



3. SURVEY QUESTIONNAIRE ANALYSIS

By highlighting and analysing the questionnaires, we are trying to shed light on the current situation in the field of providing services in the field of Education and Care of Preschool children in Slovenia. A sample of answers to the given questions that we divided in **3 thematic sets** (level of integration, availability of services and suggestions for improvements) can serve as a starting point for exchanging examples of good practice and creating a common framework and vision for care and support of families with young children.

Questions in the table below have been addressed to the following **institutions that are active in the field of Early Childhood Care:**

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INCREASING ACCESSIBILITY OF INTEGRATED ECEC - SERVICES

1.1 National context and an overview of key documents in the field of early childhood development

In Slovenia, policies and practices affecting early childhood overlap different ministries and fields. As part of the implementation of early childhood policies, several laws and key strategic documents have been adopted and drawn up in the past decade. These are in the fields of health, social, education and family policy.

In the **field of Education**, Slovenia has developed an **integrated system** (a single structure organisation). Early childhood education and care for all children from the ages of one to six or up until they begin primary school. The Ministry of Education, Science and Sport has been responsible for Early Childhood Education and care since 1993. The state has authority over the national policy, financial, legal background and outline of the programme. There are two laws that are responsible for regulating pre-school education, **the Kindergarten Act and the Act on Organisation and Financing of Education**.

Local communities establish public kindergartens according to the needs of their constituents. Early Childhood Care programs are financed by public funds, donations, kindergarten fees paid by parents, founder investments as well as grants and other sources. Public pre-schools are co-financed by the local municipalities and parents, depending on their income class. This ranges from (0%- 77% of the full price of the program); and covers the difference of the full price. The payment of kindergartens also varies, depending on the number of children enrolled. The Kindergarten Act (article 20) gives priority to children from vulnerable social groups, children with special needs and children from families in a precarious situation in the admission and enrolment in kindergarten.

Pre-school education isn't compulsory, and parents decide whether their child attends kindergarten. These services are offered by either public or private (without concessions) kindergartens. When



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- **8 social welfare centres.** We received 3 questionnaires from 3 of them namely Ravne na necessary, the network of public kindergartens is complemented by private kindergartens that have a concession. Depending on the needs of parents, children and in agreement with local municipalities, kindergartens can adopt various programs. They can have full day, half-day or even shorter programs. In the 2018/19 school year newer and shorter programs, (240 hours/year, which are funded by the state, were introduced. These programs are aimed and designed for children who haven't attended kindergarten and are in their final pre-school year before starting the compulsory primary-school program. Kindergartens have to apply to the Ministry to obtain extra funds for this program. The time spent in kindergarten is divided into two periods; the first is for children aged 1-3 and the second from 3- up until entering primary school. Education specialists working in public and private kindergartens with a concession have to follow the guidelines, goals and principals of the **Curriculum for Kindergartens, 1999**, which is a basic program setup to justify pre-school education as part of the educational system.

A regulated care system has also been developed for pre-school children at home which includes a small part of children. Pre-school education can also be organised at the home of an educator or assistant educator who are employed in either a public or a private kindergarten. A private educator has to meet the same conditions as any education specialist in a public kindergarten and has to register their services at the Ministry of Education. Nannies or guardians who aren't qualified to teach a pre-school education program may also offer care services but they may only look after the children. These nannies also have to register with the ministry responsible for education. The maximum number of children that they may care for at home is 6. However, they can also register for **individual care at the child's family home.** The numbers of registered guardians of pre-school children at home is increasing every year due to the difficulty to provide enough vacancies at public kindergartens.

In line with European trends and guidelines, the participation of children in pre-school education care programs in Slovenia is also increasing. Data shows that the number of children in kindergartens has increased by a quarter over the last decade: from 71,124 (2009/10) to 87,708 (2019/20). The percentage of children aged between 1 and 5 who were enrolled in early childhood education and education in kindergartens in the 2019/20 school year, of all children of that age, is 82.7 %. According



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966 kindergartens and their units were involved in providing pre-school education, 851 public and 115 private schools. The vast majority of children attended public kindergartens (94.3 %).

In the **field of health the rules for implementing health care at primary level have been established**, which provides quality preventive health care for new-borns, infants, children up until the age of 6, school children and youth up to 19 years of age. Health education is also provided for children, adolescents and parents, including school for future parents. These regulations also apply to socially disadvantaged groups. Even though the health status of the general population has significantly improved in recent decades, there still exist **inequalities within certain socio-economic groups** and people in higher socio-economic groups improving their health status at a far greater pace. That is why by upgrading the preventive health care program for children and adolescents **special care is paid to vulnerable target groups as well as the development of good practices and effective cross sector collaboration.** The prime objectives for the development of paediatric care at primary level in European countries are to ensure the quality of health care as well as aiming to reduce disparities and eliminating inequalities in the health care system. The main strategic document, **Resolution on the National Health Care Plan 2016-2025 “Together for a Healthy Society”** in delineating key goals in the field of preschool and school health care, states that there is a need to update prevention programs in order to ensure access to quality treatment for vulnerable groups and reduce inequalities in the health care system. Effective inter-government coordinated measures, policies and reforms will need to be adopted and implemented to achieve the above-mentioned objectives. Health in all policies is a concept that still has to be implemented in Slovenia.

The key strategic document for the development of the social protection system is the, **“Resolution of the National Social Protection Program” (2013-2020)**, which defines the basic starting points for the development of goals and strategies in the progression of social protection and welfare. It also defines the public service network, monitoring, public services provided, public service programs as



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- **8 social welfare centres.** We received 3 questionnaires from 3 of them namely Ravne na well as how they are put in practice and the people responsible for these programs on all levels. In the broad spectrum of the social services, various services are available to families aimed at preventing social problems and hindrances (Social first aid, family home assistance, institutional care, improved measure to better reconcile the private and professional sphere of life). The social welfare system includes protection policies but it also has a function to coordinate all policies that affect the social position of people. Increased social inclusion of all parts of the population can be achieved by using a more integrated and enhanced policy across different fields of expertise.

FAMILY POLICY in Slovenia is based on an integrated and inclusive approach, which means that it includes all types of families. The policy takes into account the plurality of family forms and makes the protection and quality of life for families and children its priority. It is important that we address the issue of the position of children within the framework of family policy holistically and at the same time include it as an integral part of other important areas.

The basic goals and measures in the field of **family policy in the period 2018-2028 “A family-friendly society”**, which defines key goals that will further increase the quality of family life, ensure the protection and well-being of families, children in particular as well as improving the socio-economic status of families. The reform **emphasizes that necessary measures and changes in many priority areas can only be achieved through cross sector cooperation and integration.**

Special protection of the family is defined in the **Family Code**, which has been drawn up mainly for the benefit of children. The protection of families and children is also provided for in a number of other laws such as (the Prevention of Domestic Violence Act and the Ombudsman Act). In comparison to other countries, **Slovenia has very good family policies**, it must continue to work on an inclusive approach and pursue the goal of making sure that families have a better quality of life and more protective policies for families, especially for children. In this context, a more focused shift is needed in the **transfer to more support services for children and families.**

The basic goals and measures in the field of children’s rights, the well-being and quality of life of children are addressed in the recently adopted Children’s **Program 2020-2025** that is in line with



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2. INTEGRATED SERVICES IN EARLY CHILDHOOD SYSTEMS

An increasing number of studies by international organisations (UNICEF, OECD, WHO) that address the importance of early childhood in an individual's life, confirm proven facts that fair and qualitative early childhood services benefit children and families especially the vulnerable groups. The complexity of the challenges facing societies today has a dramatic impact on families and consequently on young children. The global COVID 19 health crisis, increasing poverty, weakening of social protection systems, a wider gap in inequalities, job insecurity, greater mobility and migration as well as rapidly changing economic and political circumstances. Multifaceted problems require a variety of tailored and well-coordinated action plans. **Poverty, discrimination and growing inequalities need to be addressed as a whole if qualitative and quantitative changes are to be achieved.** Early childhood is a period of great opportunities for a child to develop, learn, express itself, realise their potential and build a solid foundation for their well-being and life achievements. Therefore, the **way childcare systems are designed**, put together, funded and how they work can significantly alter the life of a child and their family.

Due to these circumstances, the comprehensive network-based approach is becoming increasingly more relevant in Europe in the field of preschool education and support for all children and families in identifying and meeting their needs in different areas.

A systematic approach to pre-school education services involves close cooperation between different policy areas such as education, employment, health and social policy. Such an approach



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 - a coherent and common vision of all stakeholders, including parents.
 - A common policy framework with consistent systemic objectives
 - including clearly defined roles and responsibilities at national and local levels.In addition to such an approach to pre-school education and care services help provide better response to local needs. Member states can learn a great deal about other countries good practices in this essential area through policy exchange and cooperation at an EU level.

2.1 THE IMPORTANCE OF INTEGRATING EARLY CHILDHOOD SERVICES

In early childhood, children and their families have a plethora of services available that take care of different aspects of their development and well-being that are closely related to their age: nutrition, health, social security, family support, child protection and education. Many of these services are formal but informal services also play a major role as various public or private stakeholder in the community provide them. The main role of Early Childhood Education and Care is to ensure that every child's rights are met, that they have the best conditions and support to reach their unique potential regardless of their background, socio-economic status, religion, gender, race or views of the world.

Research and finding show that different contexts lead to **different forms of service integration.** A **vertical integration** refers to the structural and conceptual coordination of services and management. **Horizontal integration** refers to the assimilation of different services and departments that are implemented separately. Regardless of the type of integration, the quality of the services provided determines to what extent these reach families and children as well as the extent of their participation in these services and how it is adapted to their needs. Whether it is an "under one roof" service or a coordinated service with shared responsibility that operates autonomously, the services of the integrated system become part of the network and the individual partner becomes an entry point for the service network.



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- Professional cooperation within specific types of networks or partnerships
- The ability to provide various types of support services to families
- The participation of parents/guardians as the first educators and their children
- Guaranteed access to everything for all children and families

The **European Quality Framework for Early Childhood promotes the integration of:**

- Multiple services and jobs: education, nursing, social work, employment, culture and integration of immigrants
- Different services according to the child's age: mainly the transition between services for pregnant women, parenting workshops for mothers, nurseries, kindergartens and primary school
- Systems of public administration at local, regional and national levels

2.2 ADVANTAGES OF SUPPORTING INTEGRATED SERVICES IN EARLY CHILDHOO SYSTEMS

A review **of integrated social services** delivery reveals that early childhood centres which combine childcare, pre-school education, health care and the same time the provide counselling and support for parents **can improve multiple aspects of the child's life**. Some of the things that can improve are things such as child behaviour, social skills and learning. Children who are at a greater risk of poverty, social exclusion, abuse and neglect benefit most from the provision of integrated services. This has also been confirmed by OECD report (2015) which states that "even though comprehensive service provision can be used in all welfare environments with more or less needs". The people who will benefit the most from comprehensive service delivery are the ones that are part of a vulnerable population group since they are disadvantaged in many areas and have complex needs. The integration of services presents a **unique opportunity to solve the complex social issues** faced by vulnerable groups.



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- **8 social welfare centres**. We received 3 questionnaires from 3 of them namely Ravne na Integrated family centres give **parents more time to look for a job as well as more choice in choosing jobs**. One specific example of good practice is in Nantes, France where the concept of providing integrated child services has been adopted especially with the aim of breaking the cycle of deprivation. In poorer areas of the city, multi-purpose childcare service centres have been set up offering a range of childcare services. In addition to normal and flexible childcare, for example “emergency” childcare is also available to parents who have to go to a job interview.

In addition, working with other professionals can improve the **quality of work** and services provided by employees of each integrated centre. An integrated approach also benefits in terms of efficient and cost-effective service delivery. Children and their families benefit from a space offering a variety of services **in one place**. The inclusion of the widest possible range of departments and offered services means that their needs are most likely to be met directly or through a referral. Parents should be involved in the work done at centres, as they are best equipped with knowledge into what they, as parents need and their children as well.

Results obtained on the importance and benefits for children and families provided by high quality and inclusive integrated early childhood care services are referred to in the Proposal for Key Principles of the Quality Framework for Preschool Education. This document addresses the changes needed to redirect the focus on child and family. A key role is played by family participation, development and quality of implementation of programs as well as services in the early years. The framework supports enhanced cooperation between services and departments based on a common understanding of their roles and responsibilities. *“Stakeholders in the Early Childhood Education System have a clear and common understanding of their role and responsibilities and are aware that they have to work with partner organisations (Statement 9)”*.

If we summarise its findings, **the advantages and benefits** of providing integrated services in Early Childhood Care systems are as follows:

- Integrated services **reduce the cost burden of providing support and care** by reducing the number of visits, less costly measures and no need for the duplication of services as they are integrated.



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- Integration of services can lead **to an earlier detection of the diverse needs of vulnerable groups**, allowing for more focused measures.
- Integration **improves access to services** that is of great importance for people in a vulnerable situation and need priority services.
- Integrated services **enable the exchange of information** and knowledge between professionals.
- More integrated service models **increase cooperation and collaboration between providers and decision makers**, which leads to **improved service quality** and satisfaction on both ends (service provider and users).
- Integrated **systems ensure greater coherence in Early Childhood Education system policy** e.g. regulation, funding, curriculum, educational training workshops, working conditions, monitoring and evaluation of systems) as well as more resource allocation for young children and their families.

3.1 ACCESIBILITY TO SERVICES

The way in which services are provided reflects the way in which those responsible perceive their role in the management and delivery of services. Their affordability, availability, usability and their integrity show the extent to which they represent a response to the real needs of the families and communities in which they operate. Services can be provided in isolation or by creating a network of cooperation.

Users find out about the services provided by the surveyed institutions in **different** ways. All information on the possibilities of including a child in kindergarten can be obtained by parents from the register of public kindergartens, open days, and various local events such as exhibitions in



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- **8 social welfare centres.** We received 3 questionnaires from 3 of them namely Ravne na libraries, in the town hall and other public institutions. **Informing parents about enrolment of children in kindergarten happens through various information channels**, namely by posting on kindergarten websites, social media, and posters in and around kindergartens, e-mails sent to families who already have enrolled children or who know someone who enrolls children in kindergarten. Kindergartens also publish information describing their activities that are aimed at parents. Much of the information about kindergarten, life and work in it is spread through word of mouth from family to family thus kindergartens try to raise the quality of their work. The Hans C. Anderson kindergarten in Ljubljana also organises “Ciciban” classes- these are creative movement workshops for children who are not yet included in kindergarten and whose parents would like to know what kind of work is done at the kindergarten. Based on these experiences, many families decide to enrol their children in kindergarten.

Different channels of information or other institutions (Social Services, family centres, Familylab Slovenia) also benefit from informing their users. They inform users about their services in the field by posting on websites, social networks, and bulletin boards, through the media, at other centres (health and social). These services are also chosen based upon recommendation of family and friends. Pedagogical staff refer children and their parents to SCOMS (Counselling Centre for children, youth and parents). At the Slovenian Philanthropy, the information is sent through by the Office for Care and Integration of Migrants, Administrative departments, Social Services, humanitarian organisations like the Red Cross, Caritas as well as through word of mouth.

The parents bring the new-born to the children’s paediatric department for their first examination on a voluntary basis but they are informed about this in the maternity hospital and by the health care community service providers who visit young families’ immediately after birth. Immigrant children usually come to the Health Centre for a general check-up, which is carried out in collaboration with schools. Educators bring refugee children from their refugee camps. In contrast to a children’s paediatrician, children who come to the Centre for Early Treatment of Children based on a referral from a GP or other specialists where the child is also being treated. Sometimes families are also referred to them by kindergartens. Users usually decide to visit a clinic with an appointment based on information found on the internet or informally through word of mouth.



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The inclusion of underprivileged children in kindergarten is usually first identified by educators. They usually notice this in their first interview with parents before the child enters kindergarten. That is why it is **important that education professionals are sensitive enough to recognise this** and consequently react appropriately, as it is sometimes difficult for parents to admit that they are in distress. After the educators meeting with the counsellor, they try to get closer to the family through dialogue, counselling, involvement in many forms of help, as well as charity projects (Santa Claus day, Godparents project, collection of clothing, shoes, toys etc...). In kindergartens, children from socially disadvantaged families are given additional activities such as going to shows, excursions, stays in nature and winter getaways. For this purpose, they have created a special fund that covers the cost of offering these additional activities.

The kindergarten in Kočevje where part of **the Roma population also lives, offers educational workshops for Roma children directly at their settlements.** In addition, Roma children have the opportunity to participate in a shorter program in the kindergarten itself, which amounts to a total of 240 hours per year. In the above-mentioned kindergarten, it is reported that there has been more participation in recent years but they continue to actively gain the trust of parents that is crucial for the inclusion of their children in the educational system. The inclusion of children from different



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Underprivileged children with a referral for kindergarten by a state institution such as Social services, non-governmental institutions, safe houses, maternity homes etc. have priority in joining pre-school educational programs.

Although the Social services have an official duty to address families that they believe need help their **experience in working with family centres** may vary as some families accept help, others don't accept their help and prefer having only financial support. One of the reasons for this may be the fear of being supervised.

In **individual institutions** such as the children's paediatric department in the Postojna Health Centre, the Centre for Early Treatment of Children, SCOMBS Maribor they report that they are not actively looking for **underprivileged children or their families since they are already referred to them because of various objective situations.** These referrals are forwarded by kindergartens, schools, Social services, courts and the families themselves look for help via family centres, the Slovenian Philanthropy association and Familylab Slovenia. **In any case, if they are in contact with these families, they pay additional attention and respond to their needs** (Health Centre Postojna). Familylab Slovenia addresses underprivileged families by cooperating with other nongovernmental institutions such as Kralji ulice (Homeless people) and with ZPM (Association of Friends of Youth Ljubljana).

3.3 Identified opportunities for improvements in institutional assistance to families

In terms of kindergartens, one of the major shortcomings is the lack of concrete support provided for parents and families of children with special needs especially with their upbringing at home. They are often left to fend for themselves, especially poor families who have children with either autism or spectrum disorders as they cannot afford private assistance. Although kindergartens would like to help them, it is necessary to solve the main problems at home as well. Only talking to counsellors and conversations in kindergarten are not enough. Parental support and home visits by professionals are



3. SURVEY QUESTIONNAIRE ANALYSIS

By highlighting and analysing the questionnaires, we are trying to shed light on the current situation in the field of providing services in the field of Education and Care of Preschool children in Slovenia. A sample of answers to the given questions that we divided in **3 thematic sets** (level of integration, availability of services and suggestions for improvements) can serve as a starting point for exchanging examples of good practice and creating a common framework and vision for care and support of families with young children.

Questions in the table below have been addressed to the following **institutions that are active in the field of Early Childhood Care:**

- **30 kindergartens** (All the public kindergartens in Ljubljana, some from Maribor, Novo mesto, Kranj, Koper, Kočevje and Murska Sobota). We received answers from 10 kindergartens in total, 9 of these were from Ljubljana and 1 from Kočevje.
- **8 social welfare centres.** We received 3 questionnaires from 3 of them namely Ravne na highlighted as a possible form of assistance that should be encouraged in the future. The need for additional assistance is also reflected in the integration of migrant families in local life. Some kindergartens solve these situations within the framework of various international projects and they collaborate with the Cene Štupar Institute and organise Slovene language courses for parents through this Institute.

Kindergartens emphasise that professional help is extremely difficult and stressful so the importance of systematic care for relieving the burden and maintaining employees mentally healthy should not be overlooked. The person offering professional help should have a positive attitude, show empathy, be respectful in order to boost his or her feelings and make sure they are heard and seen. According to the principal of the Ledina Kindergarten in Ljubljana, the patient should feel that they can share their worries with someone and that this person will be able to help him with his problems. In this sense, the opinion and advice of a counsellor employed by a kindergarten is very important, as it highlights the biggest shortcoming in helping people is precisely the overly formal type of help offered. The question arises as to whether this is due to burn out of staff who at the end of the day only works within the frameworks of legislative regulations.

The unsynchronised collaboration between different departments (long waiting periods in certain institutions) and too few joint meetings with all participants pose another issue. During the COVID-19 epidemic, some families were faced with the serious issue on how to feed their children since schools and kindergartens are closed. School attending children were able to get food whilst children of the same family enrolled in kindergarten did not. A solution was found for these families, namely their children were allowed to attend kindergartens even during the epidemic.

Social services report that the family support system:

- Isn't sufficiently **transparent** (you don't know what exactly is available).
- It **isn't comprehensive** as some areas provide many services where as others don't so the system isn't moving forward. This happens for example in the cases of adoption, foster care and educational institutions.
- It **isn't effective** (results aren't measured and there is no in-service planning).



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 - **Doesn't sufficiently** cover specialised forms of help. In addition, waiting time for counselling services are far too long, there is a lack of Early Treatment of children with problems and there is a notable lack of psychiatric care for children and adolescents.

The biggest problem in **Health Centres** is related to a **lack of staff members** pointed out by Family centres, which is why treatment **ends up being of lower quality** as doctors devote less time to individuals. One of the things lacking at clinics with consultation, is **the lack of available housing for young families as well as poorly maintained safe houses and maternity homes.**

Parents with children in the pre-school period are less likely to look for services **within SCOMS MB (counselling centre)** as these services are generally offered by local Health Centre. SCOMS Maribor has **highlighted that the Incredible Years program** that addresses families and children with behavioural problems that require swift treatment. **Familylab** has indicates that the following things are also missing or not well catered for:

- Inadequate and outdated parenting workshops
- Obsolete patronage nurse services
- Unregulated psycho-therapy network
- Professional services offered by pedagogical institutes don't function properly and are inappropriate

The Slovenian philanthropy lists the following problems in institutional assistance to families:

- **Families** that have applied for **international protection may not enrol their children in kindergartens as they have to pay the full price of the program** and are ineligible to apply for a reduced fee since they do not have any status. Most applicants have no source of income so they wouldn't even be able to afford the subsidised kindergarten fees which means these children should be allowed to attend kindergarten free of charge
- In theory, parents have access to **support services** providing aid in helping **them learn Slovenian** and finding work yet in practice it isn't happening enough



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- Not enough **support for parents** with children involved in **the school process** (this has been identified during the epidemic period)
- **lack of discussion groups to relieve daily tension**, stress and traumatic experiences
- The bad timing of **issuing financial grants** and assistance to families. Even though the deadline has been decided by law, the delay in the payment of social money means that families don't have the means to support themselves and in turn they ask NGOs and other humanitarian organisations for help.