National Report of the Slovak Republic on the consequences of the World Summit on Children

Bratislava, November 2000
Introduction

The World Summit on Children, held on 30 September 1990 in New York, adopted the Resolution and the Action Plan. All signatory countries pledged to enable each child a better future by assigning high priority to the rights of children, their survival, protection and development. Today there are 181 signatory countries to the Resolution and the Action Plan, and the Convention on the Rights of the Child has been ratified by 191 countries.

The Declaration on Survival, Protection and Development of Children was signed on behalf of the former Czech and Slovak Federal Republic by President Václav Havel. Owing to the succession, the Slovak Republic has become a Contracting Party to the Declaration on Survival, Protection and Development of Children, whereby it adopted all the commitments stemming from the World Summit.

In keeping with the Resolution A/54/93 of the General Assembly of the United Nations Organisation, and the Action Plan, the Slovak Republic in collaboration with the non-governmental organisation UNICEF and other NGO subjects, has prepared a Progress Report in achieving the objectives adopted at the World Summit on Children. This report shall back with its information the preparation of the Evaluation Report to be submitted by the UNO Secretary General at the end of the decade at the special session of the UNO General Assembly in September 2001. The Report by the Secretary General of the UNO will contain an overall summary and the evaluation of progress achieved since the World Summit, including the experience gained, the analysis of factors that have either hindered or permitted the progress in respect of children and a formulation of recommendations for the future.

The National Report on the Consequences of the World Summit on Children has been produced by the Ministry of Labour, Social Affairs and Family of the Slovak Republic in cooperation with the Ministry of Education of the SR, the Ministry of Health of the SR, the Ministry of Foreign Affairs of the SR and the Ministry of Interior of the SR, and with non-governmental organisations, namely with the Slovak Committee for UNICEF, the citizen's association Návrat (Return), the citizen's association Úsmev ako dar (Smile as a Gift), the non-profit organisation SLONAD Nitra – Centrum Slnieko (The Sun), Rada mládeže Slovenska (the Council of the Youth of Slovakia).

In the preparation of the report, materials of the Ministry of Labour, Social Affairs and Family of the Slovak Republic have been used that include the Concept of the Social and Legal Protection and the Substitute Care of the year 2000, the Concept of State Family Policy of 1996, the Report on the State of the Family in the Slovak Republic, of 2000, the annual report on carrying out social and legal protection and provision of social prevention for 1996-1999, the effective national legislation and international conventions, particularly the Convention on the Rights of the Child.

The public has been informed about the preparation of the National Report and early on in the stage of its preparation, it was accessed on the website of the Ministry of Labour, Social Affairs and Family of the SR (www.employment.gov.sk). In order to allow public debate on the National Report, a seminar was held on 16 November 2000 in Bratislava, organised by the Ministry of Education in collaboration with the Ministry of Labour, Social
Affairs and Family of the SR and with participation of other government and non-governmental institutions.

The National Report was produced on the basis of the structure designed by Carol Bellamy, the executive director of UNICEF, as well as the UNO recommendations.

**General principles**

In the Slovak Republic, human rights and fundamental freedoms are protected by the Constitution of the SR and any unauthorised intervention in them is unlawful. The fundamental rights of the child are not codified separately in the law of the Slovak Republic. The legal position of the child is provided for in the Constitution of the SR. The Constitution in its Article 41 guarantees that the matrimony, parenthood and family are protected under law. It also makes provision for a special protection of children and youth. Consistent with the Constitution of the SR, the effective legislation ensures protection of and care after the child, which is necessary for his or her well-being through the legal institutions of the civil, family, criminal, and international law and other legal branches.

From the aspect of the legal institution of the civil law, the rights of the child are protected by the provisions of § 11, § 12, and § 13 of the Civil Code on the protection of personality. With regard to civil proceedings before the court in matters concerning minors, special provisions are applicable of the Civil Court Rules and the Family Act. A trial in matters of minors may be initiated by the court by law (ex officio), that means even without the motion for the trial, as a rule at the instance of a child care authority. Under the Family Act the child's parents are his or her legal representatives. The Family Act also makes provision for those cases where someone other than the biologic parent may act as the child's legal representative. This concerns the cases where both parents of the minor have died, or where they have been legally incapacitated, or fully stripped of their parental rights. In such cases, subject to provisions of § 78 of the Family Act, the court places a guardian in charge of the affairs of a child, that will represent the child in place of his or her parents, administer his or her property, and in the case of personal upbringing and care, be also the foster parent to the child. The adopter also becomes legal representative of the child, since through adoption, the rights and obligations of biologic parents are frustrated and a new relation is established between the adoptee and the adopter, as one between parents and children, as well as a new kinship arises between the adoptee and the relatives of the adopter. In the adoption proceedings, as well as in other proceedings before the court in matters pertaining to minors, under the Civil Court Rules, there is a possibility of the child's hearing which should be appropriate to the psychic state and understanding of the child. In any proceedings in matters related to minors, the welfare of the minor, in particular, is the paramount consideration of the court, and for this reason, as none of the parents may represent the child in these proceedings because of potential conflict of interests between parents and children, or between parents themselves, the court appoints a curator to the child, under provisions of § 37 par.3 of the Family Act (the so-called, collision curator) that pursues and advocates the child's interests.
In the area of criminal law, the child is protected by provisions of the Criminal Code, particularly provisions on desertion and non-support of the child (a person that deserts the child in respect of which he or she has support obligation, where the child cannot secure help on his/her own, thus being subjected to a risk of bodily harm or death, is liable to punishment), provisions on abduction (carrying off a child from care of a person, which is, subject to law or ruling of an authority, responsible for rearing the child), provisions on trade with children (entrusting the child for reward in the power of another person for the purpose of adoption, use of child labour, or some other purpose), provisions on threat to moral education of the youth, provisions on the offence of serving alcoholic beverages to the youth and administering anabolic substances to the youth. By amending the Criminal Code Act no.183/199 of the Collection of Laws, provisions have been made for the crime of abuse of a close person or entrusted person. It covers all forms of causing physical and psychic suffering of the child. Equally, the Criminal Code has been extended with a provision, that introduced criminal liability for unlawful employment of children younger than 15 years of age, where thereby they are barred from school attendance. The child is also protected by the provision recognising the punishable criminal offence of production of the child pornographic work (“making the person permitting child abuse for the production of a child pornographic work also liable to punishment”).

The Code of Criminal Procedure sets the age of criminal capacity at 15 years. While under the Family Act a minor is a person younger than 18 years, unless the person older than 16 before reaching 18 years of age has acquired majority through marriage, under the Code of Criminal Procedure, the person, after having reached 15 years of age until reaching 18 years, i.e. the age of majority, is a juvenile. The Code of Criminal Procedure, specifically in its chapter 19 section 1, regulates the proceedings against a juvenile. One of the fundamental principles of protection of the rights of a juvenile is the mandatory solicitor, an active involvement in proceedings of an authority, entrusted with care of children and youth, that examines the circumstances of the juvenile, particularly the degree of his or her mental and moral development.

A special attention needs to be paid to a child or a juvenile that has become victim of a crime. Most common crimes threatening children and the youth include non-support, cruelty to entrusted person, threat to moral education of the youth. Other crimes that may be a threat to children and the youth are procurement, illicit production and possession of narcotic and psychotropic substances, larceny, sexual abuse.

Under employment regulations, (the Labour Code and the Employment Act), the young people (juveniles) are the citizens from acquiring the legal employment capacity until reaching 18 years of age. The legal employment capacity of a physical person, i.e. the capacity to acquire rights based on one's own legal acts and take on obligations in employment relations arises on the date the person reaches 15 years of age.

Employers are obliged to create favourable conditions conducive to comprehensive development of physical and mental skills of young employees also through specific regulations of their working conditions. In addressing crucial issues pertaining to the young, the employers work closely with the parents of the young. Employers are obliged to keep records of the young employees that they employ on an employment contract. The employer must not employ the youths for overtime or night work. Exceptionally, the young older than 16 years of age may carry out night work not exceeding one hour, where this is necessary for their career preparation. The night work of a youngster must be immediately linked to his or
her work which, subject to the timetable of work shifts falls within their day work responsibility. The employer must not employ minors younger than 16 years for piecework and use piece rates in remunerating them. The youths may not be employed for underground work, in mining raw materials, making tunnels or mine shafts, or for works that, with regard to anatomical, physiological and psychic peculiarities, are inappropriate, risky or hazardous to their health.

Within the comprehensive international provisions for fundamental human rights and freedoms, a special place is taken by international legal protection of children with respect to the rights of the child in the area of international private law and the procedural due process. With the rise of the independent Slovak Republic, the country was obliged to accede to international agreements governing the domain of rights and interests of children. The most important document is the United Nations Convention on the Rights of the Child (UNCRC), which was signed on 20 November 1989 in New York. Owning to succession after the former Czech and Slovak Federal Republic, the Slovak Republic became a signatory to the Convention on 28 May 1993, with retroactive effect from 1 January 1993. In the Slovak Republic, the so-called monist theory of international agreements is applied, under which the international agreements become part of the national body of laws, subject to their constitutional adoption and publication, without any need for their further transformation. In legal protection of children, in connection with recovery of alimony from abroad and in order to facilitate this recovery from abroad, as well as for legislative provision of conditions of mutual recognition and execution of foreign decisions on alimony, the Slovak Republic has acceded to 3 multilateral conventions and 36 bilateral agreements. These multilateral conventions include the following:

the Convention on Recovery of Alimony from Abroad of 20 June 1956, published in the Implementing Regulation no.33/1959 of the Collection;
the Convention on Recognition and Execution of the Decision on Child Support of 15 April 1958, published in the Implementing regulation no. 14/1974 of the Collection,

In the Convention on Recovery of Alimony from Abroad of 20 June 1956, a system of central bodies was introduced. In consistency with Article 2 of the said Convention, a Centre for International Legal Protection of Children and Youth was established by the Ministry of Labour, Social Affairs and Family of the SR, falling effective on 1 February 1993, as a central body for the implementation of international agreements in the area of recovering alimony from abroad.

The conventions, referred to above, are currently the core international contractual instruments that concern the rights of the child and their exercise. The Government of the Slovak Republic expressed agreement with the Slovak Republic acceding to the European Convention in its resolution of 31 August 1999. The Convention has not been ratified yet. The consent with the ratification of the Hague Convention was expressed by the Government of the Slovak Republic in its resolution of 2 December 1997, the Convention was signed on 28 December 1992 and the signing was recognised also in respect of the Slovak Republic after January 1, 1993.

In October 2000, the Minister of Justice of the Slovak Republic and the Minister of Foreign Affairs of the Slovak Republic, on the basis of the Government Resolution of 3 March 1999 no. 181, submitted for Government debate the proposal for ratification of the Convention on Protection of Children and Cooperation in respect of Inter-country Adoption of 29 May 1993, which was signed by the Slovak Republic in Hague on 1 June 1999.

The Government of the Slovak Republic with its resolution no. 914 of 8 November 2000, approved the ratification of the Convention on Protection of Children and Cooperation in respect of Inter-country Adoption of 29 May 1993 and assigned the Prime Minister of the SR to submit the Convention at hand to the Speaker of the National Council of the SR (Parliament) for approval in the National Council of the SR.

The purpose of the Convention is to ensure that inter-country adoptions are made in the best interest of the child and with respect to his or her fundamental human rights recognised by the international law, and that a system of cooperation between signatory states would develop that would ensure that these safeguards are upheld and thus abductions, sale and trade with children was precluded, and finally, that, in the signatory states, the adoption pursued on the basis of the above Convention was recognised.

The National Council of the SR, by its resolution no. 906 of 15 June 2000 gave consent to the ratification of the Convention on the Civil Aspects of International Child Abduction of 25 October 1980, making use of the possibility to have reservation, subject to the Article 42 of this Convention, according to which cost will not be borne that will be incurred by the participation of a legal representative or advisors, or the court trial, with the exception of those that may be covered from its system of procedural assistance and legal counselling.

The establishment of the Slovak Committee for the Rights of the Child was an important step of the Government of the Slovak Republic to implement the Convention on the Rights of the Child. The Committee was set up on the basis of the Government resolution no. 438 of 14 June 2000, as an advisory, initiative and coordinating body of the Government of the SR for the issues pertaining to the protection of the rights and law-protected interests of children and the oversight over observance of rights in the SR. The Committee is responsible for inter-ministerial coordination, collaborates with non-governmental organisations operating in the domain of protection of the rights of children and contributed in the preparation of the plea for the Source Report of the of the SR to the Convention on the Rights of the Child. It proposes a system of offering information to children on their rights, ways of exercising rights, and the execution of the rights. The Slovak Committee has 16 members, representatives of the sectors concerned, non-governmental organisations representatives active in providing help to children, and the officials of local state administration. The Minister of Labour, Social Affairs and Family is the Chairman of the Committee.
The Family Act, no.94/1963 of the Collection, as later amended, incorporated in its legal provisions also the problems of social and legal protection, whereby it became a law containing both private law and public law provisions.

The human efforts to improve substitute family care made a major headway after the second world war. Virtually each country organised substitute family care and social and legal care after abandoned children according to specific conditions of the state and the social structure. The endeavour to get substitute family care close to the environment existing in natural biological family came to the forefront. In the former Czechoslovakia, the philosophy of substitute care was based on the belief that to protect the child and ensure his or her healthy development means to isolate the child as much as possible from the pathological family. The basic element of substitute care included the ideological upbringing, strictly timetabled regime of the day, controlled selection of activities. Economic cost efficiency of large capacity residential care facilities became the most important criteria in setting up children homes, as were the isolation of the child from the original family, and an upbringing based on the dynamics of the collective, varied leisure time activities and consistent elimination of free time.

By the year 1996, the system of child care outside the biological family had been managed in Slovakia by three sectors. The sector of health was responsible for infant institutions, which provided care for children up to three years of age. The sector of education was responsible for all the remaining children homes for children and adolescents up to eighteen years of age, and the sector of labour, social affairs and family was responsible for organizing substitute family care and provision of care to severely disabled children in the institutes of social care.

By the Act of the NC SR No.222/1996 of the Collection of Laws on organisation of local state administration and supplementation of some acts, taking effect on 1 January 1997, the children homes and infant institution have assumed a common name of children homes and were transferred from the responsibility of sectors of education and health into the responsibility of the Ministry of Labour, Social Affairs and Family of the SR, whereby unified guidelines have been achieved in substitute care after the child under single sector.

Children in a children home are provided care, substituting natural family environment. This care comprises the necessary care, upbringing, therapeutic and educational care, other care and the personal equipment of the child and deposition of valuable personal articles. Provision of care to a child in a children home lasts at most until the child is 25 years old.

A positive change in the field of child care in residential setting is the care in a network of independent groups and care in families, set up for professional substitute care. These modes of care after children are preferred to the child care in children homes of residential type.

Subject to Act No. 195/1998 of the Collection of Laws on social assistance, as later amended, a disabled child, physically or mentally, can be provided care in a social service
home for children. The care in social service homes for children is organized in groups, with regard to the age and the ability of children.

A children home and also a social service home for children, provides the children in their care with a monthly pocket allowance according to the age, in-kind gifts amounting to maximum SKK 400 in a calendar year, and a one-off cash allowance for the outfit amounting to 5 times the sum of the subsistence minimum for a dependent child.

Currently there are 81 children homes in Slovakia (75 state-run and 6 church children homes), in which 3,589 children are placed. 83 children with institutional care orders are brought up in 39 professional foster families. 595 children live in 59 autonomous groups in an environment that is close to family environment.

Over the course of the year 1999, 929 children were placed in institutional care, of which 882 were aged up to 15 years. The reason of placement included neglect in family care, cruelty and sexual abuse, parental dependence upon addictive substances, criminal activities of children, neglect of compulsory school attendance, etc.

In 1999, in 1,086 cases children were discharged from care, namely in 202 cases due to coming of age, in 288 cases due to return to their original families, in 75 cases due to being entrusted in foster care, in 181 cases due to placement in pre-adoption care, in 22 cases due to being entrusted in the care of other person than parent, and in 318 cases due to other reasons.

Since 1997, quality changes have been progressively seen in provision of care to children placed in substitute care, resulting from the cooperation of all subjects concerned which are involved in organising substitute family care. The increase in the number of autonomous educational groups, professional foster care families, reconstructions, modernisation and construction work on the existing facilities is evidence to this happening.

In children, dependent upon education and care in children homes, emphasis is placed on ensuring all the rights and law-protected interests and needs of the child, consistent preparation of the child for independent life and, particularly, on making the environment in which the child is brought up as close as possible to the natural family environment. Despite these efforts, the care has features of collective educational regime and is characterised by changing care-giving staff.

The priority remains to be the educational and advisory work with the original family, from which the child is placed in institutional care and seeking ways of return of children in the family. Currently, from the perspective of children living outside family, fixing family environment cannot be assessed as sufficient. In this respect, more consistent attention should be paid to social work in failing families and to social field work.

Another priority of children homes is to create conditions and environments that would come as closely as possible to family environments, create possibilities for autonomous groups, professional foster care families and children homes of so-called family type, and transform large scale children residential homes into family models.
The statements given above are illustrated in the following table:

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children homes/children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>state / number of children</td>
<td>77 / 3,823</td>
<td>79 / 3,738</td>
<td>81 / 3,589</td>
</tr>
<tr>
<td>church</td>
<td>73 / 3,691</td>
<td>74 / 3,613</td>
<td>75 / 3,443</td>
</tr>
<tr>
<td></td>
<td>4 / 132</td>
<td>5 / 125</td>
<td>6 / 146</td>
</tr>
<tr>
<td>Independent groups/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number of children</td>
<td>30</td>
<td>43</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>331</td>
<td>421</td>
<td>595</td>
</tr>
<tr>
<td>Professional foster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>families (PFF) / number</td>
<td>7</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>of children</td>
<td>13</td>
<td>39</td>
<td>83</td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>placed in children homes</td>
<td>1,043</td>
<td>1,031</td>
<td>929</td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>discharged from care in</td>
<td>1077</td>
<td>1092</td>
<td>1086</td>
</tr>
<tr>
<td>children homes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>due to return to the</td>
<td>300</td>
<td>268</td>
<td>288</td>
</tr>
<tr>
<td>family</td>
<td>269</td>
<td>263</td>
<td>278</td>
</tr>
<tr>
<td>due to placement in PFF</td>
<td>177</td>
<td>187</td>
<td>202</td>
</tr>
<tr>
<td>due to coming of age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>homes after reaching</td>
<td>79</td>
<td>59</td>
<td>81</td>
</tr>
<tr>
<td>18 years of age</td>
<td></td>
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</table>

From the table above we can see that although the number of children homes is on the rise, the number of children placed in any particular year has been falling. An increase has been recorded also in the development of care provision closer to family environment, i.e. autonomous group-living within the institution and professional foster families. On the other hand, there is an increase in the number of children, that have nowhere to return to after completion of institutional care, without housing arranged for them, which use the option to remain in the children home even after they have completed preparation for future career until they are 25 years old.

We need to note that the function of children homes is partially carried out by some special boarding-type schools, that are controlled by the sector of education, and in which children are placed in respect of which institutional care orders have been issued.
Apart from children homes, children with institutional care orders are currently placed also in facilities of the sector of education, where 1,541 children have been placed in 53 special schools of boarding type and in special vocational schools of boarding type.

675 children where institutional care was ordered are placed in social service homes for children.

The transformation process is expected to culminate by gradual transfer of special boarding-type schools and special vocational schools of boarding type in the responsibility of a single sector and progressive setting up of autonomous groups and professional foster families.

In the next stage, other special educational facilities should follow from under the responsibility of school sector, such as re-education children homes, therapeutic-educational sanatoria, or diagnostic centres. The reason for this step is to ensure equal rights to material security of children with institutional care orders, bring equality in granting cash allowances in respect of children – the amount of pocket money, in-kind gifts, cash allowances for the outfit at completion of institutional care, a possibility to stay on until reaching 25 years, unless the person decides to lead an independent life and secures housing.

Under new social and economic conditions, greater demands are made on the preparation of children brought up in collective educational settings. The consequences of the psychic deprivation brought about by non-family environment in which the children are brought up, reveal in the lack of preparedness of children to lead an independent life, in difficulties to find a job, housing, establish social contacts. The eventual consequence is the increase in the number of vulnerable persons and homeless citizens.

This essential transformation of children homes relies primarily upon scientifically proven body of knowledge on emotional and social needs of children, the effect of the Convention on the Rights of the Child which presents a new approach in looking at the child as a social subject, as well as upon sufficiently tested negative effects of emotional deprivation in collective educational facilities for children, particularly their influence on the ability of the child to fit in the working and social life and the ability to start one's own stable family.

In seeking new models of family-like institutional settings, experience is available from verified forms, such as children homes of family type, first experience with the institute of professional foster parents in children homes. In Slovakia, these instances concern the Children Home Necpaly, the Children Home Hepa, the Children Home Istebné, the Children Home Tornaa and others, as well as some church children homes, for example the Children Home ubietová.

The necessary change in children home stems from the fact that no matter what is the expert and personality, legislative or institutional provision, the existing forms of substitute care are not so readily accepted in Slovakia and used in practice, to be able to resolve the fates of majority of children from the institutional facilities.

Along with partial positive changes achieved, and the continuous effort to humanise the conditions of life for children in institutional care and promotion of developments in substitute family care, the basic problem still remains to be the integration of these young
people in common life after they have left the children home, mainly to resolve, at least temporarily, their own housing situation.

In a comprehensive system of care of children coming from dysfunctional families, the support and healing of families at risk takes the first place. Where it is not possible to enable the return of the child to the family, the child's adoption or entrusting of the child in foster care, such forms of institutional care need to be sought that would simulate to the maximum extent the family environment.

The Slovak Republic has a chance to increase the application of adoption, foster care and other forms of substitute family care, provided it increases the tolerance of the public in the area of taking the child in substitute family care and the professional public considers, to a greater extent, the interest of the child.

A survey of the numbers of children in the area of substitute family care and in institutional care for the period between 1990 and 1999 is given in the following tables:

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>foster care</td>
<td>1,694</td>
<td>1,670</td>
<td>1,696</td>
<td>1,845</td>
<td>1,777</td>
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<tr>
<td>guardianship</td>
<td>615</td>
<td>680</td>
<td>660</td>
<td>562</td>
<td>598</td>
</tr>
<tr>
<td>care of other citizen than parent</td>
<td>4,400</td>
<td>4,024</td>
<td>5,931</td>
<td>5,413</td>
<td>5,336</td>
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<tr>
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<td>7,093</td>
<td>5,488</td>
<td>6,321</td>
<td>5,895</td>
<td>6,189</td>
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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>foster care</td>
<td>1,758</td>
<td>1,775</td>
<td>1,708</td>
<td>1,836</td>
<td>2,061</td>
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<tr>
<td>guardianship</td>
<td>563</td>
<td>568</td>
<td>513</td>
<td>534</td>
<td>520</td>
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<tr>
<td>care of other citizen than parent</td>
<td>X</td>
<td>X</td>
<td>3,784</td>
<td>3,950</td>
<td>3,597</td>
</tr>
<tr>
<td>institutional care</td>
<td>X</td>
<td>X</td>
<td>5,736</td>
<td>6,218</td>
<td>6,184</td>
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<table>
<thead>
<tr>
<th>Number of children over the course of the year</th>
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<th>1991</th>
<th>1992</th>
<th>1993</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>entrusted in care of prospective adopters</td>
<td>239</td>
<td>227</td>
<td>269</td>
<td>277</td>
<td>274</td>
</tr>
<tr>
<td>adopted</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>entrusted in foster care and guardianship</td>
<td>342</td>
<td>380</td>
<td>386</td>
<td>408</td>
<td>353</td>
</tr>
<tr>
<td>entrusted in care of other citizen than parent</td>
<td>682</td>
<td>789</td>
<td>799</td>
<td>824</td>
<td>716</td>
</tr>
<tr>
<td>in respect of which institutional care was ordered</td>
<td>679</td>
<td>964</td>
<td>1,060</td>
<td>957</td>
<td>1,041</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of children over the course of the year</th>
<th>1995</th>
<th>1996</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>entrusted in care of prospective adopters</td>
<td>294</td>
<td>270</td>
<td>326</td>
<td>358</td>
<td>295</td>
</tr>
<tr>
<td>adopted</td>
<td>X</td>
<td>X</td>
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The current legal state is the result of the legal development, which, after abolishing the Act no. 69/1952 of the Collection, on social and legal protection by the Act no. 94/1963 of the Collection, on family, as later amended, took the direction of provisions of Family Act in social and legal protection being carried out by the legal regulations of social security and through bodies of local state administration in the area of social affairs.

The provisions on social and legal protection in the Act no. 195/1998 of the Collection of Laws on social assistance, as later amended, represent a certain return to the traditional division of law into public and private law.

In the legislative provisions of the legal relations in social assistance provision, the fundamental principles contained in the concept of social assistance are applied that include demonopolisation, decentralisation, purposefulness, plurality of resources and professionalisation of social assistance.

In the Social Assistance Act, the position of the family as a natural subject of self-help is being emphasised. The principle of plurality of subjects of social assistance is embedded, namely through creating legal room for more subjects sharing the responsibility to provide defined forms of social assistance – the state, municipalities and other non-state subjects.

The Social Assistance Act makes provision for social and legal protection as an activity focused on the protection of the rights and law-protected interests of citizens, particularly minors, that cannot protect the rights and interests themselves, due to their age, health condition, or other social circumstances (e.g. harmful environment in the family), or in situations of interests colliding of persons not having full legal capacity with persons that represent them.

The present situation in the area of social and legal protection cannot be assessed as satisfactory for ensuring the necessary and appropriate protection of children. The current legislation in this respect does not create adequate scope for adopting measures that would efficiently and permanently protect the rights of children. It does not even provide sufficient instructions for the subjects giving social assistance to children how to proceed in particular matters to safeguard the protection of children. Last but not least, it does not even correspond to the required level of child protection in the view of new social phenomena arising from the social change (e.g. unemployment, increase in the incidence of social pathological phenomena, etc.), the implementation of international conventions in the area of the rights of children in the body of law of the SR and the special protection of children and adolescents which is guaranteed in the Constitution.

In order to be able to pursue consistently the special protection of children and adolescents, which is guaranteed in the Constitution, and transform international conventions in the area of the rights of children in the legislation of the SR, and, above all, to meet the needs of children, for whom such protection and care must be ensured as is deemed necessary for their welfare, while considering their “best interest”, the area of protection of the rights of the child will be provided with new legislation on social prevention, social and legal protection and substitute care, which is in preparation by Ministry of Labour, Social Affairs and Family of the SR on the basis of the schedule of legislative tasks of the Government of the SR for 2000-2002.
Of special significance in the view of provision of social and legal protection is the question of its quality and quantity. The current situation in this respect is not adequate to the required level of protection of children, particularly with regard to personnel and professional preparation and the capacity of individual subjects to render social and legal protection at the level required.

The intervention of the state in the family is appropriate only when the family, for diverse objective and subjective reasons, cannot properly exercise their responsibilities in respect of children. The decisive criterion of such intervention is its “adequacy”, i.e. finding the measure of intervention in the family in the interest of the child, and, at the same time, selection of means so that they were reasonable, efficient and, above all, speedy, while respecting the rights of the child and those of his or her parents.

An emphasis is laid on particular measures, which are taken in the interest of children, to be undertaken professionally, with expertise and responsibility.

In Slovakia, equally as in other transition countries, we need to note that children and the adolescent face greater risks of negative phenomena of the society, such as access to soft and hard drugs. Disquieting is also the increased number of children – smokers, and the number of the children and young people that consume alcohol, are more extensively tolerant of illegal conduct, and face greater risks in reproduction health. They are sensitively perceiving the social and political changes and events in the country and are rather critical to the work of democratic institutions.

There remains a lot to be done in the implementation of the Convention on the Rights of the Child in everyday life. Children and young people rarely clamour for their own rights due to insufficient awareness of them, and the adults not always observe and fulfil these rights. The attitude to children, in many aspects, is marked with academism and excessive theorisation, rather than a genuine and deep interest in the welfare of the child.

In the light of the political past, the Slovak society, in many aspects, is not prepared for the exercise of such rights of children, as for example, the children co-participating in decision-making on matters concerning them. In this respect the Government of the SR devotes a special attention to the institute of ombudsman as a public protector of rights. Currently a proposed course of action in legislative solution of the institute of ombudsman is prepared for Government debate. It has been proposed to prepare a bill on the ombudsman within three months after the Constitution of the SR amendments have been passed.

The position of women and equal opportunities

The Slovak Republic is currently undergoing marked changes in the demographic development. The year 1999 confirmed the tendencies of the foregoing years, i.e. the slowing down of population reproduction, the traditional model of the rate of marriage, birth and female fertility is gradually being abandoned. The falling rate of birth is still attracting greatest attention, bringing about concerns over discontinuation of the growth of population and gradual reduction of the population in the Slovak Republic. As a result of the sustained decrease in the rate of birth, both the absolute number and the relative proportion of children in the population is falling, amounting to a decrease by 230 thousand for the period between
The ageing index has been growing; in 1999, there were 58 inhabitants aged 65 and older per 100 persons up to 15 years of age.

In a long-term dwindling number of children born, and with the changes in the rate of death of the population, changes in the age structure of the population occur. The number and proportion of children up to 15 years of age is gradually decreasing, and the number and proportion of people of productive and post-productive age is increasing, although only slightly as yet. The rate of death over the past ten years has recorded a drop in all age categories. In the 1990s, the fertility rate in women fell and the rate of abortion has significantly dropped as well.

The aggravating social and economic situation is reflected in the quality of the functioning of families. The rate of divorce has been increasing, with the highest number of divorces recorded in 1999 – 9,664.

The major program document of the Government of the Slovak Republic for the women’s issues with an outlook for 10 years, is the National Action Plan For Women in the Slovak Republic, produced in 1997 by the Coordination Committee for the Problems of Women. Eight priority areas were selected, on which attention needs to be focused in the following period: to implement in practice the equal position of the woman, as embedded in the legal system, in the family, employment and the society and create room for personal choice in development life strategies. It is equally necessary to create conditions for the elimination of economic disadvantages, shape public opinion towards respect of equality of women and men, create conditions conducive to protection and promotion of health of women, create conditions to eliminate violence against women, create conditions to develop personality and promote work self-realisation of women with smaller development chances (such as women living in the countryside, women of Romany ethnic groups, the unemployed women, disabled women, etc.), to promote the activity of the organisations aimed at supporting and development of women at national level.

The Statement of Policy of the Government of the Slovak Republic, submitted to the National Council of the SR (Parliament) on 19 November 1998, anticipates the adoption of such measures that will allow parents to consistently apply the principle of choice, or reconcile parental and professional roles, by guaranteeing them the right to be offered work under part–time arrangements. The observance of the principle of equal treatment of men and women in practical life, guaranteed by law, is an inseparable part of the employment law reform, namely as far as it concerns equal opportunities in employment, professional training, promotion, working conditions and remuneration. The Government of the SR have committed themselves to focus attention on creating instruments and monitoring the observance of the principle of equal opportunities for men and women.

Social security and the state social support to families with children

Social security is understood as a system comprising a set of measures of, both material and non-material nature, that guarantees security to the citizen in different social contingencies. The Constitution in its Article 39 guarantees the right to adequate material provision in old age and incapacity for work to a person that finds himself or herself in material hardship to provide for his or her basic living needs.
Pension security and sickness insurance benefits are important parts of social security in relation to families with children. Although pension security and sickness insurance benefits are important in the view of covering certain social risks, the decisive portion of social income in families with dependent children in Slovakia is comprised primarily of child allowances, the parental allowance and other state social support benefits.

In the area of state social support, a transformation process commenced in Slovakia in 1994. Its purpose is to build a unified system of allowances provided from the resources of the state in the rise and continuation of state-recognised life contingencies of an individual or a family. The system of state social support comprises one-time (one-off) and recurrent benefits (one-off benefits – birth grant, grant to parents to whom three or more children were born, or to whom, over the course of two years, twins were born repeatedly, single-time payment on the rise and termination of foster care to cover the needs of the child, funeral grant; recurrent benefits – child allowance, child allowance addition, parental allowance, maintenance allowance, recurrent allowance to cover the needs of a child entrusted in foster care, foster caregiver’s fee, housing allowance).

The first step in building a system of state social support benefits was the approval of the NC SR Act no. 193/1993 of the Collection of Laws on child allowances and child allowance additions, by which child allowances were transformed from sickness insurance benefits to state social support benefits, starting from 1 September 1994. One of the fundamental principles is the principle of solidarity between families with children and childless families, and the solidarity between higher income families and lower income families. By applying social solidarity principle benefits are targeted in favour of socially weaker families. The overall development in the number of dependent children, in respect of which child allowances were paid, was influenced, in particular, by the demographic development characterised by steadily decreasing rate of birth and the termination of child dependency of the stronger years of population. Equally, it was influenced by the legislative changes which were undertaken in the course of the period under study (1989-1999), particularly the adoption of the Act no. 278/1997 of the Collection of Laws, which made eligibility conditions for child allowances stricter in relation to parents that consciously avoid meeting the needs of the family members by their own efforts. The number of child allowance recipients in the years 1998 and 1999 decreased also as a result of failure to undertake valorisation of the sums set for the purposes of state social support, provided for in the Act no. 125/1998 of the Collection of Laws on subsistence minimum and setting sums for the purposes of state social support benefits. From the aspect of the number of beneficiaries and the volume of financial resources paid, child allowances are the major benefit. In Slovakia four subjects are liable to pay child allowances, namely local state administration authorities, the Social Insurance Agency, the National Labour Office and employers. The basic conditions of entitlement to child allowances include child dependency, up to the maximum age limit of 28 years, care of the qualified person after a dependent child, permanent or long-term residence of the qualified person or dependent child in the territory of the Slovak Republic, the earnings of jointly treated persons not exceeding 1.99 times the sums set for the purposes of state social support benefits. The number of child allowance beneficiaries fell (in 1998 there were 603,445 beneficiaries, in 1999 there were 568,951 and in first half of 2000 554,752 beneficiaries).

Another recurrent state social support benefit is parental allowance, governed by the Act no. 382/1990 of the Collection, on parental allowance, as later amended. Through this benefit, state contributes towards meeting the needs of a parent that takes proper and full-time
care after a child until the child is 3 years old. If the parent takes care of a long-term severely disabled child, the parent has a right to parental allowance until the child reaches seven years of age. The amount of parental allowance has undergone several legislative changes. The allowance amounting to SKK 900, which was passed by law in 1990, has increased to the present SKK 2,740. The amount of parental allowance is expressed relatively, being derived from the sums stipulated for the purposes of state social support benefits. Two subjects, the Social Insurance Agency and employers, pay out parental allowance. The number of parental allowance beneficiaries has decreased (in 1998, there were 139,876 beneficiaries, in 1999, 137,931 and in the first half of 2000, an average of 135,965 qualified persons were drawing parental allowance).

A new state social support benefit introduced, falling effective on 1 January 1999, is a grant to parents to whom three children and more were born simultaneously, or to whom, over the course of two years, twins were born repeatedly. This benefit is governed by the Act no. 235/1998 of the Collection of Laws. The number of recipients is directly related to the number of cases of children born of multiple childbirths and living up to the age of 15 years. This benefit was paid to 34 beneficiaries in the first half of 2000, totalling SKK 249 thousand.

Birth grant, legislatively provided for in the Act no. 235/1998 of the Collection of Laws, falling effective on 1 January 1999, is granted by the state as a state social benefit to all children born, in contrast to the preceding period, when the provision of this one-off benefit was governed by sickness insurance regulations. The benefit is paid by local state administration authorities. In the first half of 2000, it was paid out to 27,567 citizens, which is up 1.2 % over the first half of 1999. The financial resources totalled around SKK 85,578 million, which is a 1.5 % increase against the first half of 1999.

Funeral grant, with the effect from 1 January 1999 is legislatively provided for in the Act no. 238/1998 of the Collection of Laws. Through this benefit, the state contributes towards covering the cost associated with the funeral of a deceased. Funeral grant is provided at a flat rate. In the first half of 2000 it was paid to 27,445 citizens, which is up 24.3 % over the first half of 1999.

On 1 January 2000 the Act no. 300/1999 of the Collection of Laws on housing allowance fell effective. By this state social support benefit the state makes a contribution to lower-income households towards covering the cost related to the use of an apartment or a house, depending on the number of persons permanently using the apartment or the house. The housing allowance is in the responsibility of a single subject – local state administration authorities. The amount of housing allowance is the difference between the minimum expenditures on housing and a coefficient multiplied by the income of jointly treated persons, with the coefficient being equal to 0.3. The above sums for minimum expenditures on housing take account of the price changes effected by the end of 1999. The net rental has come up 70 %, electricity rates by 30 %, gas rates by 50 %, heating and water rates by 21 %, sewer rates by 21 % and other communal services by 50 %. At 1 February 2000, additional changes occurred in the cost of housing, which is the reason why an amendment is needed. The number of beneficiaries of housing allowance at 30 June 2000 was 58,714, which comprises about 3 % of the total number of households.

Foster care allowances serve to meet the basic living needs of children entrusted in foster care, or guardianship, and foster caregiver's fee is a form of evaluating his or her care after an entrusted child.
Foster care allowances as state social support benefits, which include one-off benefit to cover the needs of the child, recurrent allowance to cover the needs of the child, and a fee to the foster caregiver, are governed by the Act no. 65/1998 of the Collection of Laws, on foster care and foster care allowances, coming into effect on 1 January 1999.

Their amount is derived from the sums set for the purposes of state social support benefits under § 5 of the Act no. 125/1998 of the Collection of Laws, on subsistence minimum and setting sums for the purposes of state social support benefits.

A one-off benefit is granted on entrusting of the child in foster care, on the basis of a lawful ruling by a court, and on termination of foster care due to coming of age of the child. It amounts to 4-times the sums set for the purposes of state social support benefits for a dependent child, according to the age of the child, and currently amounts to SKK 5,400 in respect of a child up to 6 years old, SKK 6,640 in respect of a child aged between 6 and 15, and SKK 7,080 in respect of a child aged 15-18 years. In 1999, district offices paid out one-off benefits to cover the needs of the child, totalling SKK 4,298 thousand.

A recurrent allowance to cover the needs of the child are payable in respect of a dependent child entrusted in foster care. The right to a recurrent allowance is retained even after foster care terminated through coming of age of the child, where the child entrusted in foster care meets the condition of dependency and continuous to live in the household of his or her foster caregiver. The amount of recurrent allowance to cover the needs of a child amounts to 1.6-times the sums set for the purposes of state social support benefits and is currently SKK 2,160 for a child aged up to 6 years, SKK 2,656 for a child aged 6-15 and SKK 2,832 for a child aged 15 plus. Where the child draws a pension from a pension security scheme or has a maintenance allowance from the foster caregiver, a recurrent allowance is payable at the amount of the difference between the above sums and the amount of pension or maintenance. In 1999, district offices paid out SKK 50,297 thousand in recurrent allowances to cover the needs of the child.

The foster caregiver's fee is a financial remuneration of the care given by the foster caregiver after an entrusted child payable until the termination of foster care. The right to foster caregiver's fee after termination of foster care through coming of age of the child is maintained under the same conditions applicable for the recurrent allowance to cover the needs of the child. The amount of foster caregiver's fee is 0.4- times the sum stipulated for the purposes of state social support benefits, which is SKK 1,320. In 1999, a total of SKK 37,060 thousand was paid out in foster caregiver's fee.

In 1999, a total of SKK 91,655 thousand was paid out in foster care allowances.

Maintenance allowance is a recurrent state social benefit granted to meet basic living needs of the members of the family of a soldier or other persons, dependent for their subsistence upon a soldier. The transformation process of this state social benefit was terminated by the passage of the Act no.236/1998 of the Collection of Laws on maintenance allowance.
Education and upbringing

In the area of education for citizenship, Ministry of Education of the SR, particularly through the National Education Centre implements the following programs:

- within the projects of out-of-school educational activities in human rights, it disseminates the fundamental objectives of the Convention on the Rights of the Child.
- it promotes the irreplaceable role of the family, the rights of its members and the functions of family in a social system
- raises awareness about a healthy and positive life style of children and adolescents, organises preventive events to promote health
- within direct methodological guidance, arranges for training, seminars, support programs and publications and information materials.

The Ministry of Education of the SR supports projects of children's and youth associations on the problems of protection of the rights of children and jointly with the organisation IUVENTA, it held a seminar in 1999 titled the Rights of the Child at the End of the Millennium.

The provisions under b), par.1, article 28 of the Convention on the Rights of the Child are applied in § 4 par.2 of the Act no.29/1984 of the Col. on the system of primary schools, secondary schools and kindergartens, under which, citizens are entitled to receive secondary education free of charge and be lent school textbooks and learning texts for obligatory school subjects taught to students at secondary schools. Subject to § 7 par.1, of the cited act, the secondary school shall offer pupils secondary technical education, higher technical education, vocational preparation, and prepare for study at universities. §18 of the cited act makes provision for the right to study at secondary schools for pupils and applicants, according to their abilities, knowledge, interest and health capacity. Financial and material provision of pupils of secondary schools is addressed in § 24 of the above referred act. From 1 January 2000, subject to §7 of the Act no. 301/99 of the Collection of Laws, school self-governing bodies have been created – the School Boards, in which school pupils are also represented and where they may comment upon school problems.

The access to university education for all on the basis of abilities, through all reasonable means as provided for in Article 28 of the Convention on the Rights of the Child, is applied in the relevant provisions of the Act no.172/1990 of the Col., on universities, particularly in § 24 – life-long education of citizens, and in § 26 a), b), under which, students may select their study program in accordance with the legal regulations and rules defined by the university/college. Changes in the area of the education market are seen as being necessary, i.e. in the professional preparation for the labour market. The changes call for their reflection in the structural movements in the system of secondary education, higher education, life-long education, or reskilling. They also require increased investment in educational sector, development of human resources and human potential. A change in traditional and routine procedures, habits and thinking of people is becoming a topical issue of education and upbringing. Currently certain alternative ways of educating talented children began to be applied in the SR. They are expected to result in creating conditions for the implementation of the right of talented children to special education.

Unemployment is becoming one of the major problems of young people. One of the reasons for this to happen is the inadequate link between the school system and the labour
market. In this respect, analyses need to be conducted that would feature both present and future needs of Slovakia, and also the outlook for the labour market within the European Union. It is also crucial to create a complex system of job counselling as a component part of the educational system, create an efficient information system of career guidance and counselling accessible to the broad public.

Within the citizen participation of the youth in the social and political life we may note, that there is around 330 nation-wide citizens associations in the Slovak Republic, whose subject of activities is working with children and the youth. The society attributes great significance to their action, recognising them as one of the factors that may contribute considerably to the development of young people's personality and have an effect on their lifestyle. The existence of children and youth organisations is currently not stable. Non-governmental organisations are being profiled by age, social and interests groups of young people, the nature and width of their activities, and internal action systems.

A low rate of organisational involvement in children and youth organisations currently prevails in young people (6.1%). This situation is due to poor material, technical and spatial conditions, relatively low awareness of their activities but also the fact that the contents of their work not always takes account of the needs and interests of children and youth. It seems that NGOs as well will need staff specialised in formative action upon youth, in addition to the institutions of the state. Currently there is not an institution in the SR that would be focused on the preparation of the staff to work with the youth. The support of the state for citizens associations of children and youth is implemented through the principles of state policy regarding children and youth of the SR, that was approved by the Government in 1992. In 1999 the Government appointed the Council of the Government for Children and Youth, which is an advisory, initiative and co-ordinating body to the Government for issues of inter-sectoral conceptual, methodological and legislative activity of the Government in the area of comprehensive state care for children and the youth, the ministries' subsidising policies aimed at children and the youth, and other systemic measures in supporting, protecting and developing children and the youth. Eight of its total 18 members represents citizens associations, whereby room is created for their participation in the state policy regarding children and the youth.

Health care of children and adolescents

The objective in the field of health of children and adolescents is to steadily improve the health of the population, which is affected by the quality of environment and the lifestyle. Further goals include developing primary care, particularly consistent prevention, raising the awareness of individuals and families about sound lifestyle, hygiene, healthy diet, family planning and thus securing harmonious development of physical and mental capacities of the below 18 population.

Under the effective legislation of the SR, each person has a right to receive health care, including medical drugs and medical aids (§4 of the NC SR Act no. 277/1994 of the Collection of Laws on health care, as later amended).

The Constitution of the SR, the NC SR Act no. 98/1994 of the Collection of Laws on Treatment Guidelines, as later amended, ensure provision of primary, secondary and follow-
up health care, being fully covered through health insurance companies, subject to health insurance.

Prevention is the main direction in health care provision for the given section of the population. The scope of prevention is defined by numbers of preventive examinations according to age categories, in which medical practitioners for children and juniors actively and systematically detect children suffering from chronic and long-term diseases.

Mandatory vaccination of children in the SR at regular intervals is a component part of preventive efforts that are covered from the state budget. The preventive screening programmes, implemented in the area of paediatrics in the SR, the aim of which is early diagnostics and subsequent treatment of serious diseases, include the mandatory screening for phenylketonuria, congenital hypothyreosis, and mandatory screening for hip joint dysplasia.

The network of medical services rendered in the SR ensures general accessibility of health care for children and juveniles at multiple levels. These include provision of primary preventive and curative care by practitioners for children and juveniles, secondary in-patient care (sections for newborns, departments for newborns, including pathological newborn wards, paediatric departments, paediatric departments with intensive and resuscitation care), and follow-up care, rendered by specialised centres for childcare (sanatoria, health resorts, spas).

On the whole, we may say that there has been a positive long-term trend seen in child care in the SR, which is well documented in monitoring the general parameters, such as the rate of infant mortality, favourable rate of death for children aged up to 5 years, the number of preventive and dispensary checkups, consistently implemented preventive approaches – screening programmes, high percentage of children population undertaking vaccination (a sustained 98-99%).

Primary care

There are currently around 1.5 million children and young people aged up to 18 years in the Slovak Republic. In 1998, there were 1,407 paediatricians in out-patient care in Slovakia, of which 1,229 were medical practitioners for children and juveniles, 1,544 nursing staff, including 1,323 nurses working as district paediatric nurses. The recommended ratio on average is \textbf{1,100 children per one paediatrician}.

The paediatrics is a branch characterised by a preventive orientation in health care, which reflects a long-term conceptual methodological guidance in this branch.

Preventive care includes:

- **preventive examinations** carried out by medical practitioners for children and adolescents, the frequency of which is stipulated in the NC SR Act no. 98/1994 of the Collection of Laws on Treatment Guidelines, as later amended. These examinations are aimed at monitoring psycho-motor and somatic development, identifying all deviations from sound health, and diseases, with subsequent dispensary care from medical practitioners for children and
adolescents, or physician-specialists (taking place 9-times a year, when the child is up to one year old; once a year, until the child is 6 years old; each second year, later on);

- dispensary examinations, the number of which is set in the said law according to the kind and seriousness of the disease;

- preventive programmes implemented in the SR include: the screening for congenital hypothyreosis and phenylketonuria in newborns, representing one of the major and most efficient preventive medical efforts. It constitutes 100% of population examined and the administration of treatment within two weeks. The children, detected by the screening are practically healthy. The mandatory screening for the development of hip joint dysplasia managed to eradicate severe consequences of this nosological unit and permits treatment virtually from the birth. The purpose of the program of the Primary prevention of child-age atherosclerosis is to detect child patients with dyslipoproteinemia and other risk factors of early atherosclerosis.

The inoculation is the primary preventive activity of high efficiency. The rate of immunisation of the child population in the SR is 98-99 percent. In the Slovak Republic the basic mandatory vaccination includes: diphtheria – tetanus - pertussis, extended recently with a WHO recommended program of inoculation against B-type hepatitis and haemophilic infection. It further includes inoculation using the inoculate of morbilli + rubella + parotitis, poliomyelitis, tuberculosis in newborns - vaccination according to the level of antibodies in 10-th year of life.

The medical practitioner for children and adolescents, according to individual by catchment regions, also undertakes checks of hygiene, the daily regimes of children and weekly checks of the make-up of school canteen meal lists.

The institutional paediatric care in the Slovak Republic is determined by a network of health facilities, which currently comprise 71 departments for children and adolescents (in hospitals of type I, II and III), constituting 3,057 beds. The bed occupancy rate is 66.0%, the number of physicians’ positions being 451.33. The number of beds per one physician is 6.8. The number of positions of the nursing staff amounts to 1,996.39. There are 807 newborn beds at the departments of gynaecology and obstetrics, the bed occupancy reaching 60.9%. The number of physician positions is 39.87, the number of beds per one physician being 20.2. There are 422.0 nursing staff.
Conclusions

On 1 January 1993, the Slovak Republic became one of two successive states of the Czech and Slovak Federal Republic. That means that the Slovak Republic has not only adopted its legal system but also international agreements and commitments. In autumn 1992, the Czech and Slovak Governments adopted a system of mutual agreements and formed a customs union. All fundamental documents bespeak the intention of the Slovak Republic to become a member of the European Union and NATO. Through approximation efforts, Slovak legislation is being brought in harmony with the European legislation, with active involvement of the institutions and sectors managed by the Government. The integration of Slovakia in the international structures assumes not only changes to the legislation to make it compatible with the European norms, but also quality change of the conditions for the life of children in the Slovak Republic that will be comparable with those enjoyed by children in advanced countries of Europe.

In 1999, the Slovak Republic with its growth index of 0.864 ranked among the countries with average human development standard as 41st out of 175 countries under scrutiny. The accession to the European Union is deemed to be one of the priorities of our foreign policy orientation.

The current state of the protection of the rights of the child in the Slovak Republic may be assessed positively. This issue is given considerable attention not only at the level of competent state authorities but also on the part of non-governmental organisations. Despite this statement, particular measures will, nevertheless, need to be taken in the interest of protecting the rights of the child and accounting for their interests and justified needs. The mere change to legislation is not enough, a change in understanding the child as a subject of law needs to take place, which has not come through in the Slovak Republic as yet.

In the social area, we need to move from a prevailingly restrictive nature of social reform to a supportive model. The concept of state family policy should be transferred more intensely in actual life through the implementation of particular measures to improve the living conditions for children and families. It will also be necessary to step up work on the draft Civil Code, within which new legislation is included on family legal relations. Last, but not least, legislative steps will need to be taken to facilitate and promote non-governmental organisations that would be capable of timely response to and adjustment of activities to the genuine needs and problems existing in a particular region.

In the ethnic area, we will need to fulfil the civil and national rights of members of national minorities.

In the area of employment, we will need to stimulate the creation of job opportunities for the subjects of national minorities.

In the area of education and training, the state policy should bring about greater measure of freedom, responsibility and participation of families in decision making on the educational path for their child, greater amount of freedom of teachers in the pedagogic process, a more interlinked system of legal norms, clearer and more tangible rules of collaboration of all the stakeholders, participating in the educational and training processes, ensuring the rights of free choice in the educational path, creating support and life-long
program of training, introducing an unbiased state social system of funding education, enabling a great measure of citizens participation in the administration of matters of education and training.

In the area of leisure time pursuits, we will need to create equal conditions for adequate use of children's leisure, both in the cities and in the countryside, increase state subsidies for sectors of education, culture and others, in order to make the potential options for the use of leisure time of children and youth generally open to all, create conditions in schools, particularly spatial, material and personnel for the use of leisure, improve information awareness of children and their parents about the existing ways of leisure time pursuits.

In the area of prevention of crime, committed by children and adolescents, we need to remove the causes and conditions conducive to crime activities of children and the youth, introduce a systemic and comprehensive approach to correction and prevention, build a functional system of social and material support for vulnerable families, set up at all levels of police corps management the workers assigned to work with the youth, coordinate the activity of state and non-state subjects in the protection of children and adolescents against adverse phenomena, expand the system of penal sanctions that can be imposed by the courts only, in particular, introduce the penalties which are not associated with prison sentences, as alternative forms of punishment. Finally, it is crucial to exert an influence through media on children and adolescents with regard to their rights and interests.

In case of the family failing, we need to introduce a legislation permitting the adoption of legally free children from children homes and other facilities of substitute care taking place in a foreign country, under conditions stipulated in Article 21 of the Convention on the Rights of the Child. There was no efficient mechanism created in the former Czech and Slovak Federal Republic that would monitor and observe the terms applicable in adoption.

The fact that the institute of the “ombudsman” has not yet been introduced in the Slovak Republic is seen as negative, as it should and might fulfill multiple functions, such as submit proposals to strengthen legal norms regarding the exercise of the rights of the child, provide positions on the draft legislation regarding the exercise of the rights of the child, render legal information to the public, individuals and authorities dealing with the issues of the rights of the child regarding their exercise, etc.

What is seen as a positive result is the establishment of the Slovak Committee for the Rights of the Child in the Slovak Republic, which from its inception fulfils the role of a “public protector of the rights”, whereby an important step has been undertaken for a consistent implementation of the Convention on the Rights of the Child.
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The indicators reflecting the objectives of the World Summit on Children

WSC objective 1. To reduce the rate of infant death and the rate of death of children aged up to 5 years by one-third, or to 50 to 60 per 1000 live born children, according to which is the lower, between the years 1990 and 2000.
Over the course of 1990s, the infant mortality fell from 11.6 to 7.95 per mill, which is a 31% decrease. The mortality of children up to 5 years of age, monitored in the Slovak Republic since 1993, fell from 12.9 to 9.57 per mill, which is a 26% drop. Both values are in the scale of very good, by the world and the European standard.

WSC objective 2. To reduce the rate of death of mothers by half between 1990 and 2000.
The mortality of mothers, or the required rate of death in mothers in Slovakia is being evaluated and analysed regularly. For years, Slovakia ranks among the countries with very low mother mortality and the reduction of the rate of death in mothers by half is absolutely unfeasible. The numbers of death of women in relation to pregnancy are at the level achieved by most advanced countries of Europe.

WSC objective 3. To reduce the incidence of total and moderate malnutrition among children aged up to 5 years, between 1999 and 2000.
Malnutrition due to hunger in the Slovak Republic is practically non-existent. Therefore this parameter is not directly statistically monitored. Each child has its primary care paediatrician (PCP) that provides complex preventive and treatment care. According to the NC SR Act no. 98/1994 of the Collection of Laws, on Treatment Guidelines, as later amended, preventive examinations of children are carried out by age groups, where parameters of nutrition are monitored. In the annual reports of activities of medical practitioners for children and adolescents, children are reported suffering from malnutrition only in the group of metabolic and endocrine diseases, totalling 10,720 children, and in the group of malabsorption syndrome, totalling 2,872 children, according to international classification of diseases.

WSC objective 4. General access to safe drinking water
The use of safe drinking water is implemented in the following way of drinking water supply: through water piping, public water mains, drills/wells, protected springs, protected fountains, rain water. Currently there are 4,438,084 inhabitants supplied with drinking water in the Slovak Republic from the public water main system, which comprises 82.4% of the total population. Since 1990, major improvement has occurred in drinking water supply for the population, which is due to the ongoing construction and reconstruction work on water lines. The largest gains in the number of inhabitants connected to water mains were seen in district towns, in particular. In the villages, given the aggravating economic situation, there is a falling trend in the number of population connected to water mains. The percentage of population supplied with drinking water from public wells also reveals a significantly falling trend. There is a serious problem in that 17% of SR population uses water from uncontrolled house or public sources. The state health authorities keep the register of public wells only exceptionally, as these are sources of low technical quality, which are not assumed to be used for provision of water fit for drinking purposes. From the preventive aspect, we could mention the project “Sound water”. This concerns steps taken towards health and
educational efforts aimed to shape attitudes of individuals to the drinking water as the principal element of environment having an impact on the man's health.

WSC objective 5. General access to liquidation of human excrements in a hygienic way. The use of hygienic means to liquidate human excrements: toilets connected to the sewer system, any other flushing toilettes (private or public), improved latrine pits, traditional latrines pits.

The issues of waste water discharge and treatment and refuse liquidation belong in the responsibility of the departments of environment or the relevant district or regional offices, where the data is gathered on provision of liquidation of human excrements and the number of households connected to the public sewer system.

The construction of public sewer networks in municipalities is a priority task in ensuring the liquidation of human excrements. A pressing problem in the whole territory of the country is the solution of the liquidation of waste water of cesspits and septic tanks in those municipalities which have not built flushing sewer systems. The construction of public sewer system in communities significantly falls behind the construction of public water mains.

WSC objective 8. To ensure better protection of children in particularly harsh conditions, and fight the roots conducive to such situations.

In the Slovak Republic of the total 1,437,809 population of children aged up to 18 years, 379,919 children are monitored for a deviation from an optimal condition by medical practitioners for children and adolescents and medical specialists, which comprises 26.4 % of this population. Of this figure, 6.56% suffer from a less serious health impairment, 17.5% are chronically ill children, and 2.43% are handicapped. In the effort to reduce the percentage of newborns with a handicap resulting from chronic hypoxia of the fetus, Slovakia as one of the first countries introduced intrauterine screening of the fetal hypoxia using Doppler ultrasound. The children with health deviations, chronically sick and handicapped are followed-up and treated according to their impairment.

WSC objective 9. Special attention paid to health and the diet of girls and pregnant and breast-feeding women.

The rate of death of children aged up to 5 years has been fluctuating between 12 and 13 per thousand, which is a very favourable parameter. The most frequent pathological conditions resulting in death of 1-5 year old children are injuries, hereditary and congenital handicaps and diseases, followed by pathological conditions of central nervous system, oncologic and infectious causes. There are no significant differences in the above parameters between men and women.

Prenatal care in our country is of sufficient standard. We may note that the rate of visits to prenatal counselling centres is almost 100 percent. Within prenatal care, each pregnant woman is examined also for HIV and syphilis. In addition, screening for diabetes mellitus is made, and repeated screening examination for early diagnostics of eclampsia (examination of blood pressure, urine). During prenatal care, pregnant women are screened for anaemia on their first visit and in 28-th week of their pregnancy.

WSC objective 10. Access to information and services for couples to prevent pregnancies, which are either too early, within too short an interval, too late, or too numerous.

Information on contraception is provided by a gynaecologist of primary contact. The education for marriage and parenthood in the Slovak Republic is ensured by family, school, churches, non-governmental organisations and interest groups. Despite certain increase in the
use of modern ways of contraception we need still to admit that many women rely on accident and artificial interruption of pregnancy which they use as a way of contraception. The number of women using hormonal contraception is four times lower compared to the advanced European countries, despite their almost 100% increase over the last three years, primarily among young women. In 1999, 14.5% women used hormonal contraception.

WSC objective 11. Access for pregnant women to prenatal care, trained staff during pregnancy and referral facilities in high-risk pregnancy and emergency obstetrics. In Slovakia institutional obstetrics has been in place, and all women deliver babies in hospital facilities where they receive highest possible treatment. Prenatal care is rendered by primary care gynaecologists, the patients with high-risk, or pathological pregnancies receive their prenatal care in specialised counselling centres. Each delivery takes place under the guidance of an obstetrician and neonatologist (medically assisted delivery).

WSC objective 12. Decrease of the rate of low birth weight newborn infants (weighing less than 2.5 kg) to less than 10% The objective to reduce the number of low birth weight infants to less than 10% has been achieved on a long-term basis. The percentage of premature infants fluctuates between 5.6 and 6.8 percent. In 1999 the percentage of the premature infants in the SR was 6.48%, which is an incidence pointing to a high-quality prenatal care. The newborn infants with extreme low birth weight are born in specialised perinatal centres.

WSC objective 13. To reduce the incidence of anaemia resulting from iron deficiency in women, by one-third, against the level achieved in 1990. The screening for anaemia in pregnancy is carried out during prenatal care on the first visit of the pregnant woman and in 28-th week of pregnancy. The anaemia found is treated and we may note that more than 50% of pregnant women in our county suffer from pregnancy anaemia, mostly of moderate degree.

WSC objective 14. The actual elimination of disorders due to iodine deficiency. In the Slovak Republic legislation provides for the production and import of iodised table salt only, (Food Code of the SR, at an amount of minimum 15 and maximum 35 mg.kg-1). The obligation to add iodine to table salt has been in place since 1956. The iodine contents in table salt is regularly monitored by state health institutes of the SR, within the main tasks of the Ministry of Health of the SR, those of the Chief Hygienist of the SR, and the exercise of state supervision.

WSC objective 15. The ultimate elimination of vitamin A deficiency (VAD) and its consequences, including blindness The incidence of vitamin A deficiency in the SR, except for the diseases that may induce it secondarily, has on a long term been nil.

WSC objective 16. The ability of women to solely breast feed the child for a period of four to six months, and continue with breast feeding as supplementary nutrition far into the second year of the child's life The lactation programme targeted at a renaissance of natural nutrition of infants with mother milk has been implemented since 1978. About 42% infants are breast fed until their fourth month, while at the end of the sixth month, 30% of children are breast fed. The supplementary nutrition is certification guaranteed by the Chief Hygienist of the SR, subject to the advise from the Committee of the Slovak Paediatric Society.
WSC objective 17. The support for growth and its regular monitoring should be institutionalised in all countries by the end of the nineties.
In the Slovak Republic transversal anthropological research is conducted at ten-year's intervals. In 1991, the Fifth nation-wide survey of the physical development of children and adolescents was conducted. The purpose of monitoring the growth of children and youth is to detect developmental trends of the child population. It provides growth and development standards that are important both for clinical practice in individual judgement of the health condition of children, and in group diagnostics, as a sensitive parameter in following the impact of environmental factors on the selected child and adolescent population.

WSC objective 18. The dissemination of knowledge and expansion of support services for increased food production to ensure food safety of household.
To ensure adequate nutrition, the Government of the SR adopted the “Program of restoring healthy nutrition in the SR population” which is consistently pursuing improvement of the current standard of nutrition, and thus also of health situation of the population, making full use of one of the most significant preventive factors, as the healthy diet is in relation to age, gender, employment and the given living conditions of the man.
The program stems from the documents adopted in the SR to date, mainly the National Program of Heath Promotion, Principles of State Policy of the SR, the Concept of State Health Policy, the Action Plan for Environment and Health of the Population of the SR. The nutritional objectives correspond to those of the WHO.
The benefits of pursuing the program of restoring healthy nutrition in the SR population include:
- to contribute to improving of the health condition of the population, including the prevention of the incidence of so-called civilisation diseases – particularly cardiovascular and some cancer diseases having grave health, social and human consequences.

In connection with common meals for children and youth, the contribution is seen in creating conditions for
- provision of a healthy diet with regard to age, gender, working and out-of-work activities
- optimisation of the general regime of nutrition and liquid intake
- pursuance of health and preventive role by observing the general principles of prevention of so-called civilisation diseases, by precluding their incidence in adult population
- meeting the significant social role in respect of families with mothers employed
- meeting the educational and training role in respect of the youth and young families.

WSC objective 19. Worldwide reduction of the incidence of polio by the year 2000
Through implementing the program of preventing poliomyelitis, there has not been a single case reported of poliomyelitis since 1960. The vaccination of child population is high, achieving for a long time around 98% nation-wide. By testing waste water, circulation of wild strain of poliomyelitis virus has not been confirmed.

The tetanus in newborn infants had been eradicated in Slovakia in late fifties, in the sixties tetanus had disappeared in children and adolescents, and by basic inoculation of adult population, its incidence has been reduced in adults to rare cases in the older persons that have not been vaccinated.
WSC objective 21. Reduction of the rate of death due to measles by 95% and reduction of the cases of measles by 90%, compared to the level of vaccination until 1995, as a major step towards world-wide elimination of measles in the long-term perspective.

In Slovakia since 1976, there has not been any case of death reported due to measles. The vaccination against measles was phased in since 1969. Prior to that, the morbidity in measles ranged between 200 and 400 /100,000 population, reaching as much as 7,000/100,000 at the time of epidemics. The vaccination has significantly affected the epidemiological situation in the occurrence of measles. Between 1990 and 1999, the number of cases reported annually was very small. With the exception of several local epidemics in the eastern part of the country, mostly in Romany settlements, in 1991-1993 and 1997-1998, the number of diseases has dropped in children aged up to 5 years to zero value. In the epidemic years, the morbidity of children aged up to 5 years, did not exceed the value of 122.7/100,000, which is 370 cases of disease. In 1999, no case of measles was reported in Slovakia.

WSC objective 22. The maintenance of high level of coverage with inoculation (at least 90% of children aged up to one year, by the year 2000) against diphtheria, whooping cough, tetanus, measles, tuberculosis and tetanus in women of fertile age.

The proportion of children vaccinated against DTP in the first year of life is at a sustained level above 98 percent. The rate of vaccination against measles in children in the first year of life between 1990 and 1999 reached 97.3 %, while it was 98.3% against polio and 96.2% against tuberculosis, respectively. The proportion of girls revaccinated against tetanus in 14-th year of life did not get below 99.0 % between 1990 and 1999.

WSC objective 23. To reduce the rate of death due to diarrhoea by 50 percent in children aged up to 5 years and achieve a 25-percent reduction of death rate due to its consequences.

The death rate due to dysenteric diseases in children aged up to 5 years in Slovakia is very low and is neither an epidemiological nor a social problem. In 1999, no child of up to 5 years of age died of diarrhoea. The oral rehydration system of treatment of diarrhoea in infants has been used routinely in the field by practitioners for children and adolescents for more than 15 years.

WSC objective 24. To reduce deaths due to acute pneumonia of children aged up to 5 years, by one-third.

The target has been achieved. In 1999, 11 children died of respiratory infections. The death due to respiratory diseases and pneumonia is rare, as a rule pneumonia is a cause of death only when associated with another serious primary disease (immunodeficiency, malignity). Each child after having suffered acute pneumonia is followed up by his/her medical practitioner for children and adolescents or a paediatric pneumonia specialist, according to the severity of the findings.

WSC objective 25. The elimination of the children's guinea worm disease (dracunculiasis) by the year 2000.

In Slovakia there has not been a single case of dracunculiasis reported for at least 20 years.

WSC objective 26. To raise the awareness, skills and values necessary for a better life of individuals and family, through accessible training channels, including public means of communication, other modern and traditional communications, and social activities having efficiency that can be observed in the changes of behaviour.
In early nineties, gradually following health and education programs for children, adolescents and adults began to be implemented:
- health promoting schools
- health promoting kindergartens
- healthy cities
- the Action Plan for Environment and Health

The WHO “Health Promoting Schools” Project
It entails steps aimed at promoting health that need to be understood as a combination of education for health and other activities that the school develops to protect and promote health in all, i.e. both pupils and the staff. In implementing the activities of the project in joined health promoting efforts the purpose is to:
- increase state health oversight
- monitor the standard and the quality of school meals
- improve conditions for physical activity
- highlight the need to change the way of life.

The WHO “Health Promoting Kindergartens”:
It comprises steps aimed at promoting health of children of pre-school age. These include the implementation of a consistent health and educational training for kindergarten pedagogical staff on the current state of health environment. The objective is to identify the priority issues regarding the environment and health in individual kindergartens, and propose options for solving, testing and evaluating physical activities for children and kindergarten teachers, determining the cardiovascular fitness including direct intervention in terms of prevention of passive way of life and identification of risk factors associated with stress and subsequent direct intervention - individual counselling.

The WHO “Healthy Cities” Project
It comprises activities that enable interest groups, housing estate associations and individual citizens to involve in the planning and decision making about the environment they are particularly interested in. In a number of projects of healthy cities, citizens' representatives are members of coordinating committees and the housing estate associations are involved in defining the needs of the community. Financial and other support is offered to the development of community and self-help activities. The experience gained in some local projects have shown how active work with the vulnerable and disabled groups in their day-to-day life situations may result in helping them to formulate clearly their views on the priority activities, equip them in a way to be actively involved in different ways in the areas of promotion of health and make access to services easier for them.

“The Action Plan for Environment and Health” (APEH)
This constitutes particular events aimed at improving selected elements of environment. The health condition of the population in the SR as assessed with regard to individual elements of environment should be the decisive factor in selecting the events. The basic rationale of the APEH must lie in the principle of partnership. In order to ensure successful implementation it is necessary to extend the spectrum of the stakeholders of the process with the non-governmental sector (NGO), professional institutions and the public. The introduction of the principle of partnership calls for a revision of the APEH in the SR, with good practice being applied which has been gained in other countries of the European region engaged in European process of the sustainable development in the area of environmental health.
In the area of health of children and adolescents the aim is to progressively improve health of the young population, that is affected by the quality of environment and the lifestyle. Primary care needs to be further developed, primarily the consistent prevention, awareness needs to be raised of individuals and families and information improved on a sound lifestyle, hygiene, healthy nutrition, family planning, thus ensuring a harmonious development of physical and mental capacities of the population of up to 18 years of age.

Under the effective legislation in the Slovak Republic, each person is guaranteed the right to receive health care, including medical drugs and medical aids (§ 4 of the NC SR Act no. 277/1994 of the Collection of Laws, on health care, as later amended).

The Constitution of the SR, the NC SR Act no. 98/1994 of the Collection of Laws on the Treatment Guidelines, as later amended, fully guarantee provision of primary, secondary, and follow-up health care, which is fully reimbursed by health insurance companies on the basis of health insurance.

Prevention is the principal orientation in providing health care to the said section of the population. The scope of prevention is determined by the number of preventive examinations according to age categories, in which medical practitioners for children and adolescents actively and systematically detect children suffering from chronic and long-term diseases.