



Implementation Handbook

PUTTING THE INVESTING IN CHILDREN
RECOMMENDATION INTO PRACTICE

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FOREWORD BY COMMISSIONER MARIANNE THYSSEN



Two years ago the Commission presented its Recommendation on “Investing in Children: Breaking the Cycle of Disadvantage”, which was warmly received both by EU Member States and the NGO stakeholders active in the area of child and family policy. The Recommendation is one of the cornerstones in implementing at national level a comprehensive Social Investment Strategy designed to strengthen people’s skills and capacities and support them to participate fully in employment and social life.

There is a compelling societal need to invest more in our children, both directly through early childhood education and care and indirectly via their parents by providing parental leave and affordable childcare. Investment in children, especially from an early age, is

important to break the inter-generational transmission of disadvantage and to ensure that children and young people have the opportunity to fully develop their potential. The investments we make today in young children create opportunity, promote social mobility and foster a vibrant, healthy and inclusive society and economy.

Through the European Semester, the Commission supports Member States in their efforts to implement structural reforms to increase social investment in areas that are critical for the well-being of children, such as education and training, childcare and health, and housing, but also activation and employment support policies for their parents. We are also focusing on making sure that the European Structural and Investment Funds are mobilised to support policy reform in the Member States and to boost investment in children. The political decision to prioritize social inclusion by dedicating at least 20% of the European Social Fund envelope for social inclusion measures is particularly important in this respect. Furthermore, via the Fund for European Aid to the Most Deprived (FEAD), the Commission supports Member States in providing material assistance to the most deprived, including children in poverty, in the form of food, clothing and basic goods.

I very much welcome the initiative of the Alliance for Investing in Children to prepare a Handbook on Implementation. I particularly like its broad focus, the fact that it proposes an integrated approach and the many practical case studies. Many themes are covered ranging from early years to education, health, housing, child protection, disability, etc. Taken together they provide evidence of the benefits of an integrated approach which is very much in the spirit of the Recommendation.

This handbook can make a very valuable contribution to the implementation debate.

Marianne Thyssen

European Commissioner for Employment, Social Affairs, Skills and Labour Mobility

FOREWORD BY COMMISSIONER VĚRA JOUROVÁ



Poverty and social exclusion are still a reality for too many children in the EU today, affecting the lives of over one in four children.

As European Commissioner for Justice, Consumers and Gender Equality, I want to be the advocate of the vulnerable, and to ensure that their rights are protected in practice. For EU laws to deliver, they must be translated into concrete actions at grass-roots level.

This is why I welcome and support the release of the Joint Implementation Handbook by the EU Alliance for Investing in Children. It demonstrates that coordinated advocacy at EU and national levels can positively influence national decision-making and make a real difference in the daily lives of children.

This Handbook combines the features of a story book and a toolbox which I highly recommend to all actors engaged in promoting children’s rights. The 15 case studies focus on child-related issues such as poverty, health, housing, or protection and outline in a straightforward manner how the Commission’s strategy on “Investing in Children” can be implemented in practice. They go on to describe what works best for children and their families, why it works well, and in what policy and funding contexts they were developed.

Throughout the Handbook we are reminded that poverty can have a negative impact on children’s lives, with far-reaching consequences on their future participation in the labour market and society. Investing in children is therefore more than a moral duty. It is also an economic, social and political imperative.

Together, we must ensure that poverty becomes a thing of the past. I am grateful to the EU Alliance for Investing in Children for sharing their positive and inspiring Handbook on how we can finally get there.

Věra Jourová

European Commissioner for Justice, Consumers and Gender Equality

01

Investing in children should be governments' number one priority

One fifth of the EU's total population is under 18. Despite commitments, over one in four children now lives at risk of poverty or social exclusion across the EU. Aside from the personal tragedies, this stores up huge costs for the future. Poor health, school drop-out, youth offending, low civic engagement can, more often than not, be tracked back to adverse childhood experiences. This also underscores the need for both universal and targeted measures to invest in children from disadvantaged backgrounds and discriminated groups as a priority. A paradigm shift is needed across Europe towards prioritising investment in all children and families as the most cost-effective public policy at European, national, regional and local levels.

Investment in children and their families, particularly the most vulnerable, makes sense – morally, economically, socially and politically. Europe needs visionary leaders who understand that there is no more effective and sustainable way of overcoming social and economic inequalities in the long-term and of building more inclusive, safe and resilient communities.

02

Governments should develop integrated and multi-dimensional strategies to end child poverty and promote child well-being

It is not only about the volume of resources that are invested, it is also about the approach taken. Governments should develop integrated and multi-dimensional strategies to tackle child poverty and promote well-being, rooted in the UNCRC, and based on the EC Recommendation's holistic approach of giving equal priority to providing material security to families, ensuring equal access to quality services (early childhood, education, health, housing etc.), and enabling child participation, thus strengthening children's individual agency and confidence. Evidence shows that investing in effective, comprehensive strategies to promote the inclusion of all children leads to better outcomes and reduced public expenditure in the long-term.

If Europe invests in all children in a way that supports parents and families, ensures access to preventive services, and empowers children and young people to be fully included in society and participate in decision-making, we will build the foundations for a better future.

Endorsed by all Member States, the EC Recommendation provides helpful guidance on how to tackle child poverty and promote child well-being, and sets up a common framework, based on the recognition of children as rights-holders. However, to have real impact, implementation is crucial. A rigorous and effective monitoring framework needs to be put in place to ensure follow-up of the policy guidance as well as a more systematic monitoring of children's situation across Europe.

The Social Protection Committee (and its Indicators Sub-Group) should continue working on child well-being indicators with the aim of populating the portfolio of indicators that are included as an Annex to the EC Recommendation. The adoption of child well-being indicators, disaggregated for particular disadvantaged groups, will be vital to ensure effective monitoring of the implementation of policies for children and to inform evidence-based policy development.

An active civil society who can help raise political visibility and public support for initiatives is crucial to achieve implementation, accountability, reach and impact.

The Alliance for Investing in Children was set up precisely to more effectively engage national stakeholders in implementing the EC Recommendation. By joining forces, the European networks involved in the Alliance for Investing in Children are helping to ensure that EU policy and funding make a real difference to the daily lives of children and young people, by mobilising their national members to influence policy reform and investment.

There are also many positive examples of how children and young people are themselves involved in advising government at all levels. We need to build on this good practice. We need a listening culture throughout the system that can effectively convey messages at different governance levels.

03

An effective implementation and follow-up of the EC Recommendation on Investing in Children must be ensured as well as more evidence-based policies

04

Stakeholder engagement is crucial and, in particular, working with civil society

Introduction: the need for an implementation handbook, overview and use

On 20 February 2013 the European Commission adopted the long-awaited Recommendation “Investing in Children: Breaking the cycle of disadvantage” (hereinafter the EC Recommendation), as part of the Social Investment Package. The EC Recommendation is a well-crafted document which takes a child rights approach, emphasising the best interests of the child, equal opportunities and support for the most disadvantaged. It suggests that child poverty is not inevitable but is policy sensitive. It looks at cross-cutting measures and promotes a comprehensive policy approach to child poverty and well-being, based on three pillars: 1) access to adequate resources and reconciling work and family life; 2) access to good quality services; and 3) children’s participation in decisions that affects them, and in cultural, leisure and sport activities. It recommends Member States use structural funds to catalyse reforms to implement the EC Recommendation and it suggests that Europe 2020 and its governance tools be used to support child-centred investment.

However, to have real impact the policy consensus articulated in the EC Recommendation needs to be translated into appropriate action within Member States. One of the challenges is that the EC Recommendation is not directly binding on EU Member States, requiring peer pressure and awareness-raising to gather or maintain the political commitment of governments to take action. Once political will is secured, policy reforms have to be designed and implemented to achieve the best possible outcomes for children.

In 2014, 24 European Networks and organisations sharing a commitment to end child poverty and to promote child well-being across Europe, set up an EU Alliance for Investing in Children to jointly advocate for better policy outcomes through the implementation of the EC Recommendation at the national / regional / local level. This broad Alliance aims to expand and deepen the cooperation at EU level and facilitate meaningful and sustainable alliances at national level. The Alliance partners strongly believe that coordinated advocacy at EU and national level can significantly influence national decision-making.

The Investing in Children Alliance partners mobilised members in 15 countries across Europe to develop detailed case studies that demonstrate how the EC Recommendation can be implemented in practice and provide evidence of an integrated approach.

The implementation handbook aims to trigger and support reform based on an in-depth analysis of national or sub-national case studies that illustrate what works best for children and their families, why, and in what policy and funding context, by making strong connections between national policy, direct practice and the EU policy guidance.

This publication is intended for the use of legislators, policy makers and decision makers, as well as a resource tool to support national and sub-national level advocacy in the field of child poverty and well-being for collective influencing.

The Handbook starts by setting the context of the EC Recommendation in the wider Social Investment Package and the EU policy framework and by framing our understanding of the political direction of the EU.

It traces the emergency of combatting child poverty in Europe. How children experience their childhood is important for their well-being. Child poverty is not only about growing up in families that are income poor. It is also about not living in adequate or safe housing, not having access to affordable and quality education and health care, not being adequately protected or supported, and not having equal opportunities to thrive.

It presents 15 promising examples of existing practices and policies across Europe that put the EU policy guidance into practice and explains the process and methodology for collecting those examples.

Setting the context: framing Member States action on child poverty and well-being

PROTECTING CHILDREN’S RIGHTS IS AN EXPLICIT EU OBJECTIVE

It undeniable that EU legislation, policy and funding have enormous impact on the lives of children throughout the EU. The last decade has witnessed significant progress in strengthening the EU’s role in promoting and realizing children’s rights and channelling resources to children – especially those in most vulnerable situations.

The EU’s Lisbon Treaty has strengthened the EU’s commitment and provides that protecting the rights of children is an objective of the EU. Furthermore, the Charter of Fundamental Rights of the EU guarantees the protection of children’s rights by EU institutions, as well as by EU countries when they implement EU law.

In 2011 the EU laid out a clear framework for EU action called the Agenda on the Rights of the Child. Since its adoption the EU has made important progress, through implementation of this Agenda, in a number of key areas particularly with the establishment of a Europe-wide missing children’s hotline, the promotion of a child-friendly justice system, the improvement of data collection and the integration of a child’s rights lens into external action. Targeted action designed to protect the most vulnerable and marginalised children needs to be embedded in a comprehensive, integrated and forward-looking child rights strategy.

The European Union has no legal competence in the fields of poverty and social exclusion. However, there are so-called ‘soft’ instruments which support policy cooperation, exchange and learning. Established in 2000, the Open Method of Coordination on social inclusion and social protection (Social OMC) set common objectives, a common reporting framework, common indicators and data collection, and enabled the financing of studies, networks and peer reviews aimed at mutual learning. The EU also provides resources via structural funds and calls upon Member States to use them to support reforms addressing poverty and social exclusion.

EUROPE 2020 – AN OPPORTUNITY TO STRENGTHEN MEMBER STATE ACTION

Although addressing child poverty is primarily the responsibility of Member States, the EU has become more involved in influencing social policy since the adoption of the Europe 2020 strategy for smart, sustainable and inclusive growth. The Europe 2020 strategy is focused on five ambitious goals in the area of employment, innovation, education, poverty reduction and climate/energy. In particular, the EU aims to lift at least 20 million people out of the risk of poverty and social exclusion by 2020 as well as to reduce school drop outs rates to less than 10%. In order to bolster the actions directed at reaching the social targets of Europe 2020 at all levels, flagship initiatives (including European Platform against Poverty and Social Inclusion, Youth on the Move, Agenda for new Skills and Jobs) have been put in place. In particular, the Platform against Poverty and Social Exclusion is an umbrella initiative based on delivering actions across a whole range of policy fields, stimulating a better use of the EU funds and social innovation to support social inclusion, as well as grounded on cooperation with civil society and coordination of policy responses across Member States.

To take stock of how Member States translate the Europe 2020 targets into the national context, mapping

and evaluation of the social and economic reforms in Member States are carried out throughout the European Semester process. The EU governance cycle leads to Country Specific Recommendations (CSRs), that Member States are expected to integrate into national policies and budgets for the following year, during the so-called 'national semester'. CSRs also reflect remaining challenges and propose tailor-made solutions to address the issues at national level. In 2014, seven countries received CSRs calling explicitly for increased efforts to reduce child poverty (BG, HU, ES, IE, IT, RO and UK). More received CSRs on inclusive education and early school leaving, and increasing early childhood education and care service provision.

THE EU'S SOCIAL INVESTMENT PACKAGE – A PROMISING PARADIGM SHIFT

Against a backdrop of increasing child poverty rates fuelled by the crisis, austerity and lack of child-centred policies, the Social Investment Package and its Recommendation 'Investing in Children: Breaking the Cycle of Disadvantage', adopted in February 2013, provides helpful guidance emphasising prevention and early intervention. Through the Social Investment Package, the European Commission calls on Member States to reform and modernise their welfare systems towards social investment. Furthermore, it has been proposed for the period 2014-2020 that at least 25% of cohesion policy funding should be earmarked for social investment. Moreover, at least 20% of the total European Social Fund resources in each Member State should be allocated to the objective of promoting social inclusion and combating poverty. In this regard social policies designed to combat child poverty and exclusion shall be seen as an investment in the future of society leading to strengthened cohesion and inclusive growth.

The EC Recommendation provides for a common European framework to tackle child poverty and promote child well-being. It acknowledges that a child-centred approach to child poverty, rooted in the UNCRC, requires that policies work in synch to overcome structural disadvantage and maximize the opportunities for all children. Importantly, it recognises that poverty is not only a matter of low income, but considers different elements affecting children's well-being such as appropriate housing, quality health-care, family environment, equality in education, quality and inclusive early childhood education and care, access to play, leisure and sports.

UNITED NATIONS AND COUNCIL OF EUROPE PUSHING IN A SIMILAR DIRECTION

The Council of Europe has also underlined the fundamental role of early childhood education and schooling, as well as family ties in preventing and eradicating child poverty. It calls for increased investment in early childhood development, child-friendly services and systems, and family cohesion across its Member States¹. In particular, the Council of Europe Parliamentary Assembly called on Member States of the Council to commit to ending child poverty by 2025, by adopting multi-stakeholder approach to tackling poverty-related issues and preventing intergenerational transmission of poverty.

The importance of effectively mobilising, allocating and spending resources for children has also been raised at global level. The Human Rights Council invited the High Commissioner for Human Rights to prepare a report 'Towards better investment in the rights of the child' in preparation of a Resolution to be adopted in 2015.

BREAKING DOWN SILOS ACROSS THE EC IS KEY

With the view to give effect to an integrated and multidimensional approach, the EC Recommendation also points out the need for enhanced coordination between the key actors involved in developing and implementing policies to tackle child poverty and social exclusion at all levels. At EU level, different initia-

tives and programmes lie within the agendas of several European Commission services (DGs). In general, DG Justice plays the coordination role in mainstreaming children's rights in all proposals, policies and programmes, and through the inter-service group safeguards that they are considered by all the services. The core responsibility in addressing poverty and exclusion belongs to DG Employment, Social Affairs and Inclusion, which plays the crucial role in developing and elaborating policies and programmes on social investment and protection, as well as supporting employability of young people (such as the Youth Employment Initiative). While DG Health promotes investing in health coverage as a way of reducing inequalities and tackling social exclusion through the EU Health Strategy "Together for Health", DG Education and Culture underlines the importance of early childhood education and care in laying the foundations for a better success in life within the strategic framework Education and Training 2020 (ET2020) supporting the overall Europe 2020 strategy. In addition, the new Erasmus+ programme aims to foster social inclusion and participation of young people through a variety of actions ranging from education, volunteering to sport. Furthermore, DG Migration and Home Affairs plays the critical role in setting minimum standards for the rights of non-EU citizen children and their families, with significant effects on poverty and well-being.

The EU, however, currently misses an overarching strategy to mainstream child rights in everything it does. There are no child-neutral policies, and a child rights approach needs to be applied in internal market, trade, finance and infrastructure policy as well as the more obvious areas of education, health, employment and welfare.

A NARROW 'GROWTH AND JOBS' AGENDA COULD UNDERMINE PROGRESS

The recent change of leadership in the EU institutions has been accompanied by a serious concern from civil society that we slip back into a framework focused solely on growth and employment. The values underpinning the European Union are spelled out in the Lisbon Treaty and Charter of Fundamental Rights. However, these values are far from being put in practice. The core of President Juncker's new Investment Plan is investment in structural reforms that pave the way for a more sustainable and resilient recovery. The investment-paradigm can be a great opportunity to invest where it matters most. Such investment could make a real difference to EU Member States, but it is important that it is done wisely and for the long-term future of society.

It is welcome that education is a priority in the Investment Plan. However, the list of investments submitted so far by Member States to the European Commission for support under the European Fund for Strategic Investment (EFSI) are quite limited to ICT and other types of infrastructure when it comes to education. Acknowledging the importance of infrastructure, investment in human capital – including children – does not stop at 'bricks and mortar'. What goes on inside the building, the qualitative and inclusive dimension of education reforms is what makes the real difference in children's lives. Much more discussion on the quality and inclusiveness of our education systems is needed and whether they help all children and young people to strengthen their innate strengths and capacities, and to understand how they think and learn.

It is easier to invest in infrastructure than in systems reform that requires deeper change in practice and attitudes. We fear that the European Commission is narrowly interpreting its mandate and stripping its work down to a strictly economic agenda. The 'social dimension' is seen as a measure to protect the 'economically active'. There is no understanding of the whole society, in which the economy serves as one tool through which we can achieve prosperity. We believe our ultimate goal must be to build a society where everybody has the possibility to fulfil their human potential. Job creation and economic regeneration serve that goal, but are not an end in themselves.

1. Council of Europe's programme: Building a Europe for and with children, Council of Europe's Strategy on the rights of the child 2012-2015, Council of Europe Parliamentary Assembly Resolution 1800(2011) on combatting poverty.

SECTION 2

Introduction to the case studies: scope, process and methodology

This section includes 15 detailed case studies authored by members of the EU Alliance for Investing in Children’s partners.

Purpose and scope of developing case studies:

- 1. Support a consultative and participative process at national level with engagement of key stakeholders and raise awareness of the EU policy guidance and Member States commitments.
- 2. Support implementation of the EC Recommendation by triggering and fostering reforms in policy and practice based on a reflective analysis of national and sub-national case studies across Europe that illustrate what works best for children and their families, why interventions work and in what context.
- 3. Have a resource tool with which to collectively influence legislators, policy makers and decision makers in the field of child poverty and well-being, at both national and sub-national level.

A call for case studies was launched in June 2014 and published widely by the Alliance partners among their national members.

The Alliance partners agreed on the following criteria for selecting case studies:

- Cross section of countries
- Cross-sectoral examples
- Involvement of Alliance partners’ members
- Examples of different policy cycle stages
- Capacity of the case study leader to engage with national stakeholders

Each selected case study focuses on one EU country (or region). Case studies have different policy entry points – i.e. early childhood, education, health, housing, child protection, family and parenting support, children with disabilities, Roma children, undocumented children, child participation, welfare reform – but critically they illustrate that it is very much about integrated solutions and integrated outcomes.

What the EC Recommendation means in practice?

From the perspective of the EU Alliance partners it is about:

- 1. Integrated working / cross sectoral approach
- 2. Meaningful engagement of children, young people and their families
- 3. Monitoring and evaluation of the outcomes for children and their families
- 4. Working together and stakeholder involvement
- 5. Invest in children and allocate sufficient resources
- 6. Practitioner training and on-going professional support
- 7. Robust government policy underpinning effective interventions

TOPICS	COUNTRIES														
	AT	BE	BG1	BG2	CZ	EE	ES1	ES2	FR	IE	IT	LV	RO	SE	UK-SC
CARE LEAVERS															
CHILD-FRIENDLY JUSTICE															
CHILD PARTICIPATION															
CHILD PROTECTION REFORM															
CHILDREN WITH DISABILITIES															
DEINSTITUTIONALISATION															
EARLY CHILDHOOD															
EDUCATION															
FAMILY AND PARENTING SUPPORT															
HEALTH															
HOMELESSNESS															
HOUSING															
ROMA CHILDREN															
UNDOCUMENTED MIGRANT CHILDREN															
WELFARE REFORM															

Each case is framed within the overall national policy/legislative context. Some cases illustrate NGOs projects and describe inspiring practice, but also outline the links with the broader policy context in which the project is operating and the relation with the national framework and local policies, in particular those dealing with poverty and social exclusion. Other case studies have a more analytical focus on political change, complemented by a description of what has been done at national level to mobilise people

and raise public awareness in order to achieve this political change. Each case study also looks at outstanding challenges, lessons learnt and key messages.

Pictures, illustrations and interesting quotes throughout the narratives help telling the story about what is happening nationally, how and why and aim to engage the readers and provide them with support in carrying out national advocacy.

The wording of the EC Recommendation are also recalled throughout the description of the inspiring practice. In the narratives reference to and quotes from the Recommendation are regularly made to show how the case study supports its implementation in practice.

The process of developing the case studies has to be considered as important as the outcome as it contributed to building common ground between the networks and encouraging partnership working and inter-sectoral cooperation. The different authors engaged in a meaningful dialogue at national and sub-national level with different key actors, including public authorities. This process helped raising awareness of the existence and content of the EC Recommendation and increase the understanding of what this means in practice for the millions of children and young people who live in poverty and social exclusion in Europe.

AUSTRIA 

FAWOS Centre for Secure Tenancy in Vienna

COUNTRY	Austria
PROJECT/ INITIATIVE TITLE	FAWOS Centre for Secure Tenancy in Vienna
SUBMITTING ORGANISATION	People's aid Vienna (Volkshilfe Wien), Austria www.volkshilfe-wien.at
CONTACT	DSA Renate U. Kitzman, MSM DSA Johannes Schuster- Gundacker renate.kitzman@volkshilfe-wien.at

HEALTH
WELFARE REFORM
HOUSING
EARLY CHILDHOOD
HOMELESSNESS
FAMILY AND
PARENTING SUPPORT

Summary

Children are more at risk of poverty or social exclusion than the population as a whole. They are a growing sub-group of the homeless population, in part due to the homelessness experienced by their family and in part due to their youth and inexperience: they start to approach the multiple social and financial problems they have to solve in crisis situations much too late - if at all. It is therefore crucial that solutions are found before they become homeless.

In Austria, the reasons behind homelessness are many and complicated but quite often homeless families with children are simply unaware of the financial benefits and subsidies they are entitled to claim and how to obtain them. Most of these subsidies are granted for the future and not retrospectively, so if they are not requested on time, the entitlement is lost.

In Austria, the rental act and regulations relating to this matter are very complicated and complex, having been amended through the years, thereby becoming incomprehensible to those concerned. In addition, the system of postal delivery and the legal consequences of failing to correctly contest an action (answer a complaint) on time are severe, leading to many people losing their legal options.

FAWOS is a service run in Vienna by Volkshilfe Wien (People's Aid Vienna), one of the largest NGOs in Austria, in cooperation with the city authorities. FAWOS is a central place for all tenants on the private housing market in Vienna who are threatened with losing their flats, offering them information and advice to prevent eviction. The organisation is fully funded by the City of Vienna, which also provides the funding required to prevent immediate evictions.

“ The FAWOS service is a direct approach to implementing the Investing in Children Recommendation to “Support families and children at risk of homelessness by avoiding evictions, unnecessary moves, separation from families as well as providing temporary shelter and long-term housing solutions”.

The approach also directly implements the Investing in Children Recommendation to: “Create more effective access to the benefits to which children or their families are entitled by facilitating easy take up and developing beneficiary outreach services.”

Q Policy context

The Austrian law governing tenancy comprises two articles which place the courts under the obligation to inform the competent authorities and institutions about the beginning of any procedure concerning living space and eviction dates.

§33A OF THE RENT ACT READS:

“Once legal proceedings have been initiated against a tenant with a view to execution of an eviction from the premises or an eviction arrangement is concluded with a tenant of the premises, the District Court must notify the local authority accordingly, provided always that the tenant raises no objection to such a notification; the Court must allow the tenant the opportunity to such a refusal. In the case of a threat of a loss of residence or homelessness, the local authority, if it deems fit, may then inform the social institutions providing emergency services of the initiation of legal proceedings or, as the case may be, of the negotiated settlement.”

§569 OF THE EXECUTION ORDER READS:

“(1) The decision whereby the forced eviction from a building is approved (§ 349 EO.) is to be delivered by the petitioning creditor. He/she shall also state the intended time of eviction if this is not already stated in the petition. Whenever a copy of the eviction approval of the time of eviction is issued, notice must be served to the respondent and to the authorities whose task it is to arrange measures covering the social security of homeless persons, the security of the property and the avoidance of traffic problems.”

THE BENEFITS

Article 33a of the Rent Act means that it is possible to contact the concerned households and offer them counselling as early as the serving of the initiated legal proceedings notice. Assistance can thus be offered with much greater efficiency and over a longer term than would be possible shortly before the actual eviction. If remaining in the flat or house is not possible, there is ample time to look for new accommodation or to make arrangements for accommodation in a homeless shelter, effectively preventing the persons affected from losing their homes and ending up on the street.

The Rent Act likewise regulates the permitted rent that may be demanded for a flat or apartment. Unfortunately, this concerns only those accommodation units for which a building permit was issued before 8.5.1945 and, therefore, no longer includes new houses built since that date. However, this regulation is also the reason why rent levels in Vienna still remain low compared to other major European conurbations.

⚙ The practice

FAWOS CENTRE FOR SECURE TENANCY

FAWOS is a service provided by Volkshilfe Wien (People's Aid Vienna), one of the largest NGOs in Austria, in cooperation with the city authorities of Vienna. FAWOS is a central service unit open to all tenants on the private housing market in Vienna who are threatened with losing their flats. It supports them, providing essential information and advice to avoid eviction.

Tenants at risk of eviction can be referred to FAWOS by social organisations or they can find out about the service themselves from friends



and neighbours or public awareness campaigns. However, the law in Austria governing the awareness of the competent authorities and institutions in case of an eviction notice and/or an eviction date leads to an even better practice.

As determined by Austrian law, the City of Vienna takes note of initiated legal proceedings relating to an eviction. It then informs FAWOS about the case as part of its work to identify and inform the relevant parties. FAWOS is thus able to contact people threatened by eviction directly, without waiting to be contacted.

At present, two letters are sent to tenants: one on service of the notice of eviction, the other when an eviction date is set. Given the limited resources of FAWOS, it is not possible to offer home visits. This would, however, help reach out to as many households as possible. The rate of response to these letters is currently somewhere around 25%. Experiences from the early days of the Centre show that a follow-up home visit would reach as many as 75%.

FAWOS tries to find out the reasons which have led to this threatening situation and what the client has already done to resolve this situation. In the next step, they try to find possible solutions

and implement the best one. The objective is to secure the existing flat and, as a result, prevent these people from becoming homeless.

If money is needed then FAWOS is able to offer financial support to cover rental debts according to the principle of “help for self-help” and only where there is a good prospect that clients can afford to pay their rents in the future.

FAWOS expenditures are paid in full by the City of Vienna in addition to the spending needed to prevent immediate evictions, so FAWOS does not have to allocate funds.

THE BENEFITS

The FAWOS plan offers a homogeneously organised securing of housing with fast and efficient help. By avoiding evictions, FAWOS breaks the cycle of disadvantage and invests in children living in families threatened with the risk of eviction. It has demonstrated the feasibility and desirability of significantly reducing the number of evictions.

Avoiding evictions benefits children in many ways, preventing much personal suffering that typically accompanies an eviction. For children



this can include a lot of upheaval to their lives, including significant social challenges, having to live in temporary or inadequate accommodation and having to change schools. Avoiding evictions can also mean parents not losing their jobs.

“The FAWOS service is a direct means of implementing the Investing in Children recommendation to ‘Support families and children at risk of homelessness by avoiding evictions, unnecessary moves, separation from families as well as providing temporary shelter and long-term housing solutions’.”

Evaluation of the FAWOS interventions involves asking clients after a certain period of time what their living conditions are and if they and the children involved still enjoy an adequate standard of living. Another issue concerns suggestions for improvement and how to offer improved services to families and children who are threatened by eviction.

The results of research conducted by FAWOS¹ show that preventing homelessness for one person costs about EUR 600. For reintegration of a homeless person, the municipality has to pay about EUR 600 every month and the average stay is at least 12 months.

These figures show that prevention needs just a small percentage of the amount of money required to help people out of homelessness and back into a home.

In the medium term, prevention can reduce the pressure on places in existing shelters for the homeless. In the long term, a successful prevention strategy should enable a step-by-step reduction of shelters for the homeless and form a substantial part of the Viennese hostel reform.

In Vienna, the political parties have agreed to extend the offer of prevention to 2015, which means increased investment in children. At the same time, similar institutions to FAWOS have been set up by the politicians in nearly every province of Austria and are paid for by the government. All are working with a similar concept.

Despite FAWOS' positive contribution there remains a need for a single citywide anti-eviction system for all tenants in Vienna structured around a single uniform concept, so that all parties concerned can receive the same assistance. Currently, different agencies have competence according to the type of housing.

Key messages

- Experiencing eviction has many more effects than losing one's home. For example, it can lead to loss of employment and disrupts social processes, particularly for children. Preventing evictions has tremendous value for improving the lives of children in at-risk families.
- Contacting tenants in time is the most important factor in the prevention of homelessness. There are many ways of helping people threatened by eviction if contact can be established with the client in good time.
- Experiences in Austria show that most people lose their flats because of rent arrears. It is therefore also absolutely necessary to assist with financial support.
- Research has shown that avoided evictions can represent savings to society by a factor of twelve.
- An important principle is helping people to help themselves, restoring a person's ability to make decisions about his or her life as quickly as possible.
- Certain clients need more support to prevent eviction. Social workers could usefully coach them to ensure that the rent is paid on time, that all subsidies are claimed and to manage their finances and any debts appropriately.
- Prevention and reintegration must go hand in

hand. There will always be people who will need more than a counselling service and people who need to be cared for over a longer period of time. However, it should be possible to support most people in their own home.

- Nevertheless, it makes no sense to secure a flat if the client has no financial wherewithal or other prospect of keeping the flat in future. Some clients are not able to live independently without help. In such cases, it might be better to offer them supported housing.
- Rapidly rising private rent levels remains a key overarching challenge which can undermine efforts to prevent evictions. Legislative authorities need to regulate against excessive lease charges for rented accommodation.
- Laws concerning both evictions and the fixing of correct rent need to be appropriate and clear, covering all forms of housing and accommodation. The Rent Act in Austria needs to be further standardised and simplified to make it clear which regulation, if any, should apply to a particular flat, apartment or house.



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This case study was written by **Renate Kitzman**, in consultation with the whole team of FAWOS.

- In addition, **50 participants** – representing every Austrian service provider in preventing eviction - discussed the case during an annual two-day meeting, September 2014.
- **The board of BAWO** (umbrella organisation of service providers for the homeless in Austria) oversaw the paper.
- **FEANTSA** offered additional support. In particular, thanks go to **Liz Gosme**.

BELGIUM 

Making ECEC services in Brussels more accessible

COUNTRY	Belgium
PROJECT/ INITIATIVE TITLE	Making ECEC services in Brussels more accessible
SUBMITTING ORGANISATION	RIEPP www.riepp.be
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CHILD PARTICIPATION EARLY CHILDHOOD EDUCATION FAMILY AND PARENTING SUPPORT CHILDREN WITH DISABILITIES



Summary

One of the particularities of the Brussels-Capital Region is its bilingual character. The situation is particularly complex because it is not possible to draw a territorial separation between the two language groups. This leads to the co-existence of two childcare policies in the same city: one each run by the Flemish and French-speaking communities.

This case study presents the two approaches by the two communities to improving early childhood education and care (ECEC) services for children below the age of 3. ECEC services in Brussels can be established by different stakeholders. However, they are managed, funded and monitored by one of two separate agencies: the French-speaking ONE; or the Flemish-speaking KIND EN GEZIN. Every ECEC service must be recognised by one of these agencies, but never both.

Both agencies have recognised the existence of important obstacles to accessing ECEC services faced by vulnerable groups in Brussels. They have both sought to overcome some of these obstacles and reinforce diversity and social inclusion in mainstream ECEC services. The two approaches were similar, but slightly different:

- The VBJK coordinated for several years (2003-2012) an action- research project with different Dutch-speaking ECEC services and other stakeholders which was funded and accompanied by the Flemish community government.
- On the French-speaking side, a research-action coordinated by the RIEPP was funded by the French-speaking community. They also intended through a strong participation with local ECEC services to find patterns of good practices to strengthen inclusion, diversity and quality.

This case study presents the slightly different approaches by the two communities and considers some of the similarities as well as strengths and weaknesses of the two approaches.

“ The two approaches show particular examples of implementing the following recommendation of the Investing in Children Recommendation “Intensify efforts to ensure that all families, including those in vulnerable situations and living in disadvantaged areas, have effective access to affordable, quality early childhood education and care”.



Q Policy context

INTRODUCTION – THE BRUSSELS CONTEXT

Brussels, the capital of Belgium and of Europe, is a very diverse city from both a cultural as well as socio-economic perspective. As well as diversity within the native population, the city has attracted a lot of migrants from very diverse backgrounds. These include very highly educated people working for organisations in and around the EU institutions, as well as people from a lower socio-economic position from both European and non-European countries, seeking the chance for a better life.

The reality of families' access to ECEC services is also very diverse. A fundamental underlying problem regarding ECEC services in Brussels is the lack of places available. Even if the total number of places has risen in recent years, the increasing birth-rate in Brussels means that the ratio of ECEC services per children 0-3 years has fallen. In the Brussels region there were 47 440 children under 3 on 1st January 2008, but the total number of places in ECEC services was only 14 391, meaning a place was available only for around one in three children.

The lack of places leads to long waiting lists. Furthermore, in practice, the services are of-

ten reserved for parents who are both in work. There are further organisational and structural problems with the services provided. Services are typically not well adapted to the working or training hours of parents. Also, services that are not subsidised are typically very expensive.

Analysis of the distribution of services shows that there is a clear link between household income and places – in areas where people with lower income live, there are also a lot fewer childcare places for children below three. These areas are also typically the ones with the highest birth rates. In most of the lower income districts of Brussels only 1 out of 8 children get access to ECEC services. Other research has highlighted that single-parent families, families with a migration background, and low-income families live more often in these neighbourhoods where the childcare shortages are more acute.

An additional factor in this reality shown by recent research is that parents of lower income families have sometimes quite a negative image of ECEC services. This seems to be partly due to a lack of recognition of cultural diversity within the services offered as well as stories in the media about very rare cases of child abuse or other shocking events. ECEC services are not found to be typically well embedded in their local contexts.

POLICY CONTEXT – FRENCH-SPEAKING COMMUNITY

In the French-speaking community, the Office of Birth and Childhood (ONE "Office de la naissance et de l'enfance") is the public authority responsible for the authorisation and support of childcare and education services from 0-12 years. The ONE also accompanies parents with children in the early years and offers a large range of information for parents and service providers.

ECEC services must declare themselves with the ONE (0-12 years) or receive an authorisation (0-6 years) before their opening. Some of the services can be subsidised. Subsidised services have to follow a pricing scheme which is approximately 11% of the net revenue of the parents (low income families are slightly beneath 11%).

Different criteria are used to control the quality of the services, including educational requirements, building conditions, working conditions, and health and safety. A reference guide regarding the quality of ECEC services, supervision and different educational programmes aim to further develop the ECEC sector. Different specific programmes were initiated to develop the creation of ECEC places (Plan Cigogne I and II, SEMA, etc.)

POLICY CONTEXT – FLEMISH-SPEAKING COMMUNITY

'Kind en Gezin' (K&G Child and Family) is an autonomous agency created by the Flemish gov-

ernment. Its role is quite comparable to the ONE, covering stimulation, support and control of ECEC services, as well as the possibility to subsidise services. It cannot organise ECEC itself.

The criteria for recognising services are similar as for the ONE, but a little less strict, especially for non-subsidised services. A profound difference with ONE is that, since 2008, services subsidised by K&G must provide a 20% quota for vulnerable parents (single-parent families, migration background, lower socio-economic profile, etc.). The remaining 80% of places follow a 'standard' first-come first-served inscription procedure.

POLICY CONTEXT – BRUSSELS

The Regional Government of Brussels-capital adopted an overall ECEC Plan (Plan crèches – Kinderdagverblijvenplan) in 2007 to reinforce accessibility of ECEC services. A task force was created bringing together partners from both language groups related to childcare, employment, regional development etc.

The Plan invested 3 million euros per year in the construction, renovation or enlargement of ECEC services. By 2009, there were 2 190 places created compared to 2006 figures. However, given increasing number of young children, the overall proportion of children having access to ECEC services did not change significantly. The plan was renewed and reinforced in 2010 with an annual investment of 4.5 million euros.



The practice

RIEPP PRACTICE IN THE FRENCH-SPEAKING COMMUNITY: ECEC SERVICES FOR EVERYONE

‘ECEC services for everyone’ was developed by RIEPP (Network of initiatives children-parents-professionals) in the past two years. This is a research-action-training programme which has aimed to **improve access to ECEC services for families in precarious situations as well as to reinforce openness of services to social and cultural diversity**. The project aims thus to strengthen the capacity of ECEC services in Wallonia and Brussels to combat poverty and social exclusion and promote social and cultural diversity, through a general perspective of social cohesion and local development.

The project was based on a process of co-construction with five voluntary service providers and their staff. It focused on helping people find the service (primary accessibility) and to feel welcomed (secondary accessibility).

The co-construction of shared knowledge and good practices integrated ideas related the inclusion of special needs, the improvement of the relationships between parents and professionals, strengthened collaborative networks on a local scale, and empowering families.

A network of exchange and analysis with different organisations and stakeholders was also created to share and strengthen practices and innovative professional guidelines.

Staff were able to implement an agreed shared methodology towards increasing the inclusivity of ECEC services based on different steps and beginning with raising awareness. The evaluation with the different services, staff and the exchange network at each step of the process showed very positive appreciations of this interactive process. There was a consensus that the overall dynamic of change towards a better social inclusion and diversity can be a motor to reinforce the quality of education and care on multiple aspects.

Different bottom-up initiatives in the existing policy framework have shown very interesting results related to accessibility, inclusion and ‘competent systems’. A reform of the French-speaking ECEC

system is under preparation for the next two years, with a special attention towards these issues.

VBJK PRACTICE IN THE FLEMISH-SPEAKING COMMUNITY: ECEC IN BRUSSELS

Under the authority of the Flemish Communitarian Commission (VGC) an action-research project was set up in Brussels by the Resource and Training Centre for Early Childhood Education (VBJK). The ECEC in Brussels project was set up by the VGC and the VBJK mainly to improve access for vulnerable groups. It focused on improving five major criteria of ECEC services in Brussels: availability; accessibility; affordability; usefulness; and comprehensibility.

From 2003 to 2012, the VBJK led an action-research with multiple stakeholders, including parents, practitioners and policy makers. The project involved a combination of supervision and pedagogical guidance of the childcare centres through learning communities, introductory courses into diversity and accessibility, policy recommendations and agreements with other (social) services who can lead parents towards the ECEC services.

Different formal and informal barriers to access were discussed, such as procedures and attitudes etc. Structural cooperation was undertaken with educational services to empower parents in vulnerable situations (for example: language courses for newcomers).

The project created 306 new childcare places along with the policy change to provide supplementary subsidies to mainstream ECEC services which achieved the 20% quota for people from vulnerable groups.

A particular good practice with the project was how work on the floor influenced policy and vice versa. The improvements in policy in favour of more accessibility went hand in hand with enhanced support and training for service providers and staff.

An evaluation based on quantitative longitudinal data and a qualitative analysis came to the conclusion that innovative projects must entail structural changes to achieve a durable impact on service quality and social inclusion. On this basis, and with the support of the majority of stakeholders, a new organisation was created when the project ended: Kinderopvang in Brussels (Childcare in



Brussels). This official organisation is already supporting 93 out of 100 subsidised ECEC services with continued support activities and training.

Key messages

By increasing the accessibility of ECEC services to vulnerable groups, the two cases show approaches for implementing important principles of the Investing in Children Recommendation:

- “Maintain an appropriate balance between universal policies, aimed at promoting the well-being of all children, and targeted approaches, aimed at supporting the most disadvantaged”.
- “Ensure a focus on children who face an increased risk due to multiple disadvantage such as... some migrant or ethnic minority children... children within households at particular risk of poverty”.

Both projects reinforced quality, accessibility, social inclusion and diversity of ECEC services in Brussels through a co-constructive approach with practitioners, parents, public policy representatives and other stakeholders. The co-construction process helps practitioners to understand and influence policy-makers, and helps political representatives to get a better insight in practice.

The cases showed the importance of positive feedback between the levels of policy and practice. They demonstrated the particular value of a dual approach focusing on legislative change and on-the-ground activities to tackle the barriers to accessing ECEC services faced by vulnerable groups.

“In this way, the two cases showed approaches on ECEC to implement the Investing in Children Recommendation to: “Ensure that policies effectively address child poverty and social exclusion through comprehensive design and enhance co-ordination between key actors”.

Furthermore, both projects have shown that it is very important to achieve long-term structural change, beyond short-term project actions and benefits.



Acknowledgements

This case study was written by:

- **Martin Wagener** - Research Project Officer, RIEPP asbl (Réseau des Initiatives Enfants-Parents-Professionnels)

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- **ONE**
- **K&G**
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- **COCOF, Observatoire de l'enfant (COCOF)**
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BULGARIA 

Deinstitutionalisation for children 0-3

COUNTRY	Bulgaria
PROJECT/INITIATIVE TITLE	Strategic deinstitutionalisation and reform of the care system for children from 0 to 3
SUBMITTING ORGANISATION	Hope and Homes for Children www.hopeandhomes.org
CONTACT	Delia Pop Director of Programmes Hope and Homes for Children delia.pop@hopeandhomes.org

FAMILY AND PARENTING SUPPORT
WELFARE REFORM CARE LEAVERS EDUCATION
DEINSTITUTIONALISATION
CHILD PROTECTION REFORM
EARLY CHILDHOOD
CHILD PARTICIPATION
CHILDREN WITH DISABILITIES

Summary

There has been some clear progress over the past 15 years in Bulgaria on the child rights objective of deinstitutionalisation (DI), the provision of community-based services, the promotion of integrated education and the social visibility of disabled children.

EU membership since 2007 has accelerated reform and the use of EU funds for deinstitutionalisation is correctly given as one of the examples of good coordination across funding mechanisms. There is room for improvement and the process is not devoid of controversies and problems but the overall positive trend must be recognised.

Progress has been further enhanced by the 2010 adoption of a National Deinstitutionalisation Strategy and associated Action Plan.

However, despite the progress, there have still been many problems and challenges with the implementation of DI. There has been a fragmented approach to the child protection reform and a lack of coordination between the closure of institutions and the development of prevention services and alternative care. There is an on-going need to strengthen gate-keeping.

During the project outlined below, Hope and Homes for Children - Bulgaria (HHC) has managed to achieve coordinated delivery of support for individual children and families and to demonstrate a model which overcomes crisis, and builds on the strengths and resources of the family, their immediate environment and the community.

“The DI model presented shows, in particular, implementation of the Investing in Children Recommendation to:

“Stop the expansion of institutional care settings for children without parental care; promote quality, community-based care and foster care within family settings instead, where children's voice is given due consideration.

Ensure adequate gate-keeping to prevent children being placed in institutions and provide for regular reviews in the event of such placements.”

The State Agency for Child Protection and the Ministry of Labour and Social Policy for Bulgaria have formally recognised the model as being a valuable and effective mechanism for gate-keeping and reintegration of children in their families and have expressed willingness to scale it up widely across the country.

Q Policy context

PROGRESS TO A DEINSTITUTIONALISATION STRATEGY IN BULGARIA

Bulgaria ratified the **UN Convention on the Rights of the Child in 1991**. Its Child Protection Act came into being along with a **Strategy and Action Plan for the Protection of Child Rights** in 2000. The State Agency for Child Protection (SACP) was also established in 2000. However, it was in 2010 that Bulgarian policy took its most significant step forward towards the deinstitutionalisation of children.

The adoption of the 2010 National Deinstitutionalisation Strategy “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria” and associated Action Plan of the same year was the first written statement of political commitment to close all institutions for children within a specified timeframe (by 2025).

The strategy acknowledges that institutional care violates child rights, delivers poor outcomes for children and destines them to a life of dependence, poverty and social exclusion, which leads to additional economic and social costs for the whole society.

It also sets out a vision of the process, approaches and main principles of systemic reform in Bulgaria, focusing on risk prevention, early intervention, family support and provision of a family or

close-to-family environment. Priorities of the strategy are:

1. Children with disability as being most vulnerable and experiencing the highest levels of social exclusion; and
2. Children 0-3 who suffer most harm from early institutionalisation with lifelong consequences and ‘feed’ the entire institutional system.

The strategy demonstrated good practice by allowing for innovative funding possibilities, including integrated use of ESF, ERDF and the EARDF to achieve the main aims of the National Deinstitutionalisation Strategy.

ON-GOING CHALLENGES TO IMPLEMENTATION

Despite the policy progress, in general, Bulgaria still lacks universally guaranteed services for children and families. Particular challenges remain around: the significant risks of children entering the formal care system simply on the basis of material poverty – especially from households with three or more dependent children; overstretched Child Protection Departments; the lack of a developed system of family and community-based alternatives to institutional care or adequate funding for services to prevent children entering the formal care system.

Furthermore, many healthcare professionals still resist a social model of disability. Despite new guidelines, methodologies and procedures, many

doctors continue to exert pressure on vulnerable parents and those with a disabled child that promote abandonment. A related problem is that there are widespread vested interests in the institutional system and adoption.

⚙ The practice

The government requested Hope and Homes for Children (HHC)’s involvement to support the closing of eight institutions for children aged 0-3 to increase the speed of reform in a well-coordinated and timely way. It acknowledged HHC’s expertise in the practical implementation of DI projects in Eastern Europe. The project was funded with money from the ESF and ERDF as one of five similar national projects.

HHC employed two main approaches:

1. DISTRICT COORDINATION MECHANISMS (DCMS)

DCMs are operational bodies that bring together partners from different institutions to provide inter-agency management of DI cases. They aim to design and provide assistance in the most efficient and effective way combining and coordinating different actions undertaken by different institutions potentially within different municipalities.

Each DCM has two types of member:

Permanent members are representatives of the district administration, representatives of the various municipal authorities in the district, district directorates for social assistance, municipal directorates for social assistance and municipal child protection departments.

Associate members are social service providers, NGOs, health, institutions for babies, education and cultural institutions, police and prosecution services whose competence and expertise are employed to ensure the successful and sustainable solution of each case.

Participation in a DCM falls within the existing functional responsibilities of the members, so the model requires only very modest additional financial resources. Members of the DCM are given training on values and perspectives, how to work effectively in the multi-disciplinary environment

of a coordination mechanism and the negative effects of institutional care on young children.

“The DCM methodology shows implementation of the Investing in Children Recommendation to “Strengthen synergies across sectors and improve governance arrangements... and enhance coordination between key actors.”

DCMs can find solutions to local issues related to deinstitutionalisation which are best solved through joint decision-making. Families are empowered through their formal recognition as partners in the process. Support strategies engage the communities and encourage local ownership of child and family welfare. Cases are only brought to the attention of a DCM after exhausting all opportunities for resolving the case at the level of the child protection system.

2. ACTIVE FAMILY SUPPORT

ACTIVE Family Support is a model of intervention aimed at identifying and supporting children at risk of being separated from their parents and preventing their institutionalisation. The model can also be used for the reintegration of children back into their biological or extended families.

ACTIVE means:

- **Appropriate:** takes into account local cultural context and the socio-political climate
- **Community:** works with formal (e.g. social workers) and non-formal actors
- **Targeted:** tailored to each family’s specific needs
- **Independence:** families are working towards becoming self-sufficient
- **Value:** proven to offer better value for money than interventions such as the institutionalisation of children
- **Effective:** Evidence shows that this approach has kept children who would otherwise have been institutionalised with their families, while improving their well-being

ACTIVE family support views children in connection with their main carers, immediate and extended family and the wider community. Interventions are designed holistically to deliver wide-ranging improvements to family well-being, built on core values of partnership, respect, inclusion, and sustainability. Interventions are tailored to the individual needs of each child and family with a focus



on the best interest of the child.

Families are helped to assess their needs and strengths/potential. Based on the outcomes of the assessment, families are engaged in developing a support plan, in collaboration with representatives of all agencies working with the family. The plan includes specific aims with agreed time-frames and the roles of all involved. The plan is reviewed as many times as necessary (usually every three months) to assess the progress made and to plan the next period.

Support programmes are implemented in partnership with child protection and social services, local schools and kindergartens, health services, employment agencies, social assistance services and NGOs. Families can be referred to the programme by these organisations. Families are assisted to access the additional support and services they need; they may also receive essential supplies.

HHC invests in developing local capacity through comprehensive training programmes and joint case management. Through hands-on demonstration the expertise is transferred to local professionals and decision makers, so that they are able to manage a system of alternative care on a sustainable basis. Importantly, the model has been embraced by a number of professionals at local level, customised and embedded in their approach to service provision.

The duration of support depends on the individual situation but lasts on average six months, during which time a family is visited as frequently as needed. Work with a family is concluded when the family is able to function independently of ACTIVE family support within a sustainable system of formal and informal support. Progress is constantly monitored using a measuring scale.

🔗 Outcomes

The project achieved a number of important operational objectives:	The HHC models were instrumental in delivering concrete DI objectives:
• 11 DCMs set up (including in 3 new locations where work is continuing) • 260 members of Coordination Mechanisms trained • 77 members of multidisciplinary assessment teams trained • 432 members of institutions staff trained¹	• Closure of 8 institutions for babies • 649 children prevented from institutionalisation • 164 children reintegrated in their biological families • 145 children supported to transition from institutional care to a foster family

Even more importantly than the specific project achievements, it developed meaningful inter-institutional partnerships, enhancing the capacity at local level to prevent new child separation and facilitate reintegration in those instances where children have been wrongly removed because of past practice.

The project encouraged and enhanced the provision of alternative family and community-based care and helped secure government commitment to deinstitutionalisation. The evidence gathered showed ACTIVE family support to be cost-effective, since material assistance is modest and short-term.

Furthermore, the initiative has helped change attitudes of specialists in terms of improved understanding of the significance of personal and institutional responsibility towards the problems. One finding was that, with time, more and more cases were being resolved without the involvement of the DCM due to the improved joint working of the relevant agencies.

For the period January 2012 – August 2014 HHC prevented the institutionalisation of 603 children age 0 to 3 in the 8 pilot districts. 395 were prevented from separation with their families and stayed at home successfully at exit from the programme.



87 children prevented from separation with their families are still being supported and monitored. 121 were placed directly in foster care.

Furthermore, closure of the 8 institutions for children 0-3 had a knock on effect on the institutional care for children 3 to 7 – there are no more institutions for this age group in the 8 districts. It has proven that addressing the common entry point to the institutional system at 0-3 is strategic and cost-effective.

Example case on reintegration

The doctors told Penka’s mother that she would be better cared for in an institution because of the girl’s condition – a simple milk allergy. Milena absconded from the hospital in an effort to keep her daughter but the Bulgarian authorities came and took Penka away. After 14 months we returned Penka to her family when the process to close the orphanage she was placed in began. With our support, Penka’s mother was able to get the medical advice she needed for her daughter to grow up with her family, where she belongs.

🔑 Key messages

In addition to the tangible results for young children affected by (the threat of being placed in) institutional care, key elements of the DI model in Bulgaria that make it a good practice are:

- Focused on prevention as well as on cure, including through family support;
- Intensive consultation with families (children in our target group are too young for direct participation) and stakeholders;
- A catalyst for working together at the local level and developed a culture of shared decision-making, responsibility and resources. It promoted integrated working and a cross-sectorial approach solving systemic problems in providing direct support to children and families;
- Capacity building of child protection officers, professionals from social services and NGOs through trainings and hands-on demonstration – leading to increased skills, confidence and changed attitudes to families at risk;
- A rigorous monitoring and evaluation system both for the implementation of the project and the outcomes for children and their families, in-

- Demonstrated the ability to invest relatively small amounts to leverage EU Structural Funds to consolidate the model for the transitioning of young children from institutional to family care.

ics - committed to DI in Bulgaria. The Coalition has developed a strong interface with government to keep deinstitutionalisation on track.

In its 3rd Monitoring Report (MR) on progress on deinstitutionalisation, the Bulgarian Government makes reference to the need for legislation to be “improved in other key areas related to child well-being such as health, education, justice, social welfare and family policy”. This is a welcome appeal for a holistic approach to childcare. Nevertheless, a failure to tackle the structural causes of child poverty risks subverting these aims by preserving the flow of children into formal care.

This case study was written by **Galina Bisset**, in cooperation with **Delia Pop** (HHC). It was developed in consultation with:

- **National Network for Children**
- **Know How Centre for Alternative Care for Children** at the New Bulgarian University
- **Bulgarian Association for People with Intellectual Disabilities**

ECEC services for Roma children

COUNTRY	Bulgaria
PROJECT/ INITIATIVE TITLE	ECEC services for Roma children
SUBMITTING ORGANISATION	National Network for Children-Bulgaria http://nmd.bg/en/
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CHILD-FRIENDLY JUSTICE
 WELFARE REFORM
 UNDOCUMENTED CHILDREN
 DEINSTITUTIONALISATION
 HOMELESSNESS
EARLY CHILDHOOD
 CARE LEAVERS CHILDREN WITH DISABILITIES
FAMILY AND PARENTING SUPPORT
ROMA CHILDREN
 HEALTH
 HOUSING
 CHILD PARTICIPATION EDUCATION
 CHILD PROTECTION REFORM

Bulgaria is still a long way from achieving the target¹ of providing access to nurseries and pre-school services to 95% of children aged between four and the mandatory school age. Furthermore, behind these overall figures, there are severe social inequalities. Studies show that only about 40% of Roma children aged 3-6 are enrolled in kindergartens or pre-school services.

The practice presented in this case study is a service provided by the Helping Hand Foundation² aimed at Roma children aged 4-6 whose mother tongue is not Bulgarian and who have generally not attended early childhood education and care (ECEC) services so far. The service is also aimed at the parents and extended families of these children.

The service presented is functioning in Dobrich, near the Black Sea and the border with Romania in north-eastern Bulgaria. Dobrich is the ninth most populated town in Bulgaria with a population of 90 375 within the city limits and 112 203 inhabitants with the legally affiliated adjacent villages³. Approximately 11% of the population is from an ethnic minority background.

The programme combines classes on literacy and social skills acquisition with the engagement of parents in the process of their children's education. A key feature is the use of a mediator from the Roma community to build bridges between the families and the service providers, boosting attendance in pre-school services and supporting long-term educational outcomes.

“ This case study is particularly focused at implementing the Investing in Children Recommendation to: “Reduce inequality at a young age by investing in early childhood education and care — Further develop the social inclusion and development potential of early childhood education and care (ECEC), using it as a social investment to address inequality and challenges faced by disadvantaged children through early intervention.”

1. All figures refer to the pilot closure of 8 institutions and preparatory work in relation to 5 other institutions.

Q Policy context

National laws in Bulgaria have put in place several important policies and measures oriented to the needs of children up to 7 years and their families, including:

- Two years of free and **mandatory pre-school education** to children younger than primary-school age;
- **Maternity pay** for the period until the child turns one is set at 90% of the mother's gross monthly salary. As of July 2013, the maternity leave payment for raising a child between the ages of one and two was increased from 240 to 310 Bulgarian leva (BGN)⁴ per month;
- Access to **free health care** for children;
- A **child protection system**.

A challenge is that these policies and measures are fragmented, with responsibilities for services aimed at early childhood divided between health, education, and social protection systems. There is **insufficient coordination and coherence** between different sectors, either at the planning or service-provision level.

The **two-year obligatory pre-school is a key measure** and attendance figures are going up. The percentage of children enrolled in kindergartens has grown from 74.9% in 2009/10 to 82.1% for the academic year 2012/13. Nevertheless, **further and stricter implementation is needed**. There is still a constant deficit of vacancies in nurseries and kindergartens in the big cities.

A particular and continuing challenge concerns the **access to ECEC for disadvantaged children**, in particular Roma children. In addition to cultural barriers, many children miss out on services because of unaffordable prices of attending the service for their families.

The **State and municipal budgets cover the essential costs** of ECEC provision and parents do not have to pay tuition fees. However, municipalities are free to determine and regulate the amount of fees collected from parents or legal guardians of children for costs associated with heating, lighting and other supplies, major repairs, medical care, and partly for children's food.

The average Roma parent with a child in pre-school in Bulgaria reports spending 15.4 euros per month on preschool-related fees; a very substantial amount for poor Roma families. In comparison, Hungarian Roma report spending only 1.3 euros on average.

World Bank regional study on "Closing the Early Learning Gap" (2012)

These **out-of-pocket expenses** and huge variations in the costs for kindergartens are an important barrier to accessing pre-schools. Some parents face significantly high contributions, as well as having to partially cover the daily needs of their children, including food and educational materials. Local governments are **failing to fully implement the mandate for free access to kindergartens**.

⚙ The practice

PROVIDING ECEC TO ROMA CHILDREN

The practice of the Helping Hand Foundation has aimed at **raising the level of social integration and academic success of Roma children** aged 4-6 in Dobrich, through inclusion in a pre-school group and involvement of parents in the process of their children's education and development.

Goals for development of children:

- Improve their fluency in Bulgarian, which will allow them to take part in the educational process and to communicate better;
- Acquire key competencies along the lines of the State Educational Standards;
- Improve their social skills, focus and autonomy;
- Increase their readiness for the first or preparatory grade in school.

Goals for working with parents:

- Motivate them to support their children in the educational process;
- Improve their skills to play with children and to practice positive parenthood;
- Better understanding of the value of education and the importance of choosing a good school for their children.

The practice has been implemented in the "Hope" Kindergarten, located in downtown Dobrich close to one of the Roma districts of the city. The kindergarten is managed and funded by the Helping Hand Foundation and licensed by the Ministry of Education and Science.

The service is provided to children and families if they meet one or several of the following criteria:

- at least **one unemployed parent** in the family;
- a family with **3 or more children**;
- signs of **parental motivation** for support of the child's educational progress;
- the child has never been part of ECEC services, or has not **attended kindergarten regularly**;
- the child is **not fluent in Bulgarian**.

“Provide for the inclusion of all learners, where necessary by targeting resources and opportunities towards the more disadvantaged.”

The **integrated nature of the services and professional cooperation** offered by "Helping Hand Foundation" is key for providing individualised support to children and families:

- two **pedagogues** to work with children on a daily basis;
- a **social worker** who supports the teachers and helps to involve parents in the process;
- two **psychologists** who work with families and children at risk of severe deprivation and social exclusion and offer workshops for parents and family therapy sessions;
- a **mediator** – a person from the Roma community who has a profound knowledge and understanding of their social, economic, cultural and language background and helps the other professionals in reaching children and families from two Roma districts in Dobrich.

Families are not charged for the service, which also includes the provision of daily transportation for the children - an important element for overcoming another potential barrier to children's attendance.

WORKING WITH CHILDREN

Children are grouped into two pre-school classes. The programme supports the children to learn the Bulgarian language and basic concepts of maths and science, as well as developing their social, emotional and cognitive skills. The model of work combines the pre-school programmes of the Bulgarian Ministry of Education with Montessori methods. The classrooms are equipped accordingly.

The Montessori therapy and pedagogy is a relevant method of teaching, especially for children with learning impediments and for bilingual children, such as children from ethnic minorities. One of its main advantages is that the children learn things easily and happily, because they use a lot of everyday items, sensory materials, Montessori materials and role-play games.



NESTOR CRUZ (CC BY 2.0)

“ Increase the capacity of education systems to break the cycle of disadvantage, ensuring that all children can benefit from inclusive high quality education that promotes their emotional, social, cognitive and physical development

The service also worked well with three primary schools in Dobrich. The schools agreed to host meetings with the children, their parents and the team of “Hope” kindergarten to support the smooth transition of Roma children from the pre-school service to the first year of primary school. The progress of children who have entered the first year of primary school is closely monitored.

ENGAGING WITH PARENTS AND FAMILIES

An important element for the success of the practice was to engage with the Roma communities directly to encourage participation in pre-school services. Children were engaged to attend pre-school from door-to-door outreach in the two Roma districts of Dobrich.

“ Raise parents’ awareness of the benefits of participation in ECEC programmes for their children and themselves.

In the beginning, the families demonstrated clear signs of distrust of the team and the service being offered. The practice used a mediator from the Roma community to build understanding and trust between the service providers and the Roma parents and families. The mediator worked with the pedagogues and psychologists to try to persuade each family of the value of education and the development of Bulgarian language skills for their children.

“ Incentivise the participation of children from a disadvantaged background (especially those below the age of three years), regardless of their parents’ labour market situation, whilst avoiding stigmatisation and segregation.

Engagement with the parents continues beyond the initial outreach phase. Interaction with parents takes place through regular home visits and playgroups. Workshops and family therapy sessions are provided. The mediator keeps working with the families of the children who have ‘graduated’ on to primary school, in order to maintain their motivation to support their child’s education.

“ Create an inclusive learning environment by strengthening the link between schools and parents, and provide if necessary personalised support to compensate for specific disadvantages, through for instance training for parents of migrant and ethnic minority children.

Future perspectives

Currently, the practice is self-financed. It is free of charge and it does not receive money from local or national authorities. The team of the foundation counts 12 professionals and every one of them is key for ensuring a high quality provision of teaching and support services to children and families. The foundation needs to regularly seek financing to ensure the sustainability of its services.

Governments tend to fund services which have already received a certain level of recognition that might vary in its formal status (e.g. licensed, accredited, evidence-based etc.). To this end, systematic monitoring and evaluation is an essential prerequisite: the more results a practice is able to demonstrate, the better its chances to receive governmental funding.

Services with built-in methodological guidance, support and training also have a better chance to receive recognition. To this end collaboration with academic or teacher-training or other specialised institutes (including NGOs) contributes not only to sustaining the quality of the provisions but also, indirectly, to the financial sustainability.⁵

The best way to achieve long-term sustainability is by engaging the [local] authorities. The earlier the cooperation with the (local) authorities starts the better; ideally the governmental agencies are involved already at the stage of design or adaptation of the intervention to the respective locality and from the outset a feeling of local ownership is present.

A suitable legislative framework is essential; as a minimum it should allow for embedding of the practice into the provision of social and educational services guaranteed by the government or municipalities. Lobbying, advocacy or even pressure by the stakeholders (professional staff and parents) to develop quality services might play an essential role here.



At present, the service is registered as a private kindergarten and it leads to a heavy documentation workload. The Helping Hand Foundation has presented its methods and results to the Municipality of Dobrich in an effort to obtain public funding to expand provision of the service.

In February 2014, the Municipality applied to the Bulgarian Swiss Cooperation Program with a project proposal for inclusion of the Montessori therapy in four Kindergartens in Dobrich where more than 50% of the children are from Roma families. The Helping Hand Foundation is an official partner of the Municipality in this project. One of its main roles will be to teach Montessori techniques to the teachers from the kindergartens.

Key messages

The practice helps break the cycle of disadvantage for Roma children and their families in Bulgaria. It implements a number of important elements of the Investing in Children Recommendation, as quoted throughout the case.

“ Provide access to high-quality, inclusive early childhood education and care; ensure its affordability and adapt provision to the needs of families;

It showed how improving access to quality, affordable ECEC for disadvantaged children can act as a social investment to address inequality through early intervention.

Tackling the language deficiency is recognised as particularly important since language barriers lead to social isolation in school and are a major cause of early school leaving. Increasing the chance of children to stay at school has profound effects not only on their lives but also on their community.

The purposeful work with the three schools in the town helped to overcome stigma and prejudice toward people from Roma communities and to prepare Roma children to adapt successfully in non-segregated schools.

The use of a mediator from the community was key for the success of the practice. It helped foster children's attendance at pre-school and boosted their families' understanding of education as a general value.

The integrated multidisciplinary team was important in covering a number of healthcare, social and parental issues, which resulted in better life and opportunities for children and families of the target group.

The practice of Helping Hand Foundation supports parents in their role as the main educators of their own children during the early years and encourages close work with parents and the community.

The practice also shows how private initiatives can demonstrate good practice to local authorities to encourage them to support such approaches with public funds.

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The practice is carried out in partnership with the Community Support Centre in Dobrich, which is also run by the Helping Hand Foundation.

1. As stipulated in the Strategic framework for European cooperation in education and training ("ET 2020")
2. http://hhf.bg/?hl=en_US
3. According to data from January 2012.
4. Approximately, from 122 to 158 euros.
5. The current document uses conclusions drawn in the Assessment paper, prepared by Iordan Iossifov from ICDI as a final product of a peer review seminar held on 24-25 March 2014 in Sofia.

CZECH REPUBLIC 

At-home early care services for children with disabilities in the Moravian-Silesian Region

COUNTRY	Czech Republic
PROJECT/INITIATIVE TITLE	Early care services for children with disabilities in Moravian-Silesian Region
SUBMITTING ORGANISATION	Slezská Diakonie and the Department of Social Affairs of the Moravian-Silesian Regional Authority www.slezskadiakonie.cz
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ROMA CHILDREN
WELFARE REFORM
FAMILY AND PARENTING SUPPORT
CHILD PARTICIPATION
DEINSTITUTIONALISATION
CHILD PROTECTION REFORM
HEALTH
EDUCATION
CARE LEAVERS
HOUSING
CHILDREN WITH DISABILITIES
EARLY CHILDHOOD

 Summary

The Moravian-Silesian region is located in the easternmost part of the Czech Republic, bordering Poland in the north and Slovakia in the east. The region has dedicated many years of effort to improving the quality of life of people with disabilities. This follows a long history in the region – similar to others with a similar political history – of separating children with disabilities from their families and raising them in state-run institutions.

Since the 1990s there has been an increasing emphasis on the development of regional outreach and ambulatory services to support families with children with disabilities. The aim has been to ensure that children with disabilities grow up in their own families instead of in residential facilities.

By allowing children with disabilities to remain in their home environment, they are given the best opportunities to develop in an environment in which they are comfortable. It can also support the integration of the family within the local community.

“The targeted approach to families with children with disabilities shows an effective means of the implementing the Investing in Children Recommendation to: “Ensure a focus on children who face an increased risk due to multiple disadvantage such as... children with special needs or disabilities, children in alternative care... as well as children within households at particular risk of poverty...”

The development of early care and support of caregivers has been promoted by policy documents, principally Medium-term Social Services Development Plans for the Moravia-Silesia region and the Moravian-Silesian Regional Plan for Equal Opportunities for Disabled Citizens. Implementation of their recommendations has been assured by government funding as well as European Structural Fund support.

The number and efficiency of at-home early care services provided has been improved by the development of regional associations of early care providers. In addition, successful participation in various initiatives has allowed children to leave residential facilities and find new homes in foster families.

“At-home early care is a good practice means of implementing the Investing in Children Recommendation to: “Reduce inequality at a young age by investing in early childhood education and care — Further develop the social inclusion and

development potential of early childhood education and care (ECEC), using it as a social investment to address inequality and challenges faced by disadvantaged children through early intervention.”

The practice

A BRIEF HISTORY

Historically, in the Czech Republic, it was common practice for parents of children with disabilities to be automatically offered and even encouraged to place the child into a social care institution. Parents used to hear such comments as: “Your child is disabled. You will not be able to take care of him and the best solution for you is to let the state do the job by means of institutional care.”

Parents had no real opportunities to discuss their ideas and points of views for the care of their child. In most cases, they had no means or options to raise the children at home and, above all, they lacked necessary assistance while bringing up their children.

Following the significant political changes of 1989, initiatives were launched in the early 1990s to improve the care of children with disabilities. Initiatives came from families, as well as from professional staff, particularly special education teachers who were dealing with the issue of education of the youngest children with intellectual and multiple disabilities. Special education teachers gradually turned into qualified specialists.

Slezská Diakonie is a Christian organisation which resurrected after 1989 and gradually started to respond to the needs of people needing support and assistance. It launched ambulatory and residential services for people with disabilities, most particularly for people with intellectual and multiple disabilities. In 2000, the service called “early care” started to develop. Early care is an outreach social service provided to families with children with disabilities in their own homes.

The nation-wide organisation Society of Early Care was established, which is focused on families with children with visual and multiple disabilities. Through cooperation with this organisation, as

well as with another focused on families with children with hearing disabilities, Slezská Diakonie became co-founders of the Association of Early Care Employees in the Czech Republic in 2004.

In 2005, the Regional Authority of the Moravian-Silesian region requested Slezská Diakonie and other early care providers to map the state of early care service provision in the whole region. Following the resulting study, “**Concept of Early Care in the Moravian-Silesian Region**”, early care providers in the region established a non-formal entity “Free Association of Early Care Providers in the Moravian-Silesian Region” – the first of its kind in the Czech Republic.

Cooperation of providers at regional level has given a significant boost to the scope and efficiency of early care service provision in the region. The number of families of children with disabilities supported by early care services increased from 109 in 2005 to 239 by 2013.

THE EARLY CARE SERVICE

Through the early care service, **counsellors visit families in their home environment** to provide parents with advice and inspiration to best support the development of the child. Counsellors use their experience from both theory and practice to provide support that is, as much as possible, in accordance with the usual life of the family concerned.

The early care service is focused on **supporting families and the development of children, while respecting requirements of each individual**. It is based on the understanding that parents of children with disabilities must have the chance to gain information about possibilities and ways of coping with their situation, both within particular social services and beyond their framework.

Supported by the Regional Authority, the project includes the possibility for stays with the families lasting several days. These aim to empower parents in their roles, giving them new knowledge and competences in the care of children with disabilities. The several-day stays are organised in close cooperation with all early care providers in the region.

A significant benefit of providing the service in an outreach manner is to allow service users to remain in their home environment, which is famil-

iar to them and where they feel secure. Children thus have the best chance to make use of all their potential, capacities and talents. Outreach provision of the service is important for the many children for whom commuting would be difficult or even impossible. Outreach provision also enables the service to participate in the integration of the family in local community.

Early care counsellors also often engage with schools, providing them with information about specific needs of a child concerned. The project demonstrates good practice by providing for the **meeting of all relevant parties to cooperate** in the search for specific solutions for the positive development of the child. For example, joint meetings of early care counsellors and teachers working in special education schools and ordinary schools have been organised, focusing on exchange of information.

“The practice thus supports the Investing in Children Recommendation to:

“Support parents in their role as the main educators of their own children during the early years and encourage ECEC services to work closely with parents and community actors involved in the child’s upbringing (such as health and parenting support services)” and

“Strengthen child protection and social services in the field of prevention; help families develop parenting skills in a non-stigmatising way...”

A key activity of the project is to provide **training to social service professionals** working with children with disabilities and their families. The Regional Authority provides a comprehensive package of training, lasting 152 hours. This is aimed primarily at early care counsellors, as well as staff working with children with pervasive developmental disorder or various types of disabilities, working in the Moravian-Silesian region. This aims to support a high level of qualifications of direct care employees.



EASYSTAND (CC BY-NC-ND 2.0)

🔗 Challenges

There are four main challenges related to the optimal provision of early care services to families with children with disabilities living in the Moravian-Silesian region:

Firstly, **awareness of the benefits of early care services needs to be further improved** – not only amongst the general public, but still amongst specialists, particularly in health and education services. Better awareness is needed to ensure active cooperation and exchange of information and experience, as well as joint support of families and children. It is also important to ensure the commitment and interest of local authorities which may give significant support to these kind of services.

Secondly, **there needs to be more support to the role of caregivers and particularly parents**. The current system does not provide conditions which allow families to cope fully with their task of taking care of children with disabilities. Besides the difficult financial context, parents have difficulties to assert themselves in the labour market and the accessibility of public services is lower for their children. It is absolutely necessary to include parents in the decision-taking process within public policies and to continuously work with the general public to highlight the role of parents of children with disabilities.

Thirdly, **more initiatives are needed to decrease the number of children living in social care institutions**. Initiatives to enable children to return to a family environment have already been partially implemented in the Moravian-Silesian region. However, it is necessary to use all tools available – legal acts, human resources, raising awareness, etc. – to prevent further placing of children in social care institutions.

Fourthly, **it is essential to improve follow-up assistance for families beyond the provision of early care**. Such assistance should enable the family to keep taking care of the child and ensure their upbringing, making appropriate life decisions for their child – for example the crucial decision of whether to place their child in a special education school or integrate them into an ordinary primary school. This support should ensure that family members feel they have somebody to address if needed.

Early care providers have started to implement supportive activities focused on families that are taking care of older children with disabilities. As well as specific services, such as respite care, self-help groups and training, early care providers in the Free Association aim to provide four specialists for the region who would provide families with follow-up counselling services or who would facilitate co-operation between families, children and schools. It will also prioritise raising awareness of both the public and professionals about the care needs of families with children with disabilities.

Q Policy context

The development of early care services in Moravia-Silesia is informed by two important policy documents:

The regional **Medium-term Social Services Development Plan** provides the basis for the planning of all social services in Moravia-Silesia. The plan covers support for families with children with disabilities, as well as enhancing the availability of relevant social services, including early care services.

In September 2014, the Regional Authorities approved a new Medium-term Social Services Development Plan 2015-2020. Among other aspects, the plan is focused on:

- Supporting services and activities focused on families that are threatened by marginalisation and unfavourable social situation, including initiatives focused on empowering people's competencies as parents.
- Mapping the needs of caregivers and planning their support with the objective to enable people who need support and care of other persons to live in their home environment.
- Ensuring various forms of active support of foster care focused on children living in social care institutions.
- Turning family caregivers into a key group within community planning at communal or regional level.
- Continuing interdepartmental cooperation, among others by means of regular activities of the work group focused on transformation of children's care in the Moravian-Silesian region (integral part of the planning process in the region).

The **Moravian-Silesian Regional Plan for Equal Opportunities for Disabled Citizens** has also provided an important basis for the development of early care services. Notably, it provided the original incentive for the 2005 study on the "Concept of Early Care in the Moravian-Silesian Region" which made various recommendations in the form of a regional development plan. With support from the Regional Authority, these have been gradually fulfilled, including implementation of the following recommendations:

- "Consolidation of Existing Early Care Network and Support of Further Development of Early Care in the Region of Nový Jičín" (2006);
- "Elaboration of a Study Focused on Identification of Necessity of Early Care in Case of Children with Hearing Disabilities and Using the Outcomes to Support the Development of Early Care Focused on This Target Group" (2007);
- Enhancing Accessibility of Early Care in Places Where the Service is Not Available or Where its Accessibility is Not Sufficient" (2009);
- The plan also supported measures to enhance awareness of the opportunities and benefits of early care services. For example service providers published information materials and organised various events.

The 4th updated Moravian-Silesian Regional Plan for Equal Opportunities for Disabled Citizens currently includes 13 activities related to social field: as many as four of them are highly significant for early care.

🔑 Key messages

PROVIDING AT-HOME EARLY CARE SERVICES IN AN OUTREACH MANNER HAS SEVERAL BENEFITS:

- Supports early intervention to avoid greater challenges later on, for individual children, families and society as a whole.
- Avoids the institutionalisation of vulnerable children.
- Recognises the family as the primary care giver
- Provides specific and targeted support for children and families facing multiple disadvantages.
- Allows service users to remain in their home environment, which is familiar to them and where they feel secure. Children thus have the best chance to make use of all their potential, capacities and talents.
- Ensures access to support services for families and children for whom commuting would be difficult or even impossible.



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- Supports the integration of the family in the local community.

The provision of at-home early care services can and should be the basis of ensuring ongoing con-

tinuity of support provision for families of children with disabilities and joined up support from the different relevant organisations, including social services and health and educational establishments.

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ESTONIA 

EAPN advocacy action on government approach to investing in children

COUNTRY	Estonia
PROJECT/ INITIATIVE TITLE	Advocacy Action on Government approach to Investing in Children
SUBMITTING ORGANISATION	EAPN Estonia www.eapn.ee
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CHILD PROTECTION REFORM
EARLY CHILDHOOD
WELFARE REFORM
FAMILY AND PARENTING SUPPORT
HEALTH
CHILD PARTICIPATION
EDUCATION
HOUSING

Summary

This paper sets out the good practice of successful European Anti-Poverty Network Estonia (hereafter EAPN Estonia)¹ advocacy action in pressing for action to tackle child poverty and promote investment in children through an integrated approach. The challenges are described, as well as EAPN actions and the results.

The reality is that one in four children live in or at risk of poverty in Estonia. Notable risk factors include the large number of single-parent families and children who have at least one parent who has emigrated abroad in search of employment.

EAPN has worked to draw attention to the plight of children, and the need for an integrated approach to Investing in Children, according to the Commission's Recommendation. It has combined political lobbying activity with awareness raising activities to draw political and public support.

A major priority has been to try to ensure adequate resources and access to key services for all children who are gravely at risk of material and relative poverty. But they have also pressed for an integrated approach, including participation of children and families.

The advocacy approach has entailed: development of common proposals, dialogue and interchange with the Government, awareness-raising with media and the general public.

EAPN is proud of its success in the area of legislation, through awareness-raising: in 2015, the state will invest nearly twice as much money into improving the quality of life of Estonian children as it did in 2014.”
EAPN Estonia

“ This practice shows the potential of a broad advocacy action to support implementation of the overarching elements of the Investing in Children Recommendation including ensuring access to adequate resources and access to affordable quality services.

Q Policy context

WHAT ARE THE CHALLENGES?

ONE IN FOUR CHILDREN FACING POVERTY IN ESTONIA

According to official Estonian statistics for 2012, 9.5% of children (about 23 000) lived below the absolute poverty line (the minimum subsistence level) and 18.1% (about 43 000 children) lived in relative poverty.

According to a 2011 survey of the Estonian Child Ombudsman, around 45 000 children were living in absolute poverty and around 18 000 at risk of poverty.

PREVALENCE OF SINGLE-PARENT FAMILIES

Estonia has one of the highest rates of children living in single-parent families in the EU. According to Eurostat's 2011 Population and Housing Census, 24% (55 665) of children under 18 live in single-parent households in Estonia. These children are much more likely to be facing poverty. In 2012, the absolute poverty rate for the single parent households (one adult with children) was 23.4% and the relative poverty rate was 40.8%.

A big issue for parents raising a child alone is that they cannot agree on alimonies or the other parent does not comply with the legal obligations they have for the child.

LACK OF EARLY LEARNING AND CHILDCARE PLACES

Estonian law² states that local municipalities must guarantee a place in a kindergarten or daycare for all children from 18 months' to 7 years' old. In reality (2013), 10% of municipalities fail to find places for all the 1.5-3 year-olds whose parents have applied for one. According to a recent survey³, 33% of municipalities had a waiting list of kindergarten places and 5 900 children were in the waiting lists.

EMIGRATION OF PARENTS

An increasing number of parents are emigrating from Estonia in search of work. A recent survey⁴ of 1 000 6th graders, found that 22% had one or both parents working abroad and that these children feel less confident and safe. The number of children without parental care and in need of assistance has increased significantly.

PROBLEMS IN EDUCATION BEHIND THE STATISTICS

Estonia has achieved the EU2020 target of reducing early school-leaving below 10% and scores well on some tests of educational standards, such as PISA. However, this is not translating into positive outcomes for young people. The explanation seems to be that children are taught to pass exams rather than develop the skills they need to succeed in the labour market.

There is also a lack of equal opportunities for children with special needs. Meanwhile, a recent study⁵ found that 67% of migrant-background children did not agree that all children have the same rights.

⚙ The practice

EAPN ADVOCACY ACTION

EAPN has worked to draw attention to the plight of children, and the need for an integrated approach to Investing in Children, tackling the challenges presented above. A major priority has been to try to ensure adequate resources and access to key services for all children who are gravely at risk of material and relative poverty. But they have also pressed for an integrated approach, including participation.

EAPN Estonia's first step as an organisation was the **campaign to collect letters** from Estonian people about the reality of poverty in Estonia. Answers received were taken as a kind of mandate to act on behalf of people experiencing poverty.

The advocacy approach has entailed:

- development of common proposals;
- dialogue and interchange with the Government;
- awareness-raising with media and the general public.

In 2010, at the national roundtable organised by the Child Ombudsman, EAPN Estonia called for a national plan to bring children out of poverty. They stressed the need for a plan setting out immediate and long-term activities and providing for monitoring and evaluation of which activities are the most cost-effective.

Specific actions EAPN proposed in a Memorandum to the Government in 2010 were:



- establish a minimum package that takes into account the needs of children and is backed by state;
- one after school activity for each student and education for free;
- free meals for all pupils at school till the end of Gymnasium (a secondary school to 12 years' old);
- access to necessary services;
- not to count child benefits as income in the calculation of subsistence benefit;
- organising summer activities – so called fifth semester - for children who need it.

Since then, EAPN has been involved in **lobbying initiatives around specific pieces of legislation**, for example:

- Taking part in developing **professional standards for baby-sitters**;
- Informing the development of the **Green Paper on Family Allowances and Services** (underpinning the Strategy of Children and Families 2012-2020);
- A member of EAPN and representatives of EAPN member organisations formed part of a group established by the Ministry of the Interior to establish a new **Strategy of Social Security, Involvement and Equal Opportunities 2016-2023**;
- EAPN led a campaign in 2010 to change people's attitudes to people experiencing poverty. It involved organisations from outside the network and contributed to a campaign against enactment of an unacceptable new **Child Protection Act**;
- Participating in debates in Ministries and at the Parliament's Social Commission.

AWARENESS RAISING ON CHILD POVERTY

Raising public awareness to gain support was a central part of the strategy and vital to its success in influencing government policy in a positive way. EAPN produced opinion articles for publication in the media, big scale events to involve and to listen to people experiencing poverty and joint outreach projects by members of the network.

Joint projects and initiatives which supported awareness-raising included:

- **Summer Soup** – a project⁶ that provided hot meals and meaningful activities in youth centres during the summer for children experiencing poverty. The project initially met resistance from city of Tallinn officials, but was funded anyway and eventually won a "Good Deed of the Year" prize in the youth category. It brought a whole new range and scale of children into the youth centres. The project continues still in Ida-Viru County.
- **Morning Porridge** – partners supported the offering of morning porridge in schools to ensure that all children had a good meal to start their school day. A large number of schools started offering a morning porridge under the influence of the huge media coverage of the initiative.
- **Themed stage** – partners organised a themed stage on 'How expensive is poverty?' at the Opinion Festival in Estonia.
- **Schools Free of Bullying** – a campaign to raise

awareness of the negative impact of bullying on children in schools.

- **Summer camps** - several members of EAPN Estonia held a series of summer camps for children and young people to provide positive interactions for children during the summer months.
- **The People's Assembly**⁷ - this is an on-line platform for crowd-sourcing ideas and proposals organised by volunteers from NGOs. They have pushed through a law that requires Parliament to take action on proposals signed by 1 000 residents over 16. This creates a new participative instrument which also involves young people to influence government policy.

“These initiatives demonstrate effective implementation of the Investing in Children Recommendation to: “Complement cash income support schemes with in-kind benefits related in particular to nutrition, childcare, education, health, housing, transport and access to sports or socio-cultural activities.”

“A big victory was the change in public opinion. Increased inclusion of people living in poverty into policy-making took over the former blaming and name-calling.” EAPN Estonia

The activities included a large number of volunteers.



Outcomes

The joint actions of lobbying and awareness raising have been largely successful. The following pieces of legislation have shown the positive effects of the initiatives undertaken:

From 1 January 2015, under the new **State Family Benefits Act**, child allowance for the first and second child of a family is raised to 45 euros per month from 19.18 euros per month. For the third and subsequent children the allowance is increased from 76.72 to 100 euros.

For households which are eligible for needs-based family allowance and have one child receiving child allowance, the level of family allowance is increased from 9.59 to 45 euros per month. In similar households having at least two children receiving child allowance, the family allowance is now 90 euros, compared to only 19.18 euros in 2014.

“The practice has thus directly contributed to implementation of the Investing in Children Recommendation to “Support family incomes through adequate, coherent and efficient benefits, including fiscal incentives, family and child benefits, housing benefits and minimum income schemes”.

Following changes to the **Social Welfare Act**, the subsistence level of dependent children is consid-



ered the same as for the first family member- this is up from only 80% of that level before the end of 2014.

“The combined effect of increasing child allowances and access to subsistence benefits will reduce the absolute poverty rate of children by approximately 2.6 percentage points and the relative poverty rate of children by about 1.1 percentage points.” EAPN Estonia

Government programmes for disbursing **European Social Fund (ESF)** money 2014–2020, have prioritised early and daycare services. Among other things, the Interior Ministry is planning to create 2 000 new kindergarten and daycare places in urban centres (costing up to 34 million euros) to eliminate the current shortage. The Ministry of Social Affairs plans to create 2 300 daycare places for children with disabilities (costing nearly 6.4 million euros) to reduce the burden of care. The government also plans stricter enforcement of child support payments.

GREEN PAPER ON FAMILY ALLOWANCES AND SERVICES

Based on comprehensive analysis, the Green Paper examines the impact on children and families of different choices in the development of family allowances and services. Two of its principle aims are to

support increases in the birth rate and reduce the poverty of children and households with children. It underpins the Strategy of Children and Families 2012–2020 and promotes the need for more knowledge-based decision-making in this area.

NEW STRATEGY OF SOCIAL SECURITY, INVOLVEMENT AND EQUAL OPPORTUNITIES 2016 – 2023

The Government has approved the proposal of a group – including representatives of EAPN and its members – tasked with preparing the strategy, which will provide a uniform strategic approach to areas of social security, social welfare, poverty, gender equality and equal opportunities.

Key messages

EAPN Estonia is satisfied that after a long process of lobbying the universal child benefit for all children is increasing, and a process to apply for needs-based benefit is less bureaucratic and stigmatising. Increase of child support will help many families avoid the risk of poverty. The availability of nursery or childcare contributes to improvement in helping mothers back into the labour market and to improve the prevention of poverty and other challenges.

EAPN Estonia hopes to achieve, by lobbying, one free hobby activity for each child, and to find solutions

for children's summer school holiday meals and free time. Free school meals until the end of Gymnasium (aged 12) is also a key demand and it is important that the service will be available to all children.

We still see that education is an important part of shaping the future of the child. Every fourth child has problems and worries; every fifth child has behavioural and learning disabilities. Children of lower income families have more problems. It is imperative to restore support services in schools, because they not only help disadvantaged children but also prevent disruption of work and ensure a safe learning environment for all children.

EAPN Estonia stands for the right of children to realise their maximum development potential and receive a quality education in their neighbourhood schools.

EAPN Estonia's recommendations:

- EU policies and recommendations to prevent the generational transmission of poverty must be followed.
- Children's interests must be taken into account in the heart of policy-making.
- Benefits and services must ensure a dignified life for children.
- Children must be consulted and taken into account in all matters affecting them.

 Acknowledgements

The drafting of this case study was coordinated by **Kart Mere**, EAPN Estonia.

EAPN Estonia has formulated a broad-based network to follow and force the implementation of EU recommendations.

Those partners are:

- The Hiiumaa's Chamber of Disabled People,
- The Estonian Student's Union,
- Institute of Social Work,
- Tallinn University,
- Institute of Social Work,
- University of Tartu,
- The Centre for Applied Social Sciences (CASS),
- University of Tartu,
- Estonian Association of School Psychologists,
- Tartu Child Support Center,
- Praxis,
- Estonian Union for Child Welfare.

1. EAPN Estonia was established in 2010 and it contains 22 national organisations (2 new members from 2014), 9 regional organisations and 2 individuals, as experts. National organisations are: NGO Heifer Estonia, NGO Nõmme Child Welfare Organisation, NGO Noor Eesti, NGO Oleviste Hoolekanne, Estonian Union for Child Welfare, CF Dharma, Estonian Food Bank, Estonian Academic Social Security Alliance, Tallinn Social Work Center, Estonian Social Work Association, Saue Women Society, Raasiku Society for Elderly Women, NGO Pro Consensio, Harku Rural Municipality's Society for Child Welfare, Tartu Society for Child Welfare, SOS Children Village, Estonian Women Union, Estonian Carers, Foundation Estonian Children's Fund, Estonian Foster Parents Union, Estonian Parents Union and NGO Hea Algu. Some of those organisations are regional. Experts are Merle Haruoja and Ivar Tröner

2. Riigiteataja, Koolieelse lasteasutuse seadus (KELS)

3. By Ainsaar and Soo in 2011

4. By the Estonian Child Welfare Union with Tartu University (Kairi Talves, Dagmar Kutsar, Tartu Ülikool, Ühiskonnateaduste instituut)

5. By Praxis and the Child Ombudsman's Bureau in 2012

6. Launched by network member organisations and partners Nõmme Child Welfare Association, the Estonian National Committee for UNICEF, the Food Bank of Estonia, Pro Consensio, Child Welfare Society of Tartu and Narva, and Sillamae Child Welfare Societies

7. <http://www.rahvakogu.ee/>

FRANCE 

Implementing reform of the child protection system

COUNTRY	France
PROJECT/INITIATIVE TITLE	Implementing reform of the child protection system
SUBMITTING ORGANISATION	CNAPE – National Convention of Child Protection Associations (Convention Nationale des Associations de Protection de l'Enfant) www.cnape.fr
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EDUCATION
FAMILY AND PARENTING SUPPORT
DEINSTITUTIONALISATION
CHILD PARTICIPATION
CHILDREN WITH DISABILITIES
CHILD PROTECTION REFORM
EARLY CHILDHOOD HEALTH
CARE LEAVERS

 Summary

The **general impact of the crisis on children** in France is more and more persistent and runs deeper and deeper. There are real concerns that children who are poor today will be excluded tomorrow. There is therefore a need for early, strong and global action, in close cooperation with the parents and child¹.

"Children are the category that has been hardest hit by the crisis... One out of every five children (19.6%) is affected by poverty... Not only are there more and more poor children but they are increasingly far beneath the poverty line."

Preparatory report for the National Convention against Poverty and for Social Inclusion

On 5 March 2007, France passed a **law reforming the child protection system**. The law is good in that it **defines the child protection framework and establishes a local 'department-level' architecture**²- a political, legislative, regulatory and technical framework for implementing an improved child protection system responding to the UN Convention on the Rights of the Child.

Through the meaning and values it embodies, this law can be a **point of reference for implementation of the Investing in Children Recommendation**. It promotes several valuable principles, including the participation of children in decisions affecting their own life, supporting families, respecting child rights, investing in prevention, linkages with other public policies, integrated approaches and diversifying responses.

“ The main principles of the European Recommendation have been transposed into the March 5th 2007 law: • It implements a public policy on integrated child protection. • It is permeated with references to the rights of the child and the changing needs of children as they grow older. • It provides for both universal and targeted measures. • It ensures proper planning by creating local child protection observatories, through which the stakeholders can be involved in the local assessment of needs and in monitoring implementation of the department-level child protection scheme.

Seven years after being voted in, the law has been **partially implemented at the local department level**. Several tools were successfully set up to support implementation, including local (department-level) observatories (called "ODPE"). Nevertheless, **several**

provisions of the law have been harder to implement, including achieving the aims around issues such as prevention and broadening the array of educative, social and psychological interventions, within a care approach.

As the case study presents, the law is good, but it must **receive further political support** and the **training of professionals must be re-examined**.

Q Policy context

WHAT IS GOOD ABOUT THE NEW CHILD PROTECTION LAW

On 5 March 2007, France passed a **Law Reforming the Child Protection System**. The drafting process of the law was greatly participative, involving all the stakeholders at every stage of the process. It was finally adopted without any votes against.

"This law unlocks a whole range of possibilities so that each child may benefit from a solution designed for him."

Philippe Bas, Junior Minister for Social Security, the Elderly, the Disabled and Family Affairs, France³

The law was inspired by the United Nations Convention on the Rights of the Child (UNCRC) and:

- **Defines the child protection framework and establishes the legitimacy** of various aspects pertaining to local governance;
- Promotes understanding of **the rights of the child**;
- Places **children at the centre of the system** and encourages their participation in decisions affecting their lives;
- Takes account of the fundamental needs and **best interests of the child**;
- Takes into consideration **the place of parents** in decisions regarding their child;
- Created the National Fund for Child Protection to support **enhanced and more diverse forms of care intervention**;
- Takes a **holistic approach**, considering the different aspects of child welfare and well-being, with the aim of ensuring the physical, affective, mental and social development of the child and taking into account his or her singularity;
- **Strengthens prevention policy** by:

- integrating prevention into the objectives of public child protection policy;
- developing the collection of anonymous data regarding children in care and observation;
- strengthening parent support as early as possible, especially during the perinatal period;
- paying closer attention to what children and teenagers have to say;
- involving all relevant stakeholders in primary prevention, including: social services, schools, recreation centres, care facilities, maternity wards, doctors, child psychiatrists, non-profits...

- Promotes **cross-sectorial exchanges, communication and partnership**, in the interest of the child, including the organisation of information sharing;
- Specifies the criteria of separation and reporting between "administrative" and "judicial" levels of intervention and **affirms the subsidiarity of the judicial level** - interventions in agreement with the parents (at administrative level) must be favoured as much as possible above imposed legal solutions;
- **Builds capacity amongst child protection professionals** by setting up cross-sectorial training of professionals working with children.

The law demands but one thing: that we choose the way best in line with the interest of the child (...). And we must at all times be ready to change ways and/or measures, again, in the sole interest of the child. (...) The (law's) aim is not only to protect the child, but also and above all to care for him."

Philippe Bas⁴

⚙ The practice

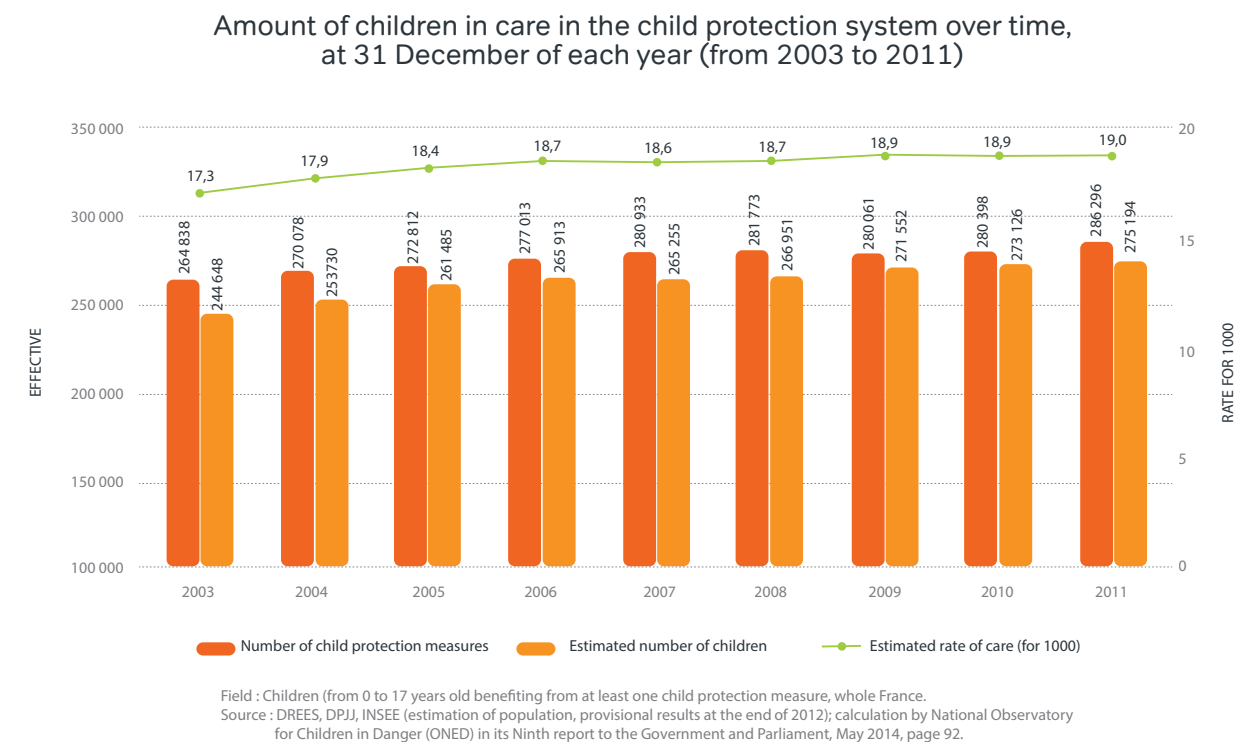
IMPLEMENTATION OF THE 2007 REFORM

Seven years after being voted in, **the law has been partially implemented at the local department level**, even though it has been at times difficult. There is both more **horizontal interaction between stakeholders** and more **national and local partnerships**, for example through the National Public Interest Group - Children at Risk (GIPED⁵) - which was created before the 2007 law - its national Observatory (ONED⁶), and the local child protection observatories (ODPE) created by the 2007 reform⁷.

CHANGING CHILD SUPPORT CULTURES AND PRACTICES

There has been a steep **increase in the budget allocated to child protection by the departments, and a progressive increase in the number of children benefiting from a child protection measure**, since the law was passed (see graph below).⁸

Child support has moved towards **more respect for the rights of parents and children** - children's opinions are better taken into account. There are also now non-profits representing children and parents in almost one third of all department-level child protection observatories.



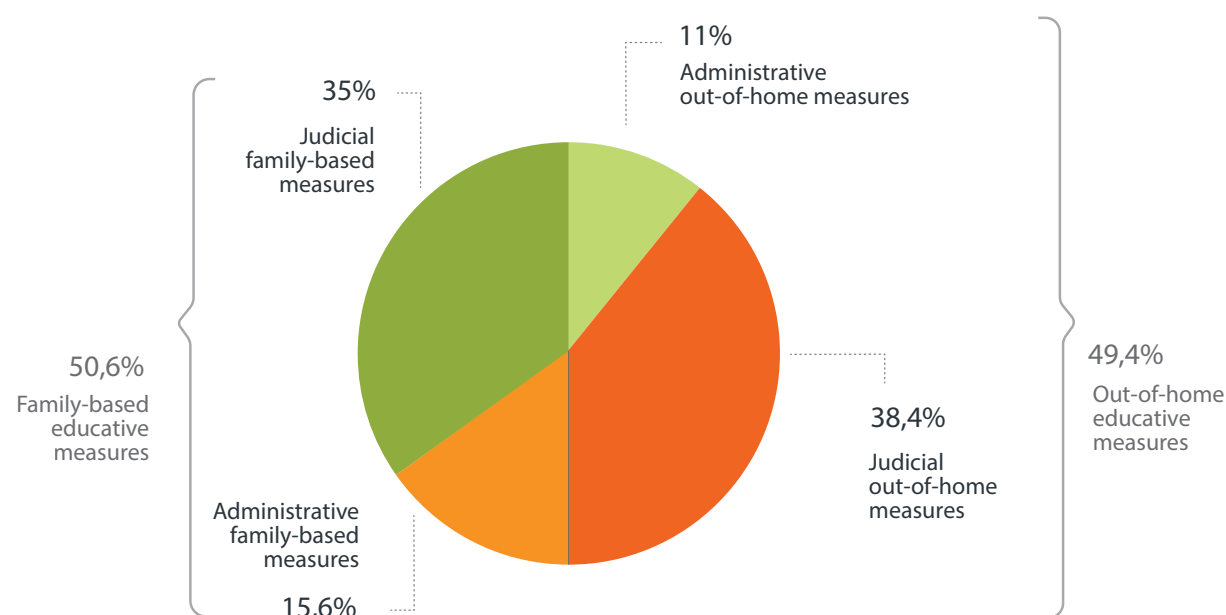
“The child protection reform thus shows a significant effort to implement the Investing in Children Recommendation to “Put in place mechanisms that promote children's participation in decision-making that affects their lives — Enable and encourage children to express informed views, ensuring that those views are given due weight and are reflected in the main decisions affecting them.”

CREAI Rhône-Alpes, with ONED support, developed a benchmark for assessing child protection cases. It proposes a participatory assessment method that factors in the child's - and parents' opinions on all fields of concern (education, health, etc.) and their suggestions on what kind of support should be provided once the assessment has been conducted.

The global trend is towards more diversity, flexibility and openness of schemes. There has been an important move towards more multidisciplinary in the responses provided and towards decompartmentalisation of institutions and “deinstitutionalisation”. According to a 2010 ONED survey⁹, around 40% of departments have developed flexible care, and this number has only grown since.

By the end of 2012, child protection measures comprised a roughly equal share of solutions provided to out-of-home or flexible measures, and open-environment or family-based care. DREES (see graph below)¹⁰

Child protection measures at 31 December 2012



Source : based on the DREES calculation, in its Department-level social aid recipients in 2012, April 2014, page 26

Outcomes

CHALLENGES

ENSURING NATIONAL EQUALITY

There are **significant disparities in the way the law is implemented locally** - although this can sometimes be partly explained by the diversity of needs of children according to the profile of the area e.g. demography, rural/urban etc.). Furthermore, there is uncertainty surrounding the potential impact of on-going territorial reform on child protection services, including that the balance of the 2007 Law might be upset.¹¹

Stakeholders have developed tools to support positive implementation of the law, including national-level information guides and local guides to implementation. A stakeholder group ("Groupe d'appui") was created, led by the National Convention of Child Protection Associations (CNAPE)¹², to support reform.

However, there is a **notable lack of state involvement in steering the implementation** and monitoring of the law. A National Monitoring Committee was designed to support implementation, but it has seldom been convened.

For unaccompanied foreign minors, there are still deep discrepancies between departments in terms of recognition of their status as minors, recognition of their status as unaccompanied and also in terms of quality of the care they receive.

PARTICIPATION

There is still a need to further **develop and systematically use participatory approaches involving children and parents** in the fields of case assessment, definition of the support package provided, and the running of the establishments and services that support them.

STILL MORE DIVERSE MODES OF CARE

Although the law encourages it, the complexity of some legal norms tends to impede innovation in service provision. The financial context also limits change.

Prevention, certain types of home-based care and alternatives to residential care (temporary placement, flexible placement, etc.) need to be further developed and prioritised. The current structure of the child protection system is still rather compartmentalised and prevents fully flexible responses to users' needs.

THE TRANSITION TO ADULTHOOD

The 2007 law only provides for support up until 21 years of age, and even this is not automatic. As a result, support for young adults varies significantly from one area to another, jeopardising the principles of equal treatment and equal opportunity. In fact, young people leaving child welfare more and more often receive no support.

Support for young adults needs to be strengthened both in terms of **preparing them to exit the child protection system** and, especially, **when they reach the age of majority**, with specific support reaching universal support.

RECOMMENDATIONS

1. STRONGER STEERING

Create a **national governance body** to improve coordination and understanding of the entire child protection system. The body should bring together all the public and private stakeholders involved in implementing the public policies on childhood and youth and strengthen the links between them.

Draw up **national recommendations or guidelines** on those points of the law identified as hard to interpret or implement to harmonise and strengthen procedures and practices across the country. The national guides published after the law was passed should be updated regularly, including good examples of concrete actions.

Improved visibility of the Children's Ombudsman would buttress recognition of the rights of the child in France, as was the case when the position was created in 2000.

2. BETTER ASSESS PUBLIC POLICY ON CHILD PROTECTION

Strengthen and broaden - at national level - the **collection of statistical and observational data** covering all aspects of the life course of children and young people in child protection. Conduct regular assessments of the child protection system as a whole, while developing research-actions and retrospective studies on the life course of children previously in child protection.

Establish a **national assessment benchmark** on the situation of a child during protection to ensure effective monitoring. Also provide for assessment guidelines on risks, including child abuse, to contribute to better and earlier identification of children in danger.

3. IMPROVED TRAINING OF PROFESSIONALS

Improve **cross-institutional professional training** on child participation practices and parent involvement, including theoretical and practical training on the rights of the child.

Improve **basic training for social workers** - notably on the issues experienced by people in distress, on the practice of working in cooperation with families and on case assessment - with an associated support guide.

4. HORIZONTAL INTERACTION BETWEEN STAKEHOLDERS

Strengthen horizontal interaction between stakeholders to take into account all dimensions of the child (child in need of protection, child having committed offences, disabled child, etc.) and offset the risk that institutions and schemes remain compartmentalised.

5. IMPROVE SUPPORT

Strengthen **primary prevention** and focus on care that supports parents from the earliest age of the child, including options to provide support and care on a day-per-day basis, local mentoring etc.

Further **develop the flexible modes of care** created by the 2007 reform, including by replenishing the National Fund for Child Protection and ensuring the way funding is provided supports such developments.

Strengthen **support for young adults**, improving their preparation to exit the child protection system and meeting their on-going support needs.

Key messages

- The field of child protection is now covered by a near-comprehensive and adapted body of law that, if enforced effectively, addresses all family issues and demonstrates effective implementation of several principles of the Investing in Children Recommendation.
- Legislative adjustments should therefore only be considered very occasionally.
- Rather, what is needed is to publish regulatory texts that shed light on some of the provisions in the law, in order to facilitate and harmonise its implementation across the departments (whilst maintaining its flexibility).
- Benchmarks or national recommendations could help clarify those sections of the 2007 law that have

- been identified as harder to interpret or implement.
- The participation of children and parents in child protection decisions has improved, but still needs to be strengthened and made more systematic.
- At the local department level, child protection policy must also be steered in a way to involve all local stakeholders more, even if there have already been important changes in this regard.
- The promotion of diversification of service provision and forms of care interventions has improved, but more is needed to promote innovation and prevention.
- The cross-sectorial training of professionals working with children has to be further developed, and the basic training for social workers has to be improved on some important issues.

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- **Andrée FREDERIC**, department-level director of JCLT and director of the educative and familial accompanying service in Maxeville, representing the Groupe SOS Jeunesse (Group SOS Youth).

1. Cf Innocenti Report Card 12 “Children of the Recession: The impact of the economic crisis on child well-being in rich countries”, UNICEF, September 2014.
2. France is subdivided into 101 departments (« départements »), at sub-regional level. The General Council (« Conseil général ») is the political and administrative authority at the level of each department.
3. Senate session (second reading), February 12, 2007
4. Speech at the Convention on Violence against Children, June 14, 2013.
5. “Groupement d’Intérêt Public Enfance en Danger”
6. “Observatoire National de l’Enfance en Danger” (National observatory of childhood in danger), which is part of the GIPED
7. “Les Observatoires Départementaux de la Protection de l’Enfance”.
8. Source: Ninth report to the Government and Parliament, National Observatory for Children in Danger (ONED), May 2014, page 92.
9. Source : Sixth annual report to the Government and Parliament, ONED, June 2011.
10. Source: Department-level social aid recipients in 2012, DRESS, April 2014, page 26.
11. Open letter from the National Association of Child and Family Directors (ANDEF): “Child protection is in danger”, addressed to Laurence Rossignol, Junior Minister for Family Affairs, the Elderly and Autonomy, and adopted by the bureau of ANDEF on October 3rd 2014.
12. Convention Nationale des Associations de Protection de l’Enfant - a national organisation, which represents more than 120 associations.
13. “Groupement d’intérêt public - Enfance en danger”, which supervises two services : ONED (the national observatory of childhood in danger) and SNATED (the national public emergency helpline for children in danger).

IRELAND 

Lifestart Family Support Project

COUNTRY	Ireland
PROJECT/INITIATIVE TITLE	Lifestart Family Support Project
SUBMITTING ORGANISATION	Lifestart Foundation www.lifestartfoundation.org
CONTACT	Orla Tuohy National Parenting Lead Tusla and Lifestart Foundation Ireland orla@lifestartfoundation.org

CHILD PROTECTION REFORM
FAMILY AND PARENTING SUPPORT
CHILD PARTICIPATION
HEALTH CHILDREN WITH DISABILITIES
EDUCATION
HOUSING
EARLY CHILDHOOD

Summary

The Lifestart Family Support Project is an evidence-based home-visiting programme delivered within the counties of Donegal, Leitrim and Sligo in the North West of Ireland. It is an integrated project led by the Lifestart Foundation¹ and supported by the Irish Child and Family Agency, Tusla².

Research is clearly telling us that at-home good parenting and the home-learning environment are the most important variables in children’s developmental outcomes. These two factors influence not only intellectual development, but all areas of child development - physical, emotional, social and cognitive. A secure, stimulating home environment and a caring interactive relationship between an adult and child involving play, reading, talking and listening lays the foundation for all future development.

This evidence-informed cost-effective approach, with universalism and prevention and early intervention as primary enablers, embraces many of the recommendations within the European Commission’s Investing in Children (ECIIC) initiative. It aims to improve well-being and outcomes for children in the North West of Ireland and nationally.

At the practice level, the Lifestart Family Support Project facilitates a range of services for families within the North Western region of Ireland. At the core of the project is a home visiting programme offered to all first time parents by the universally available Public Health Nursing (PHN) service.

The policy context is influenced by Tusla’s new National Service Delivery Framework (NSDF) which involves the development and implementation of a single, transparent, consistent and accountable framework for the delivery of all Tusla services with the focus on improving outcomes for children.

This case study illustrates how a shared vision for family well-being results in the necessary policy reformations that facilitate integrated service provision leading to better outcomes for children.

As a result of the NSDF, Parenting and Family Support practice in Ireland is now underpinned by a suite of guidance documents.³ These documents include the National Parenting Support Strategy (PSS) and the ‘50 Key Messages for supporting Parenting’ document. The

PSS provides a mandate for the commissioning of Parenting Support Services, with a priority being given to Parenting Support in the Early Years.

It concludes with a consideration of some of the concerns that remain around how these principles can be effectively implemented in the long-term in the Irish context.

The practice

LIFESTART FAMILY SUPPORT PROJECT

The Lifestart Family Support Project is an evidence-based home-visiting programme delivered within the counties of Donegal, Leitrim and Sligo in the North West of Ireland. The programme is run by the Lifestart Foundation (a charitable body offering family support services) in partnership with Tusla, the Irish Child and Family Agency.

The Family Support Project is based on the Lifestart Foundation's 'Growing Child' Programme, a learning programme on child development delivered to parents of children from birth to five years of age in their own homes. The project provides a model of family support delivery enabling the

Growing Child home-visiting service to be offered to all first-time parents in the relevant areas through referrals by health, social care and other professionals.

The Lifestart Foundation provided training in both family support and the implementation of the practice model. This worked to ensure that all family visitors were sufficiently familiar with the new practice model and competent to deliver it to the highest professional standards.

This new model of family support required a number of adaptations to the implementation of the Lifestart service, all of which were devised and agreed through an Advisory Group – an important element of the new model of integrated working.

The work of the Advisory Group included: formalising partner relationships; drawing up a demographic profile of the region as a basis for the identification of family support needs; addressing service commissioner, service provider and other stakeholder objectives and practice needs and to identify how these might be best integrated in the interests of children and their families; agreeing protocols and mechanisms to direct and govern the nature of the Lifestart service; and overseeing

and monitoring service delivery.

The brokerage function performed by the Advisory Group played a crucial role in the development and agreement of the Lifestart Family Support Project. It clarified ways in which the Lifestart programme and service contributes to family support and how that contribution could be further extended and enhanced through closer collaboration with statutory health and social care and other service providers.

OUTCOMES

The Growing Child programme facilitates **good parent-child bonding, positive relationships and a stimulating and safe home learning environment**. It provides parents with age-appropriate information on how children grow and learn. Lifestart is the only home-visiting programme in Ireland delivering a systematic and well-defined evidenced-informed curriculum on child development, made accessible to parents, regardless of the parent's education or socio-cultural background, by family visitors trained in effective home-delivery.

"The idea of bringing the knowledge about a new child to the doorsteps is brilliant! And everyone in the family benefits from this programme. [As] parents we learn about our baby development on month to month basis at appropriate time according to our daughter's age. We can discuss our child's development in a hassle free environment. We know what to expect from our baby at certain age and how to help and encourage her in her development".
Parents, born in Belarus and now living in Ireland

Feedback from parents has been very positive. Parents participating on the programme are regularly encouraged to give feedback on their experiences with the Lifestart programme and service. They have particularly valued the outreach approach to providing help and support.

"In this way the practice shows implementation of the Investing in Children Recommendation to "Enhance family support... help families develop parenting skills in a non-stigmatising way".

This new model of working to support families

has allowed for the **closer integration of Lifestart into the range of family support services offered by Tusla**. An exchange of 'good practice and knowledge', where Tusla provided training on clinical supervision to Lifestart supervisory personnel and Lifestart provided child development/parenting support training to Tusla's children's services staff, has proved to be very useful in the clarification of Lifestart's role within the national family support agenda.

"The exchanges helped the practice work towards implementation of the Investing in Children Recommendations to:

"Strengthen synergies between key players, particularly in the fields of education, employment, health, equality and children's rights".

"Promote the exchange of good practice and knowledge, the roll-out of tried and tested intervention models, measures to foster solidarity in the wider community and empower local communities to work together."

The Lifestart Foundation is actively promoting this model nationally and is working with existing Lifestart service providers to support and encourage the adoption of this targeted approach, supported by an early intervention and prevention dimension aimed at first-time parents.

Policy context

In Ireland, the new **National Policy Framework for Children and Young People** (NPFYCYP) articulates the actions needed to achieve "optimum outcomes and bright futures for all children and their families". It sets the target of removing 70 000 children out of poverty by 2020. Supporting parenting is a key means of achieving better outcomes for children with an emphasis on prevention and early intervention approaches.

Tusla's **National Service Delivery Framework** (NSDF) involves the implementation of a framework that uses an area based approach to 'Prevention, Partnership and Family Support' (PPFS). The PPFS will link management responsibilities, coordination between statutory and non-statutory partners and enable a consistent application of the national practice model so that all families can access support when it is needed.



Tusla developed the first ever **National Parenting Support Strategy (PSS)** for Ireland for the period 2013-2016. Titled *‘Investing in Families: Supporting Parents to Improve Outcomes for Children’*, the PSS seeks to enable practitioners to spend more time with families and in the community on promotional and preventative work to support parents and parenting practice.

“Investing in all families, in order to support parents, improves outcomes for children and young people and is core business for Tusla”.
Tusla’s statement of strategy on parenting support

An accompanying evidence-informed document – **50 key messages for supporting Parenting** – includes promotional ‘sound bites’, including ‘Parenting 24Seven’ - a campaign which is aimed at the general population and seeks to raise public awareness around important parenting issues.

A **Parental Participation toolkit** has been devised and is currently being piloted to support meaningful engagement of families. The toolkit gives guidance on researching: the profile of parents in an area; key issues confronting parents; identifying ‘parental groups of interest’; and identifying under-represented groups, which are often migrant or ethnic minority families.

“ The participation toolkit shows an interesting approach to implementing the Investing in Children Recommendations to “promote approaches to participation”.

In 2012, a service level agreement was secured with the then Health Service Executive (now Tusla) to fund the post of a **National Parenting Lead**. Half of this post is spent working with Tusla on the development and implementation of the PSS, the other half is spent working with Lifestart. This ‘bridging’ post has enabled a **multi-agency and multi-disciplinary strategic approach** to achieving parental and family well-being and improving outcomes.

Implementation of the PSS is being overseen by a group known as the **Parenting Working Group (PWG)**. This is made up of experts from the areas of Family Support, Parenting Support and Participation. The group meets every 6–8 weeks to ensure that the objectives of the PSS are being

realised. This group will also be overseeing the evaluation of the Strategy over time.

Challenges

It is envisaged that if the PSS is implemented effectively it will play a pivotal and long-lasting role in supporting families to help their children reach their full potential. It will act as a guide to ensure that a Prevention and Early Intervention Approach, including the Lifestart Family Support Project, is prioritised and sufficiently resourced within communities based on identified need, helping to ‘normalise’ support for parenting. However, significant challenges remain.

Achieving the task force’s vision for children requires a range of integrated support services to be under the consolidated management structure of...Tusla...; these services include public health nursing, speech and language therapy, psychological services, family support services (both universal for all families and targeted for families in need of more intensive support).
(Department of Children and Youth Affairs, 2012a, p. iv)

Some advocacy groups have expressed a concern that the primary focus of Tusla is on Child Protection rather than on a more overarching and strategic child well-being focus that would include child protection, child welfare, prevention and early intervention.

Funding remains a significant issue. Over the past 6 years Ireland has witnessed successive annual cuts to Family Support Services cumulating in a decrease of approximately 25% of funds allocated to organisations delivering these services. Cumulative budget deficits are driving a focus on services at the upper level of the Hardiker model⁴ to the detriment of prevention and early intervention approaches.

Aligned with this has been a drive towards a need to scientifically demonstrate the impact of intervention programmes and services and, although acknowledged as a worthy endeavour, no additional funds have been given to organisations in order to finance rigorous but costly evaluations. For many initiatives in Ireland, the

capacity to effectively evaluate their services has been enabled only with the help of significant philanthropic support.

Another challenge is the limited time resources of members of the PWG who already have a heavy work load and the complexities that are inherent in any change process. Concern was also expressed about the ability of the current system to adapt to the new way of working that will include planning and commissioning of Parenting Support Services.

Another challenge is that the PHN service has not moved over to Tusla despite this being an explicit recommendation of the Task Force on the Child and Family Support Agency (now Tusla).

One route for implementation that has been identified is the **Children and Young People’s Services Committees (CYPSC)** which have progressed considerably in recent months. A national coordinator has been appointed and it is anticipated that full national coverage of a probable contingent of 26 committees will be achieved in 2015.

Key messages

A FOCUS ON ‘EVIDENCE’ HELPS TO IMPROVE CHILDREN’S OUTCOMES

The development and delivery of the Lifestart Family Support Model and the development and implementation of the Parenting Support Strategy have been the result of an evidence-informed strategic approach to improving outcomes for children. There are many overlapping themes between this Irish Case Study on an integrated approach to supporting parents in the early years, and the EC Recommendation (another evidenced-informed initiative) as indicated through the document.

INTEGRATED STRATEGIES COMBINING SERVICES FOR PARENTS AND WIDER SOCIAL AND ECONOMIC SUPPORTS

In order to effectively tackle child poverty, family support policies need to both be adequately financed and linked to wider social and economic policies that impact on family well-being (for example Education, Housing and Social Welfare⁵).



SYSTEMIC CHANGE TAKES TIME AND COMMITMENT

Affecting systemic change at local and national level to enable a more integrated approach to tackling child poverty and improving family outcomes includes considerations around leadership, clear aims and objectives, time and financial resources, relationship development, commitment to fidelity, good communication, training and evaluation mechanisms.

A PARTNERSHIP APPROACH WORKS

There is growing evidence that working in partnership at local, national and European level can result in improved supports and services for families in the long-term.

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1. The Lifestart Foundation is a charitable body offering family support services. There are Lifestart Service Providers and Franchises operating in Northern Ireland, Ireland, Macedonia and Zambia. (see www.lifestartfoundation.org)

2. Tusla - The Child and Family Agency - (established in January 2014) is the State agency with responsibility for improving well-being and outcomes for children and families in Ireland. (see www.tusla.ie)

3. Tusla’s Parenting and Family Support guidance documents can all be accessed via www.tusla.ie

4. The Hardiker Model is a model developed by Pauline Hardiker and her colleagues in the United Kingdom to help understand different levels of need within a population of children (Owens, 2010).

5. In Barnardos (a Children’s Charity Non-Governmental Organisation) Childrens Budget 2015 they note that Ireland’s child poverty figures have increased from 6.3% in 2008 to 9.9% in 2012 and that the rates of Adult Social welfare should be increased in line with inflation as part of an integrated approach to tackling child poverty (Barnardos, 2014).

ITALY 

The Legal Front Office - Legal Clinic model

COUNTRY	Italy
PROJECT/INITIATIVE TITLE	The Legal Front Office - Legal Clinic model
SUBMITTING ORGANISATION	Save the Children Italy www.savethechildren.it
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CHILD-FRIENDLY JUSTICE AND PARENTING SUPPORT

EDUCATION HOUSING FAMILY

EARLY CHILDHOOD CHILD PARTICIPATION

HEALTH UNDOCUMENTED MIGRANT CHILDREN

Summary

A study by independent experts¹ on implementation of the Investing in Children Recommendation names Italy as one of the EU Member States which is considered to be a high-risk country regarding the rate of children aged 0-17 at risk of poverty or social exclusion. More than 1.4 million children (13.8%) are living in absolute poverty and almost 2.4 million (23%) face relative poverty in Italy.

Meanwhile, since the world economic crisis erupted in 2008, the framework of guarantees and rights of the most vulnerable, including children, has been negatively affected in Italy.

The CLAIM project (*Child Law: Action for an Innovative Methodology*), funded by the European Commission and implemented in Italy² by Save the Children and the University of *Roma Tre*, aimed to promote access to justice in order to tackle child poverty and inequality.

The 24-month project involved legal practitioners and law students in providing children and their families with high-quality information, free legal advice and chances of participation. At the core of the project was a model linking a Legal Front Office and a Legal Clinic:

- **The legal front office** provided legal advice and assistance to families and children
- **The legal clinic** provided a course on children’s rights at the Faculty of Law of the University of *Roma Tre*

A key feature of the project was the mutually reinforcing links it created between the course and the front office. Selected cases from the front office legal casework formed the basis of the students’ study. At the same time, students contributed to the service provided at the front office by performing preliminary analysis under the guidance of legal experts and by sitting in with front office legal experts in meetings with the beneficiaries.

The project also included: a workshop on access to justice involving teenagers, psychologists and social workers; a research project on the project casework; a public awareness campaign on access to justice; a bi-monthly children’s rights newsletter addressed to experts, legal professionals and social workers; and a residential summer school for legal practitioners, academics and social workers.

“The legal front office-legal clinic model implements the Investing in Children Recommendation to “Implement the child’s right to be heard in all justice-related decisions and promote child-friendly justice, in particular by giving children effective access to court and judicial proceedings.”

Q Policy context

The 2012 report of the United Nations Special Rapporteur on extreme poverty and human rights³ underlined that **people living in poverty can face extra obstacles in accessing justice** out of discrimination against the poorest and most marginalised.

As highlighted by relevant United Nations' agencies, **lack of access to legal aid and the justice system raises the probability of falling into ever worsening poverty**; in turn, increased poverty and subsequent social exclusion further deprives those affected of the financial means and knowledge required to bring actions as victims of abuses.

It is thus necessary to break the reinforcing cycle between poverty and lack of legal guarantees in order to reinforce both children's rights and their socio-economic well-being.

Access to justice plays a crucial role in breaking cycles of poverty. The relevant principles of the Investing in Children Recommendations were taken as a reference point in the project, together with the Guidelines on Child Friendly Justice by the Committee of Ministers of the Council of Europe⁴ and the European Convention on the Exercise of Children's Rights⁵.

In Italy, the reinforcing link between poverty and lack of access to justice is a significant issue. The situation depicted in the 5th *Atlas of childhood* published by Save the Children Italy in December 2014 is that of a country where children enjoy progressively less space and opportunities⁶.

One child in four lives in inadequate housing. In 2013, more than 65 000 families were at risk of being evicted, while 31 000 house evictions were carried out. In the same year, 68% of families with children had to cut food expenses; only 25% of children were free to play in a courtyard and almost half of 6-17 year old children have not read a single book in a year.

Despite clear recognition of children's rights in Italian legislation, the EU Network of Independent Experts on Social Inclusion⁷ has deemed Italy to be a high-risk country regarding its approach to implementing children's rights. Issues include the need to reduce regional disparities, eradicate dis-

criminatory restrictions and recognise the right of anyone born in Italian territory to citizenship ('jus soli' principle).

On the occasion of the 25th Anniversary of the Convention on the Rights of the Child (CRC), the Italian *NGO Group for the CRC*⁸ highlighted that, despite the progressive spread of a children's rights culture in the country, there is still a lot to do in terms of long-term planning and resources addressed to childhood.

⚙ The practice

THE LEGAL FRONT OFFICE

The *front office* in Rome represents the operational hub of the project. It is organised over three afternoon shifts per week at three locations in Rome: Save the Children Italy's headquarters; a centre for mothers and babies (*Spazio Mamme*) established by the organisation in a peripheral area of the city; and a Roma camp in the outskirts.

Between January 2013 and April 2014⁹ legal experts handled a total of 149 legal cases, involving 113 beneficiaries, among them children, youngsters, mothers and fathers. Beneficiaries came from 28 countries, including 10% from Italy, 20% from Bosnia and Herzegovina, 20% from Bangladesh, 11% from Nigeria and 3% stateless.

All beneficiaries initially needed legal orientation and were provided with high-quality information. More than one third of them (45 people) also needed extra-judicial legal assistance.

Those needing extra assistance were backed up by the front office throughout any required administrative procedures. Often these can have a great impact on their lives, such as immigration and citizenship procedures, requests of international protection, and procedures regarding access to economic and social rights (health, housing, work and education). This support involved contact (meetings and correspondence) with the relevant authorities and public services, including Police headquarters, municipalities, social services, health services and schools.

Legal issues addressed by the front office of the CLAIM project were mostly related to immigration law, citizenship, social rights and minor/family law. Some beneficiaries faced different problems

and their case was thus counted several times depending on the issues being addressed (113 beneficiaries, 149 cases).

“The practice shows implementation of the Investing in Children Recommendation to “Encourage professionals working with and for children to actively involve them, raising awareness of related rights and obligations”.

THE LEGAL CLINIC

The Legal Clinic on children's rights is a course on child and family law held at the Faculty of Law of the University of Roma Tre. It is a study programme aimed at teaching law through practical experience with cases, according to the learning by doing methodological approach.

Selected cases from the front office legal casework formed the basis of the students' study. At the same time, students contributed to the service provided at the front office by performing

preliminary analysis under the guidance of legal experts and by sitting in with front office legal experts in meetings with the beneficiaries.

Interaction between the approach of the front office, aimed at defining the concrete legal problems emerging in the cases in question, and the scientific academic approach to the legal sources and reference texts developed by the legal clinic, produced a valuable combination of methodologies. This was both educational for students and supportive to children and families in need.

“The project thus supported the Investing in Children Recommendation to “Develop regular and systematic links between policy areas of high relevance to the social inclusion of children and strengthen synergies between key players, particularly in the fields of education, employment, health, equality and children's rights.”



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The enthusiasm of the students was exemplified by the fact that, in the 2013-2014 academic year, the legal clinic ranked among the top three courses most appreciated by students at the Faculty of Law of the Roma Tre University. Of 37 people attending the legal clinic course, 14 chose this topic for their final dissertation. The project also led to the institutionalisation of the course on legal clinics on children's rights during the same academic year, allowing it to form part of the Faculty of Law's official curriculum.

“The legal front office-clinic model reflects the importance expressed in the Investing in Children Recommendation to ensuring “access to services that are essential to children's outcomes, such as quality (pre-school) education, health, housing and social services, as well as opportunities to participate and use their rights, which help children live up to their full potential and contribute to their resilience”.

In addition, the regular analysis of trends emerging from casework allowed Save the Children Italy to proactively address the gaps in the current na-

tional legislation through advocacy and lobbying work. Recommendations were drafted on issues such as school canteens, and led to an appeal to the Mayor of one of the cities where inadequate practices were observed, which gathered over 10 000 signatures¹⁰.

🚲 Outcomes

The practice was able to **counter the lack of informed access to legal and administrative procedures**, which was preventing families and children accessing their rights. For example, it provided guidance and support around procedures on citizenship, passports or residence permits, as well as on the protection of property, inheritance and protection from violence.

In cases where legal advice by the front office managed to intervene in time to avoid or counter threats posed by lack of knowledge and help children and their families access their rights, the result always brought with it a gradual **improvement in other aspects of the beneficiaries' family life**.

For example, by obtaining the correct assessment of a minor's age, a passport or an international protection residence or work permit, individuals were able to obtain a place in a shelter or put an academic or career path back on track.

Example case: supporting access to health care by pursuing the correct application of law and procedures

Amira¹¹ is a Bosnian girl who suffers from a rare syndrome and a congenital heart defect. The parents of the child asked the front office in Rome for support in order to legalise their administrative status in order to obtain the renewal of Amira's health insurance card. The residence permit of the mother had almost expired, while the father was awaiting the conversion of an old residence permit for family reunification into a residence permit for work purposes.

Based on legal analysis of the case, front office experts, while pursuing regularisation of the parents' legal status, suggested as a matter of urgency an application for Amira's membership to the National Health Service, irrespective of the possession of a valid residence permit by the parents themselves. The approach of this strategy was to separate the child's right to join the NHS from the parents' residence permit, as required by law.

The legal team made reference to Art. 35 of the Italian Consolidated Law on Immigration, extending health care to all foreigners in the country and a 2012 State-Regions Agreement, which orders compulsory membership of the regional Health Service of foreign minors living in the country, regardless of residence status.

Based on this regulation and following support by the front office, a health insurance card was issued to the child, for whom health care is of paramount importance.

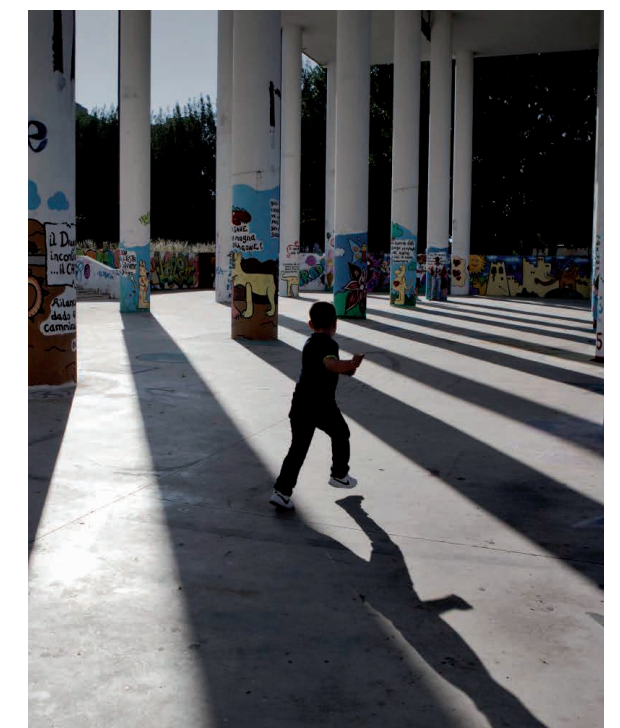
Tangible results of the lobbying based on assessment of the casework were also achieved. Notably, there is a legislative proposal currently pending at the Parliament on the rights of unaccompanied foreign minors. The proposal is in the form of a Bill based entirely on Save the Children's input.¹²

🔑 Key messages

- The case demonstrates the effectiveness of addressing child poverty through supporting access to justice. It produced a tangible positive impact on the enjoyment of rights and, in turn, an improvement in the circumstances of the people affected.
- The project adopted a cross-sector and multilevel approach, which proved to be an added value. The multilevel approach consisted in the continuous transition from the practical to the theoretical and vice versa and in ensuring a full cycle of activities (legal advice, research, study, advocacy) on the issue of the rights of children at risk.
- The combination and exchange between front office free legal advice and pro bono legal activities involving students and lecturers appears to be a particularly replicable model for other territories and situations where poverty and lack of legal guarantees are at stake.
- Furthermore, through collection and analysis of data based on cases handled by the legal services, there is a clear insight into the actual situation and the guarantees and rights of children in the relevant contexts. These findings can be used as a basis for advocacy to attempt to influence policy and process recommendations in the field of legislation.



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1. http://bit.ly/implementing_recommendation_study_experts
2. The overall CLAIM project was implemented in Italy, Greece and Spain, by Save the Children Italy, European Public Law Organisation (EPLO) and La Merced Migraciones respectively, in collaboration with the universities of Roma Tre, La Comillas in Madrid and the National and Kapodistrian University in Athens.
3. United Nations, General Assembly, A/67/278, p.6, www.ohchr.org/Documents/Issues/Poverty/A-67-278.pdf
4. http://www.coe.int/t/dghl/standardsetting/childjustice/default_en.asp
5. <http://conventions.coe.int/Treaty/en/Treaties/html/160.htm>
6. <http://bit.ly/190CA5N>
7. http://europa.eu/epic/news/2014/20140516-eniesi-reports-recommendation-investing-in-children_en.htm
8. Composed of 87 non-profit organisations and coordinated by Save the Children Italy, <http://www.gruppocrc.net/-about-us>
9. This is the data available at the time of writing. The service has continued to operate.
10. http://www.savethechildren.it/IT/Tool/News/Single?id_news=971
11. Not her real name.
12. <http://bit.ly/1BP77hs>

LATVIA 

Supporting young people leaving care

COUNTRY	Latvia
PROJECT/ INITIATIVE TITLE	Supporting young people leaving care
SUBMITTING ORGANISATION	SOS Children's Villages www.sos-childrensvillages.org
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CHILDREN WITH DISABILITIES
EDUCATION
HEALTH
HOUSING
CHILD PROTECTION REFORM
FAMILY AND PARENTING SUPPORT
CARE LEAVERS
CHILD PARTICIPATION
DEINSTITUTIONALISATION

Summary

In Latvia, the percentage of **children living in a household at risk of poverty** or social exclusion is more than 40%, compared to 14.9 % in nearby Finland. Around 25 000 out of 360 000 children in Latvia (7%) live in families of high social risk situations.

The main factors affecting child poverty are the labour market situation of the parents, which is linked to their level of education, the composition of the household in which the children live and the effectiveness of government intervention through income support and the provision of enabling services. Unfortunately, **Latvia's spending on social protection as a percentage of GDP is the lowest in the Union.**

According to the experience of SOS Children's Villages Latvia (hereafter SOS CV Latvia) as a service provider, **poverty is still one of the main reasons why children are placed in alternative care.**

Two recent studies have demonstrated that **children leaving care are not well enough prepared** and supported to lead an independent life.

- In a 2014 study of GfK Custom Research Baltic¹, three in four young people indicated that they had serious problems after leaving care due to a lack of appropriate support. They particularly faced difficulties in employment, financial income, health and psycho-emotional well-being.
- The Peer Research "Independent Living after Alternative Care"², conducted by SOS CV Latvia in 2012, identified the same problems. One of the main conclusions was that **young people leaving care lack individual emotional support. Furthermore, 90% had financial problems and 75% had employment problems.**

This case study presents the **Youth Programmes of SOS CV Latvia**, which provide specific and individualised support to young people leaving care based on principles of participation and empowerment.

The study also looks at **joint advocacy work** by eight NGOs working in alternative care to raise awareness of the need to protect the rights of young people leaving care and to strengthen policy in this area.

The programmes demonstrate the development and implementation of an **integrated approach based on the three pillars** of the Investing in Children Recommendation and which show good outcomes for young people.

The case demonstrates an effective means of ensuring that young people who are at multiple disadvantage, such as care leavers, have a good start in their young adult life in order to break the cycle of disadvantage and to prevent that their children grow up in poverty or social exclusion. It can act as a key investment in Latvia's future.

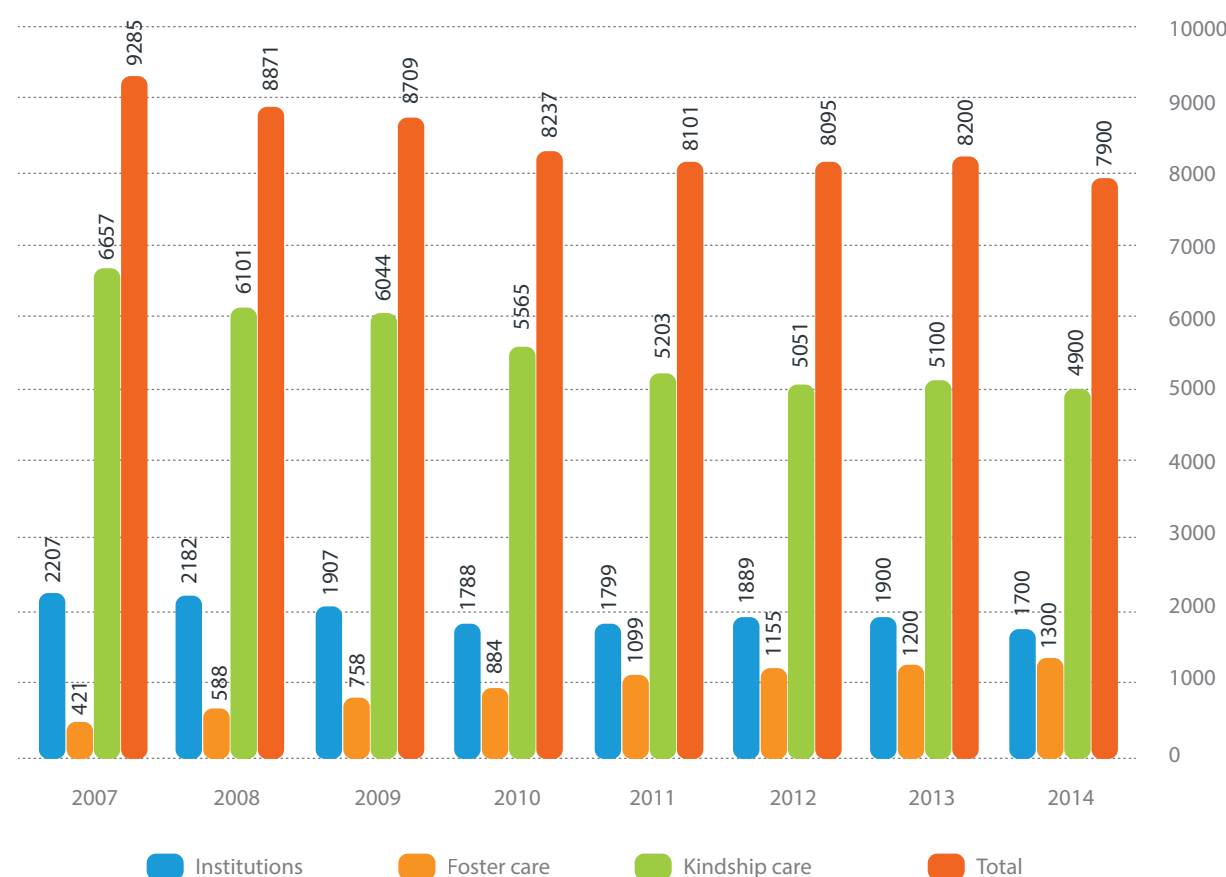
Q Policy context

The current regulatory framework in the field of children's rights in Latvia outlines that children can only be placed into long-term social care and social rehabilitation institutions as a last resort measure. Despite positive trends, such as the increased placement of children in foster care, the number of children in institutional care remains high: 1 700 children still live in institutions in 2014 (see graph below). The majority of young people leaving institutional care do not feel well prepared for independent living.³

The Latvian **Protection of the Rights of the Child Law** stipulates that while young people are in alternative care, their behaviour, personal hygiene, and social interaction skills should be developed. The law also calls for the creation of environments that are conducive to obtaining a general education and acquiring a profession.

The **State Inspectorate for the Protection of Children's Rights** has developed a guidebook for care providers on how to better prepare young people who are leaving care. These materials cover areas such as the development of social and communication skills.

The main benefits and other support that must be provided to young people who reach the legal age and are leaving care are identified in the Cabinet of Ministers' **"Regulations on Social Guarantees for an Orphan and a Child Left without Parental Care Who Is in Alternative care as well as after the Termination of Alternative Care"**.



Source: Annual Reports of the State Inspectorate for Protection of Children's Rights, available at: <http://www.bti.gov.lv/lat>

Important principles outlined in these Regulations on Social Guarantees include that care providers together with the local governments must provide monetary resources to young people leaving care. Local governments must also provide psycho-social and material support to facilitate the social integration of care leavers who have reached the legal age.

The **Law on Assistance in Solving Apartment Matters** stipulates that local governments should help young people who have reached the legal age to secure housing. When a young person is waiting for an apartment, he or she can receive an allowance to cover the monthly rent and a small benefit to buy furniture. Local governments should also pay a monthly benefit to young people leaving care who continue education without interruption.

The **Requirements for Social Service Providers** stipulate the necessary conditions that childcare facilities and social service agencies must fulfil to prepare young people for independent life.

Nevertheless, the evidence provided by recent studies is that young people leaving care in Latvia have not been adequately prepared and supported to lead an independent life. This creates important cycles of disadvantage, making it difficult for the young adults to successfully find work and integrate fully into society.

The practice

YOUTH PROGRAMMES OF SOS CV LATVIA

SOS CV Latvia has been running youth programmes for nine years. The main aim of the programmes is to better **prepare young people for independent life** and to ensure that they are fully integrated in society. The programmes respond to the needs and rights of young people who transition from care to independent living.

Starting from the age of 15, young people in SOS programmes receive support for **acquiring the necessary skills for daily life**, including education, life and social skills, career planning and independent living. Step by step, they learn how to live more independently.

In the next phase, the young people have the pos-

sibility to **live semi-independently**. Young people live in apartments that are provided to all care leavers by the municipalities in line with Latvian legislation. SOS CV Latvia provides financial, psycho-emotional and practical support until the age of 24.

“The Programmes demonstrate implementation of the Investing in Children Recommendation to “Ensure that children without parental care have access to quality services (both mainstream and specific services) related to their health, education, employment, social assistance, security and housing situation, including during their transition to adulthood.”

Youth participation is a core elements of the programmes. For each care leaver, an individual development plan that covers all aspects of their transition to independent living is drafted and implemented. The care leavers take part in the development planning process according to their level of maturity.

“Such approaches demonstrate an important example of implementing the Investing in Children Recommendation to “Put in place mechanisms that promote children's participation in decision-making that affects their lives.”

SOS CV Latvia also **builds the capacity of care professionals** working with young people leaving care. This capacity building work includes trainings, workshops and conferences on the topic of alternative care and leaving care.

SOS CV Latvia involves **young people leaving care in advocacy and research activities**. It specifically worked in consultation with young people leaving care, foster care and residential care facilities to develop advocacy messages on legislation and policies regarding young people leaving care.

With the support of SOS CV Latvia, young people leaving care developed a **peer-support** homepage that provides information and advice for care leavers.⁴ A toolkit for independent life which was developed with care leavers is made available on the website.

The support provided to young people who have left care is based on an integrated approach connecting different sectors, including education, employment, housing, health and well-being.

“The approach thus also demonstrates implementation of the Recommendation to: “Tackle child poverty and social exclusion through integrated strategies that go beyond ensuring children’s material security and promote equal opportunities so that all children can realise their full potential”.

COOPERATION TO ACHIEVE LEGISLATIVE CHANGE

A good level of **cooperation between SOS CV Latvia and other NGOs** that provide services to children and young people in alternative care has been established. This cooperation includes sharing knowledge and good practices to develop adequate services to support care leavers and young people who already left care.

In September 2011, eight NGOs⁵ working in the area of alternative care joined forces and signed an agreement to establish the **Alternative Child Care Alliance**.

This Alliance advocates for the rights of children in alternative care and young people transitioning to independent living in Latvia. It elaborates its **advocacy messages and recommendations in consultation with young people with alternative care experience**.

As a result of three years of active advocacy work by the Alternative Child Care Alliance, **positive changes in legislation and policies** to better protect and promote rights of children in alternative care and young people leaving care were achieved.

At national level, many proposals of the Alternative Child Care Alliance were integrated into policy and legislation of the Ministry of Welfare:

- The **State Family Policy 2011–2017** includes the commitment that young people who have left care should receive special support from the municipality until two years after leaving care.
- The **Social Service Development Strategy 2014–2020**⁶, approved in 2013, foresees the development of 35 youth homes across Latvia using EU structural funds.
- Latvia’s **National Development Plan 2014–2020**⁶ identifies the improvement of the alternative child care system as a priority. It outlines that the state should allocate EU structural funds to developing

services for children and young people leaving care, connecting the range of sectors.

- The 2012 **Requirements for Social Service Providers** increased the maximum age to which young people can receive support in youth homes. It states that young people should receive support in youth homes housing a maximum of 12 young people to develop life and practical skills until they are ready for independent living and if necessary, until the age of 24.

“A clearer national framework has been put in place to better protect and promote the rights of young people leaving care... More young people leaving care will have the opportunity to receive equal opportunities as their better-off peers to reach their full potential.”
SOS CV Latvia

STRENGTHS AND WEAKNESSES AT LOCAL LEVEL

SOS CV Latvia has **collaborated effectively with the Municipality of Riga**, one of most progressive municipalities for providing innovative social services in Latvia. The municipality developed an internal regulation on how to provide support to young people who are leaving or already left care.

The municipality developed an **individual assistance programme** for young people who have left care. Social workers have been specifically appointed to provide support services on an individual needs assessment. Young people coming from residential care facilities particularly benefit from this programme, which support them in improving their life and social skills.

Furthermore, as a result of the awareness raising activities on the needs and rights of young people leaving care, the municipality of Riga asked SOS CV Latvia to provide **training to the staff** in their own youth facilities.

However, the policy and legislation framework does not seem to be robust enough in order to ensure that the rights of young people leaving care are respected and promoted across the country. There is still not a systematic delivery of these kinds of support services across Latvia.

Most municipalities do not use an integrated approach in providing support to young people

leaving care and those who have left care. The Municipality of Riga is the only municipality that provides an individual assistance programme to young persons who already left care.

During preparation of the case study, 12 experts, including two young persons, were interviewed to identify remaining challenges. According to these interviews, one of the main problems is the lack of resources allocated to develop quality services for care leavers and after-care programmes by the municipalities.

The main aspect that is missing is an effective implementation of the policy and legislation framework for all young people leaving care in any municipality across the country.

It is usually the municipality that placed a child in alternative care that has to provide housing to the young person when they leave. However, many municipalities do not have adequate housing available.

This causes the specific problem that young care leavers often cannot live in areas that can meet their education and employment needs. Young people leaving care in one of the many municipalities where there are few employment and education opportunities have limited chances to succeed.



Latest legislation changes allow young people who transition to independent living to rent an apartment in a different municipality than the municipality that took the placement decision, but this legislation is not put into practice yet in all municipalities.

Key messages

As a result of the integrated approach that the SOS CV Latvia Youth Programme applies, **good outcomes for young people** to transition to independent life have been achieved. Support at this crucial stage marks an extremely valuable intervention to “break the cycle of disadvantage” facing young people.

Based on research, which includes the opinions of young people with care experience, we recommend that:

1. Every young person should have access to at least one year of individual assistance support during the transition process to independent life – including before and after leaving care. Experts of the Ministry of Welfare confirmed in the interviews that it is planned to anchor this measure in the legislation in the near future
2. Municipalities should allocate more funding to implement the legislative and policy framework related to young people leaving care. The Alternative Child Care Alliance needs to continue its crucial advocacy, awareness and training activities on the needs and the rights of young people transitioning to independent life at local level across the country.
3. Monitoring and evaluation visits to municipalities to check implementation of the relevant policies and legislation for care leavers (carried out by the Ministry of Welfare, the State Agency of Child Protection and the Ombudsman Office) should take place more frequently.
4. Relevant stakeholders, including CSOs, should be involved in the monitoring and implementation of the use of EU Structural Funds to support youth programmes, notably around the planned construction of 35 youth homes across the country.
5. New legislative and policy changes for children in alternative care following the deinstitutionalisation process in Latvia should further strengthen the protection and promotion of the rights of care leavers, in consultation with service providers and young people with care experience.

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- **Lilīta Gasjaneca** (leader of residential home in Latgale region);
- **Iveta Kublina** (leader of Social service agency from Zemgale region);
- **Sandra Stāde** (leader of Grašu Children’s Village in Vidzeme region).

1. This research by GfK (Growth for Knowledge) included interviews with 151 young people who were leaving care or who already left care.
2. Ten young people with care experience were trained as researchers and involved in all aspects of the research process. They interviewed 100 young people who were leaving or already left care from across Latvia.
3. European Network of Independent Experts on Social Inclusion, Investing in children: breaking the cycle of disadvantage. Country report Latvia, 37p, <http://ec.europa.eu/social/BlobServlet?docId=11647&langId=en>
4. <http://patstavigadzive.lv>
5. The members of the Alternative Child Care Alliance are Azote, Grašu Children’s Village, Latvian Foster Family Association, SOS CV Latvia, Zvannieku Home, Livslust Foundation, Foundation Žubite and Foundation “Latvian Alliance without Orphans”.
6. The National Development Plan 2014–2020 (NDP2020) is the most important national-level medium-term planning document. It can be consulted here: http://www.pkc.gov.lv/images/NAP2020%20dokumenti/NDP2020_English_Final.pdf

ROMANIA 

Changing the child protection paradigm. The case of Bacău County. Reform through DI

COUNTRY	Romania
PROJECT/INITIATIVE TITLE	Changing the child protection paradigm. The Case of Bacău County. Reform Through DI.
SUBMITTING ORGANISATION	Hope and Homes for Children Romania www.hopeandhomes.org
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EARLY CHILDHOOD
CHILD PROTECTION
REFORM
HEALTH
HOUSING
EDUCATION
CARE LEAVERS
FAMILY AND PARENTING SUPPORT
CHILD PARTICIPATION
DEINSTITUTIONALISATION
CHILDREN WITH DISABILITIES

 Summary

Hope and Homes for Children (HHC) has used an evidence-based approach to promote and achieve **reform of the child protection system** in Romania based on deinstitutionalisation (DI) and services to prevent the separation of families.

HHC used a study of the financial costs of institutional care under different reform scenarios and consultation with local and regional authorities to support the inclusion of **deinstitutionalisation in the National Strategy for Child Protection** and as an important strategic element in the allocation of EU Structural Funds.

HHC has been directly involved in implementing its DI model in over 20 regions of Romania. Tested in the field, in different contexts under various financial constraints, the **DI model has provided a holistic and integrated approach** to the issues of children in institutions (in particular) but also to the issue of vulnerable children in general (in terms of prevention and family reintegration).

The **European Commission’s Investing in Children Recommendation triggered sustained interest** in linking child protection policies and frameworks with the practical application of reform of child protection systems through DI in Romania. The Recommendation aided the drafting of the National Strategy for Child Protection and the adoption of DI as the model for child protection reform.

The Recommendation also enabled the integration of the National Strategy for Child Protection with other strategic developments, including Regional Development sectoral strategies and the allocation of funding via several Operational Programmes, as assumed by Romania in the Country Partnership Agreement for 2014-2020.

HHC’s work on DI in Romania has **demonstrated the benefits** in terms of both pure finances and outcomes for families and children. It has thus demonstrated effective means of implementing the Investing in Children Recommendations around limiting institutional care and ensuring adequate gate-keeping to prevent children being placed in institutions as well as promoting quality, community-based care and foster care within family settings.

Q Policy context

In Romania, service provision has tended to resort to residential care as a 'simple' solution for child poverty, social exclusion and other areas of risk. There is little effort directed in any kind of concentrated way towards preventative actions, coherent gate-keeping or family support.

Furthermore, the financial and economic crisis has had a devastating effect on social services and services for children in particular in Romania. The most immediate and direct effect was a drastic reduction of staff working with the most disadvantaged groups: children without parental care, and people (including children) with special needs.

Families and communities already experiencing extreme poverty grew in number and their social exclusion was further exacerbated. Due to the lack of resources and improper financial allocation, families and communities are faced with separation, exclusion and increased dependence on state allowances as opposed to successful social inclusion.

There is funding directed towards children experiencing poverty, which is allocated for low-income households. Unfortunately, there are no mechanisms to support the appropriate use of these allowances so that children actually benefit from their distribution.

REFORM OF THE CHILDCARE SYSTEM

Hope and Homes for Children has become an important actor at national level in the reform of the childcare system, especially since the scaling up of its activities and projects in Romania in 2004, covering DI, prevention and family reintegration. HHC started to influence policies with the aim of supporting the development of a relevant framework for the reform of the child protection system.

“The reform of the childcare system to promote deinstitutionalisation in Romania directly implements the Investing in Children Recommendation to: “Stop the expansion of institutional care settings for children without parental care; promote quality, community-based care and foster care within family settings instead, where children’s voice is given due consideration.”

HHC undertook activities to gather the opinions of professionals and practitioners on plans for the

National Strategy for Child Protection. Regional meetings with 47 county and local authorities confirmed their adherence to the strategic plans devised in the National Strategy. Importantly, the consultation brought forward important aspects derived from the practice in the field, enabling us to have plans that are centred on concrete issues and aspects identified by practitioners.

The regional meetings identified the lack of supportive interventions at community level to prevent separation of children and families as a major issue. Representatives of relevant Ministries and national authorities agreed that a **legislative framework for regulating prevention of separation of children from their families** was needed.

PROVIDING THE EVIDENCE BASE

To support these efforts, HHC undertook a **Study on the Financial Impact of Reform of the Child Protection System**. The study compared the predicted costs of three future scenarios (which were built from the evidence collected from HHC Romania’s extensive expertise in institution closure and DI):

Scenario 1 - The baseline scenario – representing no change to current policy of institutionalisation.

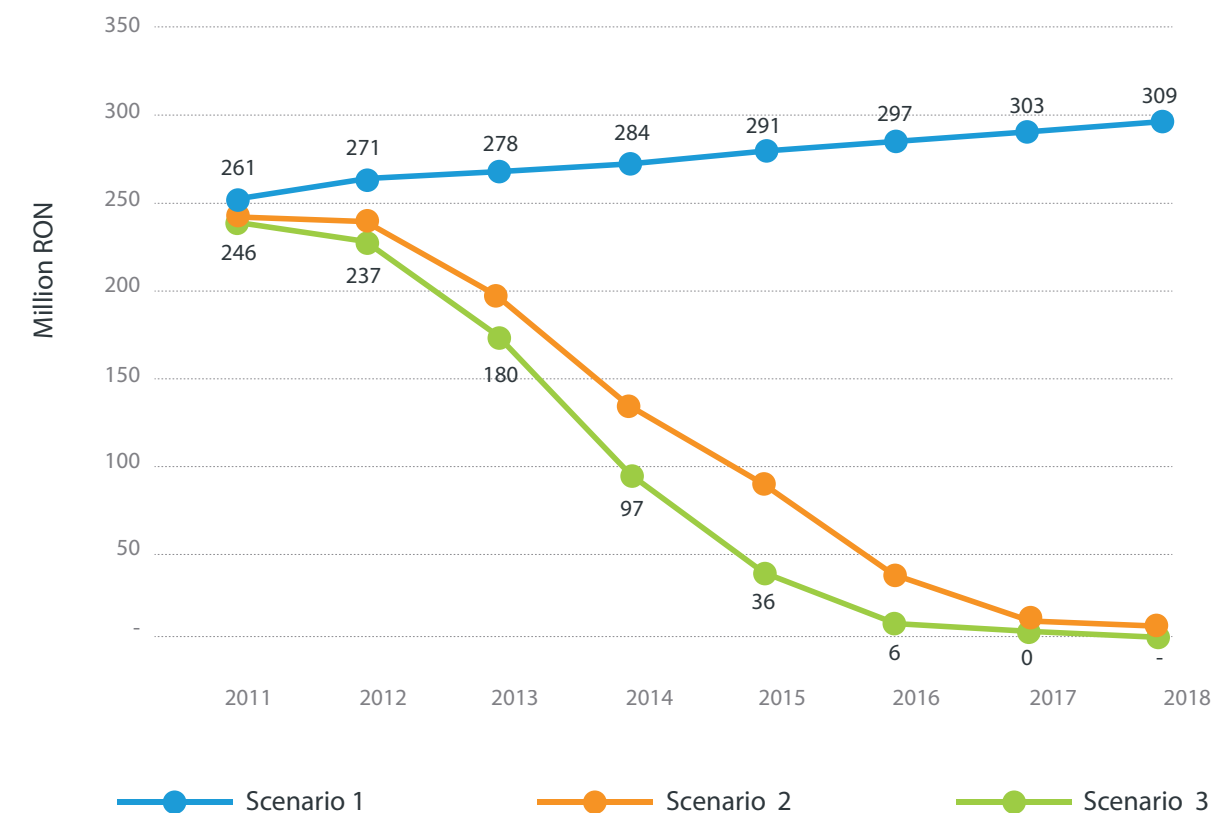
Scenario 2 - A moderate reform scenario – entailing a downsizing of institutional care and the transfer of children from the old-type residential care to foster care and family type homes

Scenario 3 - A full reform scenario – entailing a total renewal of child protection services including both deinstitutionalisation and prevention services to avoid family separation.

As the graph shows, the study demonstrated the ever-rising costs of maintaining current policy. At the same time, it showed how institutional care costs could be reduced to zero through reform and most quickly when measures to move children from institutions to foster care and family-type homes was accompanied by prevention measures to avoid, where possible, children being removed from their families in the first place.

“The research helped implementation of the Investing in Children Recommendation to “Strengthen evidence-based policy development and social policy innovation, making sure to take due account of the potential impact of policies on children.”

Old-type residential care recurrent costs



This study brought much needed evidence for supporting the development of the relevant policies and legislative frameworks for reform of the child protection system. In particular, the modelling strongly supported the strategic goal of DI. The study showed that the current system is still generally reactive and based on institutional care, being therefore unable in most cases to prevent the separation of children from their families.

The evidence promoted DI as a strategic element for allocation of the EU Structural Funds in Romania, especially the adherence to the transition from institutional to community-based care in the **Country Partnership Agreement** and the drafting of the **Operational Programmes**.

“The HHC approach to gathering evidence for DI shows a way of supporting the implementation of the Investing in Children Recommendation “To ensure that 2014-2020 Structural Funds interventions... support the transition from institutional to community-based care.”

The practice

So far, HHC Romania has used the DI modelling and financial evidence to promote and obtain systemic reform of child protection services in over 20 regional administrative units of Romania. Bacau County provides an example of promising practice for applying the model.

The model is based on two major pillars of intervention: the closure of institutions and the prevention of separation of children and families.

HHC developed an integrated set of interventions at regional level based on prevention, family support and alternative care. It designed affordable and quality services for children and their families with a special focus on disadvantaged groups and especially children with special needs.

“The approach implements the Horizontal Principle of Investing in Children to “Ensure a focus on children who face an increased risk due to multiple disadvantage such as Roma children, some migrant or ethnic minority children, children with special needs or disabilities.”

The interventions managed to ensure that 601 children remained with their families in Bacau County and demonstrated an effective economy of up to 40% per year compared to the costs of institutional care.

“This approach directly implements the Investing in Children Recommendation to “Ensure adequate gate-keeping to prevent children being placed in institutions and provide for regular reviews in the event of such placements.”

The HHC DI model and process closed down three institutions in Bacau and managed to find alternative solutions for 381 children. The closure process for the fourth and final remaining childcare institution in the county is underway.

BENEFITS

The data of Bacau CPD show that the costs incurred by an old type institution with 117 beneficiaries were LEI 2,023k. After the closure of the institution and the setup of 4 SFHs (for 12 children each), the necessary budget was LEI 1,212k, meaning an economy of LEI 811k.

In addition to the **financial benefits** of the reform, we also brought evidence for the **increased quality of alternative care settings**. The added value of the community and family-based services was demonstrated in the improved living conditions for children and families.

“The social return on investment of reform via DI was demonstrated. We proved that it was more cost effective to transition from institutional care to community-based care and we brought evidence for the strengthening of the community and family-based approaches.” HHC, Romania

Similarly, we collected evidence of the systemic impact of DI in **improving the capacity of the relevant authorities to improve their gate-keeping mechanisms** to prevent children being placed in institutions by effectively stopping placement of children without parental care, developing quality, community-based care, including foster care and care in family settings, as well as for the transition period towards adulthood.

The **local and county authorities in Bacau became an active advocate** for us and for the work we do and the good practice example was advertised in the entire region of Moldova - a region with important issues in terms of child protection and with counties where institutionalisation is still the preferred solution of the authorities when it comes to child protection. This led to neighbouring counties approaching HHC and asking for technical assistance and expertise in terms of reform of the child protection system.

Remaining challenges

Consultation with local and regional authorities and the provision of evidence in support of DI are important steps taken by HHC to promote reform of the child protection system in Romania. Nevertheless, challenges remain, particularly in the form of:

- The **lack of funding** for implementing the systemic transition from institutional to community-based care;
- The continued **lack of broader understanding** and acceptance of reform through DI and of the continuum of services that need to replace institutional care;
- Ensuring appropriate **implementation of the evolving policy and legislative framework**, especially given the lack of one officially adopted and standardised approach to DI;
- The limited **capacity to monitor** DI processes to ensure observance of children's rights and best interest, including child participation on the decision making that affects their lives;
- Insufficient links between policies and practice with regard to **child's rights** and little to no development in **participation** or the transition of children to adulthood.

Key messages

THE PATH TO DEINSTITUTIONALISATION

The future development for child protection services in Romania is the total reform of the system, based on the Investing in Children Recommendation. Learning shows that there are **several necessary pillars for the successful reform of the child protection system**:

1. Eradication of old institutions;
2. Support for family and community-based care arrangements;
3. Shift to the provision of integrated social services, for a proactive intervention;
4. Implementation of tried and tested models for the transition from institutional care to alternative care based on the community and family model;
5. Prevention programmes to avoid unnecessary separation of children and families – shifting from a paradigm based on child protection to a paradigm based on the protection of children and their families;
6. Supporting young adults leaving institutions and the transition of children towards adulthood by developing and promoting child participation.

What is essential is the need for **joined-up action towards institution closure and service development** seen as one, integrated, community-led and community-based intervention with massive social return on the community.

The way to meet the remaining challenges is to **build on the successful DI projects at county level**, where continuums of services were created and where admissions in the system were decreased or even stopped due to effective prevention programmes. The **continued strengthening of the legal framework** is also needed, always being flexible enough to take into account the findings of practice and the needs discovered in the field by practitioners.

Coherent policies and integrated strategies to make resources available at community level – including through the full use of EU funds – are needed. It is also important to have the involvement and long-term commitment of all relevant stakeholders. These factors will overcome the re-



maining challenges and result in an overall and sustainable reform of the child protection system in Romania. This will see application of the DI

model rooted in the UN guidelines for alternative care for children and the Investing in Children horizontal principles and recommendations.

 Acknowledgements

This case study was written by **Otto Sestak**, in cooperation with **Delia Pop** (HHC). It was developed in consultation with:

- **County Council Bacău,**
- **General Directorate for Social Assistance and Child Protection Bacău,**
- **Baker Tilly-Klitou**

SPAIN 

Child-Friendly Cities (CFC)

COUNTRY	Spain
PROJECT/INITIATIVE TITLE	Child Friendly Cities
SUBMITTING ORGANISATION	UNICEF National Committee www.unicef.es
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HEALTH CHILD PROTECTION REFORM
WELFARE REFORM
CHILD PARTICIPATION
FAMILY AND PARENTING SUPPORT
EDUCATION
EARLY CHILDHOOD HOUSING



 Summary

The Spanish Child-Friendly Cities¹ (CFC) programme was launched by the UNICEF Spanish Committee in 2001 to promote the development of local policies for children and adolescents based on the Convention on the Rights of the Child. It is part of the broader Child Friendly Cities Initiative, launched by a Special Session of the UN General Assembly on Children in 2002.

The CFC programme recognises the effort of cities and towns that work to promote children rights envisaged in the Convention on the Rights of the Child and improve conditions for them in an urban setting. A child-friendly city is one that:

- Incorporates into its governing policies the **needs and rights of children** and adolescents under the Convention on the Rights of the Child (CRC);
- Actively pursues equity and **equality in their policies for children** and adolescents, with priority given to:
 - The integral promotion of the quality of life of children and adolescents, looking progressively to higher standards;
 - The prevention of situations of poverty and any other causes of vulnerability and social exclusion;
 - Attention and care for children, adolescents, and their families more vulnerable and/or at risk of neglect, poverty and social exclusion;
- Gives **prominence to the voice of children**, taking into account their diversity and considers their input in decision-making;
- Coordinates its efforts internally and with entities and civil society**, generating interagency and citizens collaboration around these policies; and
- Allocates resources for its implementation, in the framework of its powers, according to **two priorities: children and adolescents**, as well as their families, population affected by poverty or other forms of social vulnerability.

The CFC programme evaluates local governments on the basis of the work done to promote children’s access to adequate resources, as well as their ability to actively participate in the public management of their town. It is actively contributing to the creation of a national political agreement of ample social and political consensus laying the foundations for measures guaranteeing the rights of children.

“We strongly recommend placing the well-being of children and the protection of their rights at the very heart of urban planning policies, along with other factors such as economic and environmental factors.”
UNICEF Spanish Committee

“The CFC initiative responds to all three pillars of the Investing in Children Recommendation: “access to adequate resources, access to affordable and quality services and children’s right to participate.”

Q Policy context

THE SITUATION OF CHILDREN

As a result of the economic hardship and the deficit-reduction methods, Spain has experienced serious gaps between the needs of a growing group affected by unemployment and poverty, and the shrinking municipal resources and services. More than one out every four children is living below the poverty line.

FOUNDING PRINCIPLES

The CFC programme in Spain was founded within the framework provided by the findings of the Special Session of the UN General Assembly on Children, under the title Child Friendly Cities (2002). This international initiative has already been implemented in a number of countries and accumulated decade-long experience on the design and management of local policies on children and adolescents.

The underlying aim of the programme is the application of the 1990 Convention on the Rights of the Child and its accompanying protocols at a local level.

The CFC programme is a valuable tool for implementing the following four fundamental rights established in the Convention of the Rights of the Child:

1. *Non-discrimination* (art. 2): aiming at all children and particularly those suffering from discrimination.
2. *Best interests of the child* (art. 3): must be a priority in the design and implementation of all policies and actions concerning children.
3. *Right to life and to maximum survival and development* (art. 6): ensured by actively working to provide optimal living conditions for all children.
4. *Right of expression* (art. 12) and considering the opinions and suggestions of children when making decisions.

However, since the passing of the European Commission Recommendation for Investing in Children (2013), raising awareness as well as encouraging the enforcement of this Recommendation has been at the heart of the programme.

NATIONAL POLICIES

At a national level, the programme works, in particular, within the framework of:

1. the National Strategic Plan for Children and Adolescents².
 - The Plan calls for municipalities to include aspects such as child health or the promotion of culture in their Local Plans.
 - The CFC programme is mentioned as an example of a programme that encourages child participation.
2. the National Plan of Action for Social Inclusion³
 - The Plan was elaborated alongside the Spanish Federation of Municipalities and Provinces (FEMP), shedding light on the importance given to municipalities in the quest for social inclusion.

⚙ The practice

In Spain, the CFC programme can be **applied in municipalities** (town or city council), or any other territorial demarcation (county, region...) with a legally constituted local government, regardless of population size. Smaller forms of territorial administrations belonging to municipalities such as districts or parishes cannot adopt the programme separately; they must do so along with the whole municipality as a unit.

Local governments, such as town and city councils or regional autonomous governments, are responsible for the implementation of the programme, with the accompaniment and support of UNICEF Spanish Committee.

Cities applying for the official Seal must present UNICEF Spain with **proof of their investment in children** and adolescents such as evaluations, reports of actions, planned and executed budgets and a Local Plan for children and adolescents, all relating to at least the twelve months prior to the date of application.



IN ORDER TO QUALIFY AS A CFC, THE FOLLOWING REQUIREMENTS MUST BE MET:

1. **Child participation:** promote child participation through ongoing participation bodies that operate regularly.
2. **Regulatory framework:** encourage a policy framework for children, within the powers attributed to the Local Government laws. This includes both the rules generated by the Local Government itself (for instance, the Childhood Council Regulation) as well as actions from other competent authorities.
3. **Knowledge of reality:** report on the state of children and adolescents, with special attention to the most vulnerable sectors. This process must involve all actors in society, both public and private.
4. **Rights Strategy:** develop a rights strategy expressed in a Local Plan for Children and Adolescents, which reflect priorities and objectives, activities, indicators of achievement, organisation and resources.
5. **Budget:** provide budget to local policies in favour of children and adolescence, within the powers allowed by the law.
6. **Monitoring and evaluation:** reporting related to work processes, analyse and evaluate the results of actions on global social welfare of children and adolescents.
7. **Internal and external coordination:** procedures of internal coordination between departments, and externally, with other government

and entities, operating regularly.

8. **Diffusion and awareness of the CRC:** promote awareness of the CRC among the general public.
9. **Citizen cooperation:** promote citizen participation in the making of policy for children, through partnerships and collaboration networks for children formed by public and private entities.
10. **Support to local associations and NGOs:** support non-profit civil groups to defend and promote the rights of children and adolescents.

Up to the year 2014, the UNICEF Spanish Committee had accredited 115 municipalities with the CFC Recognition Seal.

ACHIEVING THE CFC SEAL

To be recognised as a CFC, local authorities must ensure a local regulatory framework consistent with the promotion and protection of the rights of all children, as well as ensure that all the agencies under its authority, as well as society in general, are fully aware of these norms. They must also work to influence children-related policies and legislation at the national and regional level.

Local administrations must actively promote:

- a) periodic reports of their activities focused on children;
- b) progress reports on the situation of children;
- c) action plans and a budget with a 3-4 year scope;
- d) permanent child participation organisms;
- e) internal coordination commis-

sions within work areas or local councils.

They must systemically and continuously evaluate the impact of their policies and actions on child welfare. The programme recommends assessing work processes, their outcomes and consequences for children. Although it does not impose any particular method of assessment, the CFC organisation can provide guidance on this.

If municipalities have gone even further with actions than was established in the original Child Action Plan, including actions specifically targeting the most vulnerable, they can be awarded a “recognition of quality and excellence”.

As part of the recognition, a CFC must allow UNICEF Spain to monitor their progress, including a follow-up review of the implementation of the Local Plan after two years. The validity of the Seal expires after four years and only cities having fulfilled at least 50% of the actions established in the Plan will have it renewed. If they have fulfilled 80% they will be awarded with a “recognition of quality”.

Evaluations of towns and cities focus on the access to local services and resources for children and adolescents, especially for the most vulnerable ones. The programme has also closely watched children's participation in decision-making processes. Another relevant aspect of the CFC Programme is its “focus on alliances”, according to which local childhood policy must be developed and managed in collaboration with different public and private organisations and civil society sectors.

The UNICEF Spanish Committee has acknowledged 116 good practices by local governments in a total of 70 municipalities.

FUNDING

The CFC programme is funded by UNICEF Spanish Committee and the Ministry of Health, Social Services and Equality, which provided 80% of the funds at the origin.

Funds are used to encourage networking and collaboration between agents involved in the programme, to manage the Seal of Recognition, to organise congresses and maintain channels of communication and transmission of knowledge.

The programme offers training courses and supports and participates in training activities developed by other entities.

Outcomes

STRENGTHS AND CHALLENGES

“The Child Friendly Cities approach shows successful implementation of many core elements of the Investing in Children Recommendation, notably:

SUPPORTING ACCESS TO ADEQUATE RESOURCES

One of the requirements to be qualified is assigning a budget to promote and ensure welfare for children, which can include educational services, health, culture, leisure and recreation etc.

SUPPORTING ACCESS TO AFFORDABLE AND QUALITY SERVICES

CFCs must ensure access to services in their Action Plan for Children and adolescents, especially to the more vulnerable sectors. In fact, the general action strategy within the CFC programme, the Alliance for and with children (ALIA), is based on the promotion of equity, social cohesion and citizen and institutional collaboration to combat child poverty and vulnerability.

SUPPORTING CHILDREN'S RIGHT TO PARTICIPATE

To qualify as a CFC city, the local government must have a permanent body of child representation that runs regularly and that has been on-going for at least twelve months prior to application. Children, as well as professionals working for children, must take part in the making of an Action Plan for Children and Adolescents. Local governments must also ensure children are heard effectively in judicial and administrative proceedings affecting them.

SUPPORTING INTEGRATED WORKING AND COLLABORATION

The CFC programme actively promotes internal coordination within local and municipal governments and participation from diverse collectives of professionals from fields including education, social work, and health.



The programme also aims to build and boost a collaborative network between cities or towns who have adopted this project and to promote coordination with other organisations and institutions. Local governments must be equipped with structures or permanent procedures to share information and perceptions with other governments and social agents.

ON-GOING CHALLENGES

The main challenge faced by the CFC programme is its sustainability as more and more municipalities join, an issue that will need to be addressed with the active participation of all actors involved in programme. There is a need to strengthen the technical, economic and structural sustainability of the CFC programme, in order to ensure its continuity and effectiveness for the 2015-2020 period, at least.

Another key challenge is to standardise the evaluation criteria for childhood policy actions at a local level, in order to make them more objective and differentiate processes according to population size. Special attention must be paid to two particular aspects: 1) the range and quality of the processes of child participation; and 2) the effectiveness of policies in favour of the most vulnerable children and against social exclusion.

Key messages

The Child Friendly Cities (CFC) programme in Spain has become an international benchmark, which can be transferred and adapted to the particular circumstances and conditions of other regions or countries. Moreover, it has also become a positive example for the management and improvement of other public policies at the municipal level.

The added value of this practice is the promotion of a culture of public policy based on participation, collaboration, planning, systematic work and continuous improvement. This progress has been made in conjunction with tens of municipal governments and diverse institutions (local associations, NGOs, universities, corporate responsible companies, etc.).

We can draw the following conclusions from the evaluation of the municipalities recognised as Child Friendly Cities by UNICEF-Spain:

- The CFC programme brings forward an effective reference framework, which includes values, objectives, procedures, and work tools for municipal governments in their policies for children, with the overarching aim of shedding light and providing stability to childhood policies, as well as linking and homogenising policies from different municipalities.

b. The CFC Seal of Recognition was born as a means of highlighting and publically praising the work done by local governments in favour of children from a human rights perspective. However, as it has developed, it has gone further by also providing organisation, procedures and specific tools to achieve its central aim: the implementation of the Convention on the Rights of the Child at a local level.

UNICEF Spanish Committee believes abiding by CFC criteria could be incorporated as a requisite for the EU social grants.

Nonetheless, it is still necessary to make considerable progress in some of the key aspects to improve the effectiveness and quality of municipal actions, particularly in terms of: knowledge-based decision making; medium-term planning; internal coordination; participation of children in the design, development and evaluation of local policies regarding them; and raising awareness and responsibility in society on the protection and welfare of the children from a human rights perspective.

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- **Ministry of Health, Social Services and Equality**
- **Spanish Federation of Municipalities and Provinces** (FEMP)
- **Institute for the Needs and Rights of Children and Adolescents** (IUNDIA), a joint project by UNICEF Spain and Universidad Autónoma de Madrid (UAM).

1. Ciudades Amigas de la Infancia (CFC)
2. Plan Estratégico Nacional de Infancia y Adolescencia 2013-2016- PENIA
3. Plan Nacional de Acción para la Inclusión Social 2013-2016-PNAIN

SPAIN 

Inclusive practices for children in an irregular migration situation

COUNTRY	Spain
PROJECT/INITIATIVE TITLE	Inclusive Practices for Children in an Irregular Migration Situation
SUBMITTING ORGANISATION	RED ACOGE www.redacoge.org
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EARLY CHILDHOOD
UNDOCUMENTED
MIGRANT CHILDREN
CHILDREN WITH DISABILITIES
HOMELESSNESS
CHILD
PARTICIPATION
FAMILY AND PARENTING
SUPPORT
CHILD PROTECTION
REFORM
EDUCATION
HOUSING
HEALTH

 Summary

The resident population of Barcelona (region of Catalonia) is 1 611 822 of which 14.7% (236 394) are under 18 years of age. Of all the residents of Barcelona, 17.4% (281 225) have a nationality other than Spanish.

Undocumented children are often not included in population/ household data-sets, meaning they are largely invisible in national and EU data on child poverty despite facing multiple vulnerability and risk factors.

According to the Report on Inclusion in Spain (2008), the risk of poverty in the under 16 age group is particularly high among children of migrant origin. This report draws on a data-set that includes undocumented children that are registered in the municipal register. The percentage of severe poverty of children of migrant origin in 2006 was 27.9% compared to 4.3% of those of Spanish origin.

In the province of Barcelona, according to the Families and Childhood Panel (2007), the rate of poverty among foreign-born families is 35%, compared with 15% of indigenous families.

Access to health care services for undocumented children varies widely across the EU. While a few countries allow undocumented children to access the same level of services as national children, they enjoy limited access in most Member States, and only emergency care in others. This violates their human right to health care, and has negative impacts on children’s health, well-being and development.

Due to their irregular residence status, or the irregular status of their parents, many children face restrictions in accessing essential services, such as education and health care, and face high risks of experiencing poverty, social exclusion, exploitation and violence.

This case study examines the integrated services that the municipality of Barcelona provides to all resident children. It provides some practical and promising examples of efforts to ensure non-discriminatory access to essential services for all resident children, regardless of status.

“ These approaches aim to implement the Investing in Children Recommendation to “Ensure a focus on children who face an increased risk due to multiple disadvantage such as Roma children, some migrant or ethnic minority children...”

This study identifies policies and initiatives focused on children that promote equal opportunities and combat social exclusion, including for children who are in an irregular situation. In line with the integrated approach of the 'Investing in Children' Recommendation, we emphasise aspects of access to affordable and quality services and the main activities in promoting the right of children to participate.

Q Policy context

Immigration is an exclusive competence of the Spanish state. However, the child protection system is entrusted to the autonomous communities and, to a limited extent, to municipalities depending on their size and population.

National immigration laws set out explicitly the principle of acting in the best interests of the child, so that in general, when we talk about migrant children, their being a child should prevail over their status as a migrant. This means that in all areas, non-citizen children whether documented or not, and regardless of whether they are accompanied or not, should have exactly the same rights as Spanish children.

Municipalities must carry out the following relevant activities, as a minimum:

- Evaluation of and information about situations of social need and immediate attention to people in a situation or at risk of social exclusion.
- Participate in the enforcement of compulsory schooling.
- Promotion of citizen participation in the municipality through the sustainable and efficient use of information and communications technologies.

Across Spain, all residents, regardless of their administrative status, may register in the **municipal register**, which is compulsory to access public services such as health and education and certain procedures of immigration law. The only requirements are a valid passport and documentation proving they live in the city (e.g. rental contract, bills, or written permission from the owner). Even these requirements can pose a barrier for undocumented migrant families.

In Spain, **education** is free and compulsory from 6 to 16 years. From 3 years, it is also available and free, though not compulsory.

The public **health system** can be accessed free of charge and on an equal basis with Spanish nationals by adults with regular residence on Spanish territory, by all children, regardless of their administrative status, and by all women during pregnancy, childbirth and postnatal period, also regardless of their administrative status. Undocumented adults are only entitled to access emergency health services. This situation has a negative impact on children's access to the health services they are entitled to, as well as their health.

“The law reflects the Investing in Children Recommendation call to “Improve the responsiveness of health systems to address the needs of disadvantaged children — Ensure that all children can make full use of their universal right to health care, including... Devote special attention to [inter alia] undocumented or non-registered children”.

“In any case, foreigners under eighteen years of age receive health care under the same conditions as Spaniards.”
Legislative Royal Decree 16/2012



The practice

REGISTRATION OF RESIDENCY IN THE CITY FOR ALL CITY RESIDENTS REGARDLESS OF THEIR ADMINISTRATIVE STATUS

The SAIER (Service for Immigrants, Refugees and Foreigners) is the key agency in the city of Barcelona that manages the registration of new arrivals. It receives migrants with and without documentation, and provides several support services, including legal advice, social and labour insertion programmes, language and cultural support, and specific support for refugees and asylum seekers.

Barcelona Council offers an inclusive registration service through the initiative “**Registration With No Fixed Address**”. This service allows people to register at the address of a social institution or social services centre (e.g. Red Cross, Caritas) that has attended them, provided an accompanying preliminary social report. It is particularly useful for many vulnerable migrants who have no fixed address or who cannot provide documentary proof of residence (due to refusal by the owner, for example, or the absence of a contract).

EQUAL ACCESS TO ALL MUNICIPAL SERVICES FOR ALL REGISTERED RESIDENTS

Registration of residency provides **access to other municipal services**, such as the network of libraries, community centres, open social centres and primary care services. The City of Barcelona also has a specific programme of detection and intervention services for non-citizen children without family care, in distress and at risk. Intervention is carried out by street educators, performing an intervention plan.

IMPLEMENTATION OF AN INCLUSIVE EDUCATION POLICY

In the municipality of Barcelona, as well as in the rest of the State, the **right to access education** is not affected by the administrative status of the child. Additional school-based and extra-curricular education support programmes are also open for all children regardless of residence status, including:

- **Nursery School** and *Escoles Bressol* service for the period of non-compulsory education from 0-3 years.
- **Educational support programmes** – to overcome territorial and social inequalities.
- Educational **services** outside school hours.
- Education Associations’ **activities** in free time and holidays.

“The practice reflects the Investing in Children Recommendation calls to “ensure that all families, including those in vulnerable situations and living in disadvantaged areas, have effective access to affordable, quality early childhood education and care” and to “provide for the inclusion of all learners.”

EQUAL ACCESS TO HEALTH SERVICES

Catalonia implements the national law providing equal access to health care services for undocumented children and pregnant women. Catalonia has its own legislation in this area, which also allows access to **free primary health care** services for adults who are in an irregular situation that have been registered in the municipal register for at least three months. Additional services are available after 1 year of residence.

This represents a wider health coverage for undocumented parents than that provided at national level, with benefits for their children's access to health care, health and well-being.

MECHANISMS OF CHILD PARTICIPATION IN DECISION-MAKING

Barcelona is declared a “child-friendly city” and promotes actions for child participation through schools, environment or community associations and local public institutions, notably through the Municipal Programme for Childhood and Adolescence of Barcelona (2013-2016).

The participation activities being carried out by Barcelona City Council include public debates, information activities for young people, as well as other proposals for civic participation, which generally do not limit participation by administrative/residence status as they are linked to school attendance which is universally accessible.

MECHANISMS TO COMBAT INCORRECT PERCEPTIONS

Barcelona City Council also promotes measures to address public awareness and opinion about migration. Since 2010, Barcelona City Council and 400 social organisations have been developing the Anti-Rumour Network, which aims to reduce prejudice and stereotypes through awareness-raising and citizen participation activities that address common misperceptions about migrants and migration.

This is an innovative working method in the prevention of racism, which has had an impact both locally and in Europe. Following the experiences of Barcelona City, the project has been replicated in other locations, with the collaboration of Barcelona.

Government personnel have also received specific training in topics related with attention to diversity.

COORDINATION OF SERVICES

The requirements associated with attention to specific groups, such as undocumented children are covered by coordination between services (child welfare services, immigration authorities and other services). In Barcelona, this coordination is primarily promoted and overseen by the Quality of Life, Equality and Sports department of the City Council.

The City Council is working on a network with social organisations to promote mutual participation and cohesive and effective work. The **Citizen Agreement for an Inclusive Barcelona** is a space for collaboration and participation, shared between government and civil society. The Agreement seeks to promote networking, and highlights the *Host and Accompaniment Network for immigrants in Barcelona*, as well as the *Network of Open Centres for attention to children and adolescents*. There are also other networks, such as the *Network of Social Entities for Legal Aid in Immigration*, the *Platform of Christian Entities for Migrants Rights* and the *Bureau of the Third Sector*.

The **Barcelona Municipal Immigration Council (CMIB)** is an advisory and participatory body with the participation of the City Office of Barcelona and members of volunteer entities and immigrant associations, social agents, municipal political groups and observers, all of whom intervene in the social environment to help achieve the full exercise of citizenship for immigrants.

Limits and challenges

The above measures are very positive to migrant children in an irregular situation in Barcelona. Nevertheless, some important limits and challenges to the overall approach must be acknowledged.

REGISTRATION

Registration at a social services centre addresses a major barrier to municipal registration for undocumented families; however it has its own practical issues. **It delegates to the social services officer** the discretion as to whether or not to issue the report needed for registration.

Furthermore, registration in the social headquarters of NGOs working with migrants involves **some risk for the NGO** because the state Immigration Regulations penalise the registration of a person in an irregular situation who does not actually reside at the address provided, and despite the approval of the Barcelona City Council, this does not protect them in the event of any penalty under Immigration Regulations (Art 53.2.d. Organic Law 4/2000 of January 11).

EDUCATION

An important factor that can, in practice, limit access to some education services for children from vulnerable and/or migrant backgrounds is the **requirement to pay** towards some of the services. This is notably an issue for some services provided outside standard school hours, including after-school activities and during the holidays.

Programmes of the Education Consortium to improve academic achievement and reduce truancy can also require, in some cases, that parents or guardians are regularly residing in order to request services or workshops outside school hours. Although it is not necessary for the children to be documented, access to some of these programmes is thus **limited for children of undocumented parents**.

HEALTH

As denounced by PASUCat (Platform for Universal Health Care in Catalonia) in a Complaint to the Catalan Ombudsman¹, there are cases where children have had their right to health care vio-

lated, including in the municipality of Barcelona. For example, there are cases of invoices being issued for care provided to undocumented children in emergencies; inappropriate (non-mandatory) documents being required to obtain a Health Card for children; and of children being left without an assigned paediatrician and not included in vaccination programmes and compulsory paediatric check-ups.

Delays in allocating children a Health Card are limiting, in practice, access to an assigned doctor and follow up of new babies after birth. The administrative practice takes about three months, which implies that immigrant children are not assisted since the very beginning because doctors are reluctant to visit babies with no physical card.

Key messages

The overall assessment of the practice of Barcelona City Council in relation to migrant children in an irregular situation is positive. Compared to the situation in other Spanish provinces with the same self-governance to develop inclusion initiatives, Barcelona has shown particular attention to treating all migrant children as children with equal rights, rather than as migrants, and

promoting equal opportunities in childhood as the backbone of any policy, without requiring confirmation of the regular administrative status of the parents.

Furthermore, in line with the Recommendation of the Commission, it has managed to balance universal policies for children with specific approaches targeting migrant children as particularly disadvantaged, seeking to correct any imbalances between groups and proper integration in the society of Barcelona.

At least in theory, and except for red tape that is in principle solvable, the initiatives launched in Barcelona provide examples of policies that invest in the development, inclusion and well-being of all resident children, including undocumented children.

An important challenge, however, remains that access to public healthcare services for children must be immediate, regardless of the reception of the Health Card, which is restricting access in practice. More efforts are needed to provide migrants with accurate and easy-to-understand information about their rights to access services, in particular health services. This will ensure even better implementation of the positive principles laid out in legislation.



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It was developed with the collaboration of:

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SWEDEN 

Family Centres – a child public health strategy

COUNTRY	Sweden
PROJECT/ INITIATIVE TITLE	Family Centres
SUBMITTING ORGANISATION	The Swedish Association to promote Family Centres www.familjecentraler.se
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CHILDREN WITH DISABILITIES
CHILD PROTECTION REFORM
EDUCATION
FAMILY AND PARENTING SUPPORT
HOUSING
CHILD PARTICIPATION
DEINSTITUTIONALISATION
ROMA CHILDREN
EARLY CHILDHOOD
HEALTH

Summary

In Sweden, as in many European countries, the gap between rich and poor children has increased. With differences in income come differences in health.

As part of child public health work, Family Centres are an approach that reconstructs the existing well-established health and welfare services aimed at small children and their parents to reduce differences in health outcomes.

Family Centres are about **bringing together knowledge and experience** from different professions, sciences and welfare actors. They have incorporated child health care, antenatal health care, open pre-school¹ and social welfare services into one centre. This means that primary health care, social and pedagogical welfare services aimed at children and their parents are **coordinated, co-located and anchored locally**.

Through Family Centres, the health system is restructured to include new occupational roles, user participation and collective organisation. Resources from different departments are collectively coordinated, organised and managed.

Family Centres are about access to services and social inclusion. The activities are free of charge. As a parent you decide yourself when and how often you want to join. Children, mostly below the age of three, participate highly.

Co-location and coordination of services in Family Centres has demonstrated better outcomes for children and families than traditional methods of organising service provision.

Policy context

A BRIEF HISTORY

The financial crises in the early 1990s resulted in cut-backs in the public sector. Local authorities had to save money. This had a severe effect on preventive work. The crises coincided with high levels of immigration, high unemployment and rising sick-leave statistics.

In this difficult situation, various **professional groups started to cooperate** in the hope that by doing so they could make resources go further. In many parts of the country, cooperation became a habit and there was a readiness to take the next step of moving in together under one roof and, in the long-term, to make agreements

to coordinate financial and human resources.

A bottom-up movement started from professionals on the ground. They contacted their various managers and decision-makers to put their ideas forward. But there was a lack of funds. In this situation, projects were seen as a solution. **The recently established Swedish National Institute of Public Health received applications for project funding.** A remarkable number of applications concerned inter-professional collaboration relating to pregnancy and the very youngest children.

At that time, **the National Institute of Public Health funded a national network** with the people submitting the applications to consider what the work relating to their ideas should involve.

The delegates concluded that **municipality authorities and county councils should get together and create a supportive arena**, where children and parents could enjoy spending time together, make parenting easier and at the same place having access to health care and social support.

This supportive arena was given the working name “Family Centre”. Locally, the Family Centres received co-funding from the municipalities and county councils.

At the turn of the millennium, the National Institute of Public Health became reorganised. As a result there was no more national support for the development of Family Centres. Instead, **the Family Centre network formed the Swedish Association to Promote Family Centres**, which has since acted as a hub and a driving national force. During the period 1997 to 2013 the number of Family Centres in Sweden increased from 35 to 220.

FAMILY CENTRES EXPLAINED

The Family Centres approach covers a broad range of aspects of children’s well-being. Midwives, paediatric nurses, paediatricians, psychologists, social workers and pre-school teachers change their place of work, moving into Family Centres and becoming a daily working team.

Each organisation bears their own specific costs, such as staff costs which need not change with the move to the Centre. However, the costs the

partners have in common are shared. The most expensive investment is the new building or facilities to which the partners have to move.

The goal of Family Centres is to ensure that assistance is well coordinated, whether at a universal, targeted or indicated level (see Figure 1² below):

Fig.1² From the Norwegian Family Centre model called Family’s House



- Third floor/level – Indicated intervention**
- Children, adolescents and families with particular needs
- Second floor/level – Selective intervention**
- Children, adolescents and families with individual needs
- First floor/level – Universal intervention**
- All children and adolescents with families
 - Foundation
 - Professional infrastructure

A Family Centre is more than just co-location, sharing resources and daily cooperation. It is about collaboration and coordination. It is therefore essential to implement management with common goals linked to the quality of the services and accepted by the professionals and the authorities.

As the professionals belong to different sectors and authorities, their heads have to create a multidisciplinary steering group. The Family Centres usually have a coordinator as a link between this steering group and the team on the floor. They might also have joint supervision or training.

“Implementing the Family Centres has been a complicated but highly successful process to implement the Investing in Children Recommendation: “Strengthen the synergies across sectors and improve governance arrangements.”

Staff working in Family Centres are well-trained professionals. However teamwork brings new challenges. Through the University College of Karlstad, professionals are offered a distance learning course called “How to work at Family Centre”. A self-reflection tool has also been developed to facilitate the daily cooperation between professionals.

DELIVERING RESULTS

By incorporating both maternal and child health services, Family Centres provide universal coverage for the child population. All the front/first line services are tied together.

“Family Centres are thus a way of implementing the Investing in Children Recommendation on access to affordable quality services: “Improve the responsiveness of health systems to address the needs of disadvantaged children.”

The open pre-school is the level of universal intervention. It is a staffed informal meeting place which parents visit together with their children (aged ≤6) for singing, playing, learning and social interchange. As a parent it is easy to cross the threshold because the open pre-school is incredibly attractive and appreciated by parents and children regardless of social class.

In an evaluation of 16 Family Centres in Region Västra Götaland, about 460 visitors were asked about their socioeconomic situation. The evaluation found that the families who visited the open pre-school at the Family Centres accurately reflected the socioeconomic profile of the catchment areas.

“This approach shows implementation of the Horizontal Principle of the Investing in Children Recommendation: “Maintain an appropriate balance between universal policies aimed at promoting the well-being of all children, and targeted approaches, aimed at supporting the most disadvantaged.”

A detailed comparison between Family Centres and traditional Child Health Clinics (CHCs) in Skåne Region found that Family Centres were more likely offer parental support. A national survey made this even clearer. Family Centres are more likely to adopt and continue groups from antenatal care, support the development of special groups such as young parents, to take action to increase fathers’ attendance and to have a higher proportion of participating fathers. Family Centres supported early intervention and promoted secure attachment.

“This is consistent with the Commission Recommendation to “Support parents in their role as the main educators of their own children during the early years and encourage early childhood education and care services to work closely with parents and community actors involved in the child’s upbringing”.

Q Policy context

There is **no specific legislation or targeted funding at national level** related to Family Centres. At national level, the Swedish Association to Promote Family Centres is the main hub to promote implementation of this practice. The Association is made up of different professionals working in the Family Centres, politicians and researchers interested in the field of child public health. The association has no office, no employees and no funding apart from membership fees.

Nevertheless, there are **on-going incentives at national and Nordic level which have encouraged the development of Family Centres**. Public health has had a strong position in policy debate and research in Nordic countries in recent decades. Legislation concerning Health Care, Child Protection, Social services, Child Care and Education support the ideas of prevention and

promotion and underline the importance of co-operation and collaboration.

New **Swedish national guidelines in 2008 concerning parent support and child healthcare services** targeted increased collaboration on parent support between different actors and an increased number of health-promoting arenas and meeting places for parents. The guidelines go as far as highlighting the advantages of Family Centres.

In practice, **while values and ideals are expressed at national level, decisions are made at regional and local level**. The decision-making process has to take place in a number of stages because the comprehensive Swedish welfare system is almost entirely decentralised to 20 county councils and 290 municipalities. For example, antenatal and child health care are provided by county councils, whilst the open-preschool and social services are run by municipalities.

There are **several regional initiatives to establish Family Centres**. Taking as an example, Region Skåne, the Federal Officer of the Association of Local Authorities and the Health Care Director of the Region has signed Family Centre guidelines. The document underlines **common responsibility regarding the right of the child**, parent support, contemporaneous cooperation, participation and evaluation.

Many public health politicians have taken the responsibility to include **Family Centres in local and regional public health plans**. Some County Council Public Health Committees have made formal Family Centre commitments with regional associations of municipalities. Locally there are also long-term agreements with municipalities covering Family Centres, signed by senior officials.

The **Swedish Family Centre model has inspired the Nordic countries**. In 2011, Finland had the chairmanship in the Nordic Council of Ministers and published an overview of Family Centres³, bringing together experiences and knowledge from the Nordic countries.

Key messages

Grouping services in Family Centres has the potential to increase health promotion and contribute to the levelling out of health inequalities between families with children. Co-location and coordination of services in Family Centres has demonstrated better outcomes for children and families than traditional methods of organising service provision.

Family Centres particularly improve the universal access and joined-up nature of services for children and families.

It is a practice that is already attracting interest and support from numerous regions and municipalities, particularly in Nordic countries.



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- **Jan Alexandersson**, Chairman of the Public Health Committee in Region Västra Götaland
- **Agneta Abrahamsson**, Researcher, lecturer University College of Kristianstad Sweden

UNITED KINGDOM 
(SCOTLAND)

Curriculum for Excellence

COUNTRY	UK (Scotland)
PROJECT/ INITIATIVE TITLE	Curriculum for Excellence
SUBMITTING ORGANISATION	Children in Scotland www.childreninscotland.org.uk
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FAMILY AND
PARENTING SUPPORT
EDUCATION
EARLY
CHILDHOOD
CHILDREN WITH
DISABILITIES
**CHILD
PARTICIPATION**
HOUSING

Summary

Scotland has been working to address similar challenges in recent years to those faced by many of its European neighbours. Economic problems, public sector budget reductions, and increases in both unemployment and in-work poverty have all had a negative impact on outcomes for children, particularly for those children at the lower end of the socio-economic spectrum.

Scotland is one of a very few nations where a duty to support a child's well-being is now enshrined in legislation. Progress is being made in defining how this duty will be fulfilled, with statutory guidance being published in 2015 for full implementation in 2016.

The Scottish Government is strongly committed to supporting children's rights and to addressing inequalities. Supporting children's learning effectively, from their earliest years to the end of their schooling, is known to be a powerful factor in improving outcomes for poorer and less advantaged children and reducing the incidence of inequality.

In 2002, therefore, the Scottish Government embarked on a thorough review of the pre-school and school curriculum. The result was the development of the Curriculum for Excellence (CfE) for Scotland. CfE is not in itself a formal curriculum. Rather, it provides a framework for defining the curricula to be followed in individual schools and pre-schools.

Curriculum for Excellence aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18.

Education Scotland (Scottish Government Agency)

CfE hopes to support flexible learning approaches and creativity in teaching. It thus aims to achieve the longer-term goal of more equal educational outcomes for the significant proportion of young people in Scotland who were not achieving to their potential. This ultimately seeks to reduce the risk of poor children becoming poor adults, and, eventually, poor parents.

“Curriculum for Excellence is very closely aligned with the Investing in Children recommendation to “Increase the capacity of education systems to break the cycle of disadvantage, ensuring that all children can benefit from inclusive high

1. Open pre-school also called open kindergarten or open nursery school
2. Reprinted with permission from RKBU-Nord, UiT.
3. Family Centre in the Nordic countries – a meeting point for children and families; Nordic Council of Ministers 2012

quality education that promotes their emotional, social, cognitive and physical development”.

This case study highlights the strong legislative and policy framework behind CfE and the thorough consultation process that was behind this reform. It goes on to outline the important principles set out in CfE promoting equality of opportunity, putting children at the heart of their own learning and involving parents effectively.

“ CfE shows an approach for implementing the Investing in Children recommendation to “Put in place mechanisms that promote children’s participation in decision-making that affects their lives”.

It concludes with a consideration of some of the concerns that remain around how these principles can be effectively implemented in the long-term in the Scottish context.

Q Policy context

Poor childhood experience has been shown to be associated in the second decade of life with school failure, teenage pregnancy and criminality, and in subsequent decades with obesity, hypertension, depression, addictions, coronary heart disease, diabetes, premature ageing and memory.

THE SITUATION OF CHILDREN

There are approximately 1 037 400 children and young people in Scotland (18 years and under), representing 22.4% of the population¹. Approximately 19% of children are classed as living in poverty before housing costs, the same as the EU average², though this is projected to rise to almost 30% within the next five years³.

What is particularly challenging is the extent to which the outcomes for children are correlated with families’ socio-economic circumstances. Children brought up in poor households are far more likely to experience poor and inequitable health and to do less well educationally.

THE ESSENTIAL PLACE OF EDUCATION LOSS⁴

People with less education have been found to be more likely to smoke, more likely to be obese and more likely to suffer alcohol-related harm⁵.

In Scotland, more than 30% of children aged two to 15 were obese or overweight⁶, putting them at greater risk of cardiovascular disease and diabetes in later life.

The education system is potentially a powerful vehicle for reducing inequality and decoupling the strong link between poverty and poor life outcomes. It is a means of reaching the whole population who are at risk of present and future disadvantage.

SCOTTISH LEGISLATION

The Scottish Government’s vision is that Scotland will be the best country in the world to grow up. This is underpinned by the **Education (Scotland) Act 2000** which provides that “education should be directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential”, and that “due regard, so far as is reasonably practicable, should be paid to the views of the child or young person in decisions that significantly affect them, taking account of the child or young person’s age and maturity”.



The Act also makes provision for the five National Priorities for Education: Achievement and Attainment; Framework for Learning; Inclusion and Equality; Values and Citizenship; and Learning for Life.

Furthermore, the **Children and Young People Act (Scotland) 2014** has introduced a duty to meet a child’s well-being needs. Well-being is defined by satisfactory outcomes over eight domains: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI).

⚙ The practice

A NEW CURRICULUM BASED ON THOROUGH CONSULTATION

The practical development of the CfE was based on the most extensive consultation ever of the people of Scotland on the state of school education: the National Debate on Education in 2002. Organised by the then Scottish Executive, the debate engaged pupils, parents, teachers, employers and others on what was working well and what needed to change in the education system.

Respondents valued and wanted to keep many aspects of the existing curriculum. Some also made compelling arguments for changes to ensure all young people achieve successful outcomes and are equipped to contribute effectively to the Scottish economy and society, now and in the future.

A **Curriculum Review Group** was established by the Scottish Executive to identify the key principles for the new curriculum based on the findings of the National Debate as well as research and international comparisons.

In 2004, the Curriculum Review group published its analysis of the changes that needed to be made. These included: responding to global social, political and economic changes, and the particular challenges facing Scotland; and the need to increase the economic performance of the nation to reflect its growing diversity, improve health, and reduce poverty.

A **Curriculum for Excellence** was published in November 2004 as a result of the Review Group’s work and the Ministerial response. This document set out the main principles for updating the Scottish education system based on ensuring that all children and young people in Scotland develop

the knowledge, skills and attributes they will need if they are to flourish in life, learning and work, now and in the future.

The Curriculum for Excellence aims to develop four capacities, helping children to become:

- Successful learners
- Confident individuals
- Responsible citizens
- Effective contributors

Education Scotland
(Scottish Government Agency)

The publication was followed up the following year by focus groups with practitioners on the principles of the curriculum and its future implementation. This helped to inform the development of **curriculum guidelines** to support implementation of the CfE principles. Over the course of 2007-2008 supporting documents were published for consultation with teachers and all those with an interest in children and young people’s learning.

The University of Glasgow led a review of the feedback and responses received by this stage of consultation. Following their report and further quality assurance processes, new curriculum guidelines were published in 2009. **Schools started to implement the CfE** in the **2010-2011** school year.

Consultation will continue to be at the heart of the process to oversee and improve implementation of the principles of the CfE.

Education Scotland is establishing new national forums to secure, consolidate and embed improvements to curriculum.
Education Scotland

THE PRINCIPLES OF CURRICULUM FOR EXCELLENCE

Curriculum for Excellence (CfE) sets out a new way of thinking about education, based on ‘Experiences and outcomes’, rather than simply by qualifications or test results. CfE sets out aims and principles that should be at the heart of the education delivered by any educational establishment in Scotland.

Some key principles at the heart of CfE for children 3–18 can be identified:

- Place children at the centre of teaching and learning. The process of self-assessment, goal-setting and celebrating success is called Personal Learning Planning;
- Instil a positive ethos around the life of the school and a climate of respect and trust, based on shared values;
- Ensure continuity in each child's learning throughout the educational cycle;
- Deliver education on literacy, numeracy, and health and well-being across learning and as the responsibility of all – the curriculum should include space for learning beyond subject boundaries;
- Provide opportunities for personal achievement outside of the classroom – building confidence, motivation and resilience.

“The CfE approach seeks to deliver on the Investing in Children Recommendation to: “Improve the performance of students with low basic skills by reinforcing the learning of literacy, numeracy and basic maths and science, and ensuring early detection of low achievers”.

STRUCTURE

CfE covers eight curricular areas: sciences; languages (English, Gaelic, classical and modern languages); mathematics; expressive arts; social studies; technologies; health and well-being; and religious and moral education.

Each curricular area contains a series of ‘Experiences and Outcomes’ which describe children's learning and achievements from a pupil's perspective. These take the form of: ‘I can...’ or ‘I am able to...’. The curriculum is structured around all the experiences that are planned as part of learning for children throughout their education (these were outlined in guidance during the consultation phase 2007–2008).

An important focus of Curriculum for Excellence is pupil participation in setting learning targets, reflecting on their achievements and taking responsibility for their own learning. This is why the Outcomes and Experiences use phrases such as ‘I can...’ and ‘I am able to...’

Six educational levels or stages set out the learning progression clearly for each child throughout the educational cycle from 3 to 18 years. Each of the stages generally spans three years. However, children progress at different rates and some may need additional support, while others will achieve confident learning skills sooner.

Effective transition arrangements are especially important in CfE to ensure continuity of learning for each pupil. Key transitions are the Early Level (from pre-school to primary), from primary to secondary (moving from the Second to the Third Level of learning) and during the Senior Phase to ensure a positive destination into higher education, work, training or college.

IMPLEMENTATION

The Curriculum for Excellence (CfE) framework is flexible. It provides principles for curriculum design, but schools develop their own specific curricula and approaches, based on implementation of CfE.

“In taking forward Curriculum for Excellence, local authorities, schools, colleges and their partners have a very significant opportunity to use their professional judgement and ingenuity as they translate the new broad guidance into practice.”
Improving Scottish Education Report, HM Inspectors, 2009

Schools are supported in implementing CfE by three partner organisations:

- The Scottish Government has run the programme management process and allocated and directed the use of national funds to support implementation.
- Education Scotland supports and oversees implementation.
- The Scottish Qualifications Agency has also run training and development for school teachers for the introduction of new qualifications.



STRENGTHS

Greater ownership of personal learning – by placing children at the heart of their own learning – leads to confidence and a sense of success through achievement.

‘Together, my teacher and I discuss my progress and we agree targets. I like knowing where I stand and what I am aiming for. It makes it easier to speak up if I am stuck, because I want to meet my targets.’
(P7 pupil, 10/11 to 11/12 age group)

CfE stresses achievement pathways that children and young people can follow throughout their educational journey. This both means greater consistency and logic in the educational experience of each child, but also for more tailored support according to the needs of each child, based on principles of inclusion and equality of opportunity. Supporting learners is the responsibility of all practitioners and careful planning for those with additional support needs is called for to ensure that each child can progress on his or her learning

journey and can experience appropriate choices and opportunities.

Guidance on implementing CfE stresses the importance of engaging with parents and involving them in the educational journey of their child(ren).

“CfE aims to deliver the Investing in Children recommendations to: “Create an inclusive learning environment by strengthening the link between schools and parents, and provide if necessary personalised support to compensate for specific disadvantages”.

Challenges

There is still concern among many working within education, children's services, parents and others in Scotland about implementing some of the principles of CfE. For example, how to objectively assess outcomes based on the concepts of “I can...” and “I am able to...”. There is still a reliance of formal exam results in the 15–18 age-group, with no comparable measures of wider achievement through the different age groups.

Many also see a tension between the desire to give flexibility to teachers on the one hand and the relatively centralised nature of the Scottish education system on the other.

Key messages

Curriculum for Excellence (CfE) offers an opportunity to address the adverse consequences of childhood deprivation. It provides a framework for the pre-school and school curriculum that can play a key role in supporting more equal educational outcomes, thus reducing the risk of poor children becoming poor adults, and, eventually, poor parents.

CfE allows teachers to innovate and to customise their teaching to reflect the needs both of communities and of individual children. It therefore has the potential to deliver a curricular experience that engages children's imaginations, creativity and aspiration in an educationally effective way.

CfE aims to support all Scotland's children in achieving the best outcomes possible in terms of



four key capacity areas, helping children to become: successful learners; confident individuals; responsible citizens; and effective contributors.

At present, it is at an early stage of its implementation, but there is a belief that it can transform the lives and life chances of Scotland's most vulnerable children.

Nevertheless, it is argued that the institutional framework of Scottish education is designed to promote control from the centre and uniformity of practice at school level. If schools are really to become centres of innovation that design the learning experiences of children and young people to meet their needs, they will require significantly enhanced freedom of action.

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We acknowledge the valuable information contained in the **City of Edinburgh Council guide** to CfE which has helped to inform the content of this case study.

1. http://bit.ly/Mid_2013_Population_Estimates_Scotland
2. <http://www.scotland.gov.uk/Publications/2014/07/9247>
3. <http://www.cpag.org.uk>
4. Hertzman, Irwin and Siddiqi, Early Childhood Development: a Powerful Equalizer (2007)
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6. Scottish Health Survey (2012)



The EU Alliance for Investing in Children brings together 24 European networks and organisations committed to end child poverty and to promote child well-being across Europe.

At a time when over a quarter of children in the EU face poverty and social exclusion, this broad Alliance is pushing for full implementation of the 2013 European Commission Recommendation “Investing in Children – Breaking the Cycle of Disadvantage” by facilitating cooperation at EU, national and subnational level and supporting common advocacy activities.

Alliance partners have joined forces to:

1. Secure and retain political will to end child poverty and promote child well-being in Europe
2. Trigger and support reforms in policy and practice based on what works best for children and families
3. Strengthen meaningful engagement of relevant stakeholders in policy making and resource allocation for children and build their advocacy capacity



www.allianceforchildhood.eu



www.atd-fourthworld.org



www.caritas.eu



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<http://euparents.eu>



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www.savethechildren.net/eu-office



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www.unicef.org/eu

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