SOCIAL EXCLUSION AND CHILDREN

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Social Exclusion and Children

1. Children are the future of every nation. Every nation determines its future the way it provides health care and education to its children.

2. A child’s personality is the basis for the adult’s personality. The experiences he faces during his childhood and youth, his reactions and feelings will not vanish, but will be carried with him throughout his life.

3. For creating one’s personality it is important for a child to experience:
   − love
   − hatred
   − domination
   − affection
   − appreciation and attention from others
   − desire for meaningful communication

4. Children and their needs:
   − to be loved - to learn to love others,
   − to be accepted - to learn to accept others,
− to live in security - to be protected against negative influences,
− to have examples - children remember positive experiences in connection with individuals,
− to be able to develop in every way - children need chances to use their developmental opportunities.

5. Over the past few decades much has changed in attitudes about responsibilities society has towards people with special needs. They are not regarded as being excluded from the society in terms of being expected to actively respond to education and to contribute to society.

6. Children with special needs, with their different abilities, receiving appropriate education, and later, when they reach adulthood, a proper workplace, can live productive life.

7. In inclusive education children with disabilities are provided instruction based on their individual strengths and needs. It means a great change in thinking of people, leaving the old traditional view, coming to new inclusion view of special education (Porter, 1995).

8. In the traditional approach the centre of attention was a disabled student. The assessment of a disability, diagnosis, followed by creating special programme and placement, resulted in special class, special school, segregated environment.

9. The inclusive approach sees the classroom as a supportive environment with the student included.

Disability As A Risk Factor In Society

10. In Slovakia, as everywhere in the world, children with different abilities are born. The fundamental right of a child is the right to life. This itself does not guarantee life which would be happy and fulfilling. All children require care and hard work. Raising a child can be very rewarding, raising a child with special needs can be equally rewarding. The baby will never give up on himself, and people who are around him, shouldn’t give up on him, either.

11. The needs of a child with a disability are the same as of a child without any disability, only their range and intensity are different.

12. In the past decades the categorisation of children with disabilities was created according to medical diagnosis, just to ensure basic life conditions, and not according to the degree of a need a child may have in the area of education and social work. The life of children with disabilities was regarded as less valuable: the family was only provided financial support, resulting in restricted life conditions.

13. After 1989 the situation in policy concerning people with disabilities started to change gradually. Very slowly the attitudes of people have been changing, one of which is the institutisation of people with disabilities. New forms of relationships emphasise the importance of family structure and community structure. Family centred community based complex care is preferred to institutional care. Still, financial resources from the state are not sufficient in terms of the technical equipment and quality of care. Staff experience is not comparable with developed countries.

"There is not a defective human being in front of us, but a man of many reserves." (William Cruickshank)
Health care

14. In the past decades, we have seen a shift within pediatric care. In addition to new populations of surviving premature infants, the technology has improved dramatically. There are new procedures, practitioners are used to patients on ventilators or with gastronomy tubes and other supports. We can make it possible for children to have better quality of life and we can help parents to take better care of their children.

15. To give children the most natural life possible and the best opportunities to grow and become fully valued adults, physicians must deal with educational, social and emotional lives of children in their practices - a very complex task.

16. Children with special needs deserve to live with their families in their own communities and to share everyday experiences other children take for granted. This is a challenge for health care professionals to expand their orientation beyond just addressing their biomedical needs. Instead, they must realise that medical decisions must always be made in full partnership with families.

17. Pediatricians of the first contact sometimes hesitate to enrol patients in their practices with complicated conditions who are technically dependent or have time consuming social problems. Actually, the first group of children represents a small fraction of pediatric patients with special needs. Any pediatrician’s practice may have numerous children with less obvious special needs such as developmental delays, school problems, chronic medical conditions, environmental risks and psychological dysfunction, but they may not be recognised.

18. The modern primary care physicians role includes providing comprehensive, community based, co-ordinated care for all his patients, particularly those with special needs. In Slovakia pediatricians and pediatric nurses are the ones who mainly identify children with special needs. Once the child has been identified, proper diagnosis should be made and early intervention should be started. The sooner the child and his family is provided with appropriate health and social care, the better chances he has to be saved for his family and society. Life of a disabled child can be nearly the same as that of any healthy child.

19. Disorders of various etiology can lead to serious developmental deviations and thus put the child in danger of a segregation from the society.

20. Along with early medical detection, more account should be taken of the mental and social development of the child. In order to attain this objective, however, it is necessary to improve and extend the training of the staff in the field of psychology.

21. The key to prevention is often the identification of risk factors and thus of vulnerable groups.

22. What can a pediatrician do to reduce the chance that a child may be disadvantaged by risk factors:

- early identification of children in risk
- early identification of disabilities
- monitoring children with disabilities
- getting the social worker involved
23. According to a WHO statement, by the year 2000 people with disabilities should have the physical, social and economic opportunities that would allow fully valued and mentally creative life.

24. This target could be achieved if societies develop positive attitudes towards people with disabilities and set up programmes aimed at providing appropriate physical, social and economic opportunities for them to develop their capacities to lead a healthy life.

25. Despite all possible preventive and rehabilitative efforts, there will always be some people with permanent functional impairments and disabilities, but they need not be socially handicapped. It is mainly the physical and social environment that determines the effect of an impairment or a disability on a person’s ability to lead a satisfying and productive life. People are handicapped only when they are denied opportunities generally available in their community to enjoy family life, education, employment, housing, access to public facilities, freedom of movement and the accepted standards of living.

26. The integration of disabled people in their community is far from satisfactory in many countries. Nowhere have all obstacles been overcome, despite the important steps taken to eliminate or reduce barriers to the full participation of disabled people. In many cases, disabled children and adults are still excluded from school because of their mobility or because those responsible for them are not sufficiently aware of their abilities and potential.

27. Disabled people are often denied employment or given menial or poorly paid jobs even though it can be shown that with proper assessment, training and placement, most can satisfy the prevailing work norms.

28. Disabled people are often denied the right to self-determination in their life and future development as well as their chance to take part in the social life of their community. This deprivation is a result of physical, social and economic barriers, that have often been caused by ignorance, fear or indifference.

**Trends for the future:**

29. Disabled people should have equal opportunity for paid occupations commensurate with their residual functional capacity. They should have all basic human rights guaranteed, including the right to self-determination in their own lives, to a reasonable degree of privacy, and to participation in community life.

**Education**

"Who was born as a man, should be educated as a man.” (Comenius)

30. School and school personnel can be major allies of health care providers in serving children with chronic illnesses and disabilities. Children spend 6 to 8 hours per weekday attending school, pursuing
extracurricular activities and being transported to and from school. As a result, school and school activities are bound to have a substantial impact on youngsters. The school environment, apart from providing academic knowledge and skills, proves that the social aspects are equally important for development. Many key developmental tasks of childhood and adolescence are accomplished at school. Among these are the development of academic, athletic and leadership skills, close peer relationships with children of the same sex and later with the opposite sex, independence from parents, values systems congruent with society and career plans and the skills to pursue these plans. For children with chronic conditions, mastery of these tasks is often more complicated than for their peers. Today’s society requires that we have the ability to make the right choice, to process information, to recognise of the trends of development, and to establish a hierarchy of values.

31. A number of studies suggest that children with chronic conditions have increased difficulties in school. (Èernay, 1988, Trlicová, 1995). Their academic difficulties are related to several factors:

1. they are absent from school more often than their peers and thus miss key instructional time.
2. they may have learning difficulties that may be related to sensory problems, cognitive limitations, specific learning disabilities, lack of energy for learning, side effects from treatment, or low expectations and placement in classrooms with insufficiently challenging material.

32. Every child has the right to education. The purpose and the aim of education are the same for all children, while the methods and forms of education can vary with individual needs of children.

Trends for the future:

33. Clearly, the health care provider needs to ask about a child’s functioning in school and, when he or she is having academic difficulties, to work co-operatively with the school to determine the etiology of these problems.

34. Physicians should encourage parents of chronically ill children to send their children to school whenever possible. Sometimes parents are concerned that the child may have medical problems while at school. If the physician educates school personnel about possible medical problems and teaches them when the child needs to be sent home or to the hospital and how to manage common minor problems, the parents are less concerned.

Integration

35. Integration as a system could be divided into 2 subsystems: social integration, as a common goal and school integration, as a means to reach that goal. Total school integration means full participation of a child with a disability in educational process, or partial, on some lessons during the day.

36. Advantages of integration:

− sharing education supports social learning, prevents social exclusion and the rejecting of marginalized groups.
− students gain experience that all people have different abilities so they learn to be tolerant
school acts as a mediator of knowledge and creates opportunities for social learning.

the child lives in his family and school environment and, facing barriers, he learns to overcome difficulties they may bring.

integration helps to build self esteem and independence.

37. There are also voices against integration:

- good students have to work more slowly in the class.
- children with disabilities are overworked.
- lack of special educators.
- lack of equipment

38. In the process of forming the directions and policy for education and integration working groups of experts have been put together in Slovakia. They work on proposals and cooperation with authorities. Before the law is approved, organisations of disabled make their comments. These are taken into consideration and contribute to the quality of reviewed materials.

39. The success of the educational process in special schools and in the integrated education of children with special needs depends on the level of technical equipment and use of modern methods of instruction. In reality, the practice reflects the present situation which is severely restricted by the economic and legislative situation.

40. Integration efforts are based on willingness, interest and good will of teachers.

Socio-psychological aspects of integration:

41. As far as social experience is concerned, for children with disabilities social development may be difficult. The human being is not isolated in society, but becomes a part of a group or different groups to participate in different activities. The first social group for a child is the family, which is most important in meeting his needs, and which provides his security and emotional satisfaction. The second, larger social group which the child enters, is a class in school. It is a homogenous group where all members share the goal of education.

42. Adequate inclusion into the social environment of the class contributes to successful education and creates an environment for quality peer relationships.

43. The physical age of a child has an impact on the quality of social relationships. As for the socialisation of a child, in the first years at school he does not realise relationships with the others. The object of his attention is a teacher. As he gets older, peer relationships become more complex up to strong relations within a group.

44. A child disadvantaged by his disability, represents a separate area of concern in school age, considering understanding of his social role, social adjustment, motivation and other characteristics of his personality. Each child with a disability is in a special life situation. Having a different health condition,
along with a different personal experience results in new attitudes. Without proper guidance, other children may stigmatise a child with a disability or avoid him because they are afraid. Some situations are extremely difficult, e.g. the reaction of the teacher, absence in various class activities, taunting from peers, which all influence the child’s behaviour. Realising his or her handicap results in feeling undervalued and unsecured. All these situations require the proper teacher’s approach and intervention.

45. Various studies have followed the social status of a disabled child among regular children. (Harineková, 1985, Hrabal, 1989, Trlicová, 1995). The majority of them belonged to the category of marginalized pupils. Children more often report feeling lonely. In addition, some children with disabilities lack the social skills to enable them to make and keep friends. Aspects of the illness itself may make it hard for a child to be accepted by peers, including physical changes related to the disease or the treatment, dietary restrictions or activity restrictions.

**Trends for the future:**

46. School may need to initiate programmes to help other students better understand the chronically ill or disabled child’s problems. Similarly, they may need to help the disabled child to develop improved skills in making and keeping friends. Regular schools in our country do not have guidance counsellors or social workers or special educators. The psychologists play a major role to achieve this goal. There is no co-operation between health care providers and educators. They should work in close contact, respect one another as professionals, each within his area of expertise. The primary interest should be the welfare of a child. If health care providers alert the staff in school to potential problems, they can intervene at an early stage. Through their co-operative efforts, many problems can be avoided, other issues can be identified earlier, creative solutions can be developed, and the child can receive a better education and more optimal health care.

47. According to the status of the child’s development there are various risk situations in his life: Each of these categories requires a different educational approach.

**A. Prenatal period**

48. Reproductive behaviour of future parents contributes to the formation of conditions for the health equilibrium of a future child. The basic way to optimise the genetic traits and other conditions for healthy development of the population is to guarantee the physical and mental health of the young generation. This includes parenthood policy, prenatal care and counselling for the future parents.

**B. Pre-school age**

49. The family is a constant in the child’s life determining basic features of life style. A quality and secure family background is the most basic requirement to guarantee healthy development.

50. In Slovakia children with special needs are identified by health care providers and undergo complex evaluation. There are very few early intervention centres which provide services for children according to their needs. It often depends on parent’s efforts and range of information to what degree the child receives services.
51. Institutional care is provided in Infant Homes which belong to health care facilities. An infant can also be raised at home, usually with mother acting as a seeker and co-ordinator of services. There are special pre-school facilities for children from the age of 3 to 6. Some function on a daily or weekly basis, others provide all year round care. Thus we have children who are separated from their families from a very early age.

52. Very rarely some children are integrated into regular kindergartens.

53. Children with mental disorders either live in Institutions of social care directed by the Ministry of Labour and Social Work, or a great number of children live at home without any appropriate services or educational programmes.

54. Parents are the only driving force in any efforts that would benefit the child.

55. The opportunities for education are influenced by the following:

- the level of parents education
- degree of their knowledge
- financial support of the family
- location where the family lives
- services provided in the community
- public awareness

C. School age

56. The Slovak Constitution guarantees the right for every child to be educated. Still, there are some criteria in the new Education Act which decide about exempting the children from compulsory school attendance.

57. In the process of forming directions for special education there is a "Concept of education of children with special needs" that has been approved. With respect to the Declaration of Children’s Rights it aims at creating optimal conditions for the development and equal opportunities for education for all children with special needs. The Concept is based on present knowledge of opportunities for education, on experiences of professionals and follows internationally recognised documents.

58. There is a strong movement of organisations representing people with disabilities to focus on discrimination concerning exemption from compulsory school attendance in the forming Education Act. They call for conditions in education of children with severe mental disabilities or multiple disabilities which would guarantee the development of personality, knowledge and skills of a child to a maximum degree.

59. School creates opportunities for a pupil, which help him to develop rational abilities, ethical norms, ecstatic values, working habits, as well as physical development to be actively involved in the
society. Not all individuals would reach the top in their efforts and success, but each pupil can reach the
degree of education which corresponds to his age and individual abilities.

**Institutions of Social Care**

60. As I have already mentioned, the Constitution of the Slovak Republic declares the right for
education for all. Within the new Education Act the legislation still uses the expression "exempting the
child from compulsory school attendance". The staff of the institutions provide education and vocational
training of the same group of children which were so called exempted from compulsory education for
having a mental condition, for which they were not able to be included into education.,

61. People with disabilities, according to their primary biological disadvantage, by means of being
exempted from the educational process , are disadvantaged again, and thus shifted to the margin of the
society.

62. Institutions of social care were established by the state over the past decades. They were built in
suburban areas and provided mostly all year round care. Mental disability was regarded as a constant
status not possible of being influenced in any way. Today, 52 percent of institutionalised children aged 6
to 17, show light or mild degree of mental disorder, 43 percent are children and young adults with severe
mental disabilities. The latter is the target population for institutions of social care. Some interesting data:
16 percent of these children do not have a psychological evaluation. 5 percent do not have any mental
disorder ( Nadazdyová, 1997

63. The Ministry of Labour and Social affairs registers 70 institutions of social care for mentally
disabled children and young adults, 47 percent of whom are aged 3 to 18. There are 13 homes with daily
care, 21 homes provide daily and weekly care. The most problematic are institutions with all year round
care - 36 -. Many of these children are neglected, having no family or social background, children with
communication or behavioural disorders. (Nikodémová, 1997)

64. Education and upbringing of children with special needs requires high qualification. The number
of special teachers and tutors is not sufficient.

65. The idea of individual care and meeting of individual needs of each child totally fade because of
insufficient number of specialists ( special teachers, tutors, psychologists ). There is not elaborated and
approved methodology of education in Institutions of social care. Each institution uses its own
methodology either based on criteria of special schools or they create their own pedagogic documents
including development of vocational and communication abilities. And so they illustrate the nonsense of
exempting some children from compulsory school attendance. Some institutions are able to put all the
actions into a meaningful and effective entirety, including methodic materials, diagnosis and therapeutic
procedures, individual development programmes, programmes of social, environmental and special
education, development of communication and vocational training, thereby becoming important special
educational centres. They are different from special schools in terms of offering a broader spectrum of
services and more progressive activities. The area of institutional care and education of children with
mental disabilities shows signs of voluntarism and wide qualitative dispersion.
**Trends for the future:**

- clear formulation of an integration trend in education - in schools supervised by Ministry of Education
- enforcement of an individual specific co-ordinated approach in education of children with severe disabilities
- precision in the identification of diagnostic groups and differentiation in the group of "severely mentally disabled children"
- theoretical and practical training of teachers, preparation of an educational and evaluation plan for students

**Attitudes in society leading to social exclusion:**

1. **SCHOOL ATTITUDES**

- fear, the teachers do not co-operate, they are not willing to create conditions for education, meet the child’s educational needs
- lack of special teachers
- lack of special equipment
- barriers in the school
- lack of training of educators

2. **PARENTS’ ATTITUDES**

- Parents are protective
- parents have prejudices
- they do no know about the opportunities their children may have in school, lack of information
- parents do not have the strength to fight the bureaucracy
- they do not have enough financial resources, e.g. for transportation of a child.

3. **STATE CONDITIONS**

- network of special schools is not appropriate
- long process of law creation
− lack of financial sources
− lack of support services

4. CHILD’S ATTITUDES

− difficult to adapt in the environment of other children
− behavioural problems

5. CLASS ATTITUDES

− children are not willing to accept a disabled child

6. LOW PUBLIC AWARENESS

− and knowledge about abilities and developmental opportunities of children with special needs

Children with learning disorders

66. Their situation at home and in school is difficult. In spite of good mental development they are not successful in some subjects. Having good critical thinking they realise something is wrong when they are behind. If a teacher does not understand the situation and labels a child as lazy, not willing to work, his self evaluation often decreases. The child is in a difficult position in the class. Often the teacher does not understand why the child fails in his subject and blames him. On the other hand, the teacher’s situation is also difficult because there is no teacher’s aid in the class who would help him to work with delayed pupils.

Trends for the future:

67. The teacher should have an opportunity to learn the reasons for this type of disorder, and receive advice how to work with children. Individual programmes of teaching are recommended, i.e. to compare student’s results with his own former results and not with the results of the other children in the class. Of course, the best solution would be to work in small groups with a special teacher, but here we face a financial problem and a lack of trained educators.

68. A child with a learning disorder should be regarded as a child who is facing a problem, which is possible to work out, but it requires time and effort. Progressing in overcoming obstacles would help the child to gain self esteem, positive self evaluation and trust. And this is the priority condition of healthy natural individual development.

Children at risk for behavioural disorders:

69. Those who show disorders in personality development, e.g. truancy, conflicts with authorities, run away from home. These are usually referred by school or social workers to experts for counselling. Very often they are labelled, which has a negative impact on children themselves and on their future life.
Children at risk because of their environment,
e.g. insufficient parental care, poverty

70. The socio-cultural deprivation of people living in economically disadvantaged communities is dangerous, leading to the creation of mental deficits in children. Poverty means limitations in accommodation, education, culture and conflicts in the family. There are no specialists who would be prepared to work with socially disadvantaged families.

There are 2 forms of environment:

− a family as a social group which provides material and mental care for a child, and

− school which plays an educational role and a role in upbringing.

71. In the case of a non-functional, failing family, it is expected that the school will enforce its instructional action and will provide protection, security, affirmation and understanding. For many children coming from an unfavourable cultural and moral family environment going to school means entrance to civilisation.

Children at risk of delinquency

72. Socio-pathological phenomenon are now quite common in youth. Care for young people at risk is quite demanding and does not respond to up-to-date needs. In some case all support fails and the child is sent to a correctional institution for young adults.

73. Resulting from insufficiently organised social care in the community with families at risk, and from high social tolerance to negative family environment, sometimes a help or a solution for a child comes late. In the past truancy and small thefts were the reason enough to institutionalise a child, at present it is a real crime. In the past, groups of young adolescents at risk were recruited from dysfunctional and single parent families living in low socio-cultural environments and from families who were not able to adjust. At present these groups of adolescents are scattered throughout society, no matter what their social background or position.

74. In contrast to developed Western European countries, in which we see an accepting attitude towards individuals in crisis and in need of help, our culture has a different approach. It emphasises negative expressions, labelling, myth of delinquency as an irreparable disorder, abuse of power and fear. (Labath, 1996, Kožnar, 1990)

Children abused and neglected

75. The syndrome of abused and neglected children has become more and more evident in the past years. It is not a new phenomenon in our society, but rather one, which has been hidden. Problems of an abused and neglected child in the countries of middle and eastern Europe were regarded differently than in developed countries, because of ideological and political reasons. Attention was primarily focused on children who were socially neglected. Most of them come from dysfunctional families. Abuse causes many disabilities. Children with pre-existing disabilities are more likely to be abused. Child neglect can seriously impair a child’s academic performance. Our system of care and protection for a child is not
prepared yet to solve many problems that we are facing in this area. We search for new ways and directions to recognise the danger, fight against it, treat it and most importantly, to prevent these situations. So far the co-operation between institutions from health care, socio-legal protection, psychology, education and the police has not been sufficient. There is a lack of social workers who would follow dysfunctional families and protect child’s rights.

76. One of the most important and most successful projects was the opening of the Children Rescue Line in Bratislava. Four percent of the telephone calls during the first year pertained to school problems, including peer abuse, relationship with teachers, learning difficulties, fear before exams and truancy.) The Children Confidence Line funded by UNICEF opened in 1996 provides counselling for children from all over Slovakia. The calls reflect children’s helplessness, uncertainty, sadness, emotional problems, abuse, feelings of fear, family relationships, school problems, etc..

Children with multiple disabilities

77. In Slovakia children with severe mental disorders were either placed in institutions of social care or were exempted from school attendance. The child has every right to be raised within his family environment. For some communities the solution is home teaching.

78. This situation is very rare. Many questions need to be answered. Who should provide the teaching process? Who should be educated individually? What degree of disability would qualify for home teaching?

Trends for the future:

- the range of education to be programmed according to the child’s ability
- training in communication
- individualised educational plan with aim to be used in practical life
- individual evaluation of each child
- the duration of school attendance

79. Parents also would need more support from professionals as well as from authorities because their efforts to enable education for their children are often described as a "fight with many-headed dragon".

Gypsy Population

80. Slovakia has been undergoing a period of acceleration of ethnic relationships, which influence society and political decisions. 4.8 percent of our population is represented by gypsies. The majority (4/5) of them are under 34 years of age.
81. Long term efforts for assimilation of the gypsy population did not bring positive results, for several reasons. First, their strong ethnic feelings caused resistance to assimilation, and second, assimilation efforts did not often respect specific features of gypsy ethnic groups.

82. Education of gypsies is a world-wide problem. Compared to other European countries, the level of gypsy education in Slovakia is higher, because gypsies do not migrate but live in communities. The majority of them do not consider education a priority. Attitude to their education has been created under the influence of their parents, who often have no education at all. This is related to everyday school attendance, supervision in school and homework.

83. It has been reported that gypsy children repeat a school year 14 times more often than other children. They discontinue compulsory school attendance 30 times more often and they are shifted to special schools 28 times more often. (Michlíková, 1995)

The reasons for this are:

- non compliance with the school system rules, which in the educational process counts on children rich in personal and family dispositions which would guarantee easy existence in school. Gypsy parents are not able to provide appropriate conditions for school preparation within the home environment.

- In their hierarchy of values education does not mean a priority.

School success and well being is influenced by

- family environment
- relationship within the class
- school attendance
- afterschool activities of children

84. Observation of the inter-ethnic relationships in mixed classes of elementary schools and analysing the influence of social contact on interethnic approaches showed various results:

85. Gypsy children had low social status in the class, they were more isolated and did not have many friends. The tendency to isolation increases with age (Michlíková, 1995).

86. Further observation of ethnic relationship in young children would answer a question, whether negative attitudes appear at an early age, even in pre-school age, and would clear the possibility of family influence, personal experience or predisposition of an individual to form negative attitudes to representatives of minority groups.

87. Children of gypsy and non-gypsy origin show different levels of self esteem, in older gypsy children it is evidently lower than in their peers of non gypsy origin. Negative perception of ego was not evident in young gypsy children. It seems that the level of self esteem and self confidence develops negatively with age and social experience. The more they are being refused in the group of their peers at school, the more they refuse to learn.
88. In an extremely inappropriate social environment, with neglect of education, absence of proper upbringing, mental functions may fall to the level of mental retardation. The most important aspect of this deprivation is low stimulation for the development of mental, emotional and personal functions.

89. 15 percent of the gypsy population is not able to master school tasks in regular schools. They often enter school with delay. After being evaluated in educational psychological centres they are enrolled in special schools. Many of these children were diagnosed as having a mild mental disability, social deprivation, social neglect. If a gypsy child does not adapt properly in a regular school, teachers often shift him to a special school during the school year, without any effort to help overcome the problems.

**Trends for the future:**

90. Since 1989 the situation in gypsy community has been changing, new cultural organisations and political representatives of gypsies reflect different attitudes towards the gypsy population. Based on the law from 1991 new approaches to gypsy population were declared, and they became equal with other ethnic minorities in Slovakia.

91. It is important to realise that large civilisations can be inspired by some personalities and positive features of small civilisations. Respect for gypsy identity is as important as respect for any other ethnic minority. Teachers should get to know the past, history, origin and behaviour of gypsies. Society should value cultural differences and traditions. Teachers should accept the child as he is, respect his family background, his habits and should build on them and help the child to come closer to the norms of the society.

**Labour Market**

92. The transition of young people with special needs from school to active working life is a serious step, not adequately understood in many European countries.

93. In Slovakia people with disabilities represent 9-10 percent of the population. (Krausová, 1995) It has been well proved that if a person with a disability succeeds in a profession, which is appropriate according to his health condition and qualification, it means economic benefit as well as social equilibrium. Inclusion of people with disabilities into the regular population results in raising their life standards. They stop being only passive receivers of social welfare benefits. Thus they can compensate state costs which were provided for them as support. If we realise that consequence of a disability is also an economic problem, it is very beneficial if they participate in a working process.

94. Also, having a job has a tremendous influence on mental health and feelings of people with disabilities. It is of great importance because of the psychotherapeutic reasons, and it also represents permanent rehabilitation, unknown to regular population.

95. It has been a well known fact, that people, who in the past experienced feelings of social exclusion and feelings that they were not needed, radically change as soon as they get an opportunity to work and participate in social life. Work activity can influence their physical balance and raise their self confidence and satisfaction. In the present situation of relatively high rate of unemployment in our country young people with different work abilities are disadvantaged in the labour market compared to the rest of the population. Not only is the adolescent population the most at risk group as far as finding and keeping
a proper job is concerned, but this is more visible in the group of disabled young people. They usually reach lower education and qualification caused by restrictions resulting from their disability.

96. In the process of job seeking nearly half of young people stated that their health condition was the reason they did not find a job. (Hofbauerová, 1997, Kleinová, 1997. About 25 percent of those who had been employed, interrupted their jobs because of health reasons. Young people mostly experience this unfavourable situation as being unpleasant. They also express various feelings resulting from their unemployment. It is boredom, failing to be successful, stress, loneliness and feeling unnecessary.

**Employment opportunities for people with disabilities:**

- in the general labour market
- in specialised organisations created especially for their needs
- in protected or sheltered workshops

97. Special secondary schools provide education for children who cannot be included into regular schools because of their disability.

98. Education of young people with mental disabilities is organised in special vocational centres. They provide vocational training as well as requalification as a reaction to changing needs of the labour market. Vocational centres have a long tradition in our country. They were built as segregated centres for young people with mild mental disabilities, some of them socially deprived and coming from negative home environment.

99. Adolescents with severe mental disabilities cannot be educated in these centres. They are trained in protected workshops and protected workplaces. A new form of help is supported employment, quite common in developed countries.

100. The state supports projects of protected workshops and protected workplaces. They are created with the purpose of employing people with severe disabilities who cannot apply for jobs on the labour market. They have a specific work description and the work there has a tremendous impact on their personal development and potential.

101. Building of protected workshops and workplaces on a community level is supported mostly by NGOs, local governments and grants. Their existence is of great importance because they mean active rehabilitation. The aim of active rehabilitation is to optimise the physical and mental capabilities. It means also social communication, feeling useful and self realisation.

102. It is very important to prepare the adolescent for a future profession. This includes investigation of individual abilities, how far his dispositions are linked with the recommended profession, what his professional interests are etc. In a survey following professional plans of the pupils about half of them were positive about the choice of profession. Approximately 40 percent were not quite sure whether they would enter the planned job and only 10 percent refused to go into the chosen profession (Adamoviè, 1993, 1996).
**Trends for the future:**

103. It is necessary to motivate teachers to understand more about orientation for profession, how important it is to provide more information about different professions and thus to make better the knowledge of what choices the pupils have. The counsellor for profession should work in close contact with the Labour office, employers and representatives of different professions.

104. The two institutions that participate in adequate orientation regarding professions, are the Institute of work rehabilitation of people with reduced work ability and the Vocational centre for young people with physical disabilities. Attached to this centre there is a counselling centre for professional choice. This requires a team of various experts in health care, social care, educators, labour offices which collaborate together in an effort to help young people choose for the appropriate profession and provide vocational training for their future job.

105. An important task of special schools is to prepare their students for a profession and for inclusion into the society. The school should know what to expect from students and what they want to reach in the future, what are their expectations and expectations of their parents.

**To establish professional integration of people with disabilities we need:**

- to create opportunities for broader spectrum of jobs for people with disabilities
- to provide loans and financial support for small entrepreneurs to create workplace, equipment, tools
- to support building protected workshops and workplaces
- to create appropriate legislation in the area of economic stimulation for employers
- to reduce psychological barriers by effective education
- to create barrier free environment
- to ensure co-operation between Labour offices, health care centres and organisations of employment
- to support entrepreneurship activities of people with disabilities
- to provide employers with full information about demands on jobs in the labour market and changes that need to be made to create a job place.

106. There is a government regulation concerning the number of people with reduced work ability within a company, 4 percent be disabled and 0,5 percent be severely disabled. If the employer does not do so, he is obliged to pay a certain amount of money to the Employment Fund. This system has not been effective, individual evaluation and dialogue with employers is proved to be more effective. The present legislation does not create motivation for employing people with disabilities. First, there is a negative approach because of supervision and controls according to safety of work environment by labour centres. Second, the law, protecting work rights of this group does not allow them to be released from their jobs.
unless there is an agreement with the regional Labour office. There is about a 50 percent sick leave rate among people with disabilities.

107. The attractive possibility of reduced taxes can only be in places that employ more than 60 percent of people with disabilities. Such high numbers of this group are evident mainly in co-operatives of the disabled. This proves not to be effective because they struggle with not being successful and often fail in profits because of not being able to work as hard as the rest of the population. Also the prices for which they sell their products have to be lower compared to market prices.

Aspects of people with disabilities on the labour market:

− increase of the number of people seeking jobs
− increase of the number of unemployed people compared to total unemployment rate
− high number of people interested in a specific position
− increased proportion of long term unemployment
− barriers and prejudices

There are also variable attitudes within the followed group itself:

− they are willing to work but lack of experience and low qualification results in failing to get a job
− if they succeed in getting a job, the same reasons can cause them to quit
− they feel insecure and are afraid of responsibilities which they would have to take when working
− some of them prefer to live on welfare and are not interested in getting a job

108. The relatively low difference between social welfare and monthly income does not increase motivation to work. The information about abilities of these people is very poor among the group of employers.

The unfavourable position of adolescents with disabilities on labour market is caused by:

− decrease of work demand, related to market economy
− closing of main sources of employment, that is co-operatives for disabled
− strong competition among job seekers, increase of vocational and qualification demands
− barriers in flexibility between employee and employers
− low qualification
National Policy

109. Revolutionary changes following 1989 in our country, which were accepted by a vast majority of people and which were aimed at reaching freedom and democracy, brought negative features next to positive ones. Discrepancies in different approaches to apply democracy, privatisation of state property, market economy, understanding of constitution, laws and legal norms have a strong influence on partnerships of friends, relatives, colleagues. They reflect the education and upbringing in all dimensions and institutions. In the past few years negative consequences of the revolution have become more evident, such as crime, corruption, drugs, etc. Available protective measures don’t seem to be effective enough, although much more is being invested in this area compared to education. It is doubtful whether police, lawyers and the legal system will find a solution, when there will be people with low sense of responsibility who have not experienced satisfactory effective school and social education.

110. Purposeful upbringing and education can contribute to solving negative problems in society. The significance of its influence is not appreciated enough. It is education which determines what police and justice would be like and not vice versa. That means that an important process of treatment of social diseases should be upbringing and it is a teacher who should play a role of a doctor.

111. School is one of the most important institutions in the process of education and upbringing, next to other factors including family, science, art, media, church and the state as the main guarantee of the whole educational system.

112. One of the most important criteria of successful education is the orientation towards the future, towards flexibility and variability, teaching children for practical life, that means from abstract thinking to applying knowledge in practice. To reach democracy in education. We cannot expect students who had been educated in the strict environment of authority to become supporters of democracy when they reach adulthood. If we want to compete in global economy market in the future, we must be able to sell our knowledge directly in applying creativity in school, research results and a high level of education (Obdrálek, 1996).

113. The more each member of the society has an influence on thinking, feeling and activities of the others, the more information media and opportunities he has access to, the more he should be responsible for education.

114. I would like to focus your attention on the principle of equality, to the area of fair compensation of social, physical or intellectual disadvantages of students or various social groups. Although the proper trend shows meeting individual educational needs of children, applying quality and personal responsibility, fair compensation of disadvantages has not been appropriate.

115. Let’s take some examples: For children coming from low social backgrounds there should be a network of effectively working kindergartens. The trend of the past years shows a decrease of kindergartens as well as a decrease in the number of children attending. This is caused by financial restrictions, increase of fees and increasing rate of unemployment of parents.

116. The development of the third sector - NGOs and voluntary activities is one of many consequences of radical changes after 1989 in our society. NGOs act between state and entrepreneur sector and took over the responsibility to solve many problems which the state does not regard as important or fails to resolve.
NGOs in Slovakia consist of many independent organisations. The growing trend required some umbrella organisations which would need good communication and provide information about their activities in public. A Gremium of the Third Sector has been founded which deals with co-operation and communication within the sector and a Service Centre of the Third Sector that sets up databases, organises courses of study, training. It is important for NGOs to collaborate with the state i.e. government, parliament, ministries - in the process of legislation, on a local level, district level, to supervise the distribution of finances from the state budget to guarantee fair grant policy. Co-operation between NGOs and government is a condition for NGOs to contribute to general public welfare.

Neither competition nor barriers among people would contribute to fulfilling the goals which should be the same as goals of state policy. The communication between NGOs and the state sector should not be broken off, there should be an understanding relationship so their activities would produce a positive effect.

To follow the intentions of professionally, highly qualified care, the state itself could not cover all responsibility. The state cannot and does not want to get rid of the responsibility to create better conditions for education, professional care and availability of services for children at risk. One of important conditions to make all this happen is a close co-operation of all organisations which deal with these problems, that is health care, social work, education and their co-operation with NGOs.

Slovakia has also accepted international documents concerning education and the upbringing of children including children and young adults with special needs. One of them is a document Standard rules on the Equalisation of Opportunities for Persons with Disabilities. The state accepts the objectives of full integration.

The Slovak Republic has expressed its highest strategic interest to be integrated into West European and transatlantic structures, including the process of transformation of education. Education and upbringing are a part of the cultural inheritance, a condition of keeping the nation’s identity.

The culture of people in the sense of European human values and the qualification of citizens in the labour market is another condition for successful transformation of our economy and global social life.

Our country is undergoing tremendous changes in all spheres of life. This process of transformation means a radical change, but not as a single act to reach the goal. It also means a long term process full of risks - a risk of failing to reach the goal if we deviate from our way. We must realise where we come from and which direction we want to go. The aim of transformation is to strengthen independence, self realisation, shift from segregation and passive existence, from a group model of services and life dependence on financial welfare benefits, from an emphasis on protection, towards integration, towards active and creative participation and recognition of individual approach.
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