

## EARLY CARE / INTERVENTION: START OF SOCIAL AND EDUCATIONAL INCLUSION IN THE CZECH REPUBLIC

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### AUTHOR'S DATA

**Zdenka Šándorová**, PhD, Faculty of Arts and Philosophy, Department of Education, Senior Lecturer  
The University of Pardubice, Czech Republic

Contacts: [zdenka.sandorova@upce.cz](mailto:zdenka.sandorova@upce.cz)

### ABSTRACT

*In the first few years of life, young children obtain social and emotional skills, such as controlling emotions, sharing with others and following instructions. These skills lay the foundation for developing literacy, numeracy and other cognitive abilities that are vital for success in school and life. All this highlights the importance of early care within the frame of social model for children with disabilities.*

*This article provides theoretical information about the concept of the social model of early care in the Czech Republic. It aims to expand the theoretical base of these issues and justify the topicality and importance of early care in its extensive reference field. Besides, it intends to emphasize its practical impact.*

*Methodologically, at the theoretical level, the design of this article is based on the analysis and comparison of scholarly literature, legislative documents, methodological materials, and other relevant written sources.*

**Keywords:** *inclusion, early care, early-age child, disability, family, social services, Czech Republic*

### INTRODUCTION

Through international treaties and declarations, the Czech Republic has been long committed to an inclusive approach in both social and educational areas. It has also committed to take the necessary steps to implement inclusion due to its undoubted multiple long-term benefits for the whole society.

The UNESCO (2021) Policy Paper entitled *Right from the Start: Build Inclusive Societies Through Inclusive Early Childhood Education* proves that an early start to education can reduce disparities in future opportunities for marginalized children. Nevertheless, not all types of education are capable of removing this gap. In many cases, early childhood education opportunities do not sufficiently compensate for the disadvantages caused by young children's abilities, backgrounds, and identities.

Governments declared their commitment to achieving objective no.4 of sustainable development and inclusive education, and therefore they have to overcome numerous obstacles so that the culture of inclusion can get into preschool education (available at: <https://unesdoc.unesco.org/ark:/48223/pf0000378078>).

Early childhood inclusion represents values, policies and practices that support the right of all infants, young children, and their families to participate in a wide range of activities and contexts as fully-fledged members of families, communities and society, regardless of their abilities. The defining features of inclusion used to identify high-quality early childhood programs and services are access, participation, and support. Childcare providers who offer high-quality care in an inclusive environment can be the child's first step towards a positive future.

For more than 30 years, the Czech Republic has been practically implementing the UNESCO conclusions into its social and educational policy. Current modern trends in social services and inclusive special pedagogy in the Czech Republic are directed towards field services and field social work services containing social pedagogical interventions. Accordingly, this text presents the service of social prevention and early care in the Czech Republic, which is defined by Section 54 of Act No. 108/2006 Coll., on social services, as amended. The paper describes historical connections and the current state of early care/intervention in the Czech Republic.

The paper aims to present the types of support and assistance provided to families with early-age children demonstrating developmental disabilities within the system of social services and inclusive special pedagogy in the Czech Republic. Early care/intervention represents the start of social and educational inclusion of early-age children with special needs and it encompasses interventions for their families. This article presents the basic characteristics and information about the mission of this service in the Czech Republic.

### ***Historical context of early care***

In the historical context of the Czech Republic, early care experienced several developmental stages, and it also took different forms due to changes in socio-cultural conditions. The concept of early intervention, generally understood as taking some steps during the first years of children's lives, led to its acceptance in terms of possible interventions and measures taken towards children and their families. These measures satisfied the special needs of the children who manifested a certain degree of developmental delay or who were at risk of pre-, peri-, and postnatal complications.

The individual proposals of early care concepts in the Czech Republic oscillated between the ministries of health care, education, labor, and social affairs. Therefore, early care could be viewed from the perspective of integrated healthcare, educational and psychosocial activities. Owing to its holistic nature, it has always been vital to draw on the integrated concept of early care and to include the

involvement of all necessary activities and services (Šándorová, 2017; 2005).

### ***Modern history of early care***

According to Hradilková (1998), the modern history of early care in the Czech Republic contains three phases.

In the first phase, which dates back to the 1960s, early care responded to the findings of psychological, neurological and sociological research studies. Even at this stage, it is aimed at assisting the entire family to facilitate the child's development that was expected to be atypical, from birth to the age of 3 years.

The second phase of early care development included a more detailed elaboration of its goals. In addition to the care for children at risk and their families, the focus is also on achieving the highest possible normalization of health limits. Programs were aimed at services providing such types of assistance, support and intervention that could result in the child's integration into the preschool, elementary or special education institution with the highest possible favorable effects.

The current third phase already reflects the conditions when the services provided represent an indicator of the maturity of the welfare state, i.e. social policy and economic level of support.

In 2000, the Association for Early Intervention in the Czech Republic started the project *Programmes and legislation of early care in the EU and the Czech Republic*. The intended project outcomes included creating the minimum standards of early care in the Czech Republic, collecting information, materials, and publications, and informing the professional community, legislators, representatives of local authorities and state administration, service providers, and representatives of parent organizations (Pexiederová & Hradilková, 2001a, p. 7).

Nowadays it might be concluded that the aforementioned project outcomes (Pexiederová & Hradilková, 2001b, p. 11) have been achieved and the conditions for establishing the early care service have been created.

1. In the Czech Republic, there exists a legal measure defining the method and scope of care. It is Act No. 108/2006 Coll., on social services, as amended, and the relevant annexes, i.e., Decree No. 391/2011 Coll., which amends Decree No. 505/2006 Coll., implementing some provisions of the Act on Social Services, as amended, and the Quality Standards of the Early Care Social Service.

2. Despite the problematic and insufficient funding of social services, financial resources are annually allocated for early care from the state budget, and from the resources of regional authorities and municipalities within the multi-source financing schemes, based on subsidy procedures. Service providers obtain funding also using fundraising (i.e. ESF projects co-financed from the state budget, foundations, donations, etc.). The service for clients is provided free of charge.

3. There is a very high level of organizational structure of service providers, including spatial conditions and staffing, oriented towards the needs of the target group of clients.

4. There has been elaborated a working concept which includes pedagogical, psychological, social and medical disciplines, i.e. both theoretical knowledge as well as a decision about the purpose of the particular facility. According to the law in the Czech Republic, it is mainly a mobile, field-based social service, supplemented by an outpatient component with the work potentially being carried out on the facility premises.

5. There have been developed principles of effective and ethical provision of early care and their implementation in an interdisciplinary team.

6. There exists a possibility of further education for professionals. Besides, a further internal staff training scheme is provided, and there is a possibility of supervision, which is directly stipulated by the law.

7. The service is provided mainly by non-governmental non-profit organizations, the so-called early care centers.

8. There is a mutual collaboration among early care centers. Within the so-called networking, they also collaborate with related organizations in the area of social services (Ministry of Social Affairs), with nurseries, elementary and special schools (Ministry of Education) and with healthcare organizations (Ministry of Health). Barriers related to the so-called departmentalism, which was demonstrated by non-collaboration among the individual ministries, are gradually vanishing.

9. Information about the service is implemented among the public, e.g. via the so-called Early Care Week or through other promotional and educational activities.

10. Within the macro system, a service evaluation system has been elaborated through Social Service Quality Standards. The evaluation is carried out using quality inspection at the national level. Service evaluation is also conducted at the micro level of the system, e.g. via questionnaire surveys for the clients of the organization, team members or other collaborating entities. In this way, feedback is provided, which is very important for assessing the service effectiveness and quality. As a part of regional social policy, evaluation is being conducted also within the community plans of municipalities with extended competence.

11. Support for innovations and further development of early care is provided through research studies and model projects at the national, European, and global levels.

At this level, early care represents a complex service in the area of counseling, and comprehensive rehabilitation (medical, pedagogical, social), with interdisciplinary and interdepartmental participation, an established network of providers and collaborating institutions, including collaboration with foreign partners and experts both at theoretical and practical basis.

***Early care/intervention as social prevention service: definition, basic activities in service provision***

Currently, early care is defined in Act No. 108/2006 Coll., on social services, as amended, in Section 54, paragraph 1, in the following way: *"a field or possibly ambulatory service provided to a child and parents of a child of up to 7 years of age who is disabled or whose development is threatened due to an adverse social situation. The service is focused on support provided to the family and development of a child given his specific needs."*

According to Decree No. 505/2006 Coll., basic activities in early care provision and their scope are listed in Table 1.

**Table 1.**

***Basic early care activities (according to the Decree No. 505/2006 Coll.)***

<b>Educational and activation-focused activities</b>
1. evaluation of abilities and skills of children and their parents, identifying the needs of the family and a disabled or disadvantaged child;
2. specialized counseling for parents and other close persons;
3. support and strengthening of parental competencies;
4. skills training and reinforcement for parents and other caregivers who assist with a reasonable level of child's development and family cohesion;
5. education for parents, e.g. through individual or group sessions focused on sharing information and information sources, giving seminars, providing book borrowing services;
6. offer programs and techniques supporting child development;
7. instructions for children's skills training and reinforcement aimed at the potential maximum use and development of their cognitive, sensory, motor and social skills.
<b><u>Mediation of contact with the social environment</u></b>
1. assistance in re-establishing or strengthening contact with the family, and assistance and support in other activities supporting the social inclusion of persons;
2. support and assistance in using commonly available services and information sources.
<b>Social therapeutic activities</b>
1. psychosocial support through listening;
2. support for experience sharing;
3. organizing meetings and residential courses for families.
<b>Assistance in claiming the rights, and legitimate interests, including dealing with personal matters</b>

1. help with communication, training of questioning and communication skills, support for parents' self-help activities;
2. accompanying parents when dealing with applications, attending meetings or medical examinations with the child, or in the case of other similar meetings in matters related to the child's development.

According to the focus of its activities, early care as a social prevention service is categorized into the following parts:

- screening,
- prophylactic-preventive,
- diagnostic and advisory,
- medical-therapeutic,
- psychological-educational,
- socialisation and enculturation-focused (Šándorová, 2017; 2005; Hradilková, 1998)

### ***Preventive character of early care***

According to Act No. 108/2006 Coll., on social services, early care is included in social prevention services, i.e., it has a generally preventive character. It reduces the consequences of primary disabilities and prevents the occurrence of secondary ones, creates conditions for successful social integration, and is carried out mainly in children's families, which are their natural environment. It is being offered according to individual family needs, it strengthens the family and uses its potential to cope with a critical life situation and the demanding care for a child with a threatened development.

From an economic perspective, early care is effective as it decreases the parents' dependence on institutions and reduces the need for the children's stay in facilities, which consequently leads to public fund savings. Early care has prospective long-term effects since it is mainly field-based, flexible and accessible (Hradilková, 1998).

### ***Institutional provision of early care in the Czech Republic and an interdisciplinary team***

Regarding the provision of social services in the Czech Republic, the role of non-governmental non-profit entities is currently being enhanced in social policy. The role of the state is not being weakened but it is changing. The state creates conditions and rules for the social behavior of other entities. In the beginning, civil initiatives of the non-governmental non-profit sector (civic associations, public benefit corporations or church legal entities) were included, often bringing together members who directed their activities towards support, assistance and promotion of interests of a certain target group.

Currently, non-governmental non-profit organizations providing social services have a specific

position towards the state and state administration and they are considered to be essential for the quality of life. The responsibility for their existence and availability is held by the regional authorities. A very important role in the provision of “early care” social prevention services has always been played by a strong sector of non-governmental non-profit organizations, which try to provide modern social services (Šándorová, 2017; 2005).

Early care providers are categorized mainly according to target groups. There is a long tradition of early care providers for children with visual and hearing impairments, which were originally established with the nationwide scope and detached workplaces, but this situation is currently changing. Early care providers for families of children with physical, mental and combined disabilities are mainly regional and their scope is mostly at the level of regional authorities.

The effectiveness of early care activity implementation is directly connected with the level of professional services, support and intervention of an interdisciplinary interdepartmental team. This team participates in a healthcare-social and psycho-educational process provided to a child with limited early-age development.

The healthcare-social and educational processes include the support for family and community, together with the support provided to children in their psychomotor and social areas. Therefore, they need to form a variable and complex system. This cannot be done without the provision of a flexible interdisciplinary team of collaborating professionals. The team consists of early care advisors (social worker, special pedagogue, social pedagogue, physiotherapist, occupational therapist, psychologist) and the child's parents (Šándorová, 2017; 2015).

This team creates and fulfills the client's individual developmental plan (both for family and child) to minimize and prevent the consequences of disability. Early care is a service on offer and the interdisciplinary interdepartmental team is responsible for informing parents about the possibilities of its use. The most common sources of information about early care departments should be the general practitioners for children and adolescents, specialist pediatricians, risk counseling centers and other healthcare centers (clinics, spas, rehabilitation facilities, etc.).

Dealing with a highly important task of early care needs to include the participation of other professionals, such as lawyers, economists, technical engineering and management staff, and other specialists. This fact is being emphasized both in Czech and foreign scholarly literature.

As for the issues of providers and interdisciplinarity, early care in the Czech Republic is provided mainly within the non-governmental non-profit sector. The basic condition for providing a high quality service is a professional interdisciplinary team with interdepartmental competence across the Ministries of Social Affairs, Health and Education.

The staff's professionalization is supported by their membership in the professional organization

called the Association of Early Care Staff (APRP). The APRP promotes the interests of early care as a field-based social service. It brings together the professionals whose employers have demonstrated that they provide services to their clients by the accepted early care level described in the early care standards. The APRP has elaborated a service quality assessment system. The APRP awards quality certificates, the so-called guarantees, to the departments that fulfill the criteria of early care standards. According to the Act on Social Services, the service quality is also checked by social service quality inspectors, and it has to comply with the strict Social Service Quality Standards.

## **SUMMARY**

A summary of the essential information about early care in the Czech Republic might be formulated as follows:

- Early care is carried out by early care providers mainly in the non-governmental non-profit sector. The basic condition for high-quality service provision is a professional interdisciplinary team with interdepartmental competencies (Ministry of Social Affairs, Health and Education). The team basis consists of early care advisors (social worker, physiotherapist, occupational therapist, psychologist) and the child's parents. This team creates and fulfills the client's individual developmental plan (both for family and child) with the aim of minimizing and preventing the consequences of disability.
- Early care is a service on offer and the interdisciplinary interdepartmental team is responsible for informing parents about the possibilities of its use. The most common source of information about early care providers should be the general practitioners for children and adolescents, specialist pediatricians, risk counseling centers and other healthcare centers (clinics, spas, rehabilitation facilities, etc.).
- As a modern social service, early care in the Czech Republic is provided in the best interest of the target group, i.e. families with early-age children with specific needs. It is provided in the right quality, by respect for human rights and basic human freedoms. It respects human dignity, and it is based on the individual needs of families and children. It demonstrates an active approach, supports independence, and provides motivation through activities that strengthen social inclusion.

## **CONCLUSION**

Early care in the Czech Republic represents a modern and professional system, which is recognized both in European and global comparison. It is legally anchored in Act No. 108/2006 Coll., on social services. It focuses not only on minimizing the impact of children's disabilities during their development



but mainly on the social integration of children and their families and their ability to cope with the limitations related to disabilities in a natural environment, i.e. during everyday life. It is a multidisciplinary model that overcomes the limitations of dividing the types of care according to individual ministries, and it is capable of providing families with simultaneous complex assistance across various disciplines. Services for families with threatened early-age children constitute the essential background for the social, educational, and pedagogical inclusion of children as well as the re-socialisation and re-inclusion of families. Early care is considered to be preventive in the area of secondary disability prevention (it is effective) as well as in the areas of institutional and residential care prevention. In the Czech Republic, early care represents an important starting point for social and educational inclusion.

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