate (at-risk-of-poverty rate) is the highest in the Northern Great Plain (16 percent) and the third highest in Northern Hungary (14 percent). The ratio of severe material deprivation is also the highest in Northern Hungary (15 percent) and the third highest in the Northern Great Plain (12 percent). The number of children aged between zero and eight is more than 226 000 in the two target regions (27 percent of the corresponding total age group). Detailed data on Roma children is not available, but it is known that more than half (55 percent) of disadvantaged and 72 percent of multiple disadvantaged children live in the two target regions. A significant part of them is Roma.

The regional distribution of active nursery places and enrolled children is unequal. In 2019, almost 30 percent of the active places and enrolled children were in the capital, and only 13-14 percent of them could be found in the Northern Great Plain, while the proportion was not more than 7-8 percent in Northern Hungary. The most of marginalized Roma (and non-Roma) children, especially those who live in disadvantaged areas of Hungary, do not have a chance to attend nursery.

There is no significant difference between the rate of Roma and non-Roma children provided by pre-school education. Roma children’s lagging appear later, in the upper classes of primary school, and mostly in secondary school, and becomes significant as well as often irreversible. (In 2018, the Roma young people’s early school leaver rate was 68 percent, while the ratio was only 9 percent among the non-Roma youngsters.)

At the same time, remarkable disparities can be experienced in the field of kindergartens’ qualities by regions and settlement types. Alarming phenomena are the pre-selection and selection processes in kindergarten, which aim at the segregation of Roma children. School segregation has been a significant characteristic of the Hungarian education system for several decades. Although segregation affects both disadvantaged Roma and non-Roma pupils, it definitely has a strong ethnic characteristic. The number of so called Roma schools, where the ratio of Roma pupils is more than 50 percent, increased from 247 to 359 between 2007 and 2016.

Interventions, initiatives – problems and dilemmas

The Slovak education system needs many reforms especially in the field of the social inclusion of children with special educational needs. The discourse is connected to compulsory school attendance and inclusive pre-primary education is still not a priority. The first steps have already been taken. In 2019, the Education Act was amended, which will significantly change the current situation in the future. The most important change will be that it will no longer be possible to postpone the start of compulsory school attendance.

The initiative that will replace canceled systems is the so-called compulsory pre-school preparation from the age of five years. Experts in Slovakia clearly perceive this step positively, but only subsequent practice will show reliable results. (For example, some kindergartens have already announced that they do not have sufficient capacity to fulfill this obligation, etc.) Positive results are also expected in the case of children from socially disadvantaged backgrounds. Their primary school results are anticipated to improve significantly, also the negative effect of zero grades such as creating ethnically homogenous classes should be eliminated (children from zero grades tend to attend the classes with other children from zero grades who are usually children from disadvantaged backgrounds).

In Slovakia, there are several programs dedicated to children whose development is not secured by the education system. Many of these programs are organized by NGOs. Omama, for example, trains Roma women in ECEC to visit households and help mothers educate their children and also themselves. For Roma children, Community Centers often cover the insufficiencies of the kindergarten system. At the same time, they help with afterschool programs, train mothers, and support networking, while also advocating for inclusiveness in education. NGOs like People in Need, ETP Slovensko and Childhood to Children educate young mothers and children in their localities. There are many programs to help kindergarten teachers improve the skills of children from disadvantaged backgrounds. These include providing assistants of teachers, special training to teachers or technical equipment. But this is not enough to secure access to quality ECEC services for every child. A financial arrangement relying not merely on EU grants, common professional guidelines and proper training for teachers including sensitization to the issue of children from disadvantaged backgrounds are all needed. Less fragmentation in the pre-primary education system is also more than essential.

In Hungary, Sure Start Children Houses can be determined as good practices because they intend to involve marginalized Roma and non-Roma children together with their parents. But in practice several problems, lacks and challenges can be identified regarding their operation and their fluctuating quality. The regional and territorial distribution of nurseries is highly unequal. Furthermore, nurseries are mostly urban institutes and they do not aim at including marginalized children, especially those who live in disadvantaged small settlements.

The differences and inequalities between Roma and non-Roma children deepen in primary/elementary school and most of these disparities stem from disadvantaged socio-economic background and the lack of (quality) early childhood services. Early childhood care and education should be responsible for reducing socio-economic disadvantages and for establishing adequate conditions in order to decrease social inequalities and to improve children's chances. But in practice, most of these institutions are not able to meet these requirements. The Hungarian public education system is dysfunctional, since it increases inequalities and does not improve the chances of social mobility.

Non-governmental, non-state-run organizations have a remarkable role in the field of early childhood services. Their initiatives can decrease socio-economic disadvantages and improve children's opportunities and chances. But in fact, non-governmental interventions cannot substitute for or compensate the lacks and failures of state-run services and institutions, the lack of central social investment in children and families, especially in those who live in social exclusion. In turn, adequate and extended early interventions would have significant social and economic impact on not only the target groups, but on society as a whole as well.

Part I
Slovakia

**Early childhood services and interventions,
disadvantaged children's chances in Slovakia**

(by Melikantová Petra - Miňova Monika - Mušinka Alexander)

Introduction

The current study aims to present and analyze Early Childhood Development (ECD) and Early Childhood Education and Care (ECEC) in Slovakia. It focuses on programs, social policy and different approaches to children in adversity used in public and non-public institutions or organizations throughout the country but mainly in its border region with Hungary - the Košice Region. Comparing Slovak concepts of ECD and ECEC with Hungary's can provide a meaningful overview of systems, which should be accessible for all children, and especially for those whose equality of opportunity is endangered.

It is necessary to mention children with a variety of learning difficulties. The analysis *Learning makes sense* (To dá rozum) states that the proportion of Special Education Needs (SEN) designated pupils in primary schools in Slovakia is the fourth highest in Europe, and it has increased by more than a third over the past decade. Survey findings indicate that this can be related to a more precise diagnostic process, the demands placed on children, and the entitlement to benefits being conditional upon the diagnosis of SEN. Slovakia occupies a discouraging first place among European states in terms of the proportion of primary school pupils educated separately in special needs classrooms and special needs schools. (Hall et al. 2019)

In the study we refer mainly to the situation of children from marginalized Roma communities who are affected by poverty often reproduced over generations. The study provides basic information of terminology used in Slovakia, the current situation of Roma communities, programs and services provided for families with children up to the age of 8 years and a basic description of the Slovak education system regarding early-age and inclusive schooling. All that with particular attention to children in adversity.

1. General characteristics of Early Childhood Education and Care (ECEC)

According to contemporary science, early childhood is one of the most important periods of human life in terms of development. It is the period of the fastest brain development, which lays the foundations for successful functioning in today's society.

Most countries understand **Early Childhood Development (ECD)** as a broader concept, which generally includes early childhood care and education, and is a general summary of data on developmental stages, health and educational activities appropriate to each stage, etc. The area of early childhood development is defined in the United Nations Convention on the Rights of the Child, in General Comment No. 7 (UN 2006), and concerns the physical, cognitive, linguistic and socio-emotional development of young children up to their transition to primary education. The first phase of human development (starting during pregnancy) is the integrated concept of early childhood development, which covers several areas, including health and nutrition, education and social protection (General comment No. 7, 2006).

The concept of Early Childhood Education and Care (ECEC) is generally associated with the development of children until the age of pre-primary education. Early Childhood Education (ECE) is associated with pre-primary education, but it is set differently in different countries. General comment no. 7 (UN 2005) itself defines early childhood as follows. "Definitions of early childhood vary in different countries and regions, according to local traditions and the organization of primary school systems. *"In some countries, the transition from preschool to school occurs soon after 4 years old. In other countries, this transition takes place at around 7 years old. In its consideration of rights in early childhood, the Committee wishes to include all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school. Accordingly, the Committee proposes as an appropriate working definition of early childhood the period below the age of 8 years."* (General Comment No. 7, para 4, 2006).

The international organization UNICEF or the World Health Organization (WHO), which understands early development as a cognitive, physical, language, motor, social and emotional development between the ages of 0 and 8, have similar stances on the issue (Improving 2020). UNICEF has long emphasized the need to engage with this issue because, thanks to scientific evidence and constant advocacy, governments and societies are beginning to realize how critical it is to invest in children from an early age. In 2015, early childhood development was included in the Sustainable Development Goals. (These aim to ensure by 2030 that all girls and boys have access to quality early childhood development, care and pre-school education to be prepared for primary education.) This initiative arose from efforts to include early development in the Convention on the Rights of the Child, which sets out the child's right to the maximum possible development and recognizes the right of every child to a standard of living adequate for his or her physical, mental, spiritual, moral and social development.¹

UNICEF has also produced several studies and publications on the subject, such as the Early Learning Development Standards (ELDS) and others, with a strong emphasis on the quality of these programs. The organization's research (A World ready to learn) shows that children from wealthier families are seven times more likely to be part of some form of early childhood education than the poorest children. At the same time, children of mothers with higher education are five times more likely to attend pre-primary education than

¹ See the website UNICEF: <https://www.unicef.org/early-childhood-development> (Accessed 7. June 2020).

children of mothers with only a basic education (United Nation 2019). UNESCO states that the child's early age ranges from 0 to 8 years and that early childhood care and education is more than just preparation for primary education. Instead, it is the holistic development of a child's emotional, social, cognitive and physical needs, with the aim of building a solid foundation for lifelong learning and well-being. According to UNESCO, Early Childhood Education and Care is the most advantageous system a state can invest in to support human resource development, gender equality and social cohesion, thus reducing the cost of later remedial programs. For children from disadvantaged backgrounds, ECEC plays an important role in compensating for their family's disadvantages and in fighting educational inequalities.² Another international organization that deals with the topic of development at an early age is the OECD. The organization collects data from its member countries in order to monitor, and also to support countries in their efforts to work with children at an early age. The organization has produced several publications on the topic, the most significant of which is *Starting Strong* from 2017 (OECD 2017).

The European Union and the Slovak Republic

The European Commission defines **pre-primary education and care at an early age** as the provision of services for children from birth to compulsory schooling, which falls under a national regulatory framework (i.e. it must comply with a set of rules, minimum standards and / or accreditation processes).³

Most children in Europe start compulsory education at the age of 6. Currently, there are 31 million children under the age of six in the EU who are potential users of ECEC. However, not everyone has access to these services. The availability of ECEC is low for children under 3 years of age. On average it is 34%, which means that approximately 5 million children under the age of 3 are part of ECEC. Only seven EU member states (Denmark, Germany, Estonia, Latvia, Slovenia, Finland and Sweden) and Norway guarantee a place in publicly funded facilities for every child from an early age (6 to 18 months). Almost half of the states guarantee a place in early education for children from the age of 3, and the number of countries introducing compulsory attendance in the last years of pre-primary education is still growing (European Commission 2019). 95% of children in EU countries from the age of 4 attend some form of early education (European Commission 2019). In Slovakia, this percentage was much lower in 2017. Only 78% of children attended kindergarten from the age of 4 (Hall et al., 2019). By 2018, this increased to 82.2%.⁴

EU leaders have defined ECEC as one of the fundamental rights of European citizens. One of the 20 key principles of the European Pillar of Social Rights states "*children have the right to affordable early childhood education and care of good quality*". It further emphasizes the fact that "*children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities*" (Council Recommendation, EU 2019).

² See the website UNESCO: <https://en.unesco.org/themes/early-childhood-care-and-education> (Accessed 7. June 2020).

³ See the website European Commission: https://ec.europa.eu/education/policies/early-childhood-education-and-care_sk (Accessed 7. June 2020).

⁴ See the website EROSTAT <https://ec.europa.eu/eurostat/data/database> (especially the section: Database by themes / Population and social conditions / Education and training / Participation in education and training / Pupils and students - enrolments / Early childhood education and primary education) (Accessed 7. June 2020).

However, the call for the transition to a European Education Area by 2025 acknowledged that there were shortcomings in the access, quality and accessibility of ECEC. Currently, there are two approaches in Europe to ensure the universal availability of ECEC. Some states have a legislatively regulated right to guarantee a place in the ECEC, while others have introduced it as mandatory (European Commission 2019).

The Slovak Republic is one of the EU countries that has decided to legislate compulsory attendance in the last year before entering primary education, starting in September 2021. Currently, Slovakia is one of seven countries in Europe, out of a total of 38 jurisdictions, which does not guarantee early care and education for children. Instead, the country employs preferential admission of children to kindergartens who have reached 5 years of age (European Commission, 2019).

In case we would like to briefly describe the functioning of the early care system in Slovakia, we can cite several sets of data from the document Learning Slovakia - National Program for the Development of Education (Burjan et.al. 2017, p.36). *“The care of children under the age of 3, and thus their education, takes place according to choice of parents at home or in the nursery, which almost disappeared as a public service after 1989 and is currently defined by law as facilities of social services. **Early care and early intervention are not yet systematically developed at the state level, but rather depend on children’s families and civic activism, especially for children with identified risk development or health disadvantage.** (...) ... today [nurseries] are subject to the province of social affairs and family. (...) Care for older children, aged 3 to 6 years, is institutionalized, optional. **The state does not guarantee the availability of pre-school education in kindergartens for children from the age of three. It does not support the expansion and improvement of education, training and care for preschool children through other forms ... The financing of pre-primary care is decentralized, financed by local governments within the original competencies, whereby the state has almost completely lost direct influence on this important educational segment conditioning the development of society as a whole. It addresses this in part by funding the attendance of 5-year-olds in kindergarten from the budget of the Ministry of Education to support their higher schooling.**”*

We can thus conclude that in Slovakia the official understanding of ECEC is divided according to age into early care, which belongs to social services, and early education, which belongs to the school system and is pre-primary education. Compulsory school attendance usually begins at the age of 6. The transition between pre-primary and primary education is not treated by special methods. Children who have not reached school maturity can currently attend zero grade or prolong their pre-school education by one year. This is how ECEC is formulated in general.

However, in the case of disadvantaged children, many of them from marginalized Roma localities, the situation is more complicated. The set system does not reflect the needs of these groups and therefore various initiatives are emerging to address the issue. However, they are not part of a comprehensive approach to the development of children at an early age. These initiatives came mainly from non-governmental organizations, but also from the private sector.

In Slovakia, the term “early care” is sometimes confused with the term “early intervention service”, which is a social service for families with children with disabilities. In practice, we also encounter a service dedicated to the development of children at an early age, who come from disadvantaged backgrounds (most of them from marginalized Roma communities), which are aimed at helping parents and children in psychomotor development and preparation for primary education. However, it is often only a site-specific activity led by NGOs or Community Centers. In pre-school and primary education,

the issue of inclusive programs that support inclusion of disadvantaged children comes up often, as well.

In this regard, the Slovak Republic also received several recommendations from the Council of Europe. Probably the most important topic for us is the Council Recommendation of 22 May 2019 on high-quality early childhood education and care systems, which **points to the need to improve access to high-quality education and care systems in early childhood in accordance with the statements set out in the “Quality Framework for Early Childhood Education and Care”; to make early childhood education and care services accessible, affordable and inclusive; to support the professionalization of early childhood education and care staff, including managers; to improve the development of early age curricula; etc.** (Council Recommendation, EU 2019)

Studies such as PISA indicate that Slovakia not only fails to educate its students for a long time, but also show how big the gap is between students from advantaged and disadvantaged backgrounds. In the Slovak Republic, socio-economically advantaged students outperformed disadvantaged groups of students by 106 points. This is larger than the average difference between the two groups (89 points) in OECD countries. In the 2018 PISA study, about 11% of advantaged students were among the best reading students, but only 1% of disadvantaged students. Results were very similar in mathematics and science (PISA 2019).

From the point of view of disadvantaged groups (such as children from poor families or marginalized Roma communities), the situation of early childhood education appears to be complicated. The needs of these children are not systematically covered. In this area, there are active non-governmental organizations, whose services (often comprehensive and very high-quality) are, however, project-bound, with uncertain funding and limited capacity.

Professional circles in the Slovak Republic understand ECEC in the context of international documents, conventions and recommendations. In the public, however, ECEC is understood mainly as the pre-primary education of children in kindergartens with an emphasis on the preparation of five-year-old children to enter compulsory primary education.

This study pays attention specifically to children in adversity, who in Slovakia, are mainly Roma children living in segregated areas, and often socially excluded. They are usually poorly involved in the system of early education despite the fact that it could make a significant difference in their lives. The Statistical Office of the Slovak Republic states that according to EU SILC 2018 12.2% of the population in Slovakia was at-risk-of-poverty (more than 650 thousand people). In terms of age, we can say that children are more at-risk-of-poverty than adults and elderly people. Generally, people aged 0-17 years constitute the most vulnerable age group. Their at-risk-of-poverty rate was at 20.5% and was the reflection of income situation of households in which the child lived. In Slovakia, regional disparities are also mirrored in the at-risk-of-poverty rate. In the previous years, the highest poverty was in the region of Prešov. Taking into account the national poverty line, we can divide individual regions into three groups in terms of level of the at-risk-of-poverty rate. The highest at-risk-of-poverty rate was recorded in the regions of Prešov and Banská Bystrica (18.4% and 17.6%). The second group is represented by regions of Košice and Žilina, where the poverty rate is slightly higher than the national average. The region of Bratislava remains the least vulnerable region in terms of poverty, where the at-risk-of-poverty rate was at level 4.3%. (Vlačuha, Kováčová 2019)

2. General characteristics of the Košice Self-governing Region

As this study is geographically targeted at the Košice Region, a brief specification of certain characteristics of the area would be appropriate.

The Slovak Republic is divided into 8 self-governing territorial parts, the so-called regions. One of them is the Košice Self-governing Region. It has an area of 6,754 km² and represents 13.8% of the territory of the Slovak Republic. It is the second largest in terms of population, the fourth largest in terms of area in Slovakia. At the end of 2018, a total of 800,414 inhabitants lived in the Košice Region. It consists of 440 municipalities, 17 of which have town status. The regional city of Košice has a population of 238.8 thousand, which is almost a third of the region's population. (Statistical Office of the Slovak Republic 2020)

The population is relatively younger than the Slovak average. In 2018, the population in the pre-productive age (0-14 years) accounted for 17.2%, in the productive (15-64 years) 68.0% and in the post-productive age (65 years and older) 14.8% of the population. (Ibid)

According to the Office of Labor, Social Affairs and Family of the Slovak Republic, in May 2020 the unemployment rate in the Košice Region was 9.77% (the average in the Slovak Republic was 7.20%). These numbers are impacted by the presence of municipalities with a high number of marginalized Roma communities, which have high unemployment rate with typically long-term unemployment.

There are 452 kindergartens,⁵ 37 care facilities for children under 3 years of age and 89 Community Centers in the region.⁶

Picture no. 1: Administrative division of the Košice Self-governing Region



Source: https://sk.wikipedia.org/wiki/Ko%C5%A1ick%C3%BD_kraj

⁵ See the website ZoznamŠkôl.eu: <http://www.zoznamskol.eu/typ/matrska-skola/?kraj=kosicky> (Accessed 7. June 2020).

⁶ See the website MPSVaR SR: <https://www.employment.gov.sk/sk/centralny-register-poskytovatelov-socialnych-sluzieb/> (Accessed 7. June 2020).

3. The Roma in Slovakia: basic characteristics

General characteristics - defining the target group

If we talk about the Roma in Slovakia, we are talking about a group of Slovak citizens who are currently perceived in the official discourse as members of the Roma minority, which is, after the Hungarian national minority, the second most numerous national minority in Slovakia.

From a legal point of view, it is a common practice in Slovakia to determine these numbers by the method of individual declaration of oneself (that is, the principle of self-identification). A legal definition of the exact number of members of a national minority is necessary for some state activities, primarily aimed at the development of national culture and, in our case, national education. Based on the last Population and Housing Census from 2011 (hereafter PHC), **the Statistical Office of the Slovak Republic states that a total of 105,738 people registered as Roma,**⁷ which represented approximately 1.96% of the total population in Slovakia (of which approximately 54 thousand were men and 52 thousand were women).

However, this data has long raised doubts among professionals as well as the lay public, primarily due to its perceived level of underestimation. Another approach based on a perspective that does not record the number of people who identify as Roma but works with qualified estimates of the numbers of people perceived as Roma in Slovakia, regardless of the ethnicity presented by them in PHC is the so-called **ascribed ethnicity**.

Based on such a discussion, a request arose in 2003 for a comprehensive mapping of Roma settlements in the Slovak Republic. The result of this requirement is the **Atlas of Roma Communities in Slovakia**. Its third version is currently available, and each of them differs in the methodology used, the scope, the questionnaires used and therefore the data obtained. The result of this divergent approach is that these reissues or updates of the Atlases cannot simply be mechanically compared.

Roma communities in Slovakia and the Košice region

According to data from the Roma Communities, there are approximately 420,000 people living in Slovakia, whose surroundings perceive them as Roma, which represents approximately 7.5% of the total population of the country. The territorial distribution of Roma settlements in Slovakia is diverse. The largest number of Roma in Slovakia are located in the Košice Region, where there are an estimated 126,675 Roma people (cca 15,8%).

If we look at the territorial distribution of Roma communities in the Košice Region at the district level, we will see that, as in the case of the whole of Slovakia, we do not find homogeneity at the local level. While in the district of Sobrance the estimated number of Roma is less than 3 thousand inhabitants, in the district of Košice - okolie it is almost 25 thousand people (or almost 28 thousand in the case of data from Atlas 2019).

⁷ For comparison, based on the results of the 1991 census, approximately 76,000 people declared their Roma ethnicity (1.4% of the total population of the Slovak Republic) and in 2001 approximately 90 thousand (1,7% of the total population of the Slovak Republic). (Mušinka – Matlovičová 2015).

When monitoring the number of Roma in individual municipalities, information on their urban distribution within the relevant municipality also has significant informative value. An important indicator is whether the Roma live in the relevant municipality in dispersion among the majority population, or whether they form separate ethnically homogeneous territorial units.

From the urban point of view, the Atlas subsequently divided Roma communities into four categories, while only three of them can be perceived as ethnically homogeneous units (settlements or concentrations):

- Roma living in the municipality in dispersion (among the majority population);
- Settlements within the municipality;
- Settlements on the outskirts of the village;
- Segregated settlements.

Atlas 2013 identified a total of 803 ethnically homogeneous settlements of all three types in the 1,070 towns and villages monitored. As many as **230 of them were in the Košice Region**.

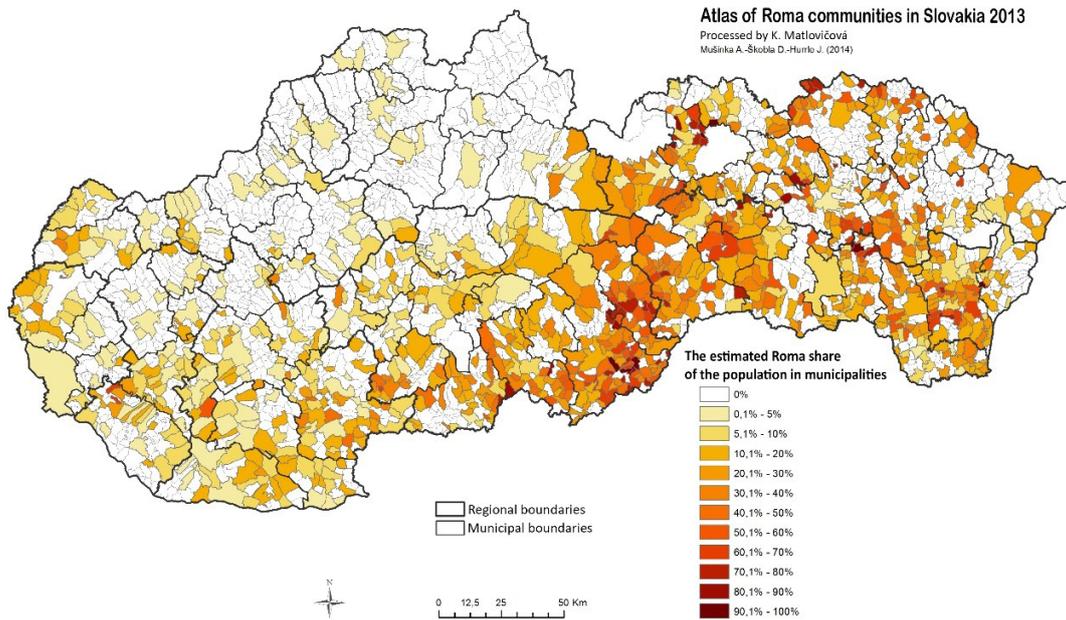
Atlas registers a total of up to 485 towns and other municipalities (i.e. 45.33% of the monitored municipalities) in which there is no ethnically homogeneous settlement and all Roma in the municipality live in dispersion among the majority population.

Table no. 1 Ethnically homogenous settlements

		Num	%
Ethnically Homogenous settlements	Slovakia (municipalities)	1 038	100
	Kosice Region (municipalities)	285	27,46
Total Roma popultion in ethnically homogeneous settlements	Slovakia	300 170	5,5
	Kosice Region	106 957	13,36
Total number of Roma dwellings in ethnically homogenous settlements	Slovakia	37 955	100
	Kosice Region	11 478	30,24
Total number of legal Roma dwellings in ethnically homogenous settlements	Slovakia	24 715	65,12
	Kosice Region	6 944	60,5
Total number of illegal Roma dwellings in ethnically homogenous settlements	Slovakia	13 240	34,88
	Kosice Region	4 534	39,5

Source: Atlas of Roma communities 2019, Archive of authors

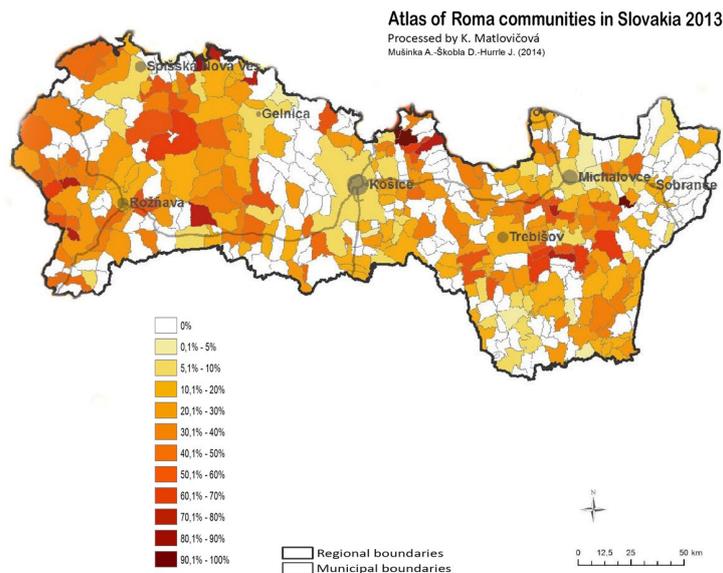
Picture no. 2: The estimated Roma share of the population in municipalities in Slovakia



Source (Mušinka at all 2014)

On the second map, we show only a section of this map for Košice Region.

Picture no. 3: The estimated Roma share of the population in municipalities in Košice Region



Source (Mušinka at all 2014)

In addition to the number and variability of the settlements themselves, an important piece of data is the number of Roma communities in Slovakia.

Again, as in the case of the total number of segregated settlements, the generally accepted view is that most Roma living in segregated settlements have not been confirmed. If we take into account the previously mentioned four categories of settlements, the data from Atlas 2013 clearly shows that very common form of coexistence of Roma and non-Roma is their mutual coexistence, which means that in contrary of general idea, the significant part of Roma people live in dispersion among the majority population. In total, there are 187,305 people (which is 46.50% of the total number of Roma registered by this study), the rest is living in one of the three categories of ethnically homogenous settlements. Out of the total estimated number of 126,675 Roma in the Košice Region, only 48,688 people (38.44%) live in dispersion among the majority population, which is more than 7% lower than the Slovak average. **So it means that higher proportion of the Roma people in the Kosice Region live in ethnically homogeneous/segregated neighborhoods, than in the country.**

Living conditions of Roma

A crucial element of the Atlas is the data on the material and technical conditions of individual settlements and the availability of individual services for its inhabitants. The scope of this data is so large that its presentation at this point - although only for the Košice Region - would be well beyond the reach of the current study.

In the context of the issues we monitor, it is important how many unsuitable dwellings (shacks, portable cabins, caravans, non-residential premises and other dwellings) are in ethnically homogeneous settlements, how many people live in them and what the total number of people is per dwelling. The quality of housing also has a significant impact on the health of the people (including children) as well as on the conditions of upbringing and education of children living in them.

An important indicator in the context of the topic we are monitoring is the situation regarding the housing stock (dwellings) in which Roma live in Slovakia. A total of 215,436 people live in ethnically homogeneous Roma settlements in Slovakia. In the Košice Region there are 77,918 such people. This number of people **live in a total of 29,406 dwellings, of which 9,625 are in the Košice Region.** In the Košice Region, there were 1,938 dwellings in which, according to estimates, 15,852 people lived. Of this number, shacks represented 1,788 dwellings with 14,512 people.

An interesting indicator relevant to the issue discussed here is the average number of people per dwelling. The Statistical Office publishes this data on the basis of findings from the Population and Housing Census. Based on the last PHC from 2011, there is an average of 3.2 inhabitants per household. In the Košice Region, this number is 3.4 inhabitants per household. In the case of ethnically homogeneous Roma settlements, the average number of inhabitants per dwelling is significantly (2-3 times) larger than the national or regional average. Unfortunately, we do not yet have data on the average area per capita in these Roma settlements, or dwellings, but field experience clearly shows that this disproportion compared to the national or regional average will be even greater.

Demographic data

Atlas 2013 also monitored the demographic structure of the inhabitants of these ethnically homogeneous settlements as part of its extensive questionnaire. These data have not yet been processed or published in detail.⁸

Based on the findings, we can say that the demographic characteristics of the population in the monitored settlements are significantly different from the national average. Younger people are represented there to a much greater extent - compared to the average of the time, the proportion of children and youth is 2-3 times higher. Older people are significantly less represented. A dramatic difference is evident in senior age categories. In this respect, the difference is almost 5 times lower than the national average. This is clearly confirmed by findings from the field (but also by the academic community), which has long pointed to the significantly lower life expectancy of the Roma in these settlements and a higher rate of birth at the same time.

A detailed overview of the obtained data is given in Table no. 2.

Table no. 2: Demographic composition of the population of ethnically homogeneous Roma settlements

	How many of the total number are aged 0-5	How many % is it	How many are aged 6-14	How many % is it	How many are aged 15-64	How many % is it	How many are aged 65 and more	How many % is it
Slovakia	30 440	14,19	48 010	22,38	121 586	56,68	6 727	3,14
Košice Region	11 413	14,65	18 049	23,16	42 027	53,94	2 227	2,86
Average in Slovakia at the end of 2013		6,41		8,91		71,16		13,52

Source (Mušinka at all 2014)

⁸ Atlas 2013 monitored this data, but it was already absent from Atlas 2019.

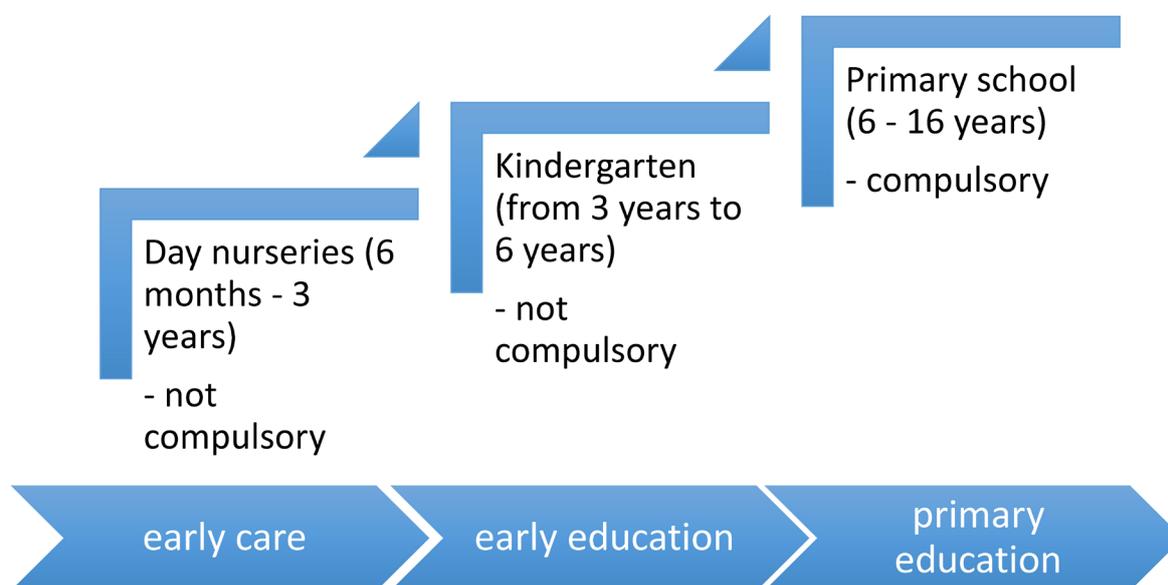
4. Education and Care between the ages of 0 to 3 years

According to Eurostat, in 2019 5.3% of children in Slovakia between 0-4 years, that is, almost 290 thousand children were the potential users of early care and education.⁹ In the EU, children from 0-4 years form a demographically separate monitored group, as they are children who are not yet in pre-primary education and are often the receivers of ECEC. 95% of children in EU countries from the age of 4 attend some form of early education (European Commission 2019). In Slovakia, this percentage was much lower in 2017. Only 78% of children attended kindergarten from the age of 4. And in 2018 82% of them did.¹⁰

From the age of three, the child belongs to the system of pre-primary education. Children under the age of three years are considered as subjects more for care than for education. Only a few countries focus on educating children of this age in terms of preparing them for future schooling and maximize their full potential.

In the Slovak Republic, care for children from six months to three years is provided in the so-called day nurseries or childcare centers. In the latest legislation, they are referred to as facilities for children under three years of age. Another term is service to support the reconciliation of family life and work life, which can be provided as an outreach or outpatient care. Children from three to six years of age attend kindergarten. If the capacities of the kindergarten allow, children from the age of two may also be accepted.¹¹

Scheme no. 1: Education and Care between the ages of 0 and 3 years in Slovakia



9 See the website of EUROSTAT: <https://ec.europa.eu/eurostat/web/population-demography-migration-projections/data/database> (especially the section: Database by themes / Demography and migration) (Accessed 7. June 2020).

10 See the website EUROSTAT: <https://ec.europa.eu/eurostat/data/database> (especially the section: Database by themes / Population and social conditions / Education and training / Participation in education and training / Pupils and students - enrolments / Early childhood education and primary education) (Accessed 7. June 2020).

11 See *Kľúčové znaky vzdelávacieho systému*. Dostupné on-line: https://eacea.ec.europa.eu/national-policies/eurydice/content/slovakia_sk . Accessed 7. July 2020).

The social system in the Slovak Republic is focused on supporting the family and is informed by philosophy that caring for children directly by parents up to the age of three is in the best interest of the child. This is reflected in social policy, for example in the length of support for parental leave lasting up to the first three years of the child. In case of unfavorable health condition, it can be extended to up to six years. An employed mother is entitled to maternity leave (if she meets given conditions), which lasts as a general rule for 34 weeks (starting 6 weeks before the set date of childbirth). The father of the child is also entitled to parental leave, but only for 6 weeks after the birth. Maternity pay is calculated from paid sickness insurance and thus from the parent's salary. After that, the parent can take parental leave, in which case it is a state social benefit. If the parent decides to work during this time, the state does not sanction them in any way, and if the child is cared for, the parent can receive parental allowance and wages from their employment. As the state has an interest in supporting families and increasing the birth rate, it takes relatively generous support measures. On the other hand, it also supports the return of parents, and especially of women, to the labor market. Women can thus decide whether to stay at home with the child for up to three years on a lower income or to return to work and use the service to support the reconciliation of family and work life.

According to the Central Register of Social Service Providers, there is service provision for children under the age of three in 251 day-boarder facilities and 8 providers also provide outreach care. Non-public providers, i.e. private facilities,¹² are more highly represented. ECEC is differentiated in the state's social policy based on age.

In terms of the qualification of caregivers, no university education is required to perform caregiver service. The caregiver needs secondary education or an accredited course of 220 hours. The number of children per caregiver is maximum 4, but this does not apply to siblings. These changes in education and the need for registration have only been applied since 2018. The service is performed either in the outreach form, or in the day-boarder form outside facilities (e.g. in the caregiver's home) or in the day-boarder form in a facility (nurseries, etc.). In order to provide the service, it is necessary to register the facility/service in the Register of Social Service Providers in the relevant self-governing region. §32b regulates activities in childcare facilities up to three years of age (nursery, mother centers, etc.), namely routine childcare activities, nutrition and upbringing.

According to the Central Register of Providers of Social Services of the Ministry of Labor, Social Affairs and Family, there are 37 childcare facilities for children under three years of age (nurseries) in the Košice Region, 29 of which are provided by a non-public provider (as of April 2020). The service to support the reconciliation of family and work life is provided in day-boarder form by only one non-public provider.¹³

From the above, it is evident that the Slovak education system does not place sufficient emphasis on education for children under three years of age. There are no official guidelines and curricula in this age group in terms of targeted development and preparation for education.¹⁴

Early care in today's Slovakia is thus focused mainly on supporting mothers returning to work, which also follows from the very name of the social service - the service to support the reconciliation family and work life. However, it is less concerned with supporting the child himself/herself. This support would return to society as a

12 See the Central Register of Social Service Providers: <https://www.employment.gov.sk/sk/centralny-register-poskytovatelov-socialnych-sluzieb/> (Accessed 7.6.2020).

13 See Central Register of Social Service Providers: <https://www.employment.gov.sk/sk/centralny-register-poskytovatelov-socialnych-sluzieb/> (Accessed 7.June 2020).

14 See Kosturb a kol, 2018.

whole several times over, in the form of greater success for older children and adults. The Slovak system lacks the educational character of the service, which would be clearly focused on children's development at an early age and their systematic preparation for entry into the pre-primary education process. The state relies on the children's parents in this. In addition to supporting the parent to return to the labor market, early care should also be an opportunity to develop the child's abilities and skills. At the same time, it should be available to help and support children with disadvantages in order to equalize their chances. Many, especially private facilities for children under the age of three, try to incentivize parents to choose their facility with an increased emphasis on methods of child development or greater variety in children's nutrition. However, this is also reflected in the price of care provided. If we are talking about children with different degrees of disadvantage, such as disability or social exclusion or life in a deprived environment, the range of their options is somewhat narrower. **Early intervention service** is provided for children with disabilities. It is a service for families who have a child with a developmental disorder or a disability during the first 7 years of his/her life. With effect from 1st January 2014, the social service - early intervention service - was also included in the already mentioned group of social services. This was necessary since without the assistance, the complex development of the child may be endangered and at the same time the child and his/her family may be socially excluded. Within this social service, several types of professional assistance are provided, such as specialized counseling, social rehabilitation, various preventive activities and the stimulation by methods and techniques focused on sensory and motor stimulation. The aim of these professional activities is, in accordance with a holistic approach, to ensure the optimal development of a child with a disability. The early intervention service can be provided on an outpatient or outreach basis, e.g. directly in the household in which the child with a disability lives.¹⁵ The Association of Providers and Supporters of Early Intervention registers four organizations in the Košice Region dedicated to this issue. Two of them are in Košice, one in Michalovce and one in Rožňava.¹⁶ The Central Register of Social Service Providers registers 82 organizations in Slovakia in total, of which 54 are non-public providers. The remaining organizations were established by the Higher Territorial Unit.

Financial allowances

There are several state benefits for families with children in Slovakia. Parents of a child under the age of three, in the context of a service to support the reconciliation of family and work life, may receive a **Child-care allowance**. By providing the allowance for a caring for child, the state contributes to the parent or natural person to whom the child is entrusted to cover the costs of childcare. A parent is entitled to childcare allowance if he/she is gainfully employed, studying full-time at secondary school or university, or receives maternity leave for a second-born child, but only within the six weeks of his or her birth. The rate of the child-care allowance per calendar month is the following:

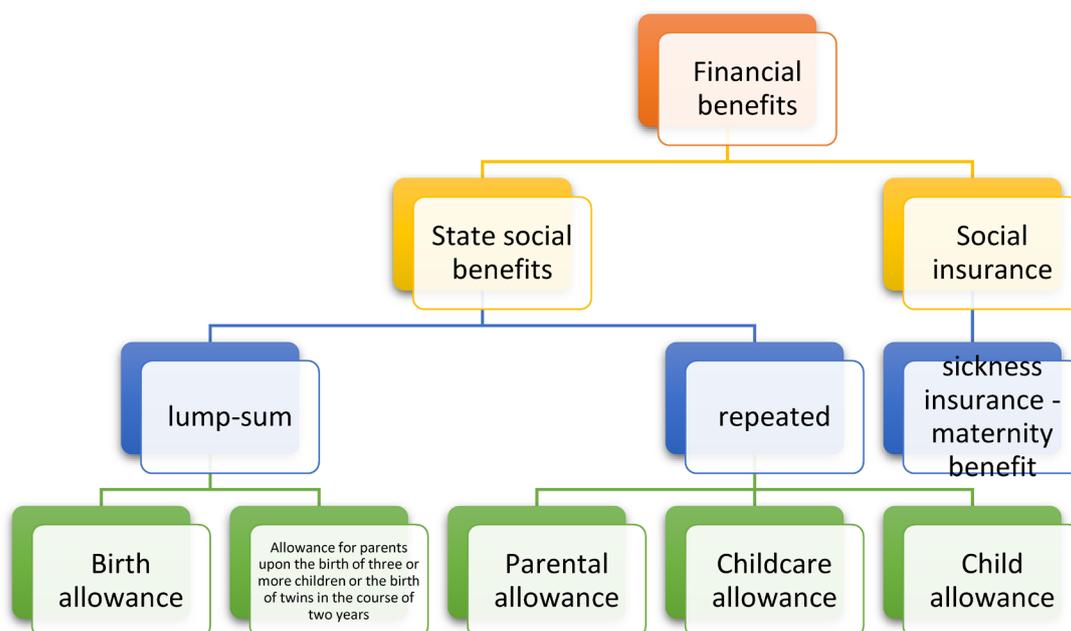
15 See web page MPSVaR: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/pouzitie-socialnych-sluzieb/socialne-sluzby-podporu-rodiny-detmi.html> (Accessed 20.6.2020).

16 See web page APPVI: https://asociaciavi.sk/wp-content/uploads/2019/09/Poskytovatelia_SVI_kontakty_5.9.2019.pdf (Accessed 20.6.2020).

- payment agreed between the provider and the beneficiary, in the maximum amount of 280 euros, or
- determined monthly contributions up to the amount of EUR 80, if the childcare is provided by a provider, such as the kindergarten, which is included in the network of schools and school facilities of the Slovak Republic established by the municipality or by the local state administration authority in education, or
- EUR 41.10 if the child is cared for by another natural person (e.g. a grandparent) and he or she is not paid parental allowance or in case of a parent who is gainfully employed and does not provide childcare otherwise.¹⁷

The price of institutional childcare under three years of age depends on the location. The price is the highest in the Bratislava Region. In the Košice Region, the price also varies according to the district town, from 388 euros to 160 euros (including meals) for all-day care, depending on whether the care is provided by a public institution or a private facility. Private facilities are generally more expensive, but provide more flexibility, e.g. an hourly rate. However, most facilities stick to the amount of 280 euros, which is the maximum amount of the state childcare allowance. Therefore, the parent does not have to pay anything extra. Other financial benefits aimed at supporting the family are showed below.

Scheme no. 2: Financial benefits for families with children



¹⁷ See web page MPSVaR: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/podpora-rodinam-detmi/penazna-pomoc/prispevok-starostlivost-dieta/> (Accessed 20.June 2020).

5. Specific services in ECEC from 0-3 years

Many scientific studies point to the importance of the 0-3 age period in the future success of children. The non-profit organization MESA 10 is the organizer of the project Learning Makes Sense (To dá rozum). The project conducts analyses of the education system in Slovakia, while they also deal with the topic of ECEC. According to them, this issue is dealt with by the system only marginally, as the availability of programs for the most vulnerable groups of children, namely children with health or social disadvantages, is very weak. Research by the project Learning Makes Sense shows that the first three years of a person's life, during which the brain develops the fastest, determine how well a person will do in school. When a child reaches the age of 4 to 5 years, half of the brain's functions are already developed. The language and pre-literacy abilities of a 5-year-old child are also determined by the first thousand days of the child's life. Early care is therefore extremely important for children living in poverty. They are based on publications by Rees, N., Chai, J., Anthony, D. (2012) and Barnett, W. S., Belfield, C. R. (2006) (in Hall at all, 2019).

Childcare in early age – nursing

Breastfeeding counselling is also a specific service in early childcare. Many mothers around the world experience difficulties with breastfeeding, either in the early stages or during the first months after the birth of child.

The general opinion (stereotype) of the medical staff, but also of the majority, is that Roma women do not have a problem with breastfeeding and nurse their children for a long time. (*"The Roma woman puts the baby to her breast and does not care. The child suckles and has no problem."* Quote from a nurse - maternity hospital Krompachy.) However, the opposite is true. The Civic Association MAMILA, together with the allowance organization Healthy Regions, carried out a comparative study, which found that Roma women also experience difficulties with breastfeeding, want to breastfeed their children and would welcome help in this situation. Unfortunately, in segregated localities, access to aid is severely limited, and children often end up being on infant formula, while the poorest cannot afford expensive infant nourishment and children consume powdered milk dissolved in water or even flour with water. However, this diet leads to malnutrition in children and to health problems such as diarrhea, failure to thrive, respiratory diseases, etc. The conclusions of the study showed that:

- More than 80% of women from marginalized Roma communities express a desire to breastfeed before childbirth, but only 59.5% have breastfed without supplementation during their stay in the maternity hospital.
- Children aged 2 months in marginalized Roma communities received in more than 30% of cases tea or water and 32% received infant formula.
- In the first 6 months, 70.21% of marginalized Roma communities' respondents also used a nursing bottle.
- In both survey groups, respondents who perceived a problem with breastfeeding stated that they would welcome help with breastfeeding. (Hruštič, Poloková 2018).

The Civic Association MAMILA is one of the largest organizations whose goal is to support breastfeeding. It operates with more than a hundred lactation counselors throughout Slovakia, and in recent years it has also begun to work with Roma women. It

has trained several Roma lactation counselors who help directly in excluded localities in cooperation with the Healthy Regions Organization. However, their number is still low (circa 15) and the whole initiative lacks systematic support from the state. Many Roma women remain unsupported and their children do not receive a full diet for their cognitive (and also overall) development. In the field of health, the already mentioned organization Healthy Regions is active in excluded communities, which employs a total of 320 employees, of which 86% are employees from marginalized Roma communities, which makes the organization exceptional not only in Slovakia but also in Europe. The reason for the establishment of this organization is low health literacy and low health awareness, unhealthy lifestyle and high psychosocial burden in marginalized Roma communities. Roma from marginalized Roma communities, not only adults but also children, represent 80 to 95% of cases infected with tuberculosis and 50% of hepatitis cases out of the total patient numbers in Slovakia. According to the report by the Institute of Financial Policy published in December 2018, the health status of Roma from marginalized communities is significantly worse than the majority's. The Roma use health services by a third less than the majority, while spending per individual is on average about a third lower. Therefore, in April 2018, the position of a Health promotion assistant was established in hospitals as an additional service for patients coming from excluded communities, especially in gynecological and pediatric wards. The health assistant is available to the family and doctors to provide information to both parties, not only as a mediator, but especially as an expert who understands the specifics of life in excluded localities.¹⁸

In addition to the existence of services directly intended for children from birth to three years of age, such as the already mentioned childcare facilities for children under 3 years of age and the service to support the reconciliation of family and work life, there are social services that address the specific needs of individual families. These services are mostly provided by non-public providers, i.e. non-governmental organizations, but in some areas, they can also be established by a Higher Territorial Unit or Self-government. This creates a disparate and not always systematic network of support services, which differs regionally - from location to location, but also in its quality, scope of provision of services, or the amount of fees for a given service. These services often use project-based financing and thus the continuity and quality of services provided is endangered.

Mother centres

One of the most frequently used services, which is usually provided by civic associations (CA) is the **mother/family center**. The history of these centers dates back to 1996, when mothers began to realize their idea of spending their time with their children in community spaces, as it was forbidden to go to restaurants or offices with a stroller. The mother center MC Bambino was the first established in Poprad in 1998. In 2000, thanks to great interest from parents, family centers began to be established in many towns and villages in Slovakia. The mother centers began to meet, and members got to know each other and exchanged experiences. The Union of Mother Centers was established in 2003, bringing together the first 22 mother centers. The mission of the Union is not only to bring together centers, but, in their own words, also "to achieve respect and acknowledgement of motherhood in society". To create a better world in which mothers with children will have a dignified

¹⁸ See web page Healthy regions (Zdravé regióny) on-line: <https://www.zdraveregiony.eu/osveta-zdravia/> (Accessed 21.6.2020).

position. To create conditions together that support motherhood, in the best interests of the child, mother and family.¹⁹ These centers are established in Slovakia on a voluntary basis, or as civic associations, which react to the need to fight the isolation of mothers or fathers during parental leave. They often include various educational activities, sports, hiking and other courses. Their orientation is diverse and depends on the will, readiness and commitment of the individuals who run these centers. In these centers, mothers (as well as fathers) meet and exchange experiences in raising children, but at the same time create a social group that helps them fight everyday stress and orient themselves among the large amounts of information that today's world offers. The centers can also have different philosophical settings, for example focused on ecology, nature, breastfeeding support, yoga, etc. It only depends on the parents what they choose. In terms of funding, they are often dependent on the helpfulness of the municipality and the skill in obtaining grants for various activities. The mother center is therefore a place where parents and their children (from 0-3 years old) meet in order to share their experiences, fight isolation and learn about childcare. A professional may or may not work in such a center, but it is more of a form of self-help and peer support. Professionals from different fields are rather invited to consult on various topics. These are not state-controlled associations and represent more middle-class form of parental peer support.

Clubs for mothers with children

Clubs for mothers with children exist with a similar setting, but in this case, it is a social service provided by the Community Center. It is not a grassroots peer support but the service focused on the special needs of people from disadvantaged background. In order to approach the character of the mentioned service, it is necessary to understand the Community Center in a broader context. In Slovakia, this service defined by the Social Services Act belongs to crisis intervention facilities and mainly operates in socially excluded localities. The Community Center is basically intended to serve as a safe space for the community where it can meet, participate in its own activities, and engage civically. In Slovakia, despite initial efforts to create an inclusive environment for the municipality and the Roma community, the Community Center has become an instrument of social assistance to excluded groups. This tool, together with outreach social work, creates conditions for community development and provides help for all age groups. At present, both Community Centers and outreach social work services are highly valued mainly by the local government, but also by people from excluded communities.

According to Act no. 448/2008 Coll. on Social Services and on the amendment of Act no. 455/1991 Coll. on Trade Licensing (Trade Licensing Act), the Community Center is a type of social service for crisis intervention. According to this law, a Community Center provides to a natural person in an unfavorable social situation with

- basic social counselling,
- assistance in the exercise of rights and legally protected interests,
- assistance in preparation for school and accompanying the child to and from school and school facility,
- performs preventive activity,
- provides spare-time activities.

¹⁹ See website of Maternity centers (Materské centrá): <https://www.materskecentra.sk/unia-materskych-centrier/> (Accessed 21.June 2020).

Community Centers provide activities, in accordance with § 24 d of the Act on Social Services, to the whole community or to citizens in an unfavorable social situation that are endangered by social exclusion, have potential problems with social inclusion and with solving problems when staying in a spatially segregated locality with present concentrated and generationally reproduced poverty. (Metodiky 2015)

Community Centers have been established in the Slovak society in different variations since about 2000, and service providers have usually been non-profit organizations. In 2014, the social service of the Community Center was transformed into a national project and, together with subsidies from the EU for their performance, this service was transferred to local governments. Currently, national projects are divided into the Implementing Agency of the Ministry of Labor, Social Affairs and Family of the Slovak Republic and the Office of the Plenipotentiary of the Government of the Slovak Republic for Roma communities. Their number has increased significantly and as of April 2020, according to the Central Register of Social Service Providers, there were 375 Community Centers throughout Slovakia and 89 in Košice Region. 122 of them are run by non-public providers and the rest of them are run by municipalities. Many of these are centers with different aims but more than one hundred of them are significant bodies of assistance in segregated localities with the presence of generationally reproduced poverty. They provide services aimed at early childhood development with a focus on the child rather than on supporting the mother to return to the labor market, which is related to the different needs of mothers from the environment of generationally reproduced poverty. These are services such as clubs for mothers with children, but also low-threshold programs for children and youth which provide pre-school education for children who do not attend kindergarten. The following table from the evaluation report of the national project shows the total number of children who were provided with services related to the preparation for primary school in the months of June to September 2018.

Table no. 3: Children in early care of the Community Center

6/2018	7/2018	8/2018	9/2018	Total
618	475	512	591	2196

Source: Report on the impact evaluation of the national project Support for Selected Social Services of Crisis Intervention at the Community Level, 2019.

In the monitored period, there were a total of 2,196 preschool children. This number relates to Community Centers run by Implementation Agency, the numbers from centers run by Plenipotentiary Office are not available. The most intensive preparatory programs took place in June 2018 and then in September 2018, when the main intention to facilitate the adaptation of the pupil to the new environment can be expected (Repkova at all, 2019). Many Community Centers also run various childcare and expectant mother counselling programs.

Clubs for mothers with children belong, according to the current amendment to the Act on Social Services no. 448/2008, to activities related to assistance in preparing for school attendance and school teaching and accompanying a child to and from a school facility. It is implemented as a low-threshold social service in a Community Center or provided as part of a low-threshold social service for children and families. For the purposes of this Act, a social service that has a low-threshold character is defined as a social service that is easily accessible to a natural person, especially with regard to the

place where the natural person resides and the amount of payment for social service. The basic target group of the club for mothers with children is children and their families at risk of social exclusion, who for a long time have remained in a spatially segregated locality with the presence of concentrated and generationally reproduced poverty or are in an unfavorable social situation. The club for mothers with children provides counselling, education, development and hobby activities for parents of children at an early school age, especially mothers who find themselves in an unfavorable social situation. The activities of clubs for mothers with children should be followed by pre-school preparation, which develops the abilities and skills necessary for the successful entry of a child into the system of pre-school and school education, the so-called "Mainstream". A more complicated situation occurs with Roma children living in a spatially segregated locality with the presence of poverty, because the child does not speak the required Slovak language to the necessary extent (Čerešňíková 2017). As the name implies, these clubs are visited by mothers and children together. It is not a form of nursery or pre-school education. Through this service, mothers and their children learn to spend time together and mothers are supported to help their child make progress. Many Roma mothers from a segregated background pass on to the child what they have learned from their own families and from observing their surroundings. Therefore, they do not know how to lead their child to succeed outside the segregated environment of their own community. The development of the brain through gross and fine motor skills and the phase of language development. Also, the time spent with each other, has a decisive influence on children. The relationship between the mother's world and the world of the majority thus takes on a synergistic form, where the child is not taught by a foreign person, but by their mother, guided by important information that supplements and does not replace his authentic upbringing.

The Implementing Agency of the Ministry of Labor, Social Affairs and Family of the Slovak Republic currently records, on behalf of national program Building Professional Capacity at the Community Level, the activities of clubs for mothers with children in 19 Community Centers/Low-threshold social services for children and families for a total of 778 mothers and their children.²⁰ The Implementing Agency of the Ministry of Labor, Social Affairs and Family of the Slovak Republic has 98 Community Centers/Low-threshold social services for children and families in its competence. (Repková 2019). The Office of the Plenipotentiary of the Government of the Slovak Republic for Roma communities covers 54 Community Centers as of December 2018,²¹ which provide pre-primary educational activities. Unfortunately, they do not follow those professional practices, as they do not separate children into groups by age.²² Although, the position of the Family work Coordinator was created in the PRIM national project, who works with children and their families from marginalized Roma communities.

Meetings with early childhood development experts are important to support every parent, especially in localities with generationally reproduced poverty and social exclusion where parents often lack the necessary skills and experience to facilitate their children's successful development.

Systematically established counselling in early care for 0-3-year-olds in Slovakia practically does not exist. Early childhood development is mostly carried out by NGOs. The facilities for children under the age of three are established to

20 Letter to the authors from Danková 15.5.2020. Archive of authors.

21 See in more detail: Spáva o činnosti splnomocnenca vlády Slovenskej republiky pre rómske komunity za rok 2018, : <https://www.minv.sk/?romske-komunity-uvod&subor=328520> .

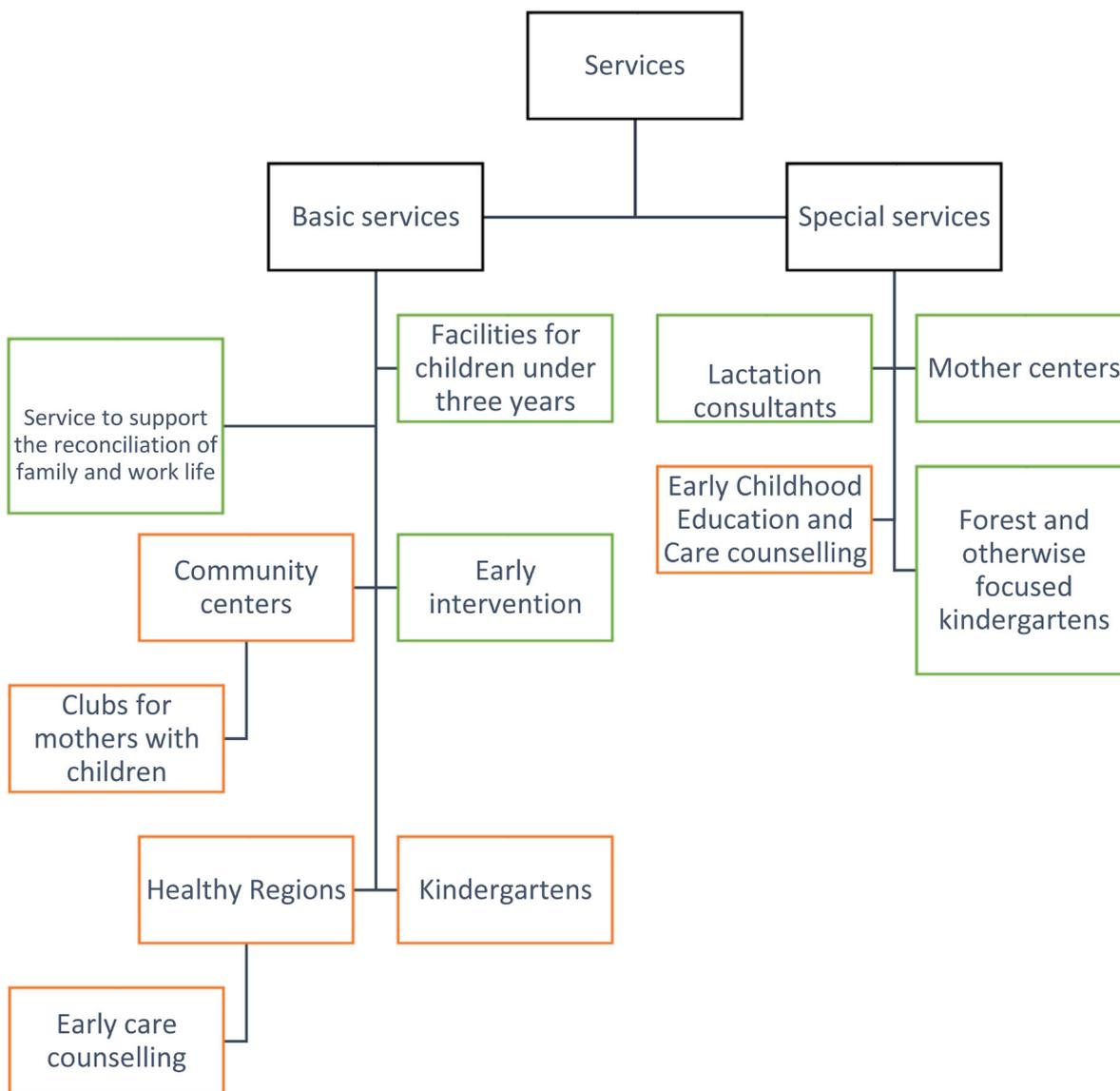
22 Letter to the authors from Servanská, 08.06.2020. Archive of authors.

help parents return to the labor market. Of course, many of these facilities also pay attention to the new approach and try to educate children appropriately for their age. However, it is the decision of the facility whether to provide care only or to focus on the overall development of the child. In the area of generationally reproduced poverty and social exclusion, in our experience, the availability of this service is very low or none. Also, a different type of support is needed by families from the majority and families from generationally reproduced poverty. Because while mothers in major society look for a safe place for their child while they are at work, a woman from a low-income environment does not have this need. These mothers have a higher number of children²³ and stay in the household longer than the majority of mothers. Lower education and long parental leave thus put them at a disadvantage in the labor market. Even if they need to leave the family for a while, children often stay in the household of a close or extended family member, which they consider a safer environment. Since the environment in which these children find themselves tends to focus on different skills than the majority of society does, we can call it an environment with different incentives. Their need is focused more on the child's development in skills that will help him succeed in the majority world and thus in "mainstream" education. Therefore, non-profit organizations and some Community Centers in particular respond to the need for assistance in this area.

Because of current legislation, children from socially disadvantaged backgrounds do not have a good chance to participate in a mainstream early care program. The so-called nurseries do not meet the needs of these families, but even if they were interested, the parents would probably not be able to enroll their children. Unemployed parents can only apply for a place if there are free capacities in the facility and the needs of employed or studying parents have been met. Nurseries are defined by law as part of the social service to support the reconciliation of family and work life (Hall at all, 2019). The early intervention service is again insufficient in capacity and is intended especially for children with disabilities. There is little hope for the programs of Community Centers, which are not mandatory, as well as non-governmental organizations such as Civic Association Way Out, which implements the Omama program, or Civic Association Equal Chances, etc.

23 According to studies examining fertility among Roma women, the more segregated the environment, the greater the number of children, in some localities it is 4.15 children per woman (Šprocha 2014).

Scheme no. 3: Services for families with children



Note: **Green** - mostly nonpublic providers such as NGOs
 Orange - services mostly used by marginalized communities

6. Education and Care between the ages of 3 and 6 years

One of the key goals of the government's Strategy for Social Inclusion and Roma Integration by 2020 (2011) has been, among other things, to increase the availability of pre-primary education. Through state and European funds, the government focuses on expanding the availability of education and increasing the capacity of kindergartens in places with a high proportion of children from marginalized Roma communities.

Experts and the non-governmental sector share a viewpoint regarding this issue. Jana Huttová (independent consultant), Olga Gyárfášová (Institute for Public Affairs) and Martina Sekulová (Institute for Public Affairs) in the study *Segregation or Inclusion of Roma in Education: Choice of schools?* (Huttová 2012) aimed to analyze the situation of the education of Roma children from socially disadvantaged backgrounds. Thus, they sought to contribute to the evaluation of the non-economic costs of segregation and to the introduction of effective inclusive practices in the education system of Slovakia. In the conclusions and recommendations, the publication emphasizes the key role of pre-school education (from 3 to 6 years) of all integration measures. The support and implementation of inclusion in schools is the responsibility of actors at all levels - schools, founders and the state. Support of integration and inclusion in education must be a part of social inclusion and cohesion strategies at the local, regional and national level.

Similar findings were published by the authors of the study *Roma Inclusion from Early Childhood*. (Vančíková 2017) They stress the need for systemic and structural coordination among ministries responsible for services related to early childhood education and care. They state that the existing noticeable inequalities and differences in the access of Roma children to quality education and care compared to non-Roma children are the result of many complex, systemic, structural and practical barriers.

Finally, we would like to note the study *Analysis of input monitoring and evaluation of goals, content and activities of implemented public policies with regard to accessibility of pre-primary education of children from socially disadvantaged environments*. (Kahanec 2019) This study is the result of research on streamlining public policies with an impact on pre-primary education of socially disadvantaged groups, carried by the Tobiáš Civic Association. The findings clearly point to the need to increase the availability of pre-primary education for all children, with special regard to children from low-income families and children from marginalized Roma communities.

Pre-primary education from the point of view of legislation

Children are admitted to pre-primary education in kindergartens in accordance with § 59 of Act no. 245/2008 Coll. and in accordance with § 3 of the Decree of the Ministry of Education of the Slovak Republic no. 306/2008 Coll. on kindergarten as amended by Decree of the Ministry of Education of the Slovak Republic no. 308/2009 Coll. (Hereafter referred to as "Decree of the Ministry of Education of the Slovak Republic No. 306/2008 Coll.").

When admitting children to kindergarten, the principle of equal treatment and the prohibition of any form of discrimination and especially segregation must be observed (§ 3 letters c) and d) of Act no. 245/2008 Coll.).

Pre-primary education takes place when a child is between 3 to 6 years of age. A child who has reached the age of 6 and whose enrollment into compulsory school has been

postponed; a child whose compulsory school attendance has been additionally postponed; a child with special educational needs can also remain in pre-primary education. Exceptionally, a child from the age of two may also be admitted to a kindergarten if suitable material, personnel and other necessary conditions (especially capacity) are created.

The current reality in Slovakia is that due to the capacity of kindergartens, not all children whose legal representatives apply for their admission to kindergarten will be admitted.

In addition to these conditions regulated by law, the head of the facility determines in accordance with § 3 par. 2 of the Decree of the Ministry of Education of the Slovak Republic no. 306/2008 Coll. other conditions of admission. They do so after discussions with the pedagogical board of the school.

Along with healthy children, children with special educational needs can also be admitted to kindergarten. In accordance with Act no. 245/2008 Coll. special educational need means: “[...] the requirement to adapt the conditions, content, forms, methods and approaches in upbringing and education to a child which result from his or her disability or talent or his or her development in a socially disadvantaged environment, the application of which is necessary for the development of the child’s abilities or personality and the attainment of an adequate level of education and integration into society. “

Heads of kindergartens can only consider children who have been diagnosed with special educational needs by an educational counseling and prevention facilities as children with special educational needs. Children with special educational needs are children with disabilities or children from socially disadvantaged backgrounds or children with outstanding talent. Act no. 245/2008 Coll. also Regulation of the Ministry of Education of the Slovak Republic no. 306/2008 Coll. allows the admission of children with special educational needs but does not impose it as an obligation.

The number of children that can be admitted to a kindergarten depends on the capacity of each particular kindergarten. The highest number of children in the kindergarten class is regulated in § 28 par. 9 of Act no. 245/2008 Coll. as follows:

Table no. 4: Number of children in kindergarten

Age category of children	Number of children in class
3-4 years old	20
4-5 years old	21
5-6 years old	22
3-6 years old	21

Source: pursuant to Act no. 245/2008 Coll. on Upbringing and Education (Education Act)

These numbers of children refer to classes with all-day and half-day upbringing and education.

Collective and equal education of children from marginalized Roma communities is ensured by Act no. 245/2008 Coll./Z. z. on Upbringing and Education (Education Act). It declares the rights of children such as inclusive education, in particular equal access to upbringing and education and the prohibition of all forms of discrimination and especially segregation. Religion, worldview, nationality and ethnicity of children and their families are respected values, as well as the individual approach to the child according to his age, possibilities and abilities, interests, talents and health status.

The attendance of children in kindergarten is supported by legally mandated free education of 5-year-old children before the start of school attendance, so that children have the opportunity to be educated in the state language and mother tongue to the extent provided by this Act.

The rights and principles of upbringing and education consistent with the philosophy of inclusive education expressed in Act no. 245/2008 Coll./Z. z. on Upbringing and Education. Sections of the same law are negated by the rules of integration (selection, inclusion, adaptation) of children in school education. This is proven by the procedures for determining the special educational needs of children, categorizing children according to the types of disadvantage and the rules of their inclusion in schools associated with the management of documentation. Also, the education of children with special educational needs in separate - specialized classes is not a good example of inclusive education. Administratively separating children into those who do not have increased demands on the resources of education and those who do is not in line with the child's right to equal access to education. This directly or indirectly points to the child's dependence on increased finances, extended provision of services or the search for the benefits of positive discrimination.

An example is reducing the number of children in classes if a child with special educational needs is present. In that case, the number of children in the class can be reduced by a maximum of two children for each child with special educational needs. The maximum number of enrolled children with special educational needs in one class is also limited to two (Act No. 245/2008 Coll./Z. z. on Upbringing and Education).

Act No. 245/2008 Coll. on Upbringing and Education (Education Act) does not differentiate children from marginalized Roma communities, although it is clear that according to the adopted indicators of social disadvantage of children in the school system, these children belong to the group of disadvantaged.

To facilitate inclusive education, the Education Act (2008) prohibited the separation of children into special-needs classes solely on the grounds that they come from a socially disadvantaged background. According to the Regulation on Kindergartens no. 308/2009 Section 4, Subsection 4, children from socially disadvantaged backgrounds must be placed in classes together with other children. The maximum number of children in a class consisting of children from socially disadvantaged backgrounds only is 16.

As further compensation for the child's social disadvantage according to Act no. 245/2008 Coll. on Upbringing and Education (Education Act) §28, par. 7 kindergarten is free if the child's legal representative submits proof that he/she is receiving a state benefit due to their material conditions.

The situation of school training of children in kindergartens in Slovakia is shown in Tables no. 5 and 6.

Table no. 5: School readiness of children in kindergartens in 2015 and 2019

Year		2015	2019
2 years	Number of children	55 942	59 484
	Number of children in kindergarten	8 966	9 038
3 years	Number of children	56 678	59 358
	Number of children in kindergarten	37 650	40 477
4years	Number of children	61 426	57 499
	Number of children in kindergarten	43 515	45 784
5 years	Number of children	58 113	56 746
	Number of children in kindergarten	47 149	48 457
6 years	Number of children	59 818	56 360
	Number of children in kindergarten	20 676	22 109
3-5 years	Number of children	176 217	173 603
	Number of children in kindergarten	128 314	134 718

Source: www.minedu.sk

Table no. 6: The level of school readiness of children in kindergartens in the last year before the start of compulsory school attendance in the Slovak Republic, school years 2015/2016 - 2018/2019 (Percentage of children educated in kindergartens out of the total number of children who came to enroll for compulsory school attendance in primary schools in the years 2015-2019)

School year	Number of children who came to enroll in primary school for the following school year within the deadline announced by the school principal	Of which educated in kindergarten		Year-on-year increase (+) / decrease (-) of school readiness in percentage points	Increase (+) / decrease (-) of the school readiness rate in school year 2018/2019 compared to the given school year in percentage points
		absolutely	in %		
2015/2016	62 583	57 682	92,17	0,26	0,68
2018/2019	64 337	59 736	92,85	0,29	x

Source: Supplementary surveys on primary schools. Slovak Centre of Scientific and Technical Information - Bratislava until 2013 Institute of Information and Prognoses of Education

Unfortunately, official statistics do not show the real number of Roma children attending kindergartens. What official statistics register is only the number of children whose parents explicitly stated their Roma nationality (in Census). The numbers themselves which say that there are about 400 Roma children in kindergartens,²⁴ clearly indicate the complete unreality of such data. That is why we disregard them in this study, as well.

²⁴ In 2015, it was 0.29% (416 children) and in 2019 - 0.20% (335 children). In the Košice Region in 2015 there were 97 children and in 2019 - 111 children of Roma nationality. Source: www.uips.sk .

The qualification of teachers

Kindergarten teachers' education is conducted on two levels in Slovakia. Either, they complete a secondary vocational school course in teaching for kindergartens or in education. Or they graduate from university in the relevant pedagogical field. Most often, these fields are focused on pedagogy or pre-primary education. Courses in these disciplines are offered by a number of relevant secondary schools²⁵ and universities²⁶.

Only a few of them address explicitly the education and training of teachers who primarily work with children from socially disadvantaged backgrounds. The training of such future teachers has been implemented (and in some cases is still being implemented) through projects aimed at the university study of Roma.

Despite the courses listed above, the situation in the area of teacher training for work with pupils from socially disadvantaged backgrounds is unsatisfactory. There are few graduates of these (or similar) programs. At the same time, it has been pointed out that general pedagogical education does not sufficiently take into account the important characteristics of these pupils. Schmidtová (2013) argues that the insufficient education of teachers can prevent successful inclusive education in schools. A comprehensive approach to education – the acceptance and development of individual and socio-cultural dispositions and potentials of children – is among the initial competencies of teachers. These are to be acquired during university studies and in continuing education programs.

It is therefore questionable whether a 19-year-old student, after graduating from secondary school of pedagogy and social academy, is professionally and personally prepared to conduct inclusive education in kindergarten. Only relevant, high-quality university education should be a valid prerequisite for the profession of pre-primary teacher despite the fact that secondary pedagogical education is less costly for the state.

The position of teaching assistant in kindergarten

In addition to kindergarten teachers, teaching assistants also occupy an important place in the educational process.

Act no. 138/2019 Coll. on Pedagogical Employees and Professional Employees in § 21 par. 1. states: *The pedagogical assistant, according to the requirements of the teacher, educator or master of vocational education and in cooperation with professional staff, creates equal opportunities in education, helps the child, pupil or group of children or pupils to overcome structural, informational, linguistic, health, social or cultural barriers.* In kindergarten, it is possible to employ a teaching assistant to overcome language, social and cultural barriers, which is in line with the qualification precondition of a pedagogical assistant.²⁷ This precondition is either a degree or at least a complete secondary vocational education in the pedagogical field.

25 See at the website CVIT: https://www.cvtisr.sk/cvti-sr-vedecka-kniznica/informacie-o-skolstve/publikacie-casopisy.../zistovanie-kvalifikovanosti/prehľad-strednych-skol.html?page_id=9574 (Accessed 7. June 2020).

26 See at the website CVIT: https://www.cvtisr.sk/cvti-sr-vedecka-kniznica/informacie-o-skolstve/publikacie-casopisy.../zistovanie-kvalifikovanosti/prehľad-vysokych-skol.html?page_id=9573 (Accessed 7. June 2020).

27 See Regulation of the Ministry of Education no. 437/2009 Coll./Z. z. Available at: <https://www.minedu.sk/data/att/11187.pdf> (Accessed 1 June 2020).

As field experience confirms, the pedagogical assistant in cooperation with the principal and the class teacher helps Roma children to adapt to the classroom and school environment. They also help in overcoming the educational difficulties of Roma children, eliminating language deficiencies and creating a sense of satisfaction thereby improving the overall climate of the classroom. Assistants contribute to improving the attendance of Roma children in kindergarten, while also building positive relationships between children and increasing the quality of cooperation with Roma families.

Unfortunately, the number of these assistants is significantly below the required.

Table no. 7: Number of teaching assistants in kindergartens by type of founder

Regions	2015			2019		
	Number of teaching assistants			Number of teaching assistants		
	State kindergartens	Church kindergartens	Private kindergartens	State kindergartens	Church kindergartens	Private kindergartens
Bratislava Region	4		22	5		12
Trnava Region	19		2	28		
Trenčín Region	7	1	3	5	1	1
Nitra Region	20			19		
Žilina Region	13		2	17		3
Banská Bystrica Region	52	1	3	34	1	5
Prešov Region	81	2	4	86	3	3
Košice Region	47	3		51	2	
In total	243	7	36	245	7	24

Source: www.uips.sk. as of 30. 9. 2015; www.cvtisr.sk. as of 3. 9. 2019

There are teaching assistants in state kindergartens, and in 2019 there was a slight increase. The highest number of teaching assistants is in the Prešov and Košice Regions. Interestingly, the number of teaching assistants is higher in private kindergartens than in church kindergartens with the highest number in the Bratislava region.

Table no. 8: Number of teaching assistants in kindergartens by type of founder in the Košice Region

Districts	2015			2019		
	Number of teaching assistants			Number of teaching assistants		
	State kindergartens	Church kindergartens	Private kindergartens	State kindergartens	Church kindergartens	Private kindergartens
Košice II	5			2	1	
Košice IV				1		
Košice okolie	4			8		
Rožňava	9			3		
Gelnica				4		
Spišská Nová Ves	6	2		12		
Michalovce				13	1	
Sobrance	1			1		
Trebišov	8	1		7		
In total	47	3		51	2	

Source: www.uips.sk. as of 30. 9. 2015; www.cvtisr.sk. as of 3. 9. 2019

In the Košice Region, teaching assistants do not work in private kindergartens. In 2019, only two districts did not have teaching assistants and their number was higher than in 2015.

The benefits of assistants' cooperation with field social workers and Community Centers have been confirmed. In very few cases, they cooperate with school facilities for educational counseling and prevention. This provides opportunities for the teaching assistant to use his/her experience to supplement and confirm objective diagnostics as well as to participate in intervention programs requiring an individual approach.

Almost half of teaching assistants confirmed the need to develop methodological recommendations and thus improve education in certain areas. These areas were (1) defining competencies, (2) specifying activities and requirements for teaching assistants, (3) guidance in individual work with children and improving their motivation to learn and (4) theoretical and practical assistance in communication and cooperation with families of children from MRC. (Sobinkovičová 2015)

Full-day school system

The full-day school system is implemented in schools in various forms. Schools implement this model primarily in an effort to help students with additional support needs (special educational needs). This means that the full day educational system is not only for (Roma) pupils from socially disadvantaged backgrounds but is intended for all pupils and even their families or entire communities.

According to Horňák, Kancír and Liba (2011), the full-day school system should “eliminate as much negative effect of the family and the wider social environment on the child as possible.” “At the same time,” however, “the emotional ties to parents are not disrupted.” As the authors further add, the model of the full day school system is applied mainly in localities, which are characterized by:

- the low social status of the families of children attending school,
- poor school attendance,
- lack of interest in education,
- minimum home preparation for school,
- minimum or zero pre-school preparation of children.

A formal feature of the full day school system is that the child comes to school in the morning at around seven or half past seven in the morning and leaves for home “*without a schoolbag*” around five in the afternoon. “*Without a schoolbag*” means that the child does not have to write homework or prepare for school in any other way after arriving home because s/he has completed these duties at school. This can be very important for pupils from socially disadvantaged backgrounds as one of the reasons for their insufficient preparation for teaching is the fact that they do not have suitable conditions at home. (Vlachová 2002)

According to Horňák, Kancír and Liba (2011), **the advantages of a full-day school system** are manifold. On the one hand, it not only teaches pupils how to use their free time meaningfully and effectively, but it also improves their results, attendance, behavior and develops their specific abilities and interests. At the same time, the full-day system relieves parents of assistance in preparing the child’s homework for school.

The importance of a full-day school system can be seen in both *formal* and *non-formal education*. Both of these should be considered evenly important and equal, not only in terms of student development but also in terms of success, progress and the overall self-development of students.

For the sake of completeness, it is necessary to point out that in the Slovak environment we can also encounter the negatives of the full-day school system. Valachová et al. (2002) For example, this is a relatively expensive system, which is demanding not only financially but also in terms of material and personnel provision. Also, children spend most of the day outside the family, which limits family upbringing and students may be overwhelmed because they study all day.

However, we think that it is possible to find a positive counter-argument to each of these arguments - e.g. that the financial demands will be offset in the future by better employment in the labor market and lower pressure on the social system, etc. An important part of the full day school system can be considered a “**connection with life**”. It is the implementation of such activities and solving such tasks that directly affect the daily lives of children. “Such a connection with life has a high motivational significance, children see that what they learn is what they actually experience in life, what they need and will need” (Valachová, 2002).

In addition to the activities described above, the full day school system also includes other activities that contribute to the development of pupils. The pupils' parents themselves can also be involved in these activities. These can be various support activities, day trips, educational or cultural events during the weekend, competitions, exhibitions, summer camps, etc. The realization of these activities and events depends on the specific school and its staff.

The methods, forms or means are chosen by individual schools according to their own needs and goals that they want to achieve with specific activities. In general, the principles described above should be respected in all activities within the full-day school system in order to avoid the unnecessary overburdening of pupils and at the same time to respect their rights.

The full-day school system has been implemented in practice in recent years through the individual projects of MRC I - Marginalized Roma Communities I, School Open to All (SOA) and PRINED - Project of INclusive EDucation".²⁸

Zero grade

A certain specific element within the education system in Slovakia is the existence of the so-called zero grade. This institutional element falls into the category of "borderline" because it is located exactly between pre-primary and primary education. From a formal point of view, the zero grade is part of primary school. Its completion is included in compulsory school attendance.

If a child does not reach school maturity, the principal of a primary school may decide to postpone the child's schooling by one school year and to place the child in the zero grade of primary school. For this, the consent of the legal representative and the recommendation of the educational counseling and prevention facility and the child's GP is needed. The proposal can be submitted to the principal under almost identical conditions by the kindergarten that the child attended.

The zero grade of primary school is intended for children who have reached the age of six by 1st September, have not reached school maturity, come from a socially disadvantaged environment and, due to the social environment, are not expected to complete the first year of primary school.

The highest number of students in a zero-grade class is 16. A zero-grade class can be established if it educates at least eight pupils, or in a non-fully organized primary school at least six pupils. Education in the zero grade increases the chance that the child's development and experience will be stimulated enough for successful education in the first grade of primary school.

First of all, it is necessary to explain the differences between the zero grade and the preparatory class.²⁹ These are basically identical educational elements since they use identical criteria for the placement of pupils, and both forms are also included in compulsory school attendance.

The biggest advantages, and thus the benefits of zero grades, include eliminating language barriers and better adaptation to the school environment, especially for those

²⁸ Reports of individual projects can be found online on the MPC website: <https://mpc-edu.sk/projekty>.

²⁹ Legislative establishment of zero grades occurred by Act no. 408/2002 which defines them (together with preparatory years) and by current Education Act no. 245/2008 (§ 19, par. 6).

children who did not attend kindergarten, eliminating problems with the first grade retention, reducing school absence and building a relationship of trust between parent and teacher; improvement of self-care activities, a greater degree of independence and social skills, such as the ability to better orientate in space, the ability to cooperate with classmates, etc. (Klein, Rusnáková a Šilonová 2012; Bartoňová 2010 et al.).

The main disadvantage of the zero grade is the fact that in certain circumstances, completing the zero grade as well as (and perhaps especially) the preparatory class may create a barrier or burden in the child's further education in mainstream primary school as there is often an increased risk of segregation. (Hapalová and Daniel 2008; Svoboda 2010; Kontseková and Košťál 2010 and others).

At the same time, they add that the zero grade is not exclusively intended for Roma pupils, although it should be added that the experimental project of introducing zero grades launched in the 1992/1993 school year, overseen by Maczejková, was based primarily on the specifics of Roma children.

Table no. 9 provides an overview of the number of zero-grade classes and the number of pupils for the whole of Slovakia in 2015 and 2019. Table no. 10 shows the situation within the Košice Region.

Table no. 9: Number of classes and pupils in zero grades by type of founder

Regions	2015						2019					
	State primary schools		Church primary schools		Private primary schools		State primary schools		Church primary schools		Private primary schools	
	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils
Bratislava Region	3	38					2	29				
Trnava Region	13	150					2	19				
Trenčín Region	3	30					2	18				
Nitra Region	8	95					7	77				
Žilina Region	13	146					5	52				
Banská Bystrica Region	34	349			1	11	24	272			1	11
Prešov Region	98	1261	2	22			106	1355	3	36		
Košice Region	105	1454	2	27	1	18	102	1380	3	41	2	24
In total	277	3523	4	49	4	58	250	3202	6	77	3	35

Source: www.uips.sk. as of 30. 9. 2015; www.cvtisr.sk. as of 3. 9. 2019

In both years, we may notice that zero grades have been established in state primary schools in each region. There is a difference with other school founders. In 2019, there was a decrease in the number of zero-grade classes in state primary schools and also in the Košice Region, but there was a slight increase in the number of classes in the Prešov Region.

It is interesting that Košice was the only region with zero grades in all three school types in both years.

Table no. 10: Number of classes and pupils in zero grades by type of founder in Košice Region

Districts	2015						2019					
	State primary schools		Church primary schools		Private primary schools		State primary schools		Church primary schools		Private primary schools	
	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils	Number of classes	Number of pupils
Košice II	4	61					5	63				
Košice IV					1	18					2	24
Košice okolie	31	426					33	412				
Rožňava	11	152					12	172				
Gelnica	10	146					6	89				
Spišská Nová Ves	19	408	2	27			27	373	3	41		
Michalovce	5	58					4	52				
Sobrance							1	9				
Trebišov	15	203					14	210				
In total	105	1454	2	27	1	18	102	1380	3	41	2	24

Source: www.uips.sk. as of 30. 9. 2015; www.cvtisr.sk. as of 3. 9. 2019

7. Transition from pre-school to compulsory school

In order for a child to be able to move from pre-school to the first year of primary school, it is necessary for him or her to reach adequate intellectual, mental and physical maturity. According to the current legislation, this so-called school maturity is assessed by the Center of Pedagogical-Psychological Counseling and Prevention (CPPC&P).

Preparing for school is a long and complex process and should not be focused only on the last year before starting primary school. **Before enrolling in primary school, parents are only obliged to examine their child's school maturity** if they want to request the postponement of compulsory school attendance. Kindergartens, among others, also play a significant role in this regard. Unfortunately, not every kindergarten's CPPC&P staff diagnoses school maturity. Examples of good practice suggest that it is ideal for a CPPC&P employee to carry out such a survey directly in kindergarten, where he or she will then inform the parents of the findings. It is up to the parent to decide how to process the information about the child and how to make further decisions. **The decision as to whether or not a child enters primary school remains with the parent, and it is up to them to accept the psychologist's recommendations or not.**

School readiness is constantly expanding in content. It is influenced by the concept of the educational process. Thus, with the change in the concept, the view of the child's readiness to enter primary school also changes. School maturity is a complex state that consists of a cognitive, work, emotional-social and health component. Kindergarten teachers use various tools and methods to assess children's school readiness. Ongoing orientation screenings are an effective tool for improving school readiness. Unfortunately, these are not implemented widely. Many factors determine whether or not children receive such help. For example, the time and personnel capacities of the local counseling facility, or the awareness of the founder, or the kindergarten principal. Although the law imposes the task of providing children and their legal representatives with preventive educational and psychological care in school counseling facilities, **the monitoring of school readiness in kindergartens is not mandatory.**

Based on the results of the examination in the CPPC&P, the data obtained in the anamnesis and after consultation with the legal representatives of the child, it is possible to choose one of the following options for the child:

1. enroll the child in the normal mode of study (recommendations for improving and developing some skills, broadening knowledge and practicing less developed skills, ...).
2. postpone the beginning of compulsory school attendance by one year (the parent must agree with the recommendation and notify the school in writing of the method of postponement - zero grade, preparatory class, mainly for children from socially disadvantaged backgrounds, or attending the preschool facility).
3. place the child in a special school or class (only children with severe physical or mental disabilities or gifted children).
4. enroll the child at school prematurely (children with noteworthy intellectual talent who have passed the school aptitude tests).

If the child lags slightly behind in development, each parent can use the services of a pedagogical-psychological counseling center, speech therapists and other experts with whom the kindergarten or pediatrician has contact.

The primary school itself can choose the mode of transition between kindergarten and primary school, in order to facilitate children's adaptation to new conditions. Methods such

as getting to know each other in a circle on the carpet are voluntary, and mostly up to the teacher to apply. These methods should always be compatible with teaching and curriculum.

According to Education Act no. 245/2008 Coll., legal representatives must register children who have reached the age of 6 and have fulfilled school maturity.

The enrollment of children in the 1st year of primary school takes place between **1 and 30 April of the relevant calendar year**. If a child reaches the age of 6 by 31 August, each parent is required by law to enroll his/her child at a primary school. The parent enrolls the child either at the school of the school district where the family has a permanent residence or can also choose another school if the principal accepts the child. **The exact place and time of enrollment will be determined by the founder of the school.**

In 2019, an amendment to the Education Act of 2008 significantly changed the current situation at some levels. This amendment, in the context of the issues we are monitoring, is to apply from the 2021/22 school year on. However, given the current situation with the COVID-19 pandemic, it is being considered for postponement. For this reason, the original situation still applies. **The most important changes will be that it will no longer be possible to postpone the start of compulsory school attendance as well as from the possibility to additionally postpone the fulfillment of compulsory school attendance.** At the same time, the zero grades in primary school and the preparatory grade are canceled. The most important system that will replace these canceled activities is the so-called compulsory pre-school preparation.

Experts in Slovakia clearly perceive this step positively. However, only subsequent practice will show how this system will really work in practice and whether it will bring the expected positive results. For example, some kindergartens have announced that they do not have sufficient capacity to fulfill this obligation, etc. Positive results are also expected in the case of children from socially disadvantaged backgrounds who should make a significant progress during their primary school education.

The legal representative has the right to decide whether a child with postponement of compulsory school attendance will attend kindergarten or zero grade. A child in the zero grade is already starting to attend compulsory school.

In the Košice Region, there was an increase in the number of postponements in state kindergartens in 5 districts and a decrease in 6 districts in 2019 comparing to previous year.

8. Specific ECEC Programs focused on children in adversity

Projects supporting the education of children

A little bit of history

As kindergarten in Slovakia is not currently required by law, this was reflected in the relatively low level of school preparedness of children from the MRC environment. Therefore, various projects at the national, regional and local level aimed to change this unsatisfactory situation. NGOs have also played a major role in this process.

In the following paragraphs, we will list several projects focused on the pre-school preparation of Roma children, which in our opinion played an important role in the issue. It is not a complete or comprehensive overview of all projects, nor a selection of the best ones. First of all, we want to present the diversity of initiatives and approaches that have been implemented in Slovakia on this issue in recent decades.

Of the non-governmental sector, it is worth mentioning the project *“Hej Rup”* (implemented by OZ Pro Familia from Humenné) from 1995, which was one of the first to explicitly focus on working with Roma children in pre-primary education. They addressed the failure of Roma children in primary schools due to insufficient school readiness (especially language) and insufficient care and support from parents. At the same time the project addressed the problem of long-term unemployment by offering jobs for long-term unemployed kindergarten teachers.

Even before Slovakia’s EU membership, projects aimed at Roma children were implemented as part of our PHARE³⁰ projects. One of the first was *“Mother and Child”* from 1998 (implemented by the Civic Association for Roma children and mothers). Later, it was implemented in cooperation with the Ministry of Education. Its goal was to involve mothers of Roma children in the educational process and thus improve the attendance of children in kindergarten.

Another important PHARE project from 1998 was the *“Improving the position of Roma in the Spišská Nová Ves Region”*, which was implemented by the organization ETP Slovakia. Under the remit of *“Improving”*, the first experiences from the work of teaching assistants in kindergartens were explored. At the same time, its goals were to improve education and cultural life (kindergartens and primary schools, Community Centers, etc.), create job opportunities for the Roma, increase awareness of basic human rights, etc.

The predecessor and at the same time the inspiration for this project was the Canadian-Slovak *The Svinia Project*. This was realized in the years 1998-2003 in

30 The PHARE program was established in December 1989 as a program to support economic and political change in Poland and Hungary, and gradually extended to other countries in Central and Eastern Europe. The program underwent several changes and gradually transformed from an instrument supporting the economic transformation of post-socialist states into an instrument aimed at preparing EU candidate countries in Central Europe, concentrating support from the program on the two main priorities in adopting the *acquis communautaire*:

a) institution building - adaptation and strengthening of democratic institutions, public administration and organizations responsible for the implementation and application of Community legislation
b) promoting investment - The adoption of the *acquis* requires candidate countries to adapt their business and core infrastructure as soon as possible to meet Community norms and standards. The area of investments covered about 70% of the Phare budget. (<https://www.minv.sk/?phare-1> Accessed 30 August 2020).

the Roma community of Svinia (Prešov district) and was funded by the Canadian International Development Agency (CIDA). It was the first large development project focused exclusively on Roma communities, which was implemented in Slovakia after 1989. It included extracurricular activities for Roma children, community activities, the experimental verification of the establishment of a kindergarten directly in the Roma community and the creation of the position of a teacher's assistant in this kindergarten. This role was performed by local Roma women.

In 2000, another PHARE project *“Improving the conditions of Roma in the education system”* was implemented by the Ministry of Education. It included the activity to *“strengthen a comprehensive pre-school system for Roma children with the involvement of mothers in the educational process with the participation of trained Roma assistants to the teacher”*. The continuation of this activity was the PHARE project *“Support for the Roma minority in the field of education”* from 2001.

In recent years, four projects have entered the field of kindergarten education due to the Methodological and Pedagogical Center's (MPC) focus on Roma children's inclusion. Kindergartens which responded to the challenges and met the requirements of the projects were able to complete several years of intensive training by the MPC project office and the support team.

Marginalized Roma Communities II (MRC II)³¹

Inclusion in the majority, an opportunity for a full life, and raising the awareness of parents. This is the basic philosophy of the project concerned predominantly the Roma community. The aim of the project (whose official name was “An inclusive model of education at the pre-primary level of the school system”) was to bring children as young as three years of age to kindergartens. The project started on February 1, 2013 and its goal was to improve the professional competencies of pedagogical and professional staff involved in the education of children from marginalized Roma communities. Thus, it aimed to support their social inclusion at the pre-primary level of the school system. The project and its outputs were provided as an example of good practice for those kindergartens that are attended by children from MRC or that are located in municipalities with MRCs. At the same time, its results were also reflected in the legislation, specifically in the content of the State Educational Program for Kindergartens. The project included providing material and technical equipment for the involved kindergartens, as well.

Project of INclusive Education (PRINED)³²

This national project was implemented in 2014-2015. It had the task of supporting the creation of an inclusive environment in kindergartens and primary schools in order to prevent the unauthorized placement of pupils in the special education system. At the same time, it intended to improve the diagnostic process in kindergartens through acceleration programs aimed at stimulating Roma children. A third objective was to support inclusion in primary schools by creating inclusive teams and training them to

31 For more details see the project website: <http://nprmk2.mpc-edu.sk/>.

32 For more details see the project website: <http://prined.mpc-edu.sk>.

acquire the professional competencies needed to fulfill the specific educational needs of pupils from MRCs. The aim of the PRINED project was to keep children in school for as long as possible and to enable them to prepare in the afternoon for the next day as well as to engage them in interesting long-term activities. The inclusive education model was targeted to help prepare children from marginalized Roma communities and thus support their social inclusion. A significant benefit of the project was the creation of inclusive teams consisting of pedagogical staff and experts (psychologist, special teacher or social education expert) who work with children not only in schools but also in the field. The selection of primary schools and kindergartens for the project was carried out in close cooperation with the Office of the Plenipotentiary of the Government of the Slovak Republic for Roma communities and its branch organizational units in the region.

Schools Open to All (SOA)³³

The national project Schools Open to All (SOV) was implemented thanks to the support of the European Social Fund and the European Regional Development Fund under the Operational Program Human Resources in 2016-2019. The aim of the project was to support inclusive education and, by improving the professional competencies of pedagogical and professional staff, to ensure equal access to quality education. The aim was to thereby improve the results and competencies of children and pupils. Its uniqueness lies in creating an effective model for the cooperation of different actors in the education system: support and mutual cooperation of teachers and professional staff including pedagogical assistants, professional staff from CPPC&P, as well as teachers conducting the non-formal education of preschool children outside the education system together with their tutors (parents) of these children.

Kindergarten Inclusion Project (PRIM)³⁴

The main goal of the project, which was implemented in the years 2018-2020, was to create an inclusive environment in kindergartens. Through working with the family, the number of children from marginalized communities (especially Roma) attending kindergartens was to be increased, thus ensuring an increase in the educational level of members of these communities, as a tool of socio-economic integration. One of the outputs of the project was to create inclusive teams in kindergartens, with up to 235 jobs created for teaching assistants and 145 jobs for professional staff. For the first time in the history of education in the Slovak Republic, a school special teacher worked as a professional employee in the environment of a regular kindergarten. This project also included methodological workshops, the publication of a methodological manual focused on inclusive pre-primary education and the creation of diagnostic and stimulation programs for preschool children (with an emphasis on 3 to 5-year-old children).

Quite a big number of kindergartens throughout Slovakia participated in these projects. There were 95 of them in the Košice Region alone.

³³ For more details see the project website: <http://npsov.mpc-edu.sk/>.

³⁴ For more details see the project website: <https://www.minv.sk/?narodny-projekt-prim-projekt-inkluzie-v-materskych-skolach>.

These projects clearly pointed to the interest of Roma parents in having their children educated in kindergartens. The number of Roma pupils involved in pre-primary education has been steadily rising. The number of applications for the inclusion of Roma children in kindergartens eventually reached such a level that it exceeded the capacity of kindergartens. The training of Roma children in kindergartens increased by at least 20%. At the same time, the creation of ethnically heterogeneous classes proved to be very beneficial. The number of these classes increased and so did the success rate of pupils studying there.

One finding was that the degree of involvement and success rate of Roma pupils in the education process in kindergarten is directly proportional to kindergartens' ability to adapt this process to the conditions of particular families. In this regard, one recommendation was the increased involvement of people directly from the community in the work of kindergartens, at least in the position of teaching assistant. The cooperation of kindergartens with other interested actors, organizations and institutions (Community Centers, field social workers, CPPC&P, etc.) was found to be successful.³⁵

Non-governmental sector activities at the local level

Civic Association Equal Chances (OZ Vyrovnávanie šancí)

Civic Association Equal Chances³⁶ was established in 2005 as a continuation of the Foundation for the Roma Child from 1991. It currently operates in two Roma localities in the Prešov Region – in Zborov and in the town of Prešov in the Stará tehelňa area. It does not operate in the Kosice Region but we consider it to be very interesting practice which is followed by other NGOs and Community Centers also in Kosice Region but not in such a profound and complex way. Therefore, we have decided to include this NGO as an example of activities, which has positive impact on the communities even they are provided in neighbor region.

The association deals with the care and education of 3-6-year-old Roma children (primarily from socially disadvantaged backgrounds). Its main goals are to create partnerships between Roma localities and local kindergartens and to design new (inclusive) models for upbringing and education, etc. The project actively participates in the educational activities (primarily within the ECEC) of other associations and organizations. Thus, it represents an ideal model of non-governmental organizations, which in a specific local context creates, tests and implements all available innovative activities aimed at improving the situation of (Roma) children.

Stará tehelňa is an urban segregated area where about 900 Roma live. In the 2019/2020 academic year, approximately 90 children aged 2 to 6 years live in the area and 60 of them are enrolled in kindergartens. Lower average attendance, the poor preparedness of 2 and 3-year-old children and a higher dropout rate during the school year ultimately lead to a significant difference between the school results of Roma and non-Roma children in the first year of primary school. In this context, the insufficient capacity of the kindergarten in Prešov also plays a role and so do the discriminatory settings of the admission process to the kindergarten.

Zborov is a village in the Bardejov district, which as of 31 December 2018 had 3,545 inhabitants of which approx. 52% are Roma. Some Roma live in spatial integration with

35 See the final reports of individual projects for more details.

36 See more <https://www.youtube.com/watch?v=IMvo0J912Hw&feature=share> .

the majority, but most live in an ethnically homogeneous settlement on the outskirts of the village. In recent years, an average of 53 Roma children have been born annually in the village. The kindergarten has a capacity of 85 children, which is insufficient for the municipality. At present, about 40 Roma children attend the kindergarten. The school readiness of Roma children aged 2 to 6 is only 16%.

The civic association has been working in the community since 2009. Until then, kindergartens in the village were not attended by any Roma children and there were no informal pre-school educational programs or activities aimed at early childhood education. Civic Association Equal Chances helped with expanding the capacity of the kindergarten by one class, training and employing a Roma assistant in the kindergarten and increasing the share of enrolled Roma children, their attendance and staying in the kindergarten. At the same time, the Association has introduced informal early and pre-school education programs such as *Family Education*, *Your Story* and *the Toy Library*. Thanks to the association, the municipality obtained resources from the EU for the project of building a new kindergarten, which will have capacity for 160 children. The project was approved in August 2019.

Activities of Civic Association Equal Chances

Family education or “The little school”. This is an authentic program which was built on the experience of study visits of employees abroad. It targets non-formal pre-school education, which does not replace institutional pre-primary education. The program focuses on the upbringing and education of children from MRC who for various reasons cannot attend or do not attend kindergarten. Trained mediators work with the mother-child pair in small groups at least once a week directly in the child’s family. Together, they carry out activities that prepare the child to cope with the transition to primary school. Mediators at joint meetings, which take place in the family environment, cultivate the language and communication skills of children and develop the cognitive and graphomotor functions, etc. They work with worksheets, a book, or other didactic and logical games. Children who were involved in family education were clearly better prepared either for entering kindergarten or for the transition to the first year of elementary school. “The little school” comes to the children’s home, to their environment and involves children aged 3-6 years who are either already attending kindergarten or will be attending or are not attending for various reasons. If there are also younger children from the age of 0-3 in the family, the mediator also works with them and uses a specially adapted program.

They spread their experience to other locations and other organizations. Association employees cooperate with the Methodological and Pedagogical Center or with the Roma Education Fund (project “*Let’s go to school together*”). The project “*Family Education*” was also implemented in other countries involved in the REF project (Hungary, Macedonia, Romania) according to the model of Civic Association Equal Chances. The project used methodology called the *Strategy for the Development of Roma Children in Preschool Age* (Kovářová-Nižníková, 2007). Equal Chances itself implemented it in 11 municipalities in Eastern Slovakia.

The experience from this project was also the basis for the national project Schools Open to All (SOA) (see above), for the needs of which a new methodology *Stimulation Program for non-formal education* (Miňová, 2017) was introduced.

The Toy Library. This activity is basically a specific rental shop where children can find quality and popular educational toys that many families cannot afford to

buy. In addition, it is a community space where parents can play with their children, talk to a neighbor, but also get information about the early education of children. Through play, they build relationships, learn to solve problems, experience success and failure, communicate and listen, think logically and creatively, follow the rules, but most of all enjoy the time spent together. The Toy Library is run by an experienced mediator who has undergone special training. Toys in The Toy Library are intended for children from 0 to 8 years.

Your Story. This is a program aimed at improving reading literacy. A group of mothers learn to work with fairy tale books under the guidance of a trained mediator. They have simple fairy tale books that they read in short paragraphs. There are 10-15 mothers in the group, each one with the same book in her hands. After reading a book, which can take several weeks, mothers take the book home and read it to their children before going to sleep. The activity is carried out in localities where most families do not own any books and children meet with a book for the first time in primary school. This program supports not only the reading skills of mothers, but also the creation of a healthy relationship, especially between mother and child. It is also essential to create a positive relationship with books at an early age.

This activity of Equal Chances was taken over from REF (Roma Education Fund) Budapest and is implemented mainly in Zborov. There, thanks to the activity, a women's club with involved mothers was created, which helped many mothers in difficult life situations. It is interesting that these meetings of mothers continue even after the official end of the project and are proof of the sustainability of activity in the community even without a financial subsidy. An employee of the municipal library also took part in the reading and offered space for this activity. Mothers also became official members of the library.

Roma assistants in kindergartens. Because of the setting of funding of this position from the state budget, we meet assistants in kindergartens very rarely in Slovakia. Finding Roma among them is even rarer. As part of this activity, Roma kindergarten assistants regularly monitor the attendance and educational progress of individual Roma children, create a primary bridge of trust between Roma parents and teachers, and at the same time help Roma children adapt to the new environment. In addition, the assistants visit families and provide counseling on pre-school education. It is their activities that help improve average attendance and build a friendly receptive atmosphere for Roma children in kindergartens.

Civic Association Way Out - The OMAMA Project³⁷

The OMAMA project is unique not only in Slovakia but also internationally. Proof of this is the fact that in 2019 it won the first place in the prestigious international Sozial Marie Prize for Social Innovation.³⁸

The civic association Way Out was established in 2008 and the first training of Omamas took place in July that year. The Omama program focuses on a key phase of a person's

³⁷ See more: <https://cestavon.sk/projekt-omama/index> .

³⁸ See more: <https://www.sozialmarie.org/sk/projects/7842> .

life in which the foundations for later success are being built. Omamas advise pregnant women and later show parents how to best develop the potential of their children, even if they live in poor conditions. Through games and activities, they help with developing their brains and abilities from an early age. This program therefore focuses on the education and development of the child at an early age in socially disadvantaged groups such as excluded Roma localities.

The Omama program is currently implemented in seven municipalities within three regions in Slovakia - including the Košice Region. It works with 10 Omamas, 6 mentors and 20 professionals and has so far involved at least 170 children aged 0 to 5 years.

Omamas are always community-respected women who come from and live in the area. At first, Omamas work part-time with the youngest children from birth to three years, and if they prove their work, they become full-time employees. They also work with pre-school children who, for various reasons, do not attend kindergarten. Each Omama has her own mentor and receives quality practical training which involves experts and experienced professionals, etc.

The aim of these activities is, among other things, to improve all aspects of the child's development at an early age: fine and gross motor skills, cognitive abilities, socio-emotional and language skills, communication, creativity, resilience and a healthier lifestyle. The program is intended to strengthen the child's and parents' self-confidence, their relationship and the child's respect for themselves and for others.³⁹

Civic Association Childhood to Children - Domček⁴⁰

The Domček Project is one of the unique and very inspiring activities in marginalized Roma communities. It is implemented by Civic Association Childhood to Children from the town of Dobšiná (Rožňava District, Košice Region). As of 31 December 2017, a total of 5,107 people lived in the village, 36.8% of whom are considered Roma by their surroundings.

The Domček Parents Center is an important part of the village of Dobšiná and its community.

The association was founded by two local teachers - Norika Liptáková and Erika Polgáriová, who in 2012 expressed their views on the problems of Roma pupils' education in an open letter addressed to the Minister of Education.⁴¹ Public debate erupted after the publication of the letter, but it was left without response. Childhood to Children was founded in December 2013. The association strives to ensure that children from socially disadvantaged backgrounds have not only a formal right, but also a real opportunity to live a full, dignified and carefree childhood and acquire the basic skills and habits that will help them to live a good life. It focuses mainly on minors and adolescent mothers and their partners. The Association aims to educate them on parenthood and a responsible approach to sexuality.

The headquarters is located in a family house in Dobšiná, known as DOMČEK which is a Parents Center. The project started with twelve families. These were mainly primary school pupils who became pregnant during compulsory schooling. Currently,

39 Edita Kovářová, founder of Equal Chances, 31. March 2020.

40 See more: <http://dede.sk/> alebo <https://www.facebook.com/DetstvoDetom> .

41 See more: <https://janmacek.blog.sme.sk/c/301577/Otvoreny-list-uciteliek-z-vychodneho-Slovenska.html> .

mothers with children under the age of three meet in the house during the morning. In the afternoon, tutoring of small schoolchildren takes place. “Babinec”, a group of teenage girls meets once a week. Since 2018, association has also focused on improving the living conditions of young families who have been allocated social housing in the city, with the intention of furnishing children’s rooms or some place for them in these apartments.

In the last three years, the original activities of the association have been gradually expanded to include tutoring a group of children of younger school age from MRC and a preschool club for children aged 2-4 years from MRC with Montessori activities. Other programs include early care - a group of babies and toddlers with mothers, discussions and lectures for parents and future parents on various topics, exchange of experiences, educational activities and mutual visits with other Community Centers other outside Dobšiná.⁴²

Other organizations active in the field

Non-governmental organizations such as **People in Need**⁴³ and **ETP Slovakia**⁴⁴ have long been involved in the pre-primary education of children from marginalized Roma communities. Both organizations focus on children in Community Centers. While ETP Slovakia worked more in the Košice Region and People in Need in the Prešov Region. After the transfer of Community Centers under state administration, ETP Slovakia handed over some of its sites to local governments. Today, People in Need has four Community Centers in the Prešov Region and one in the Bratislava Region. ETP Slovakia operates in Veľká Ida, Rankovce, Stará Ľubovňa - Podsadek and in Košice on Luník IX.

Among the interesting projects in the field, we should mention the activities of ETP Slovakia in preschool education. The project *From Cradle to Career* provided daily comprehensive educational services in the years 2014-2018 in four Community Centers (CC). These CCs were regularly visited by 572 clients (Rankovce: 153, Stará Ľubovňa: 93, Veľká Ida: 186, Košice - Luník IX: 140). As of June 2018, a total of 66 children (Rankovce: 18, Stará Ľubovňa: 24, Veľká Ida: 24) attended pre-school training in Community Centers. Of these, 16 children enrolled in the zero grade (Rankovce: 6, Stará Ľubovňa: 4, Veľká Ida: 6), and 10 children in the first grade (Rankovce: 1 and Stará Ľubovňa: 9)⁴⁵.

Similarly, the non-profit organization People in Need runs preschool clubs in its Community Centers where it works with children at the age when they should start regular kindergarten. Not every municipality has the capacity for these children in its kindergartens and some parents avoid enrolling their children to a kindergarten in the municipality. The Community Center thus also provides such a service, while striving for clear communication with parents and the local government on this topic as Community Centers are not intended to replace pre-primary education. Their

42 See more: Výročná správa OZ Detstvo deťom 2018 - http://dede.sk/wp-content/uploads/2020/05/Vyrocnna_sprava_2018.pdf.

43 See more: <https://clovekvochrozeni.sk/co-robime/programy-socialnej-integracie/>.

44 See more: <http://etp.sk/domov/projekt/>.

45 http://etp.sk/wp-content/uploads/2019/10/VS_2018.pdf.

function is to help the family find a way to educate their children and prepare children for compulsory schooling as much as it is possible in the center.

Both organizations experiment with innovative approaches to education, using e.g. Montessori methodologies. ETP Slovakia applies the Feuerstein method and People in Need elements of the Grunnlaget method.⁴⁶

⁴⁶ Montessori method - is a method of education that is based on self-directed activity, hands-on learning and collaborative play. In Montessori classrooms children make creative choices in their learning, while the classroom and the highly trained teacher offer age-appropriate activities to guide the process (<https://montessori-nw.org/about-montessori-education> Accessed 30. August 2020).

Feuerstein method - teaches the often overlooked but very important skill of learning how to learn. His focus when developing the FIE program aimed to educate students on how to learn, think, approach and solve a problem. The unique educational technique combines specially designed instruments and mediation in order to identify and enhance an individual's learning potential. (<https://www.toronto.com/shopping-story/8038156-the-feuerstein-method-improves-learning-capacity/> Accessed 30 August 2020).

Grunnlaget method - The Norwegian method concentrates primarily on work with concepts because they are the key stone which represents the fundament on which the whole process of teaching and learning stands and correct understanding of these concepts influences motivation towards further learning. (<https://www.clovekvttisni.cz/en/grunnlaget-4186gp> Accessed 30 August 2020).

9. Summary

The aim of this study was to introduce Slovak programs and the Slovak system of ECEC. Studying the border regions of Slovakia and Hungary enabled us also to map the current situation of ECEC in Slovakia as whole. Thus, we are able to see where we are standing as a country in supporting children in adversity who are the most vulnerable members of our society. As we can see from collected data, Slovakia has a system of pre-primary education for 3-6-year-old children. The state also provides some systematic care for younger children but mostly for children whose parents are returning to work. The system of early care is mainly managed privately. There is a clear focus on children from the middle class and their needs, as they are the most common recipients of these services. At this point, we can start to notice the vicious circle of the demand and offer. Services do not meet needs other than those of the middle class. Therefore, demand from them is not high and they continue to function the same way. As a result, children who live in segregated areas, in poverty or with disabilities are excluded from formal ECEC.

One positive aspect is that the state is aware of the situation and is consulting professionals. In 2018, the conditions for nurseries were specified. There was even discussion about quality versus quantity as there is lack of nurseries in some regions of Slovakia. But these changes are not sufficient, especially when we speak about children in adversity who are more vulnerable in this aspect. As a positive change to be established is also compulsory kindergarten attendance from the age of five years, but there is still a lot to be done.

This systemic failure results in the gap between children in adversity and children from the middle class getting wider. The former are not able to catch up with the latter for the rest of their lives. As there is a connection between parents' education and their ability to guide their children to better results in school, it is obvious that leaving ECEC exclusively on the family is not the solution. The ability of the parents to provide professional care and education to children with special needs is limited.

As it was mentioned in the study, there were some programs in kindergartens focused on the issues connected with marginalization and generationally reproduced poverty. Those programs started at grassroots level and later received funding from the state. But in general, they were financed by EU grants. Also, the services of early intervention are ensured by law but they are provided mainly by NGOs. NGOs in Slovakia cover most of ECEC issues in marginalized Roma communities and other children in adversity. Some of their activities have been gradually transformed into national projects. The state has been taking over some of the services and programs but there is still no known plan for sustaining those activities in future without the support from the EU.

The insufficient financing and unsustainability of the programs are not only threats to the concept of educating children from an early age. The widespread fragmentation of the system is slowing down the process of giving children the chance for a more equal start. The issue of children at a very early age belongs to social services which do not take into account the educational aspects of the child's development. On the other hand, children from the age of three years are subjects to education. Mostly non-public providers maintain nurseries and there are no official guidelines. Also, children with special needs face difficulties in joining the programs in nurseries and in kindergartens.

The Kosice Region has a significant number of Roma population (15,6%) and according to Atlas of Roma communities 2013 and 2019 many of them live in segregated ethnically homogenous areas. It is very important how the Region will react to prepared changes in the field of early education. It is necessary to mention not just infrastructure but also professional soft skills of teachers and caregivers to answer the needs of people living long time in exclusion, poverty and in environment lacking the higher education and its advantages. It seems that municipalities are the main key for inclusion and wellbeing of the Roma population as they are the founders and also providers of the facilities dedicated to early age education. The Higher Territorial Unit should coordinate those activities and motivate local municipalities to take part of the projects because until now it was decision of local authorities weather or not to participate or how.

The state is planning notified changes but until then, all burden of the future of children in adversity remains mostly with NGOs.

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Part II

Early childhood services and interventions, disadvantaged children's chances in Hungary

(by Zsombor Farkas)

Introduction

The current study aims to present and analyze early childhood development (ECD) and early childhood education and care (ECEC) systems and services in Hungary. It details not only the characteristics of a proper early childhood services but intends to provide a particular description of the Hungarian system, the related public, institutional and non-governmental services **with focus on disadvantaged children, especially marginalized Roma children.**

Terminologies and approaches of ECD and ECEC

In the international context **early childhood development (ECD) primarily refers to a concept, an approach.** It is based on the fact that “the early years are critical, because this is the period in life when the brain develops most rapidly and has a high capacity for change, and the foundation is laid for health and wellbeing throughout life. Nurturing care – defined as care that is provided in a stable environment, that is sensitive to children’s health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating – is at the heart of children’s potential to develop”.¹ Joan Lombardi (2017) emphasizes that “young children’s healthy development depends on nurturing care – care which ensures health, nutrition, responsive caregiving, safety and security, and early learning. These aspects of nurturance are indivisible, like the domains of development that they represent; hence the need for integrated services that start as early as possible and span the life course”.² **Early childhood education and care (ECEC) refers to the system of interventions,** the public and other institutions, services and programs aiming at young children in order to complete the goals of ECD’s approach. According to the European Union’s definition it “refers to any regulated arrangement that provides education and care for children from birth to compulsory primary school age, which may vary across the EU. It includes centre and family-day care, privately and publicly funded provision, pre-school and pre-primary provision. Quality early childhood education and care can lay the foundations for later success in life in terms of education, well-being, employability, and social integration, and is especially important for children from disadvantaged backgrounds”.³ The European Council Recommendation (2018) emphasizes the importance of high quality ECEC services.⁴

The Hungarian terminology of ECD and ECEC is similar to international approaches and definitions. Still, it is difficult to use adequate Hungarian terms expressing the English phrases.⁵ In the study the term of **early (special) development refers to special development interventions** in the case of children with special needs irrespectively of socio-economic background. **Early childhood skills development** has been used as a complex approach aiming at compensating socio-economic disadvantages,

1 WHO Early child development <https://www.who.int/topics/early-child-development/en/> .

2 Lombardi 2017: 4.

3 European Commission Early childhood education and care https://ec.europa.eu/education/policies/early-childhood-education-and-care_en .

4 European Commission 2018.

5 See: Korintus (2012). Available in English at: http://pdc.ceu.hu/archive/00006634/01/HIERD_Earlychildhood_BackgroundPaper_2012.pdf .

but the terminology also refers to Sure Start Children Houses implementing the approach in practice. That is why it can also refer to a part of the ECEC in Hungary targeting disadvantaged children aged between zero and five. At the same time the **ECEC includes institutional early childhood services, primarily the pre-school services (nursery and kindergarten)**, and additionally the first two grades of primary/elementary school (that is, until the age of eight). The health visitor system has also been described as a complementary service closely related to ECEC.

The target group of ECD and ECEC

According to the general definitions **the overall target group of the early childhood interventions is children from their birth to their pre-school age** (in Hungary this means children aged from zero to five). A UNICEF report titled 'Early Moments Matter for Every Child' (2017) emphasizes that "early childhood development is often understood in phases determined by age. Definitions vary and some include a phase that extends to age 8." The global organization distinguishes three main phases regarding early childhood development: from conception to birth, birth to age three and the pre-school years ("from about age 3 to the age when a child begins school").⁶ The World Bank's study also highlights that there are several definitions of early childhood development education and care, but according to its approach "ECD refers to a child's growth and development starting from a woman's pregnancy through the child's entry to primary school."⁷ In an earlier study by the UNICEF (2014) it is highlighted that "ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential".⁸ The World Health Organization declares that "early childhood development (ECD) encompasses physical, socio emotional, cognitive and motor development between 0-8 years of age".⁹ Based on these approaches **the study focuses on interventions and services targeting children from zero to eight years of age. Therefore, we define the corresponding age group as the "target group"**.

It is well-known that **marginalized Roma and non-Roma children from disadvantaged socio-economic background are deprived of several crucial conditions and opportunities in their early childhood**. They are excluded from most of the quality early childhood services and institutions. A joint report by the Open Society Foundations, the Roma Education Fund and the UNICEF (2012) has analyzed the policies, or rather the lack of relevant policies and interventions, and the main problems and challenges regarding Roma early childhood inclusion. The study emphasizes that "the early development of Roma children, during infancy and the pre-kindergarten period, is not sufficiently supported. The early development of Roma children is often neglected. (...) National kindergarten and primary education systems are failing to recruit, include, retain and educate Roma children."¹⁰ The Council Recommendation cited above also highlighted the ECEC's importance in the case of Roma children. "Early childhood education and care experiences are an opportunity to prevent and mitigate disadvantage for children from disadvantaged Roma communities. (...) Early childhood education and care participation

6 UNICEF 2017: 9-10.

7 Denboba et al. 2014: 1.

8 UNICEF 2014: 1.

9 WHO Early child development <https://www.who.int/topics/early-child-development/en/> .

10 Bennett 2012: 12.

can be an effective tool to achieve educational equity for children in a disadvantaged situation, such as some migrant or ethnic minority (for example Roma) and refugee children.”¹¹ Therefore, knowing the Hungarian situation, **there are significant reasons for focusing on Roma children experiencing poverty and social exclusion. Moreover, we particularly concentrate on Roma children living in Northern Hungary and the Northern Great Plain.** Hungary has four disadvantaged NUTS 2 regions out of which these two (and others) share a border with Slovakia, Ukraine and Romania. Therefore, **Northern Hungary and the Northern Great Plain are defined as the Carpathian regions.**

The main elements of the family support system regarding the ECEC’s target group

Hungarian family policy does not strictly belong to the topic of this study. A detailed analysis of family policy, its governmental targets, tools and overall dilemmas would require another study. It is known that governmental measures and interventions targeting families with children “increased inequalities between families as employed parents with high incomes received formerly unseen resources through the new family tax allowance system and the reform of the child care leave payment. At the same time, families with meagre labour market opportunities or low income lost out due to the lack of upgrading the most important, universally available benefits, and due to harsh cuts in the social assistance system”.¹² On the one hand, Hungary spends on family support more than the OECD’s average, but on the other hand, the distribution is highly unequal. But in the current study, it is not our task to analyze the characteristics of the so-called perverse redistribution of the Hungarian system. In the introduction, we intend only to shortly describe the main allowances and benefits related to families with children at the age of 0-8 years (as, according to our interpretation, they are the target group of ECEC). Later in the study, we do not detail different social transfers but we only mention those that are relevant to the areas of ECEC covered here.

The three main elements of family/maternity benefits are the family allowance, the child-care allowance (*gyermekgondozást segítő ellátás*; the earlier GYES: *gyermekgondozási segély*) and the child-care benefit (GYED: *gyermekgondozási díj*). There are other elements in the system but these are the most widespread and most general benefits in Hungary.

Family allowance is a quasi-universal benefit paid to children from birth to the time they finish school (up to the age of 23). The amount of family allowance is 12 200 HUF (app. 35 Euros) in a one-child family, 13 300 HUF (39 Euros) per child in a family with two children, and 16 000 HUF (46 Euros) per child in families with three or more children. The amounts are higher in the case of one-parent families and in families with at least one disabled child or a child with a chronic disease. Due to the punitive characteristics of the system, family allowance can be revoked if children do not regularly attend kindergarten and/or school. In 2019, 1.75 million children received family allowance; the average amount was 23 600 HUF (69 Euros) per family.¹³ It is important to highlight that the amount of the allowance has not increased since 2009. Therefore it has lost approximately 30 percent of its spending power/real terms.

Child-care allowance (GYES) is a universal maternity benefit targeting unemployed

11 European Commission 2018.

12 Szikra 2018: 1.

13 HCSO Stadat Table 2.5.3.http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsp005.html.

parents (mothers) or those with short work records. Child-care allowance can be resorted from birth until the age of three. The average monthly number of recipients was almost 160 000 and the per capita average was 32 000 HUF (93 Euros) per month in 2019.¹⁴ The basic amount of the allowance equals to the amount of the minimum old age pension (28 500 HUF; app. 83 Euros). Therefore it can be defined as a maternity social transfer targeting families from upper classes. They receive “extremely low amount of flat rate universal GYES (...) frozen at 28,500 HUF (...) monthly in 2009.”¹⁵

Child-care benefit (GYED) is a two-year earnings-related benefit targeting parents having a permanent labor market position. The insurance-based GYED can be resorted by parents having at least one year of full-time employment in the two years before the child’s birth. It can be received from the age of six months (after the also insurance-based infant-care benefit) until the age of two. “The leave allows mothers (or fathers) to stay at home with their children on a 70 per cent replacement rate of their previous income (...) The new GYED-extra program allowed mothers to work full time after the first birthday of their children while still receiving the full amount of GYED. The age limit was lowered to six months in 2016. GYED-extra thus created an incentive to mothers with a good labour market position to go back to work after their child reached six months of age.”¹⁶ In 2019, the average monthly number of recipients was 104 000, and the average monthly amount was 157 000 HUF (456 Euros) per capita.¹⁷

It is necessary to shortly emphasize that the system of maternity benefits is unequal and it increases inequalities. The insurance-based GYED encourages middle-class parents to reenter the labor market. At the same time, parents use nurseries for their children aged 0-2 years. Most of the disadvantaged parents do not have the required full-time employment period. Therefore, they are not eligible for GYED, only for the low amount of GYES until their child’s/children’s third year. Thus, they are not encouraged to enter the labor market and to enroll their young children at the institutions of ECEC. (Additionally, disadvantaged parents have significant difficulties to find a job and they often live in small settlements without ECEC services and institutions.)

Structure of the study

To complete the study’s goals, we attempt to describe the main approaches and methods, and analyze the characteristics, deficiencies and challenges of the relevant services, institutions, interventions and the features of the target group. We use Hungarian and international literature and data particularly from databases of the Hungarian Central Statistical Office (HCSO) and from Eurostat, the European Union’s statistical office.

In the first chapter we briefly review the theoretical background and approaches emphasizing the differences between brain development in normal and poor environments, the importance of parental competences and cognitions. We summarize the significance of effective interventions in the early years of children, especially in case of disadvantaged children living in poverty and social exclusion.

The second and third chapters provide detailed descriptions of legal frameworks, definitions, interpretations and characteristics of Hungarian services and institutions

14 HCSO Stadat Table 2.5.3.http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsp005.html .

15 Szikra 2018:9.

16 Szikra 2018:9.

17 HCSO Stadat Table 2.5.3.http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsp005.html .

regarding early childhood development, education and care aiming at children at the age of 0-8 years. In the second chapter we focus on the Sure Start initiative as a promising approach and a method to decrease socio-economic disadvantages in early childhood. In the third chapter we analyze the public institutional system including nurseries, kindergartens and primary/elementary schools. The main structural problems, deficiencies and challenges are also analyzed in this chapter.

In the fourth chapter the target regions and the target group are characterized based on the available data and information. Firstly, we summarize the disadvantages of the target regions. Then, we describe the main characteristics and lags of the target group in the field of poverty, deprivation, social exclusion and some inequalities.

The fifth chapter summarizes early childhood interventions, programs, initiatives and good practices in Hungary. On the one hand, we briefly repeat the public, state-run interventions, but on the other, we focus on non-governmental initiatives aiming at developing early childhood care and education at national and local level.

In the sixth chapter we summarize the conclusions, the main lessons and findings in order to establish the advantages, the results and the failures, the lacks and challenges in the field of early childhood development, care and education, with special focus on disadvantaged, marginalized, particularly Roma children.

1. Early childhood development, early childhood education and care: Theoretical background and approaches¹⁸

1.1. Brain development in normal environment and in poor environmental stimulation

The concept is based on the recognition and scientifically proven consideration that interventions in the early years are the most effective. This is the period when lags resulting not from mental or physical disabilities, not from health problems but from poor environment and unfavorable life conditions can be diminished or made up for. A global report by the UNICEF (2017) declares that “in recent decades, discoveries in neuroscience have greatly improved our understanding of how babies’ brains develop. One of the most important discoveries has been this: The brain is built by genes, experience and environment – a combination of nature with nurture. (...) In these earliest days, connections between neurons grow at a speed and complexity that is never again repeated. Research indicates that these connections occur at a pace of at least 1,000 per second. However, recent indications are that the speed could be up to 1 million per second”.¹⁹

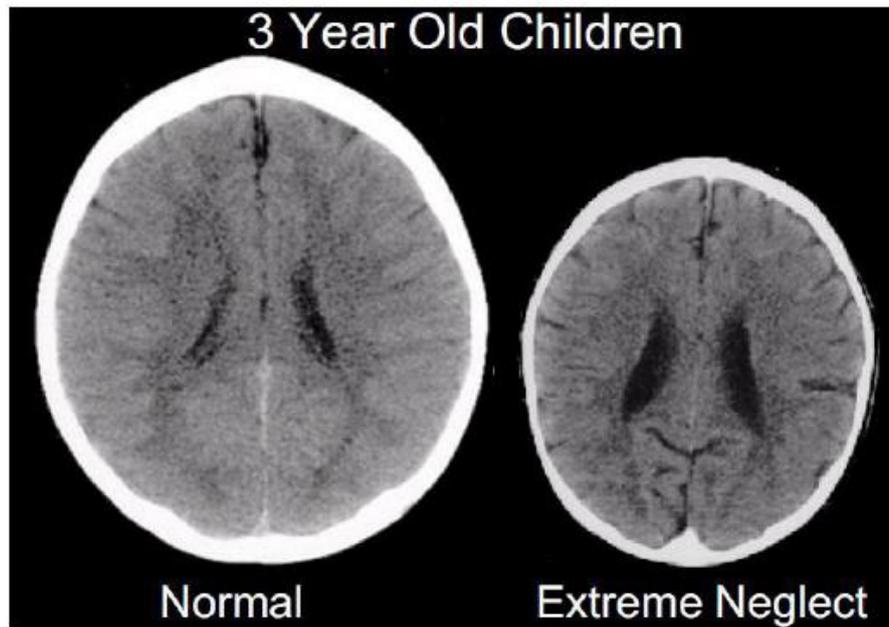
Referring to American research, Éva Szomor and Noémi László (2014) emphasize that **young children’s brain development fall back due to poor environmental stimulations.** According to the authors, **early childhood is the period when children recognize their environment and themselves through family interactions and experience the impacts that they can exert on their environment.** During this cognition process there is a constantly changing need in children for new stimulations (including emotional stimulations), which will help them in this significant early development process. The effects and consequences of disadvantaged socio-economic background and the extremely low-stimulus environment can be recognized in the early years. The first picture demonstrates the difference in the brain development of a three-year-old child based on the quality of the environment (*Figure 1*).²⁰

18 The chapter is based on the Background Study for the preparation work in the program titled ‘Building Capacities for Effective Early Childhood Development of Marginalized Roma in Hungary’ (Zsombor, Farkas; 2018, Carpathian Foundation - Hungary).

19 UNICEF 2017: 7.

20 Szomor–László 2014.

Figure 1 Brain development of a three-year-old child in normal environment and in extreme neglect



Source: Heckman (2008). Quoted by: Balás et al. 2016.

According to neurological research in addition to genetic impacts, the high-stimulus environment and adequate, rich emotional relationship between children and parents (and/or adults that are important for children) are crucial to brain development. These factors have a joint impact on brain processes and mental development. Experiences gained in this sensitive period are especially important for the optimal development of the brain structure, but this sensitivity also means an increased vulnerability to damaging factors. Extreme deprivation or a stressful environment obviously impedes the development of proper brain structures which may result in permanent detriment to brain development. The longer the period of neglect is, and the earlier it takes place, the smaller is the chance that the loss may be completely repaired at a later time.²¹ Judit Lannert (2015) emphasizes regarding brain development that **infants acquire emotional control in their first year; this kind of development slows down at the age of four.** The development of social relation skills and language skills is the most intensive in the period between the age of one and two years. By the age of four it settles at middle level. In the field of numeracy skills the period between the age of one and three years is crucial.²²

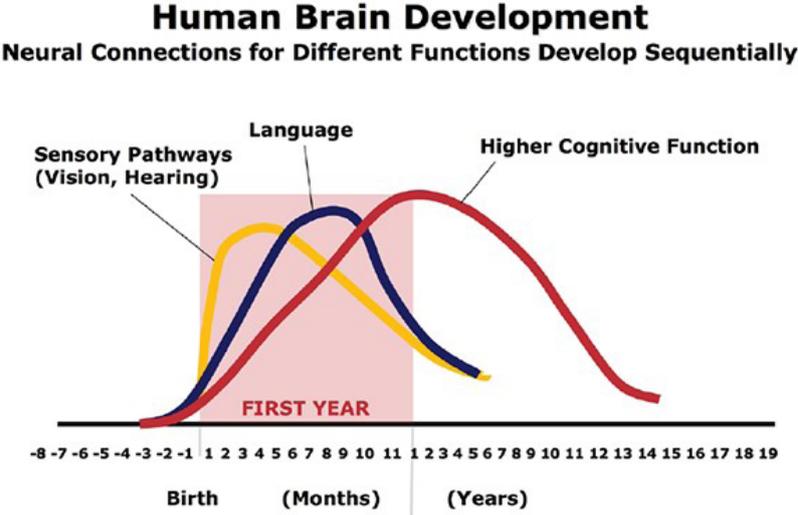
To summarize, according to the Center on the Developing Child of Harvard University, “the science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society. (...) Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, more than 1 million new neural connections are formed every second. After this period of rapid proliferation,

21 Gallai 2009: 45.

22 Lannert 2015: 4.

connections are reduced through a process called pruning, so that brain circuits become more efficient"²³ (Figure 2).

Figure 2 Human brain development: Sensitive early periods of brain development



Source: Charles N. Nelson (2004). <https://developingchild.harvard.edu/resources/inbrief-science-of-eed/>

23 Center on the Developing Child. Harvard University 2007: 1.

1.2. Parental cognitions and competencies

Children's home environment and conditions closely correlate with their socio-economic background, the family income, the housing conditions, the parents' qualification and labor market position, the level of social integration, that is, with their social status. All these features fundamentally determine the characteristics of home care and child-rearing environment that significantly correlate with the quality of children's development. Numerous Hungarian and international studies analyze the correlation between social status and parental attitudes, cognitions, skills and competences.

Parental cognitions and competences include parental beliefs, perceptions, values, socializing goals as well as knowledge of children's development characteristics and needs that fundamentally determine the way parents evaluate their children's behavior and development, and the decisions they make in the field of child-rearing. **Parents' personal experiences regarding child care and child-rearing as well as their social relations strongly influence these cognitions and competences.**²⁴ That is why "research today considers it important to investigate parents' ways of thinking and understanding. Many researchers argue that beliefs are the best indicators of the decisions individuals make throughout their lives. (...) Parents' child-rearing practices may be expressions of their beliefs (...)".²⁵

Referring to international research, Éva Surányi (2010) explains that parents' knowledge about their children's development needs and parental expectations in the field of children's intellectual, behavioral and social skills strongly depend on the qualification of the parents. Well-qualified parents set higher development expectations for their children; therefore they introduce several child-rearing practices earlier than parents with lower education. (These practices can among others be talking to children, telling them stories, reading tales, or teaching them colors etc.)²⁶ Benasich and Brooks-Gunn (1996) point out the fact that parents' (the mother's) qualification influences the quality and the structure of the material home environment. Still, it is crucial to mention that the authors emphasize: "Society as a whole tends to believe that "good" parenting leads to effective child-rearing and optimal child outcomes. However, opinion on what constitutes 'good' parenting varies substantially among those considered to be experts as well as parents with different demographic characteristics and background. (...) The links among parental attitudes and knowledge of child rearing, parenting behavior, and child outcome are also unclear. (...) Research suggest that parental knowledge about the process of child development influences the way parents understand the behavior of their children and perhaps how they interact with their children".²⁷

Other authors draw attention to economic aspects of parental cognitions' importance. "From an economic perspective, cognitive stimulation is one way in which parents invest financial and social resources in their children. Consistent with this perspective, parenting behaviors have been found to mediate the association between socioeconomic resources (e.g., poverty status, family income, maternal education) and children's cognitive ability and academic achievement."²⁸

24 Surányi 2010. (Goodnow 1995).

25 Hirsjarvi-Perala-Littunen 2000: 87.

26 Surányi 2010: 6-7.

27 Benasich-Brooks-Gunn 1996: 1186.

28 Tucker-Paige Harden 2011: 250.

1.3. Interventions in early years: early childhood skills development and care

Numerous studies have shown the importance of effective interventions in early childhood. Due to these works, **it is well-known that the quality of early development determines children's future achievements and chances.** According to the Encyclopedia on Early Childhood Development “the emotional, social and physical development of young children has a direct effect on their overall development and on the adult they will become. That is why understanding the need to invest in very young children is so important, so as to maximize their future well-being. (...) Children's early experiences – the bonds they form with their parents and their first learning experiences – deeply affect their future physical, cognitive, emotional and social development. Optimizing the early years of children's lives is the best investment we can make as a society in ensuring their future success.”²⁹ **The UNICEF also emphasizes the importance of early childhood development.** The global organization declares that its quality is the key to a full and productive life. **The years from birth to eight years of age substantially determine children's complete and healthy cognitive, emotional and mental development. This critical period can establish future well-being.** Therefore, early childhood interventions have permanent, long-term and irrecoverable impact on children's intellectual capacity, personality, social behavior, skills and competences.³⁰

According to another (already cited) report by the UNICEF (2017) “brain development is an essential part of early childhood development, the process by which a young child acquires essential physical, motor, cognitive, social, emotional and language skills. These skills allow children to think, solve problems, communicate, express emotions and form relationships. They build the foundation for later life and set the trajectory for health, learning and well-being. Healthy early childhood development is important for all children. But, in particular, when the most disadvantaged children acquire the skills they need in nurturing and caring environments, they gain a passport out of adversity and into a better life. They, in turn, are in a stronger position to nurture and care for their children, halting intergenerational cycles of disadvantage”³¹

In Hungary, experts also emphasize the importance of early interventions in case of families living in poverty and social exclusion. According to Éva Szomor (2012) the interventions should not mean some kind of early development or extra, special development, but a really complex approach and method aiming at developing children and their parents. It should have a significant impact on the whole family and its environment as well.³² Therefore, it is clear that early interventions are the most needed where families live in severe material deprivation without the adequate conditions of early childhood development. On the one hand, that is why the interventions should reduce these lacks. On the other hand, as Judit Lannert (2015) describes, in early childhood, child care and child-rearing as well as proper interventions have a significantly bigger impact on cognitive and social development, and on later school performance than nutrition and financial incentives have. Early childhood development is mainly experience-based. Therefore, early childhood skills development, care and education require social interactions and structured practicing. Based on this approach, the author distinguishes four main factors regarding early childhood intervention: (1) Learning capacity is the most sensitive in the

29 Encyclopedia on Early Childhood Development 2011; <http://www.child-encyclopedia.com/importance-early-childhood-development> .

30 UNICEF 2014.

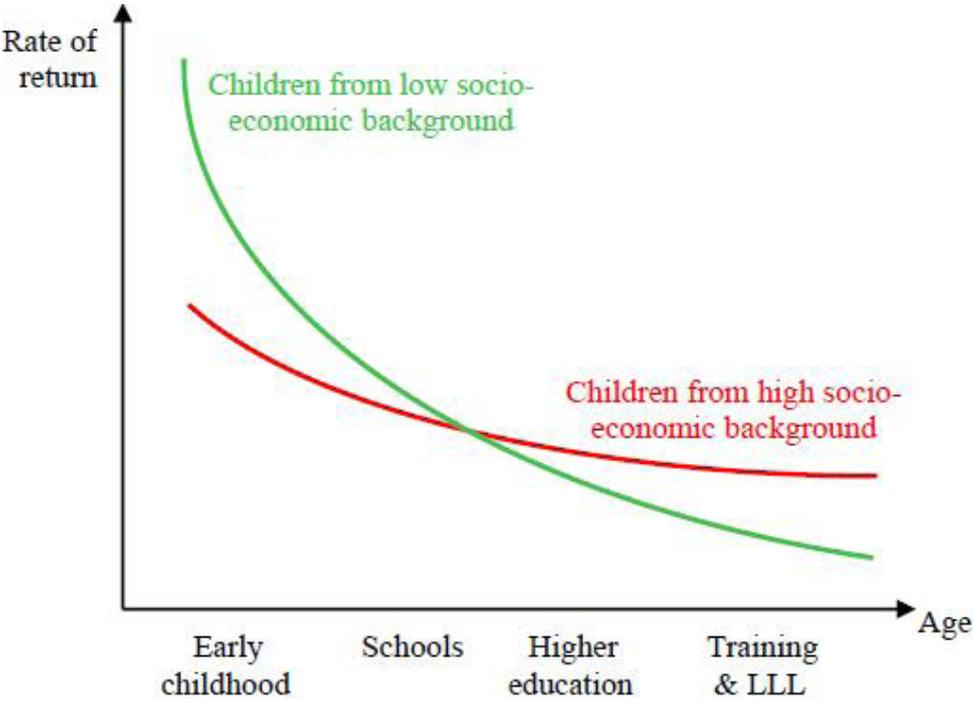
31 UNICEF 2017: 9.

32 Szomor 2012: 26.

first four years; (2) Interactive environment improves brain development; (3) Learning is strongly related to social and emotional development; (4) Children continuously build their intelligence during interactions based on earlier experiences and new information.³³

Lannert (2015) highlights the economic aspects of early childhood interventions as well. Out of the educational investments, the return of resources invested in early childhood care and education is the highest, since they have an essential impact on later learning and the effectiveness of learning. The rate of return is especially high in the case of disadvantaged children. Therefore, early childhood education not only develops competences, but also establishes the base for effective learning in future.³⁴ Woessmann and Schuetz (2006) state that “in early childhood, returns to educational investments are highest because of their effects on facilitating later learning. In addition, returns to early interventions are particularly high for children from disadvantaged backgrounds who do not receive at home the foundation of skills necessary to prosper at later stages of education. This is so because such interventions do not only build skills, but also lay the foundation that makes later learning more productive due to the complementarities in learning over the life cycle”.³⁵ Therefore *Figure 3* shows that the higher the education level, the lower is the rate of return of the invested financial resources. The decrease can also be recognized in case of children with favorable socio-economic background, but among disadvantaged children the decline is extremely significant (so the rate of return is really high) (*Figure 3*).

Figure 3 Returns to a Euro spent at different levels of education



Source: Woessmann and Schuetz (2006) (Authors’ depiction in adaptation of Cunha et al (2006)).

33 Lannert 2015:5.
 34 Lannert 2015: 6.
 35 Woessmann-Schuetz 2006: 10.

2. Legal frameworks, definitions, general characteristics: early (special) development and early childhood skills development

2.1. Early (special) development, special education and care

In Hungary, based on the Act on National Public Education (2011) **early development** means **special development interventions** in the case of children with special needs, that is, those who are behind in their development or progress. They have significant disadvantages in the field of mental and/or speech development; they face moving, hearing, visual or behavioral problems; they do not have adequate social skills and competences and/or they have difficulties in the field of eating, sleeping or other social abilities. In short, they have different levels of learning, speech, hearing, visual or other physical and mental disabilities. The disadvantages or disabilities must be diagnosed by special professionals (special needs teachers, educators). Based on diagnoses, affected children attend special needs care/education, so called early development until the age of five. The state has the obligation to provide early development services.

Special education has significant history in Hungary. The first special education school was established in 1876, the second in 1902. But during the state socialist regime it was widespread to select and segregate mentally disabled children from the others, which generated among others ethnically based segregation. **Many Roma children were selected and segregated because of their socio-economic background, but not because of disabilities.** After the democratic transition (1990), the Act on Public Education was passed in 1993. It established the system of special education institutions, the network of pedagogical assistance services and pedagogical professional services at a national level. In 1994, a joint ministerial decree regulated training and professional commitments.³⁶

According to the Act on National Public Education (2011) in force today **pedagogical assistance services** (public institutions of specialized pedagogical services) have to provide diagnoses (as a professional diagnostical committee) and prescribe early interventions. These institutions have the compulsory task of supporting the pedagogical and educational work of parents, teachers and relevant institutions (nurseries, kindergartens, primary/elementary schools). They provide comprehensive services free of charge such as special education consulting, early development, education and care, developmental education, educational guidance, speech therapeutic care.³⁷

Pedagogical assistance services employing 5 000 teachers and special professionals provided altogether for more than 452 000 children in 2015/2016 school year and approximately 501 000 children in 2018/2019 school year.³⁸ According to the latest available detailed data **4542 children aged 0-5 years took part in special education consulting, early development, education and care in 2016/2017 school year.** This means that less than 1 percent (0.8%) of the relevant age group had access these kinds of special services.³⁹ 82 percent of them received public services, 18 percent of them used private services. 25 percent of the affected children were being developed in groups, 75 percent of them were taken care of by individual coaching (*Table 1*).

36 Ministerial Order 14/1994. (VI. 24.) MKM.

37 Act on National Public Education (2011); 18. §.

38 Public education statistical first release 2019; Ministry of Human Capacities 2018.

39 HCSO Stadat Table 1.3. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_wdsd009.html.

Table 1 Special education consulting, early development, education and care, 2016/2017

Denomination	Public	Private	Total
Institutions, piece	22	14	36
Sites, piece	189	22	211
Children, capita	3 728	814	4 542
Less than 1 year	513	81	594
1 year	828	237	1 065
2 years	1 105	236	1 341
3 years	835	178	1 013
4 years	350	64	414
5 years	97	18	115
In groups	759	409	1168
Individual coaching	2 969	405	3374

Source: Statistical Yearbook of Public Education 2016/2017

2.2. Early childhood skills development: an approach and a method to decrease socio-economic disadvantages

2.2.1. General characteristics

In Hungary, the notion of **early childhood skills development** was introduced by the Sure Start approach and its local programs in 2004. **It refers to early interventions intending to decrease social and socio-economic disadvantages.** The Sure Start model applied in Hungary is based on the Sure Start Program established in the United Kingdom in 1998. The initiative ‘targeted at parents and children under the age of four living in the most disadvantaged areas. Sure Start projects deliver a wide variety of services which are designed to support children’s learning skills, health and well-being, and social and emotional development.’⁴⁰ In Hungary, the first pilot programs started in 2004 and were implemented in four disadvantaged settlements (one of them was the most disadvantaged district of Budapest). Since then, several so-called **Sure Start Children Houses** have been established in disadvantaged settlements and segregated areas where most of the population live in poverty and social exclusion.

The National Programme to Combat Child Poverty established by the Hungarian Academy of Sciences in 2006 determined seven main areas of intervention.⁴¹ One of them is the development and care aimed at providing better and more equal conditions for

⁴⁰ Department of Education website (UK) <https://www.education-ni.gov.uk/articles/sure-start> .

⁴¹ National Programme to Combat Child Poverty 2006 .

children. The relevant main goals are “to ensure better and more equal conditions for skills and abilities of children to unfold, and to reduce segregation; to improve the level of personal social services and assistance for children and their families”⁴². The overall area includes among others early childhood care, skills development and education, especially in case of disadvantaged families and children. In the framework of the National Programme, in 2006, a complex model program funded by Norway Grants started in a disadvantaged micro-region (the micro-region of Szécsény located in Nógrád County, Northern Hungary). The model program established five Sure Start Children Houses in the micro-region. According to a peer review report of the program, “children may use the services of Sure Start children centres on their own, but it is an important goal to involve parents. The institutions ensure the early skills development of children, offer special services relating to early development, provide an opportunity for parents to acquire parental competences, and help parents to get back to the labour market. (...) The basic idea behind the philosophy of Sure Start children houses is the harmonized cooperation of the specific professions aimed at improving the quality of personal services offered to families with children. To this end, we endeavour to ensure the continuous presence in the children houses of the collaborators”⁴³. After 2008, the pilot program was extended to other disadvantaged micro-regions and settlements in Hungary. In that time, Sure Start Children Houses and the complex programs were financed by EU resources as part of the Social Renewal Operational Programme.

Children Houses targeting children aged between 0-5 years (and their parents as well) became a state-financed service regulated by the Child Protection Act (1997) in 2013. Therefore, the houses belong to the Hungarian primary child welfare/child provision system. According to the Act, the main goal of Children Houses is to provide healthy development for children from disadvantaged socio-economic backgrounds, especially for those who receive regular child protection allowance⁴⁴. It aims to offset the disadvantages and lags of these children, to strengthen parental competences and to provide joint preventive services for parents and children not attending kindergarten or nursery. Sure Start Children Houses have to cooperate with family care and child welfare services, family care and child welfare centers, health visitor services, kindergartens and other relevant local institutions in order to promote children’s successful kindergarten integration and families’ effective social integration.⁴⁵ In 2019, 155 Sure Start Children’s Centers (Houses) operated in Hungary, reaching out to 2150 families and 2380 children. In 2018, 80 percent of involved children belonged to the age group 0-2 years and 20 percent of them were 3-5 years old (*Table 2*).

42 National Programme to Combat Child Poverty 2006: 3.

43 Host Country Report 2010: 15.

44 The regular child protection allowance is a social transfer for low-income families with children. They can receive the allowance if their per capita monthly income is not higher than 135 percent of the minimum old age pension. In case of one-parent families and families with disabled children the income threshold is 145 percent of the minimum old age pension. (Child Protection Act 1997. 19. §).

45 Child Protection Act (1997) 38/A. § (1) and (2) articles.

Table 2 Main indicators of Sure Start Children’s Centers/Houses, 2013-2019

Year	Number of		Number of involved			
	centers/houses	employees	families	children		
				0-2 years	3-5 years	total
2013	58	161	1 312	1 033	408	1 441
2014	114	305	2 341	1 676	831	2 507
2015	111	251	2 211	1 832	631	2 463
2016	112	242	2 334	1 975	603	2 578
2017	112	236	2 221	1 790	656	2 446
2018	116	233	1 998	1 788	449	2 237
2019	155	315	2 151	no data	no data	2 379

Source: HCSO Stadat Table 2.5.6.

https://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsg008b.html

Sure Start Children Houses provide services and programs free of charge, so parents do not have to pay for using the services, but their (especially mothers’) regular participation is required. **According to the original principles, families’ and children’s participation is voluntary**; the staff has the responsibility of involving them with different methods. But nowadays it is a frequent practice that by local decrees, municipalities obligate the participation of children in adversity, especially of those who receive regular child protection allowance. In case of irregular attendance, local governments can punish disadvantaged children and their families by, for instance, revoking local social transfers.

According to the relevant ministerial order, the professional leader of the Sure Start Children House must have specialist professional qualification: teacher, psychologist, social pedagogue or a medical degree. Professionals with other degrees can also lead Houses if they have at least two years of experience gained at a Children House.⁴⁶

Most of the Children Houses have been maintained by municipalities but funded by the central budget since 2013. Some of the services are managed by non-governmental but significant charity organizations. Sure Start Children Houses have operational standards and a mandatory documentary system regulated by the Child Protection Act.⁴⁷

2.2.2. Structural problems and challenges

Sure Start Children Houses have significant accomplishments especially in the field of developing the local community, local professional cooperation and promoting disadvantaged children’s and their parents’ access to social and healthcare services.⁴⁸ Sure Start Children Houses aim at reducing social disadvantages, so these services’ target groups are families and children living in poverty and social exclusion. Most of the Children Houses are located in disadvantaged regions, so the regional targeting is relevant. According to data, **almost 70 percent of the Houses**

46 Ministerial Order. 40/2018. (XII.4). EMMI.

47 Child Protection Act 38/A. §.

48 Balás et al. 2016.

worked in the two target regions (Northern Hungary and the Northern Great Plain) in 2017. Further 22 percent of the houses are located in the other two disadvantaged regions (Southern Transdanubia and the Southern Great Plain) (*Table 3*). Thirty percent of the Houses can be found in small villages (with population up to one thousand), and further 45 percent of them are located in settlements of 1000-5000 inhabitants.⁴⁹

Table 3 Number and distribution of Sure Start Children Houses by regions, 2017

Regions	Number of Sure Start Houses, piece	Proportion of Sure Start Houses, percentage
Central Hungary*	7	6,3
Central Transdanubia	3	2,7
Western Transdanubia	-	-
Southern Transdanubia	12	10,7
Northern Hungary	43	38,4
Northern Great Plain	34	30,4
Southern Great Plain	13	11,6
<i>Total</i>	<i>112</i>	<i>100,0</i>

Source: Keller 2018: 50.

As Judit Keller (2018) emphasizes in her study, the original goal of Sure Start Children Houses is to promote young children’s development in their early years and to strengthen parental competencies with low-threshold services in settlements without adequate child welfare institutions. **In practice, these goals cannot be realized because of several reasons** such as the fact that structural inequalities in the child welfare system result in the disproportion of resources, tasks and capacities and the weakness of the institutional environment aiming at providing high quality services in the field of availability, involved professionals and unequal conditions.⁵⁰

Sure Start Children Houses were established as a result of different projects funded by the EU and Norway grants. In these projects, the annual grant was approximately 10 million HUF per House.⁵¹ In the state-run system, the Houses receive normative subvention from the central budget, the sum of which is not much more than 6 million HUF per year per House.⁵² This means that more than 60 percent of the annual subvention covers the salaries. Therefore, only 40 percent of the subvention can be spent on material and other costs of the original Sure Start approach and goals. According to methodological recommendations, providing healthy and varied snacks/elevenses (with fruits, vegetables etc.) is one of the most significant elements of the services. Professionals declare that the state-run financing is not sufficient for the good-quality meal. In turn, it would be important in the case of disadvantaged children to dispense them with adequate nutrition at home.⁵³

The central financing may ensure long-term sustainability, but it is not enough for the employment of external professionals often demanded in the case

49 Keller 2018: 51.

50 Keller 2018.

51 It was approximately 37 000 Euros at that time’s exchange rates (in 2010).

52 It is approximately 17 500 Euros at today’s exchange rate.

53 Keller 2018., Balás et al 2016.

of disadvantaged children.⁵⁴ Most of these children are frequently unable to access these services (special needs teacher, educators, speech therapist) because of regional inequalities and/or the lack of information, material and non-material resources.

According to the original approach, participation in Children Houses' low-threshold services was voluntary. It was mentioned above that the involvement of disadvantaged children and parents should be the responsibility of professionals working at the Houses. On the one hand, over-regulation can be experienced as the result of state-run financing. On the other hand, local authorities obligate the participation by local decrees. As it was mentioned above, they revoke local social benefits if parents and children do not attend the Children House regularly.

An impact assessment conducted in 2016 highlights that Sure Start Children Houses' **highly important effect is that the parents of disadvantaged children were successfully integrated.** Nevertheless, **it is a significant deficiency that specifically the most disadvantaged Roma families, typically the ones permanently living in deep poverty, could not be reached** (or at least not to the proper extent).⁵⁵

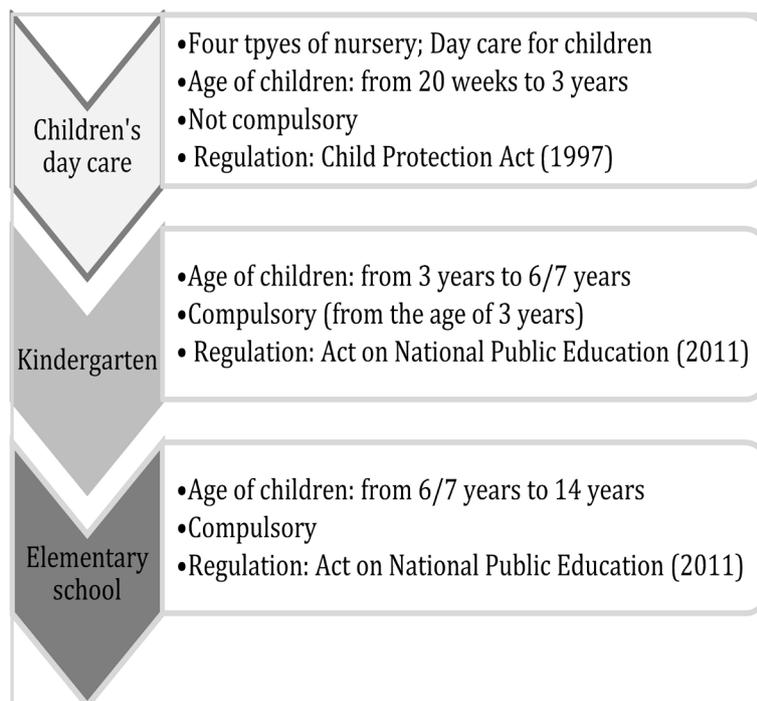
54 Keller 2018., Balás et al 2016.

55 Balás et al 2016.

3. Legal frameworks, definitions, general characteristics of early childhood education and care (nursery, kindergarten, primary/elementary school)

The Hungarian “system of early childhood education and care is bisectoral. The first stage lasts for 0-3 years of age (nursery,) the second stage from the age of 3 to the age of schooling (kindergarten, ISCED level 020). The institutional system of both areas is managed by the Ministry of Human Capacities, but different state secretariats share its responsibility”.⁵⁶ As it was defined in the introduction of the study, according to our interpretation based on international terminology, the Hungarian ECEC includes institutional services targeting children aged 0-8 years. Therefore, **we summarize the main characteristics of the Hungarian ECEC system including pre-school services and institutions** (nursery and kindergarten; children aged 0-5 years), and **the first grades of primary/elementary school** (children aged between 6 and 8). *Figure 4* summarizes the main features of the Hungarian system regarding ECEC.

Figure 4 Structure and main characteristics of the Hungarian institutional system (day care, pre-school and primary/elementary school)



Source: own editing.

⁵⁶ https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-35_en.

3.1. Children's day care, nursery

3.1.1. General characteristics

The first Hungarian infant nursery was established in 1852 in Budapest. It started operating in a flat and aimed to care for working mothers' children aged between 2 weeks and 4 years. In the first year 38 children were enrolled at the nursery, the daily number of children was 10. Because of mothers' increasing labor-market participation, the number of nurseries and enrolled children significantly grew in the second half of the 19th century. According to the first official statistics, in 1938 more than 1 000 children attended nurseries, the number of them was almost 7 300 in 1951, 41 800 in 1970 and approximately 70 000 in 1980. It was the peak, because ten years later, in 1990 the number of enrolled children was 41 000 and only 29 500 in 2000.⁵⁷ The main reason for the decline was the continuously decreasing number of live-births and children. But after the democratic transition, growing unemployment also contributed to the negative tendency.

According to the Child Protection Act passed in 1997, **local authorities must provide for children's day care; settlements with more than 10 000 inhabitants must maintain infant nursery.** Due to a modification in 2017 those settlements where more than forty children aged 0-3 live or at least five children's parents ask for the service must also establish a nursery (mini infant or family nursery).

The optional **children's day care system including nurseries** is regulated by the Child Protection Act (1997). In pursuance of it, children's day care provides daily services, supervision, care, rearing and institutional meals for children, whose parents work or study, or because of their illness or other reason are not able to look after their children. The three main forms of children's day care are the nursery provision, the day care for children and the alternative forms of day care such as playground, playgroup and club programs.⁵⁸ Thus, in Hungary children can be enrolled at different institutions of children's day care system. The most widespread of them is the nursery. **In the nursery provision, complex services must be provided for children under the age of three.** Children can start attending nursery from the age of 20 weeks. Children with special educational needs and children entitled for early development and care can use nursery provision until the age of six years.

The children's day care system underwent changes in 2017. Since then, nursery provision includes various types of nurseries such as infant nursery, mini infant nursery, workplace infant nursery and family infant nursery instead of the only type of nursery (infant nursery) and out-of-school care (family day care).⁵⁹ That is why data sets up until 2016 contain infant nurseries (and out of school cares). The number of infant nurseries significantly increased between 2000 and 2016. In the last data year (2016), 755 institutions operated in Hungary providing almost 40 000 active places. (94 percent of active places were run by local governments.⁶⁰) The number of enrolled children also grew in the analyzed period (between 2000 and 2016). In 2016, more than 38 000 children attended infant nursery; 70 percent of them were younger than 3 years

57 HCSO 2012.

58 Child Protection Act (1997) 41. §.

59 Child Protection Act (1997) 42 - 44/A. §.

60 HCSO Stadat Table 2.5.5.1. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsg005a.html.

old (*Table 4*). In 2000, 91 percent of 5335 subordinate nurses were qualified. The ratio of them went up to 99 percent by 2016.⁶¹ In 2016, 7100 children were enrolled at out-of-school care (family day care), 75 percent of them were younger than three.⁶²

Table 4 Main indicators of infant nurseries, 2000-2016, piece

Year	Number of				
	institutions	active places	enrolled children, total	of which: younger than 3 years old	subordinate nurses
2000	532	24 965	29 561	18 446	5 335
2005	530	23 766	30 230	18 757	5 416
2010	668	32 516	35 782	23 954	6 346
2016	755	39 944	38 123	26 870	7 365

Source: HCSO Stadat Table 2.5.5.1. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsg005a.html

According to the latest data, altogether there are almost 2 000 nurseries in the country (without day care for children, because in this case data indicates only the number of enrolled children and service providers). These institutions operated with 48 700 active places and more than 46 500 enrolled children (included day care for children) in 2019 (*Table 5*).

61 HCSO Stadat Table 2.5.5.1 http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsg005a.html.

62 HCSO Stadat Table 2.5.5.1 http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsg005a.html.

Table 5 Main indicators of different types of nurseries, 2017-2019, piece

Denomination	2017	2018	2019
Infant nursery			
institutions	754	765	789
active places	40 040	40 648	41 205
enrolled children	37 977	38 223	38 611
Mini infant nursery			
institutions	50	85	214
active places	354	625	1 622
enrolled children	346	623	1 556
Workplace infant nursery			
institutions	7	8	9
active places	49	56	70
enrolled children	38	51	54
Family infant nursery			
institutions	938	927	918
active places	6 032	5 840	5 805
enrolled children	5 732	5 680	5 668
Day care for children			
enrolled children	792	740	680
service provider	270	220	154

Source: HCSO Statat Table 2.5.5.2 http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_fsg012.html

Institutions of children’s day care are not compulsory, and parents must pay a regular fee and the meal costs. The measure of the fee depends on the per capita income of the household (family). Families are exempt from usage fee in the following cases: children receiving regular child protection allowance; families with three or more children; disabled children or children with chronic disease; children provided by the child protection system. Families do not pay for meal if children receive regular child protection allowance; they have three or more children or disabled children or children with chronic disease; and if their per capita monthly income is not higher than 130 percent of the minimum wage. In 2017, 66 percent of enrolled nursery children were entitled to have free meals⁶³.

The nursery staff includes an ‘infant and early childhood educator’ with at least a bachelor’s degree and a nurse with the relevant qualification (100-hour course in defined by the National Qualification Register). “Granting an operating license to a nursery is dependent on adopting a suitable curriculum, which is regulated by a ministerial decree (15/1998) and the National Core Curriculum of Nurseries.”⁶⁴ The operational conditions are also regulated by ministerial decree (6/2016).⁶⁵

Most of the nurseries are municipality-run: **90 percent of infant nurseries and 62 percent of mini infant nurseries are maintained by local governments/municipalities.** Only four percent of infant nurseries are maintained by non-governmental organizations

63 HCSO 2018a.

64 Bárány-Paszkosz 2012: 8.

65 Ministerial decree 6/2016. (III.24.) EMMI.

(foundations, associations, non-profit organizations), and almost 3 percent of them are run by different churches. The rest is maintained by other organizations or institutions such as minority self-governments or central budget institutions. In the case of mini infant nurseries, the proportions are the following: 26 percent of the institutions are managed by non-governmental organizations (foundations, associations, non-profit organizations), and 12 percent of them are maintained by churches. The situation is disparate in the case of family nurseries: in 2018 71 percent of family nurseries were maintained by non-governmental organizations/companies, and 10 percent of them were managed by churches. The proportion of municipality-run family nurseries is not more than 13 percent. In 2018 there were only eight workplace nurseries in Hungary, almost each of them (7 institutions) are operated by municipalities (1) and central budget institutions (6).⁶⁶

3.1.2. Structural problems and challenges

On the one hand, important developmental directions can be recognized in order to reduce regional inequalities and the significant lack of active places. On the other hand, **compared to EU target numbers** (accepted in the Barcelona European Council in 2002), **we have a strong lag**. “Member States should remove disincentives for female labour force participation and strive, in line with national patterns of provision, to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age”.⁶⁷ In 2010, Hungary provided institutional (formal) childcare to only 13 percent of children aged 0-2 years; the ratio was 17 percent in 2014⁶⁸, and the situation has not improved since then. 18 percent in 2016⁶⁹ and less than 17 percent in 2019 (the average in the EU28 countries was 35 percent in 2018; the Slovak ratio was 11 percent in 2018).⁷⁰ In 2018, 25 percent of the corresponding age group could not access childcare at their own residence, which means 70 000 children aged 0-2 years.⁷¹ The ratio has declined by 2019 (22 percent; 63 000 children).⁷² It is also important to mention that 88 000 parents cannot work because of the lacks in nursery system.⁷³

Moreover, nurseries are relatively expensive institutions targeting the middle class (living in urban areas, having jobs and adequate income) in order to increase mothers' employment rate. Most of adequate maternity benefits are also designed to support parents (especially mothers) with permanent and safe labor market participation. That is why disadvantaged (unemployed, rural, poor) families are generally excluded from the nursery system. This statement is corroborated by the fact that **only less than 3 percent of enrolled children were disadvantaged or multiple disadvantaged in 2018 and in 2019**.⁷⁴ According to the Child Protection Act (1997) disadvantaged children are those who are entitled for regular child protection allowance (therefore they live in low-income

66 HCSO 2019a.

67 Presidency Conclusions Barcelona Council, 20 March 2002. https://ec.europa.eu/commission/presscorner/detail/en/PRES_02_930 .

68 HCSO 2018a., The Office of the National Assembly 2019.

69 HCSO 2018a.

70 Eurostat <https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00185&plugin=1> .

71 HCSO 2019a.

72 HCSO 2019b.

73 The Office of the National Assembly 2019.

74 HCSO 2019a, HCSO 2019b.

family) and have low-qualified or unqualified parents; or their parents are permanently unemployed; or they live in poor housing environment and conditions such as segregated areas. Multiple disadvantaged children are those who are entitled for regular child protection allowance; and at least two of the three criteria pertain to them.⁷⁵ (The definitions are the same in the case of children attending kindergarten and school.)

As *Table 6* indicates, **the regional distribution of active nursery places and enrolled children is unequal**. In 2019 almost 30 percent of the active places and enrolled children were in the capital, 12 percent of places and children could be found in Pest County (with 1.2 million inhabitants). 13 percent of active places and 14 percent of enrolled children were in the Northern Great Plain (whose population is 1.46 million). And we can find only 7.8 percent of active places and 7.6 percent of enrolled children in Northern Hungary where 1.126 million people live.

The comparison is limited as data is available only on the number of 0-2-year-old children from 2018, but it can indicate the severe inequalities. In Central Hungary (Budapest and Pest County), 21.2 percent of the corresponding age group attend nursery. This ratio is 13 percent in the Northern Great Plain and less than 10 percent in Northern Hungary. The country-wide average is also very low, only 16.2 percent (*Table 6*). It is necessary to emphasize that 34 percent of children who were rejected because of the lack of active places live in the two target regions (Northern Hungary and the Northern Great Plain).⁷⁶

Table 6 Number and distribution of active nursery places and enrolled children by regions, number of the population aged 0-2 years (2018), ratio of enrolled children by regions, 2019

Regions	Active places		Enrolled children		Popula- tion aged 0-2 years, 2018*	Ratio of enrolled children/ 0-2-year- old chil- dren
	number, piece	distribution, percentage	number, capita	distribution, percentage		
Budapest (region)	13 760	28.3	12 447	27.1	85492	21.2
Pest County (region)	5 977	12.3	5 657	12.3		
Central Transdanubia	4 707	9.7	4 572	9.7	30228	15.1
Western Transdanubia	4 458	9.2	4 254	9.3	26035	16.3
Southern Transdanubia	3 177	6.5	3 033	6.6	24141	12.6
Northern Hungary	3 809	7.8	3 492	7.6	36440	9.6
Northern Great Plain	6 339	13.0	6 062	13.2	46681	13.0
Southern Great Plain	6 475	13.3	6 372	13.9	34605	18.4
<i>Total</i>	<i>48 702</i>	<i>100.0</i>	<i>45 889</i>	<i>100.0</i>	<i>283622</i>	<i>16.2</i>

Source: HCSO Stadat Table 6.2.4.1.2. http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg018.html

*Source: TEIR database https://www.teir.hu/rqdist/main?rq_app=tdm_nd&rq_proc=main

75 Child Protection Act 1997. 67/A. §.

76 The Office of the National Assembly 2019.

3.2. Kindergarten and primary/elementary school

3.2.1. General characteristics

Kindergarten

Kindergartens have an almost two-hundred-year history in Hungary. The first such institution was established by Teréz Brunszvik in Budapest in 1828. It was the first kindergarten not only in Hungary, but in Central-Europe as well. The second and the third institutions also started operating in the capital. The first kindergartens' curricula/pedagogic programs contained primary/elementary school requirements. Children learned a lot in Hungarian and in German, but they also went on excursions and engaged in handcraft as well. It is important to note that Teréz Brunszvik aimed to include especially disadvantaged children. (The first German name of the institutions 'Kleinkinder-Asyle' referred to this goal.)⁷⁷ As a result of Brunszvik's work, a widespread kindergarten movement was established in that time. It was funded by committed, philanthropic individuals, and aimed to establish more and more kindergartens at several points of the country.⁷⁸

Kindergarten is part of ECEC and it is at the same time **the first level of the Hungarian public education system.** Therefore, the system providing institutional full-day care for three to six - -year-old children is regulated by the Act on National Public Education (2011). According to the act, kindergartens accept children from the age of three to their school age. It means that children attend kindergarten until the age of six or seven. Before 2015, this level of pre-school education was compulsory from the age of five, but due to an amendment to the Act on National Public Education children have to be enrolled compulsorily at kindergarten at the age of three.⁷⁹ These mandatory institutions gradually prepare children for school education.

In the 2019/2020 school year there were 4 608 kindergartens providing more than 386 000 active places for 330 500 children in Hungary. (Less than 1 percent of them are educated in special education.)⁸⁰ As *Figure 5* shows, the proportion of kindergarten-age children (3-6 years) attending kindergarten is high (more than 90 percent) among children aged four and five. Due to the above-mentioned modification on the one hand the participation of children aged three has increased since 2015. On the other hand, children must attend primary/elementary school from the age of six. That is why the proportion of six-year-old children attending kindergarten has declined since 2015 (*Figure 5*).

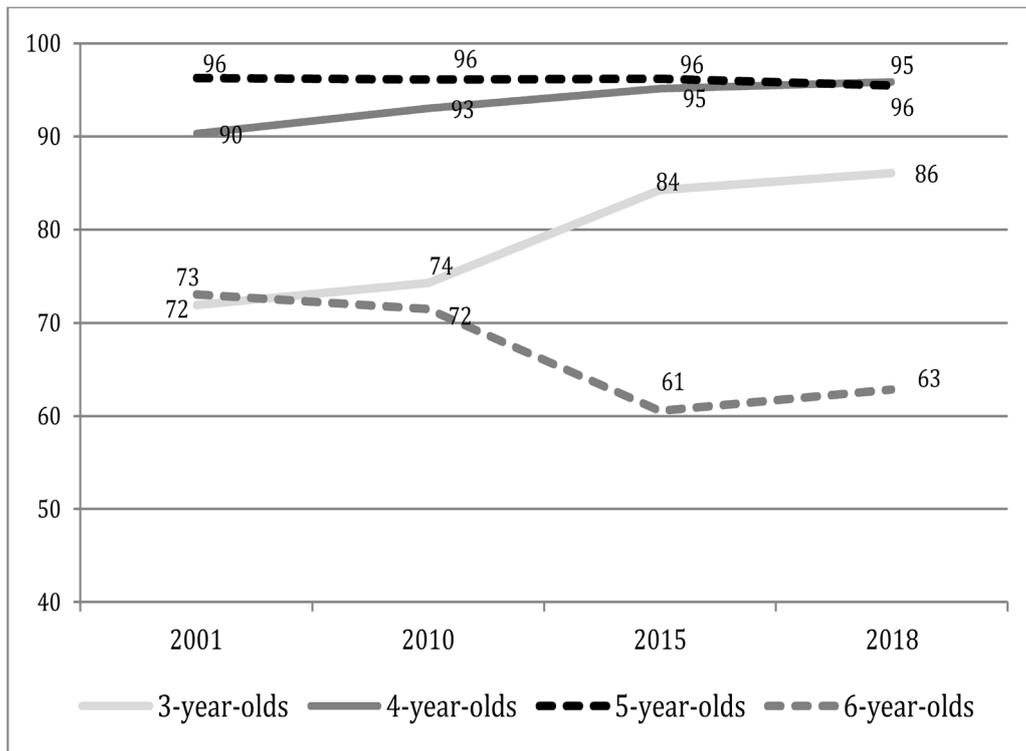
77 Molnár et al. 2015.

78 Komjáthy 2012.

79 According to law, children must go to kindergarten from the first of September of the year, when they reached the age of 3 until that year's August 31st.

80 HCSO Stadat Table 2.6.4. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_zoi001.html .

Figure 5 Proportion of kindergarten-age children attending kindergarten, 2001, 2010, 2015, 2018, percentage



Source: Centre for Economic and Regional Studies. Data of indicator C1.1.
https://www.mtaki.hu/wp-content/uploads/2020/01/C1_1_english.xlsx

It is also important to note that **the Hungarian policy does not encourage attendance but punishes irregular participation.** The so-called kindergarten attendance allowance as a conditional cash transfer (with monthly cash transfer) encouraged kindergarten participation in the case of disadvantaged and multiple disadvantaged families between 2009 and 2015. Instead of the supportive transfer **the universal family allowance can be revoked in the case of irregular kindergarten attendance since 2015.**

Parents do not pay a fee for compulsory kindergarten, but they have to cover meal and several additional costs. Families are exempt from meal costs in the following cases: children are entitled for regular child protection allowance; families with three or more children; disabled children or children with chronic disease; the per capita monthly income in the family is not higher than 130 percent of the minimum wage. Detailed data is not available, but due to an expansion of institutional free meals in 2015, approximately 90 percent of nursery and kindergarten children eat free of charge.⁸¹ In practice, kindergartens often ask for different cash or in-kind contributions from parents (such as ‘group money’, sanitary package, various program costs, etc.).

A bachelor’s degree (kindergarten teacher) is required to hold professional positions in kindergarten. Kindergarten nurses need to complete an adult education course defined by the National Qualification Register. Kindergarten “programme is building on internationally recognized educational practices. Taking into account the values of the Fundamental Law of Hungary and the obligations assumed in international treaties signed by Hungary, the National Core Programme of Kindergarten Education is the framework

⁸¹ Infobriefing 2015.

for all kindergarten education programmes in all institutions providing kindergarten care, regardless of the maintainer.”⁸²

In the 2019/2020 school year **81 percent of kindergartens are maintained by municipalities/local governments**; 8 percent of them are operated by churches and their related organizations. More than a tenth (11%) of kindergartens is run by other types of institutions and organizations (mainly nationality self-governments, non-governmental organizations and school district centers).⁸³

Primary/elementary school

The next level of the Hungarian public education system is primary/elementary school. Hungarian public education has a long history but it is not relevant for the purposes of the present study. It is sufficient to mention that the first public education act was passed in 1868. It established the Hungarian education system, strengthened the state’s controlling function in schools (to the detriment of church-run institutions) and obligated attending school for children aged between 6 and 12.

In our current system, children become pupils when they start attending primary/elementary school at the age of six. They have to complete eight grades by the age of fourteen. The Act on National Public Education declares that **primary/elementary schools must provide elementary education based on national standardized requirements and outcomes.**⁸⁴ In the 2019/2020 school year 3 600 primary/elementary schools operate in Hungary, the number of pupils is 723 500. 13 percent of them study in the first grade (so 91 000 children are six or seven years old), and 2.2 percent of them are in special education.⁸⁵ (We do not have data on the number of pupils attending the second grade.)

Mandatory public primary school is free of charge, but parents have to pay numerous additional costs (such as ‘group or class money’, program costs etc). Families receiving regular child protection allowance do not pay for meals, and they must pay 50 percent of meal costs if they have three or more children or at least one disabled child. More than one fifth (21 percent) of elementary school students were entitled to get free meals in 2018. The proportion was significantly higher in 2010 (29 percent).⁸⁶

Primary/elementary school teachers must have at least a bachelor’s degree gained at college or university. But in practice, especially in disadvantaged villages, there is a significant lack of qualified teachers, so unqualified teachers work at several schools in Hungary. Pedagogical programs of schools are regulated by the national curriculum determined in the edict 110/2012.⁸⁷ This edict is based on the Act on National Public Education (2011). Schools must follow the strongly centralized guidelines and programs defined by the national curriculum and they do not have effective opportunities to implement their own local curricula.

In the 2019/2020 school year most (77%) of the primary/elementary schools are maintained by school district centers as part of the state administration. Further 15 percent of the institutions are operated by churches and their organizations. The rest (8%) is

82 European Commission; Hungary – Early Childhood education and care https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-35_en.

83 HCSO Educational statistics 2019/2020.

84 Act on National Public Education 10.§.

85 HCSO Stadat Table 2.6.5. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_zoi002a.html.

86 KRTK KTI 2019: 28-30.

87 110/2012. (VI.4.) Edict.

maintained by other institutions and organizations such as nationality self-governments, non-governmental organizations and higher education institutions.⁸⁸ It is important to note that due to the strongly centralized education system, the role of non-governmental organizations (associations, foundations) has been decreasing for years.

3.2.2. Structural problems and challenges

According to data on Hungary of the Roma Inclusion Index, **there is no significant difference between the rate of Roma and non-Roma children provided by pre-school education.**⁸⁹ Roma children's lagging begins slightly later in the upper classes of primary school, and mostly in secondary school, and becomes significant as well as often irreversible. On the one hand, there is no significant problem in the field of access to kindergarten. But on the other hand, remarkable disparities can be experienced in the field of kindergartens' qualities by regions and settlement types. The other alarming and increasingly widespread phenomena are kindergarten pre-selection and selection processes, which aim at the segregation of Roma children.⁹⁰

In Hungary, 2 percent of kindergarten-age children lived in settlements without a kindergarten in 2017. The proportion of school-age children living in settlements without primary/elementary school was 5 percent in 2017. The six counties located in the target regions have similar ratios in the field of kindergarten (between 0-4 percent) and primary school (between 0-12 percent).⁹¹ The ratio of settlements without kindergarten and/or primary/elementary school is much higher than the proportion of children living in these settlements. **31 percent of Hungarian settlements did not have a kindergarten and 43 percent of them did not provide for primary education in 2017.** Moreover, the tendency was deteriorating between 2001 and 2017 (*Figure 6*). The situation of the counties located in the target regions is generally not less satisfactory than the country-wide averages.⁹² At the same time, **there are numerous small settlements, villages without kindergarten, especially in disadvantaged areas of Hungary.** Almost the half of the affected settlements are defined as so-called ghetto-villages where most of the inhabitants are Roma and experience deep poverty and social exclusion.⁹³ Many of these villages can be found in the two target regions.

88 HCSO Educational statistics 2019/2020.

89 Bojadjieva et al. 2015.

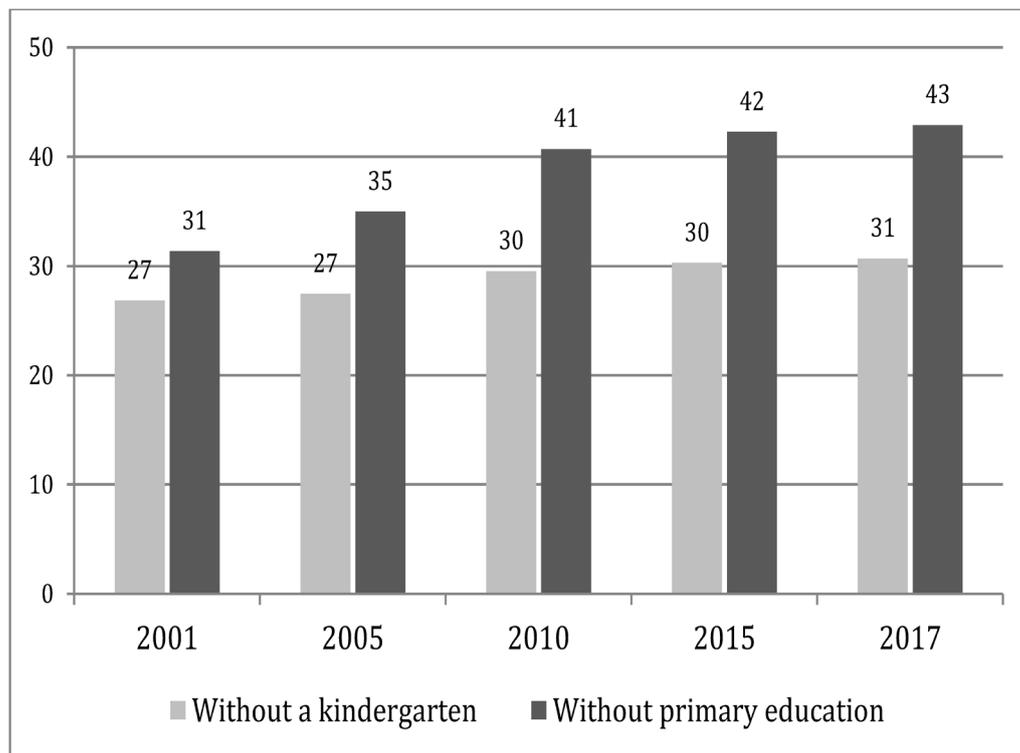
90 Zolnay 2018: 229.

91 Source: Centre for Economic and Regional Studies. Data of indicator C1.4. https://www.mtaki.hu/wp-content/uploads/2020/01/C1_4_english.xlsx .

92 Source: Centre for Economic and Regional Studies. Data of indicator C1.3. https://www.mtaki.hu/wp-content/uploads/2020/01/C1_3_english.xlsx .

93 Havas 2008: 126.

Figure 6 Proportion of settlements without a kindergarten or general school, 2001-2017, percentage



Source: Centre for Economic and Regional Studies. Data of indicator C1.3.
https://www.mtaki.hu/wp-content/uploads/2020/01/C1_3_english.xlsx

12 percent of children attending kindergarten are defined as disadvantaged or multiple disadvantaged in 2020. This means altogether 39 500 children from disadvantaged socio-economic background; one-third (32.2%) of whom live in Northern Hungary and 34 percent of whom live in the Northern Great Plain. That is, **two-thirds of disadvantaged or multiple disadvantaged kindergarten children live in the two target regions.**⁹⁴

School segregation has been an important characteristic of the Hungarian education system for several decades. Segregation affects both disadvantaged Roma and non-Roma pupils, and has a strongly ethnic characteristic. According to Gábor Kertesi (2018), the number of so called Roma schools, where the ratio of Roma pupils is more than 50 percent, increased from 247 to 359 between 2007 and 2016. It also means that the proportion of Roma children who attended these segregated institutions increased from 35 percent to 46 percent during the ten-year period. The ratio is 57 percent in the Eastern part of Hungary where the two target regions are located.⁹⁵

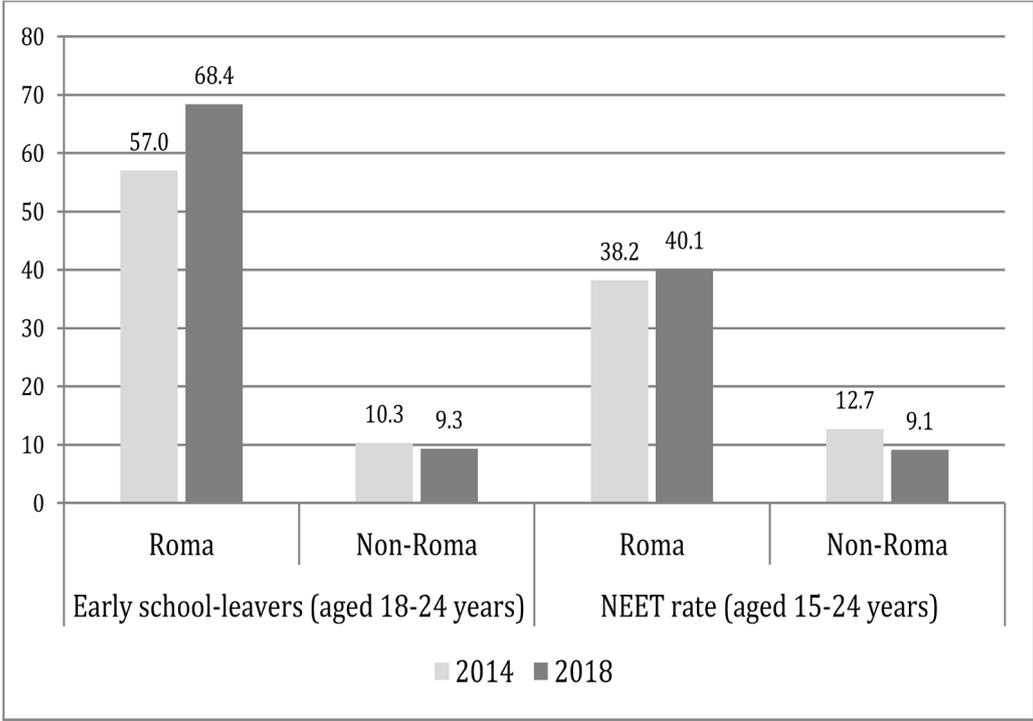
Due to its strong correlation with disadvantaged socio-economic background and the lack of (efficient and high-quality) early childhood services and interventions as well as the selective pre-school and primary/elementary school system, most of the Roma pupils drop out of the education system or follow their studies only at vocational training school.

94 Based on: HCSO Statat Table 2.6.4. http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_zoi001.html ENIC/NARIC Hungary, Educational Authority's statistics https://www.oktatas.hu/kozneveles/kozerdekuadatok/!Kozerdeku_adatok/oh.php?id=letoltes&tema=kozerdeku&f=hh_hhh_megyei_kimutatas_2020_02_07.xls .

95 Kertesi 2018.

The ratio of Roma pupils in primary/elementary school is 14 percent and 26 percent in vocational training school; the ratio of them is only 3 percent in academic secondary/secondary grammar-school.⁹⁶ Therefore, most of the Roma students do not have a chance for further education and to get a university or college degree. **The disparities, depending on among others early childhood interventions,** between Roma and non-Roma young people’s school performance and other relevant outcomes are shocking. Between 2014 and 2018 the ratio of Roma early school-leavers increased from 57 percent to 68 percent; the non-Roma population’ rate is only 9-10 percent. Moreover, 40 percent of Roma young people are neither in employment nor in education or training (NEET-rate) (*Figure 7*).

Figure 7 Early school-leavers and NEET rate in the Roma and non-Roma youth population, 2014, 2018, percentage



Source: HCSO 2018b: 8.; Bakó-Lakatos 2019: 24.

96 Centre for Economic and Regional Studies. Data of indicator A2.8.1. https://www.mtaki.hu/wp-content/uploads/2020/01/A2_8_english.xlsx .

3.3. A significant supplementary service: the health visitor network

According to its definition, the health visitor network is not part of early childhood education and care, but it is necessary to mention because of **its significant role in health promotion and prevention in (early) childhood**. The Hungarian health visitor network has a more than hundred-year history. The National Stefánia Association was established in 1915 in order to decrease infant mortality and to increase the number of live births in Hungary. The Association and its successor the Health Visitor Service aimed at supporting the life of pregnant women and families with children, ensuring healthy development of embryos and children. The Hungarian Health Visitors' Association was founded after the democratic transition in 1991.⁹⁷ The college-level health visitor training was established in 1975.

In Hungary, as part of the primary health services, **health visitors have competencies for parental care and infant and child care until the age of fourteen**. They also closely cooperate with pediatricians and other relevant professionals and services. The "health visitor cooperates in planning, developing, executing and evaluating health and social care services. (...) She/he performs family planning counselling, preparation for motherhood and parenthood, and targeted care for pregnant women. She/he teaches the methods of breastfeeding. She/he monitors the status and development of premature and new-born babies, healthy and endangered infants. She/he performs organisational tasks related to vaccination and provides for community health care for children and youngsters."⁹⁸ Tasks and responsibilities of the health visitors are regulated by the Primary Health Care Act (2015/CXXIII) and the Ministerial Order 49/2004. (V. 21.). According to these documents, the main tasks related to our topic are to care for children from their birth until school age; health visitor activities in kindergarten and school; to cooperate with social, public educational, family and youth services and other relevant sectors and to participate in the child protection warning system. Health visitors must have a health visitor bachelor's degree.

We need to distinguish between the roles of the **territorial health visitor** and the **school health visitor**. Territorial health visitors work in districts determined by law and provide health visitor tasks in kindergarten as well. They cover the whole territory of the country; the health visitor services are available at each of the Hungarian settlements. School health visitors provide services for pupils/students aged between 6 and 18 (and for young people older than 18 years who participate in full-time secondary education). They are responsible for school-based healthcare tasks, relevant screening tests and vaccinations as well as for registering and monitoring children with special needs.⁹⁹

According to available data, the number of active health visitor roles was 4784 in 2018. The change was not significant between 2000 and 2018 (the number was 4809 in 2000).¹⁰⁰ Detailed data is not available but it is necessary to note that a few hundred health visitor statuses are vacant, especially in disadvantaged small settlements and villages. The health visitor services are granted by healthcare providers owned mainly by the state, municipalities or other administrative bodies (county self-governments, sustaining associations of municipalities). It can be known that most of the health visitor services are maintained by municipalities or local self-governments.

97 Association of Hungarian Health Visitors website <https://mave.hu/index.php> .

98 The EU Single Market. Regulated professional database. https://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=regprof&id_regprof=33217 .

99 The Office of the National Assembly 2018.

100 TEIR database https://www.teir.hu/rqdist/main?rq_app=tdm_nd&rq_proc=main .

4. Main characteristics of the target regions and the target group

4.1. Northern Hungary and the Northern Great Plain

Hungary has eight regions (at NUTS2 level), and four of them are determined as disadvantaged regions (Northern Hungary, Northern Great Plain, Southern Great Plain, Southern Transdanubia) (*Figure 8*). According to the Hungarian Central Statistical Office (HCSO) almost half of Hungary's population (4 700 000 people) lives in the four disadvantaged regions. Northern Hungary has 1 126 000 inhabitants which constitutes 12 percent of the total population in Hungary. The population of the Northern Great Plain is 1 460 000 (15 percent of the country's population). The two target regions have joint borders with Slovakia, Ukraine and Romania.

Figure 8 NUTS2 regions in Hungary, 2019



Source: HCSO Regional Atlas http://www.ksh.hu/regionalatlas_regions

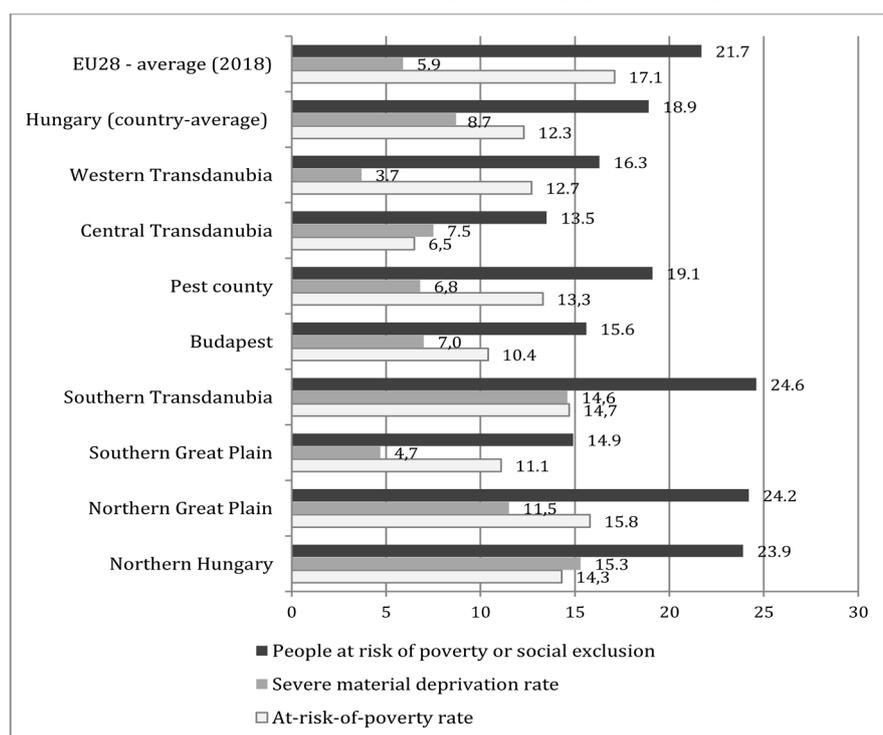
All the Hungarian disadvantaged regions belong to the poorest twenty regions of the European Union. Their GDP per capita is lower than the half of the EU's average. Northern Hungary's and the Northern Great Plain's disadvantaged position is represented by numerous indicators. For instance, **Northern Hungary has the highest regional standardized death rates from chronic diseases among the 272 EU regions** (at NUTS2 level). The Northern Great Plain has the fifth highest rate in this ranking.¹⁰¹

¹⁰¹ European Union 2018.

The EU 2020 Strategy has several indicators that monitor the member states' and the EU's progress. Among others the **at-risk-of-poverty rate, the rate of (severe) material deprivation**, and as a complex indicator **the ratio of people experiencing poverty or social exclusion**. (The latter is one of the headline indicators of the EU2020 Strategy).¹⁰² These indicators are relevant for us, and thus we use them to describe the target regions' and the target group's situation.

According to the Eurostat database, the ratio of people experiencing poverty or social exclusion in Hungary is the highest in Southern Transdanubia (24.6%), but it is closely followed by the Northern Great Plain (24.2%) and Northern Hungary (23.9%). The Hungarian average was 18.9 percent in 2019, while the average of the EU28 was 21.7 percent in 2018. The relative poverty rate (at-risk-of-poverty rate) is the highest in the Northern Great Plain (15.8%) and the third highest in Northern Hungary (14.3%) after Southern Transdanubia (14.7%). The country's average was 12.3 percent in 2019, while the EU28's average was 17.1 percent in 2019. **The ratio of severe material deprivation is the highest in Northern Hungary (15.3%) and the third highest in the Northern Great Plain (11.5%)**. Between the two target regions we can find Southern Transdanubia again (*Figure 9*).

Figure 9 At-risk-of-poverty rate, severe material deprivation rate, people at risk of poverty or social exclusion by NUTS2 regions, Hungary-average (2019) and EU28-average (2018), percentage



Source: Eurostat database. Population and social conditions. Living Conditions and welfare. <https://ec.europa.eu/eurostat/data/database>

102 See the detailed definitions: Eurostat Glossary: At-risk-of-poverty rate https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At-risk-of-poverty_rate .

Eurostat Glossary: Material deprivation. https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Material_deprivation .

Eurostat Glossary: At risk of poverty or social exclusion. [https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At_risk_of_poverty_or_social_exclusion_\(AROE\)](https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At_risk_of_poverty_or_social_exclusion_(AROE)).

4.2. Target group: disadvantaged children aged 0-8 years

As it has been defined in the introduction, **the target group means the beneficiaries, the recipients of ECD and ECEC. We focus on children aged between 0-8 years, especially on disadvantaged, Roma (and non-Roma) children living in the two target regions.** On the one hand, data illustrating the situation of this group is not widely available. It is always difficult to find current and detailed statistics on Roma people, especially Roma children. It is known that the Hungarian Central Statistical Office has been collecting data by ethnic origin for a few years, but it publishes only some of it. On the other hand, as far as possible we attempt to collect and analyze available demographic, social and socio-economic data, indicators and information in order to describe the circumstances of the target group.

The Hungarian Central Statistical Office's statistics indicate that more than 1.7 million children aged 0-17 live in Hungary (2020). Almost half of them, approximately 830 000 children belong to the age group of 0-8 years.¹⁰³ **The number of children aged between 0-8 years is more than 226 000 in the two target regions (Table 7).** Therefore, 27 percent of the corresponding age group lives in the two disadvantaged regions. According to administrative definitions, more than 102 000 children can be defined as disadvantaged and 107 000 as multiple disadvantaged children in Hungary. As it was mentioned above, this means that they live in a low-income family, they have low-qualified, unqualified parents and/or they live in poor housing conditions. **More than half (55%) of disadvantaged and 72 percent of multiple disadvantaged children live in Northern Hungary and the Northern Great Plain (Table 7).** The proportions refer to the fact that significant problems can be identified regarding early childhood education and care in the two target regions.

Table 7 Number of 0-8-year-old children by age and number of children by socio-economic background in Northern Hungary and the Northern Great Plain and in Hungary, 2019, 2020, capita

Age (year)	Region, 2019*		Hungary, 2020**
	Northern Hungary	Northern Great Plain	
less than 1 year	11 739	14 840	92 521
1 year	11 582	14 905	92 924
2 years	11 507	15 288	94 481
3 years	10 921	14 395	95 655
4 years	11 151	14 555	92 656
5 years	10 452	13 776	93 909
6 years	10 512	13 606	90 576
7 years	10 228	13 157	91 821
8 years	10 450	13 333	88 971
<i>Total</i>	<i>98 542</i>	<i>127 855</i>	<i>833 514</i>

103 HCSO Stadat Table 1.3. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_wdsd009.html.

Socio-economic background, 2018***			
Disadvantaged children	24 804	31 918	102 858
Multiple disadvantaged children	37 148	40 380	107 069

Sources:

* Eurostat. *Population and social conditions. Demography and migration. Population.*

Regional data. <https://ec.europa.eu/eurostat/data/database>

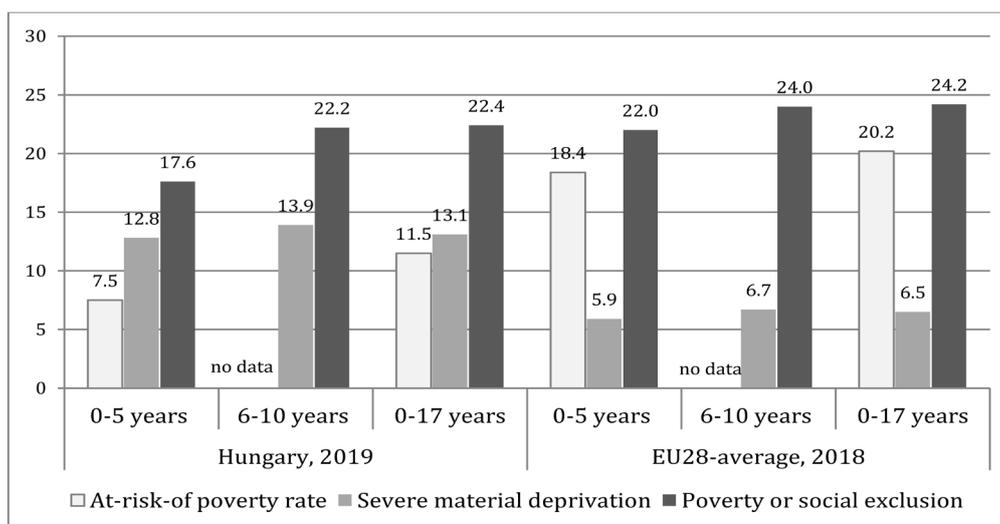
**HCSO Stadat Table 1.3. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_wdsd009.html

***HCSO Stadat Table 6.2.4.3. https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg016.html

It is known from HCSO and Eurostat databases that the child poverty rate (the ratio of children aged of 0-17 years living in monetary poverty) was 11.5 percent in Hungary in 2019, while the average of EU28 countries was 20.2 percent in 2018. In Hungary, 13.1 percent of children were affected by severe material deprivation and 22.4 percent of them experienced poverty or social exclusion in 2019. The EU's averages were 6.5 percent and 24.2 percent in 2018 (*Figure 10*). It is important to note that the Hungarian tendencies have been improving since 2014-2015, but the reasons for this are not clearly known yet. But according to another method, more than one-third of Hungarian households live below the subsistence minimum level.¹⁰⁴

In Hungary, 12-14 percent of children aged of 0-5 and 6-10 years live in severe material deprivation, which means they face material lacks in several areas of life. **The ratio of children affected by poverty or social exclusion is 17.6 percent in the age group of 0-5 years and 22.2 percent in the following age group (6-10 years).** The complex indicator shows the ratio of those who live in monetary poverty and/or experience severe material deprivation and/or live in a very low work-intensity household. In short, it refers to multiple socio-economic disadvantages (*Figure 10*).

Figure 10 At-risk-of-poverty rate, severe material deprivation and poverty or social exclusion among the age groups between 0-5, 6-10 and 0-17 years, Hungary (2019), EU28-average (2018), percentage



Source: Eurostat database. *Population and social conditions. Living Conditions and welfare.*

<https://ec.europa.eu/eurostat/data/database>

We have information from earlier surveys conducted in micro-regions located in the two target regions. According to these local studies, approximately **50-70 percent of children aged 0-17 lived in monetary poverty in the disadvantaged areas of Hungary in 2013 and/or in 2014.**¹⁰⁵ In that time, these rates were two to three times higher than the country-wide average. In 2018-2019, child poverty rate was 40-44 percent in two micro-regions situated in Northern Hungary (in Nógrád County)¹⁰⁶ the national rate was 12 percent in 2018.¹⁰⁷

It is also difficult to obtain current data on the situation of Roma children. HCSO's statistics provide information only about the total population by ethnic origin. Therefore, we can only use earlier data to illustrate the inequalities between Roma and non-Roma children in the field of poverty and social exclusion. Anyway, shocking disparities between the Roma and non-Roma population can be extrapolated from HCSO data from 2018. **38.4 percent of the Roma population live in poverty**, while the non-Roma population's rate is 11.4 percent. **More than 40 percent of the Roma population lives in severe material deprivation**, while the non-Roma population's rate is 7.5 percent. Almost two-thirds (63.2%) of Roma people and 'only' 17.3 percent of non-Roma population are affected by poverty or social exclusion.¹⁰⁸ According to the earlier data presented here, **almost 70 percent of Roma children lived in poverty, 28.3 percent of them lived in deep poverty, and 73.1 percent of them was affected by severe material deprivation in 2013** (Table 8). (Based on the improving tendencies experienced in the last few years, data may be better today, but the disparities between Roma and non-Roma children have not decreased.)

Table 8 At-risk-of-poverty rate and severe material deprivation among Roma and non-Roma children, 2013, percentage

Children by ethnic origin	At-risk-of-poverty rate		Severe material deprivation rate
	threshold: 60%	threshold: 40%	
	of median equivalised income		
Roma children	68.1	28.3	73.1
Non-Roma children	20.1	5.6	28.2
Total: children aged 0-17 years	24.6	7.7	32.3

Source: Farkas (2015) based on HCSO 2014

It is well-known that **poor housing conditions and housing deprivation significantly correlate with different dimensions of social exclusion.** The lack of public utilities (especially water, electricity), bathroom and flushing toilet, the lack of adequate space and privacy adversely influence children's development and performance. In 2019, 17.3 percent of Hungarian children aged 0-17 years lived in severe housing deprivation, which means overcrowded home and leaking roof, or the lack of bath/shower and indoor toilet or too dark flat/house.¹⁰⁹ **The severe housing deprivation rate is 13.6 percent among**

105 Farkas 2015.

106 Farkas-Szécsi 2019.

107 HCSO Stadat Table 2.2.2.1. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_zaa007.html.

108 HCSO Stadat Table 2.2.2.1. http://www.ksh.hu/docs/eng/xstadat/xstadat_annual/i_zaa007.html.

109 Eurostat Glossary: Severe housing deprivation rate https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Severe_housing_deprivation_rate.

children aged between 0-5 years and 18.9 percent in the following age group aged 6-11 years old. Furthermore, almost 30 percent of children (aged 0-17) living in poverty are affected by severe housing deprivation.¹¹⁰

In Hungary, residential segregation affects a significant portion of Roma people, especially in the two target regions. They live in rural Roma settlements or urban ghettos strongly affected by housing deprivation and multidimensional social exclusion. There is no exact data, but approximately 300 thousand people live in slums and segregated settlements in Hungary; a significant section of whom are Roma. According to an earlier study, the two most affected regions are Northern Hungary and the Northern Great Plain; 30-50 percent of the settlements and 6-7 percent of the population are affected in these areas.¹¹¹

110 Eurostat database. Population and social conditions. Living Conditions and welfare. <https://ec.europa.eu/eurostat/data/database>.

111 Domokos-Herczeg 2010.

5. Relevant interventions, programs, initiatives and good practices (summary)

5.1. Public services and interventions

5.1.1. Institutional services

Sure Start Children Houses can be determined as good practices because they intend to involve disadvantaged and marginalized Roma and non-Roma children together with their parents. The services established by EU and Norway funds became the parts of the public child-welfare and childcare system in 2013. This can be emphasized as a significant milestone, but in practice several problems, institutional lacks and challenges can be identified. That is why **it is not easy to identify Sure Start implementation as best practice or as good practice. But the approach, the methods and the original initiative may be determined as a significant good practice targeting children from disadvantaged socio-economic background.**

Hungarian **nurseries** have a long history and tradition. The institutes belonging to the public child welfare and childcare system have remarkable functions in the fields of early childhood education and care, socialization and parents' employment opportunities. But as we highlighted, nurseries are maintained mostly for the middle-class, and they can reach only 16 percent of the relevant age group. **The regional and territorial distribution of these services is highly unequal** – we can claim that nurseries are mostly urban institutes and they do not aim at including marginalized children living in disadvantaged small settlements, villages.

The Hungarian **kindergarten** system is extensive and free, so it can reach almost every kindergarten-age child living in the country. Attending kindergarten is compulsory from the age of three. These pre-school institutions are significant in the fields of socialization and preparation for school. These functions are more important in the case of disadvantaged children. But **serious disparities, problems and lacks regarding availability, quality and selectivity can be experienced** in this system as well.

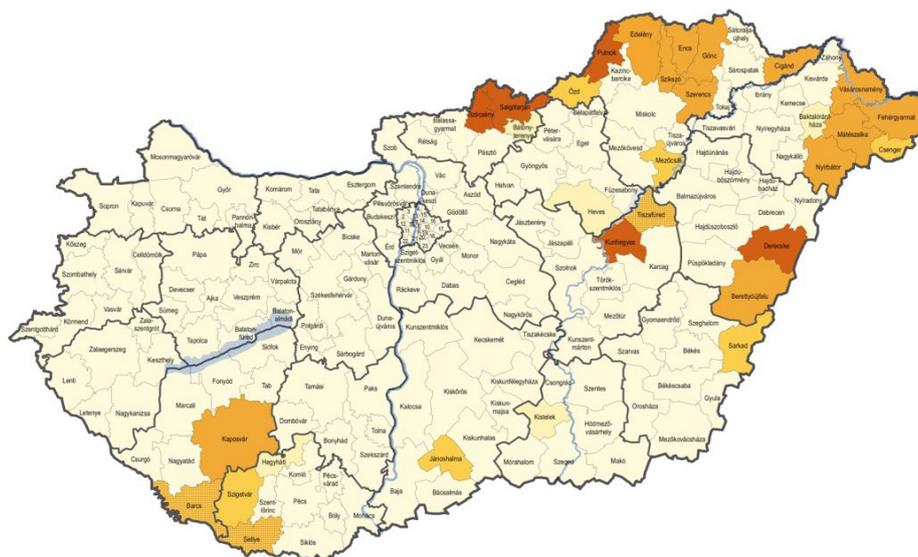
The Hungarian **health visitor system** can be mentioned as a good practice, because it provides regular and compulsory home-based care in early childhood, and it covers each of the country's settlements. But in practice the system's capacity is not adequate and significant regional inequalities can be recognized in the field of availability and quality. Numerous health visitor positions are vacant, particularly in disadvantaged small settlements and villages. Due to this shortcoming, the so-called substituting health visitors must provide service for many families and children. As a result, they do not have sufficient time and capacity to complete their tasks adequately. Furthermore, according to experiences shared by many, the relationship between health visitors and disadvantaged (Roma) families is often bogged by conflicts (because of health visitors' expectations based on middle-class norms and values; inadequate communication etc.).

5.1.2. Micro-region projects to combat child poverty

Based on the model of the above-mentioned pilot program established by the National Programme to Combat Child Poverty in 2006, **several micro-region projects started in**

disadvantaged areas of the country in two project periods (between 2008-2013 and between 2014-2020). The three or five-year local projects financed by the EU and Hungary as part of different operational programs and constructions aimed and aim at decreasing child poverty and social exclusion and at increasing children’s chances with complex interventions, methods, professionals and services. Most of the 31 projects have been implemented or are being implemented in disadvantaged micro-regions of Northern Hungary and the Northern Great Plain, among others in the Hungarian-Slovak border area (*Figure 11*).

Figure 11 Micro-region projects to combat child poverty in Hungary



Source: Husz 2016

The local projects are based on several intervention areas determined in the earlier National Programme to Combat Child Poverty and the National Strategy 2007-2032 “Making Things Better for our Children”.¹¹² Its fourth main development area is “providing opportunities for talents and abilities to unfold, improving institutions and services that promote successful education, eliminating segregation”. The fifth one is “developing personal services and specialized services for families with children”.

Therefore, **the local projects include services regarding early childhood skills development, education and care**; among other steps several Sure Start Children Houses were established under the remit of these projects. The lack of these kinds of services and institutions is significant in the affected micro-regions. According to a joint evaluation study, altogether 31 nurseries worked in the 23 micro-regions involved in the project in that time. These institutions could provide active places for only 6 percent of children aged 0-2 years.¹¹³ That is why the complex interventions of the projects are significant. These try to substitute for the lack of local services or to develop deficient services. But several problems and dilemmas can be experienced and determined in the field of practical implementation. Thus, the structure and the complex approach can be defined as good practice, but in fact effectiveness, the impacts and the results are problematic. (One of the most important questions is what will happen after the end of the project period without effective and long-term state-run interventions and adequate social policy.)

112 Parliamentary Resolution 47/2007 (V.31) OGY on the National Strategy 2007-2032 “Making Things Better for our Children”.

113 Husz et al 2016: 46.

5.2. Earlier and current non-governmental, civil initiatives and programs

5.2.1. Early Childhood Program of the Open Society Foundations

As the Open Society Foundation (OSF) states on its webpage, “the Early Childhood Program promotes the well-being of young children through a rights-based approach and a commitment to social justice, emphasizing parent and community engagement, professional development, and government accountability. The program grew from the successful Step by Step initiative, which introduced a child-centered and community approach into previously rigid, teacher-centered education systems in Central and Eastern Europe during the 1990s. Step by Step continues to shape early childhood teaching in 25 countries, supported by NGO members of the International Step by Step Association. The Early Childhood Program’s current objectives are promoting equity and social inclusion and building the field of early childhood education.”¹¹⁴

The OSF program is currently active in several parts of the world, among others in Central and Eastern Europe. In Hungary, the Foundation invited applications in the frame of its Education Support Program and Early Childhood Program in 2019 and 2020 (“Grassroots and Parent Activism in Education”). According to the first call for proposals, (2019) “the program seeks to support grassroots-level Hungarian civil society initiatives that address education challenges of vulnerable school and pre-school age children from disadvantaged socio-economic backgrounds or with unique educational needs”.¹¹⁵ In 2020 the program emphasized “the serious impact of the COVID-19 pandemic on children’s learning”, but the main goals and the target group have not changed. The initiative supports local civic organizations and informal groups (“the grassroots-level civil society”) in order to implement their one-year projects aiming at among others “introducing and strengthening classroom and school/preschool-level practices that foster equity in education; developing innovative models of improving or expanding education opportunities for vulnerable school and pre-school age children”.

5.2.2. ‘A Good Start’ pilot program of the Roma Education Fund

The Roma Education Fund (REF) has launched its two-year-long international pilot program (“A Good Start”) in 2010 with the support of the European Union (among others), in partnership with the OSF, the World Bank and the UNICEF. The initiative was implemented in Macedonia, Hungary, Romania and Slovakia with two main objectives and several activities. The completion of the objectives is served by several intervention and development areas such as access to high-quality early interventions; early childhood development of disadvantaged Roma children; establishment of parental practices; usage of early health care services; transition to public schooling system. In 2012, the Roma Education Fund, the World Bank, the Open Society Foundations, and the UNICEF joined the European Commission’s call for governments “to ensure that all Romani and other poor and excluded children have access to quality early childhood education and care (ECEC) services”.¹¹⁶

114 Open Society Foundations Early Child Program website. <https://www.opensocietyfoundations.org/who-we-are/programs/early-childhood-program> .

115 Request for proposals. OSF 2019:1.

116 Roma Education Fund. A Good Start – The EU Roma Pilot website <http://devlf.com/ref/a-good-start-the-eu-roma-pilot/> .

In Hungary, the pilot project of REF, in partnership with civil organizations and the College of Nyíregyháza, was implemented in six settlements in the Northern Great Plain involving altogether 850 Roma and non-Roma children and their families in different programs and services. According to the REF report (2013), “in Hungary, the localities were mostly located in the Mátészalka microregion, which is one of the poorest areas of the country. In total, the region counts 9 segregated Roma settlements, among which were two AGS localities: Nagyecsed and Kántorjánosi. In all Hungarian localities, AGS was run in the first year by the National Charity Association for a Better Future and in the second year by Romano Trajo – Gypsy Cultural and Public Association, that worked in co-operation with Unity in Diversity Foundation, Partners Hungary Foundation, and the College of Nyíregyháza.”¹¹⁷

5.2.3. Romani Early Years Network- Hungary

The Romani Early Years Network (REYN) is an international network of professionals working in the field of early childhood development and care.¹¹⁸ Its targets are to “support the development of skills and good practice; share knowledge drawn from experiences of working effectively with Romani families and young children; establish effective partnerships between Roma and other practitioners working with young Roma children; support professional development for those working with these marginalized and excluded groups”.¹¹⁹

The REYN has national networks in several European countries, among others in Hungary. The Hungarian Network declares on its webpage: “The conditions for early years development in the system of public education is {are} very weak in Hungary. In particular, with regard to the disadvantaged regions in Hungary, the institutional system of early years is not yet established. Even when it is established, professionals are often lacking possibilities of professional development. REYN Hungary is focusing on these regions and offers course for professional development of staff working with Romani and/or disadvantaged children.”¹²⁰ The Hungarian Network has more than 500 individual members, “mainly preschool educators and health visitors. There are also 22 organizational members, mostly non-governmental organizations active in the field of early childhood development”.¹²¹ According to the Hungarian website, the network has 25 partner organizations such as the Roma Education Fund, Association of Hungarian Health Visitors or the Romaversitas Foundation.¹²²

5.2.4. ‘Building Capacities for Effective Early Childhood Development of Marginalized Roma in Hungary’ program of the Carpathian Foundation – Hungary

Carpathian Foundation–Hungary has started its project in 2018 in order to promote and strengthen early childhood skills development, education and care services and

117 World Bank 2013: 14.

118 Romani Early Years Network webpage. <https://reyn.eu/> .

119 <https://reyn.hu/ez-egy-minta-oldal/reyn-international/> .

120 REYN – Hungary website. https://reyn.eu/national_networks/hungary/ .

121 REYN – Hungary website. https://reyn.eu/national_networks/hungary/ .

122 REYN – Hungary website <https://reyn.hu/ez-egy-minta-oldal/partner-szervezetek/> .

programs targeting mainly Roma children on the local level. “The overall goal of the program is to improve Early Childhood Development (ECD) of Roma children in Hungary by supporting local development efforts (projects) and improving capacities and expertise of Roma and pro-Roma NGOs working with marginalized Roma communities in Northeast Hungary by various means.” The project is based on five specific objectives and six main activity areas.¹²³ The Foundation supports 13-14 local civic organizations through its project so that they can implement their initiatives in the field of early childhood skills development, education and care.

The one-year local projects situated in the two target regions (Northern Hungary, the Northern Great Plain) are supported by small grants and professional assistance. It is important to highlight that “the indirect beneficiaries are primarily marginalized Roma children and youth who are targeted to be improved, empowered by the projects of supported Roma and pro-Roma NGOs (approx. 300-400 children and youth); parents, other family members of the involved children, professionals, teachers, social workers, civil servants, and other affected stakeholders and members of communities (...)”.¹²⁴ The second stage (financial period) of the scheme has started in May 2019, and most of the organizations could continue their projects established in 2018. The Foundation published a booklet about the overall program and the local initiatives in 2019.¹²⁵

123 Carpathian Foundation –Hungary webpage <http://www.karpatokalapitvany.hu/en/Building-Capacities-Childhood-Marginalized-Roma> .

124 Carpathian Foundation –Hungary webpage <http://www.karpatokalapitvany.hu/en/Building-Capacities-Childhood-Marginalized-Roma> .

125 Carpathian Foundation – Hungary 2019 http://www.karpatokalapitvany.hu/sites/default/files/ECD_best%20practices_201819_EN_0.pdf .

6. Conclusions

This study has intended to give a detailed picture of the Hungarian services and institutions regarding early childhood (skills) development, education and care. We have tried to analyze the main characteristics of these systems including approaches, legal frameworks, interpretations, definitions, lacks and challenges. In summary, **Hungary, on the one hand, has a relatively extended and complex system in the field of early childhood (skills) development, education and care.** At the same time, however, **several structural problems can be recognized in the fields of among others the availability and quality of institutions and services as well as social and regional inequalities. Many of the disadvantaged, especially Roma children cannot access (quality) services because of child welfare's, public education services' and institutions' unequal conditions.**

The strictly defined target group of early childhood (skills) development, education and care is children aged between 0-5 years. According to the UNICEF's approach the years from birth to eight years of age are determinant regarding the complete and healthy cognitive, emotional and spiritual growth of children. This critical period forms the foundation for children's future well-being. Therefore, the main target group in the present study was children aged 0-8 years, especially disadvantaged Roma children living in Northern Hungary and the Northern Great Plain. We described the features of the target group using available data and information. **It is obvious that disadvantaged, marginalized Roma children's situation is much worse than the average.** Furthermore, the most of disadvantaged, multiple disadvantaged and/or Roma children are concentrated in the target regions, or rather in the most disadvantaged areas of the two regions. Several indicators and data confirmed that a significant portion of these children live in poverty, material deprivation and social exclusion, and they do not access to adequate services and institutions.

Full details are not available, but it may be known that **the ratio of Roma children attending nursery is extremely low** because of several reasons analyzed in the study. The most of Roma children cannot access nurseries, especially those who live in disadvantaged regions and settlements. As it was emphasized, the ratio of disadvantaged and multiple disadvantaged children in nursery is less than 3 percent. Only 16 percent of children aged 0-2 years attend nursery at the national level, and the proportion of Roma children is probably negligible among them. **Sure Start Children Houses provide significant services for disadvantaged, marginalized Roma (and non-Roma) children, but the number of involved children at the national/regional level is very low** (altogether less than 1800 children in the age group of 0-2 years). In conclusion, **an extremely small number of Roma children aged between 0-3 years can access early childhood skills development and care.** Among other factors, this is why nursery and Sure Start Children House generally cannot achieve the goal of social integration expected by the relevant policy and professional discourse.¹²⁶

The situation is better in the field of kindergartens, therefore in the case of children aged 3-6 years. The proportion of enrolled children is high (more than 90%), and only a few percent of kindergarten-age children live in settlements without a kindergarten. **But there are significant disparities by regions, settlement types and by quality as well.** Furthermore, **pre-selection, selection and segregation** based on disadvantaged social background and ethnic origin is relatively widespread in certain regions and settlements of Hungary.

126 Keller 2018.

As we have described, **the differences and inequalities between Roma and non-Roma children deepen in primary/elementary school.** But **most of these disparities stem from disadvantaged socio-economic background and the lack of (quality) early childhood services.** Institutional aspects of early childhood education and care school should be responsible for reducing socio-economic disadvantages and for establishing adequate conditions in order to decrease social inequalities and to improve children's chances. But in practice, most of these institutions are not able to meet these requirements. In addition, the Hungarian public education system is dysfunctional, since it increases inequalities and does not improve the chances of social mobility.

Non-governmental, non-state-run organizations have a remarkable role in the field of early childhood services, particularly in the case of disadvantaged, marginalized children and families. Their initiatives can decrease socio-economic disadvantages and improve children's opportunities and chances. But in fact **non-governmental interventions cannot substitute for or compensate the lacks and failures of state-run services and institutions.** The most general of these are the lack of complex and effective social policy and the lack of central social investment in children and families, especially in those who live in social exclusion without sufficient opportunities and resources. Adequate and extended early interventions would have significant social and economic impact on the whole society. With efficient, complex services **we should compensate children's disadvantages and lags in their early years in order to improve their chances for better education and a more successful life.** The way forward should be that there is no child left behind.

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No child left behind?

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