

Investing in children's services

Publication launch report

Authored by
David Brindle,
edited by Alfonso
Lara Montero



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Table of Contents

About the project Investing in Children’s Services	2
Introduction	2
Challenges	4
Migration	4
Unaccompanied children in Sweden.....	5
Meeting Needs	5
An effective investment strategy for children’s services	7
Leadership	7
Improving permanence for children in care in Scotland	8
Improving family based approaches in alternative care in Bulgaria	9
An integrated approach to service provision	9
Early intervention in Portugal	10
Workforce Reform	11
Health visitors in Hungary	12
Measuring Outcomes	12
Local child protection observatories in France	14
Moving Forward	15
Future work.....	15

About the project Investing in Children's Services

The Investing in Children's Services project is the culmination of three years of work, involving collaboration with child welfare agencies across 14 European countries. The study assesses how key principles of the European Commission's Recommendation 'Investing in children: breaking the cycle of disadvantage' are implemented in practice.

In order to examine how the policy guidance from the Recommendation had been translated into practice, research was undertaken in a two-fold approach. Firstly, a questionnaire addressed to social service representatives to collate data and draft country profiles. Secondly, three peer reviews where participants assessed key issues in relation to the questionnaires and discussed policy and practice across the countries. The report consequently identified strengths and weaknesses, before making suggestions for improvement.

To present the findings of this project, a two-day launch event in Brussels hosted by MEP, Nathalie Griesbeck was organised over the 30-31 May 2016. The following report reviews some of the key points and discussions from the event.

Introduction

Representatives of more than 20 countries across Europe came together in Brussels at the end of May 2016 for the launch of Investing in Children's Services, Improving Outcomes, the final report of a three-year study by the European Social Network (ESN) of children's services in the context of the Recommendation of the European Commission (EC) of 2013 on 'Investing in children: breaking the cycle of disadvantage'.

The meeting was held over two days – day one saw a meeting for ESN members; day two, the formal launch of the report with a wider group in symposium, hosted by Nathalie Griesbeck MEP, vice-chair of the European Parliament intergroup on children's rights. Speakers and attendees shared and discussed best practice on children's services with a particular focus on two issues: reform of child protection in its broadest sense; and care and support for unaccompanied children arriving in Europe as refugees, which had been a pressing challenge for several countries in preceding months.

ESN has been working on issues concerning children's wellbeing for the past eight years. During the drafting of the Recommendation, it published two papers and contributed to a number of consultations with the EC and EU member states. The Recommendation offers policy guidance around three pillars: access to resources; access to quality services; and child participation.

It recognises five types of services:

- Reducing inequality at a young age by investment in early childhood education and care (ECEC);
- Improving education systems' impact on equal opportunities;
- Improving the responsiveness of health systems to address the needs of disadvantaged children;
- Providing children with a safe, adequate housing and living environment;
- Enhancing family support and the quality of alternative care settings.

The report is based on work with 14 European countries over the study period, identifying strengths and gaps in children's services and producing proposals for improvement in line with the Recommendation.

For ECEC, the report highlights the key importance of the quality, coverage and intensity of children's services. In countries with higher quality, coverage and intensity of ECEC (as in the Nordic countries), children's competences in school are significantly higher than in those countries with medium or low quality, coverage and intensity (e.g. Spain). Gains are also significantly higher for disadvantaged children in countries with low coverage but high quality as it is the case in Hungary. However, the study found significant gaps in funding for services for the youngest children aged 0-3.

For education, the report stresses the need to follow investment in ECEC with investment in schools, but suggests that this is not always the case. The study found that funding was often less for schools serving populations with lower socio-economic backgrounds. Some countries continue to make heavy use of special schools for children with disabilities and special educational needs.

For health, the report warns of shortages of appropriate healthcare professionals in many countries, of regional disparities in services and lack of specialist resources. In some countries, high costs of services were an issue. However, the study also found examples of promising practice in prevention, early intervention and community engagement through health visitors and family-nurse partnerships.

In terms of alternatives to traditional, institutional care for children needing a high level of support, the study found that many countries were adopting a focus on prevention – making every effort to keep the child with their family – and were expanding foster care for those unable to remain in the family home. Moves to professionalise foster care were widespread.

The report also identifies a welcome trend to involve children in decision-making about their own care and support through ensuring legal support where necessary, establishing systems to record their views and inviting them to participate in evaluation of services. More needs to be done, however.

Challenges

Children's services in Europe are currently facing serious challenges, which require an integrated response across agencies, including the arrival of high numbers of unaccompanied children and the need to successfully meeting increasing demands with decreasing resources.

Migration

The launch of Investing in Children's Services, Improving Outcomes took place as the EU was enjoying a degree of respite from the wave of refugees that had burst upon Europe in 2015. More than 1 million people made their way to EU states in that year¹, including 90,000 unaccompanied children who applied for protection². In the first five months of 2016, another 500,000 people applied for asylum in the EU³, with 28% of them recorded as children⁴.

The topic inescapably shaped much of the discussion at the launch. Indeed, support for unaccompanied children had been identified in advance as a key focus. Concerns centred not only on the welfare of the children, but also on their potential risk of radicalization due to the conditions of poverty and social exclusion that they may face and the contribution of services to have them socially included and make them active participants in community life.

A vivid picture of the situation in the port of Calais, northern France, was painted by Fanny Bertrand, project manager for unaccompanied children with Pas-de-Calais County Council, who was working with 343 unaccompanied children, the majority of them boys.

One problem was assessment and confirmation of the age of young people without official documentation. Another was that they could not be treated as unaccompanied foreign children if they had any relatives in France – as did 98 of the 343. The policy of Pas de Calais was to use foster care for children in need of accommodation, but only 60 unaccompanied children had been found foster places and others were staying in *foyers classiques* (standard asylum-seeker homes) or apartments if they were age 16 or over.

¹ Eurostat (2016) Asylum and new asylum applicants – annual aggregated data.
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00191&plugin=1> (last accessed 12/09/2016)

² Eurostat (2016) Asylum applicants considered to be unaccompanied children – annual data.
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00194&plugin=1> (last accessed 12/09/2016)

³ Eurostat (2016) Asylum and first time asylum applicants – monthly data.
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00189&plugin=1> (last accessed 12/09/2016)

⁴ UNHCR (2016) Refugees/Migrants Emergency Response – Mediterranean
<http://data.unhcr.org/mediterranean/regional.php> (last accessed 12/09/2016)

Ioannis Dimitrakopoulos, head of the Equality and Citizen's Rights Department at the European Union Agency for Fundamental Rights (FRA), said migrant children were commonly unaware of their rights and often at risk from traffickers. They typically found asylum processes too lengthy and sometimes this added to the sense of fear and insecurity that they were already suffering.

Michele Levoy, director of the Platform for International Cooperation on Undocumented Migrants, said there were worrying gaps in practice in protection of child migrants across the EU. Children who were unaccompanied and undocumented had triple vulnerabilities as a result of their status as a migrant who is undocumented and most importantly, a child. There was, she warned, no reason to believe that numbers would fall from current levels in coming years.

Unaccompanied children in Sweden

Responding to the needs of unaccompanied children in Sweden has put great strain on the resources of public services, according to Graham Owen, director of social services for the municipality of Trosa and representative of the National Association of Social Services Directors in Sweden.

Of 70,000 children who sought asylum in Sweden in 2015, more than 35,000 were unaccompanied¹. The majority were boys, predominantly from Afghanistan, and the typical age was 14-17. Health issues included trauma and anxiety, difficulty sleeping and dental problems.

Sweden's municipalities had faced shortages of emergency foster care homes and residential accommodation, school places and interpreters. Many social workers had been required to work extensive overtime and some had been brought back from retirement. The whole system had been "playing catch up", Mr. Owen said, and had not been helped by negative media coverage.

Meeting Needs

The second principal challenge facing children's services is meeting rising needs at a time when public finances are still recovering from the shock of the 2008 economic crisis. Many services continue to suffer cuts in resources, restrictions on eligibility for provision, or reductions in quality standards.

Jeanne Fagnani, emeritus research director at the National Centre for Scientific Research and associate researcher at the Institute of Economic and Social Research in Paris (France), said that while France had a relatively generous state-based system of childcare for children age 0-3, demand far outstripped supply and children of low-income families were less likely to be enrolled.

Although childcare had so far remained immune from cuts, steps had been taken to make services go further to meet demand. Legislation had reduced from 50% to 40% the minimum proportion of qualified staff in childcare centres and had increased by between 10% and 20%, according to size of each centre, the number of children they were authorised to enroll. Registered childminders had each been allowed to take up to four children, instead of three.

These measures were a threat to the quality of ECEC provision, Fagnani said, but were an understandable response to the ceaseless” rising demand for childcare consequent upon a policy of promoting women’s employment and the increasing number of jobs with non-standard working hours.

Magda De Meyer, honorary member of the Belgian Parliament and president of the Dutch-speaking Women’s Council in Belgium, said Belgian services were also skewed towards families with higher socio-economic status. A cost cap of EUR45 a year had been applied only in Flanders and only in nursery education.

The importance of universal availability of affordable childcare was stressed by Gøsta Esping-Andersen, professor in the Department of Political and Social Sciences at the University of Barcelona, Spain. Of all key factors determining cognitive development of children, Esping-Andersen highlighted that the most important was inclusion in a pre-school early childhood programme for ages 0-3. Across the EU, families of low socio-economic status were less likely to be enrolled in such programmes.

While provision of a comprehensive system of childcare was costly – a Danish-style programme would account for 2% of GDP⁵ – most of the outlay would be recovered through greater tax revenue from working women and productivity gains on the part of a higher-educated population, Esping-Andersen argued.

An added feature in several countries that may impact equality of childcare provision is the trend towards decentralisation of responsibility for services. In the Netherlands, for example, all services for children and young people, including mental health, were devolved in 2015 to the 393 Dutch municipalities – a degree of decentralisation unique in Europe. Previously, the budgets had been held by 12 provinces.

Caroline Vink, senior advisor to the Youth Institute in the Netherlands, said it was almost inevitable that there would be differences of provision among some 400 municipalities, but it was unclear if that was going to be acceptable.

Along the same line, in Sweden, there are 290 municipalities responsible for children’s social care, but healthcare sits with 21 regions. Pär Alexandersson, department officer at Sweden’s National Board of Health and Welfare, said that this

⁵ OECD (2013) Family Database, Public Spending on Family Benefits.
http://www.oecd.org/els/soc/PF1_1_Public_spending_on_family_benefits_Oct2013.pdf (last accessed 12/09/2016)

led to a very sectorised system that needed coordination at both system and individual levels. The challenge was to “bring it all together”.

An effective investment strategy for children’s services

The key components of an investment strategy for children’s services are leadership, an integrated approach to service provision, supporting the workforce and moving from an outputs-based approach to an outcomes-focused one.

Leadership

The first essential component of an investment strategy for children’s services is leadership and a clear direction.

At national level, this requires politicians to have a sound understanding of the issues and a determination to drive change. When Nathalie Griesbeck MEP opened the official launch event for Investing in Children’s Services, Improving Outcomes, she said that she and fellow founders of the intergroup on children’s rights had faced resistance from other MEPs who thought that the issue could be addressed in a broader family rights context. It had been important to ensure that the focus was specifically on children’s rights.

Julius op de Beke, policy analyst with the EC’s Directorate General for Employment and Social Affairs, said that politicians – in particular finance ministers – needed to understand that investment in children’s services would be returned within six or seven years through benefits to the economy. The key was investing in services for children aged 0-3, which were in short supply in most of Europe.

From Ireland, a country that has one of the highest costs for ECEC in Europe, Aisling Gillen, national policy development manager for family support with the Child and Family Agency (Tusla), described how the agency had piloted fresh approaches to ECEC on three large housing estates in Dublin. The challenge now was to scale up those approaches across the country, but also to adapt them to the different context of rural communities.

Leadership can take the form of setting a national framework. Marie-Paule Martin-Blachais, consultant in child protection and former managing director of France’s National Observatory for Children at Risk, described how the French Ministry for Families, Children and Women’s Rights had drawn up a “road map” for a 2015-17 reform programme, backed up by new legislation in 2016 on child protection.

Adriana Ciampa, director of children and adolescence policies at Italy’s Ministry of Labour and Social Affairs, discussed her country’s IV National Action Plan for Childhood and Adolescence, drafted by the National Observatory on Childhood and Adolescence. The action plan’s priorities include measures to combat the effects of poverty on children and families, but also steps to improve and standardise the reception system for unaccompanied child refugees.

Some governments have successfully used frameworks and action plans to reduce dependence on institutional care. One example is Romania, where use of residential placements had by 2014 fallen to 37% of all places for children in care. Cristina Cuculas, head of policies and strategies at the National Authority for the Protection of Children's Rights and Adoption, said that a new 2014-2020 National Strategy for children's rights aimed to move the focus in a more proactive direction with an emphasis on prevention and a core principle of keeping the child with their family wherever possible. One of the most important elements of the new strategy was a "minimum services package" targeted at the poorest families, including financial benefits as well as basic services, authorised by a social worker with a responsibility to identify risk at an early stage.

Finally, many speakers stressed that listening to the voices of children, and incorporating their views in strategies, was essential.

Improving permanence for children in care in Scotland

The Scottish government has taken a clear lead on reform of support for children in state care, developing a national improvement programme to improve children's permanence on the basis of initial research and a parliamentary inquiry, which called for whole-system change.

Louise Hill, policy implementation lead at the Centre for Excellence for Looked After Children in Scotland (CELCIS), said that the Permanence and Care Excellence (PACE) programme had been piloted with two local authorities and was now being extended to all 32 Scottish Local Authorities. It was aimed at cutting "delay and drift" in achieving permanence – stable, secure, nurturing relationships – for children being 'looked after' by the state. This ideally meant living with their own family: of 15,400 looked-after children in Scotland, more than half lived at home or with friends and relatives, with only one in 10 placed in residential homes.

The programme had been developed after researchers assessed 100 cases and, importantly, heard the concerns of social workers, other professionals and children and young people themselves. This had helped halve the time taken in getting care proceedings through the courts, Hill said.

The Scottish government is now working on a separate improvement programme for services safeguarding children from abuse. Recommendations for change are expected by the end of 2016.

Improving family based approaches in alternative care in Bulgaria

Bulgaria has achieved some of the most rapid progress in reducing reliance on institutional care, having closed well over half its institutions for children since 2010.

Pravda Ignatova, a former director of Bulgaria's Agency for Social Assistance, said the government had in 2010 set an ambitious target of closing all institutional facilities by 2025. Of the 137 such facilities that had existed in 2010, accommodating 7,800 children, 84 had already been shut by 2015.

Facilities that had closed included all 24 old-style institutions for children with disabilities. Almost 1,500 children with disabilities were now living in new, smaller homes. Another 1,500 children without parents able to care for them were now in foster care.

With the plan well on schedule, the next challenge was to ensure that the results were sustainable. Further development and the professionalisation of foster care, in particular sustaining training for foster families were needed. The government intended also to apply the lessons that had been learned to de-institutionalisation of care for adults.

An integrated approach to service provision

A second key to effective investment in children's services is to ensure an integrated services offer to meet all of a child's needs. In the words of Pär Alexandersson, department officer at the National Board of Health and Welfare in Sweden, it is necessary to "bring it all together".

Caroline Vink, from the Netherlands, said services should combine to "wrap around" the child, but often they were still fragmented or duplicated processes like assessment. In her country, the principle adopted was "one family, one plan, one coordinator".

Bonita Kleefkens, youth policy manager at the Ministry of Health, Welfare and Sport in the Netherlands, discussed the growing challenge of mental health issues among young people – at least one in five of those aged 15-25 were experiencing an issue at any one time. She said that more prevention programmes were needed in schools, but their success would depend critically on collaboration among different agencies.

This was echoed by Helen Happer, chief inspector for strategic scrutiny with the Care Inspectorate in Scotland, who said that although Scottish services were relatively

well integrated, children's mental health was an area that had been neglected and urgently needed further work.

Judit Lannert, senior expert at the Tárki-Tudok Centre for Knowledge Management and Educational Research in Hungary, argued that a key to achieving true collaboration would be developing a "common language" for the health, social and education sectors – and, indeed, for communication between the professionals and the young service user. Uniform, standard screening and diagnostic procedures would also increase the chances of success of early intervention.

Integration can carry risk, however. Hungary has recently brought together its family support and child welfare services at municipality level. While this was designed to make optimal use of resources, Lanert said, it did raise the concern that families might be reluctant to seek help for fear of their children being taken into care.

Marie-Paule Martin-Blachais, from France, set out the current French strategy to improve integration of child protection services through better inter-ministerial coordination at national level and strengthened inter-agency partnerships locally, led by county councils and following county-level plans.

While such alignment of governance is important, however, what in the end is crucial is the willingness of professionals to work together and leave their differences of approach and rivalries at the door. For Scotland's Louise Hill, that requires a complete "cultural shift".

Early intervention in Portugal

Portugal's System of National Intervention Precoce (SNIPI) is an established early intervention programme designed to identify and support children at risk of developmental delay.

At national level, SNIPI is the shared responsibility of three government ministries. It has five regional committees and 150 local early intervention teams, bringing together professionals from a range of disciplines. Health has a central role and the aim is to ensure that all children to age six are fully monitored.

Maria Domingas Fortio, from Santa Casa da Misericórdia de Lisboa, warned that further development of integration was hampered by lack of coordination of information systems. It was imperative to strengthen the common recording and sharing of data among agencies and to implement harmonised protocols to assess risk.

Workforce Reform

It is unlikely that the cultural shift required for wholly successful investment in children's services can be achieved without reform of the existing workforce. But the extent of such reform proved a topic of keen debate at the launch event of the report on investing in children's services.

Aisling Gillen, from the Child and Family Agency in Ireland, reported that 70 jobs had been reconfigured in three pilot programmes on Dublin housing estates⁶ in order to make the focus of the work more preventative. Judit Lannert, from Tarki in Hungary, went even further and argued that there was a need to design altogether new, multi-disciplinary jobs. She proposed a new role of 'social health assistant', which should be adapted to an integrated approach to early childhood services. Such a person could be "trained for complex advisory work, for healthcare consulting, to fill the functions of a social caretaker, communicate with and help disadvantaged mothers, and also help the traditional health visitor". However, for others, there was not a need to create new roles, but rather to coordinate better the professions we already have.

On the other hand, there was a consensus emerging among the panelists in the need to reinforce training and raise motivation. Marie-Paule Martin-Blachais, from France, said that basic child protection skills were being introduced into the initial training of all French professionals in the health, social, education and legal sectors. This common training was being adopted by all French county councils in their child protection plans.

Pravda Ignatova, from Bulgaria, said that there was a need to raise the motivation of professionals accustomed to delivering care and support in residential settings. She suggested that valuable lessons could be learned from the experience of professionals in adult services in countries that had already de-institutionalised their provision.

Graham Owen, from Sweden, argued that the pressures of dealing with the influx of migrant children in his country had forced fresh thinking on workforce issues, prompting experimentation to relieve some of the duties of over-stretched social workers. In addition, many individuals and groups in the community had come forward with offers of help, opening up new opportunities to exploit social capital.

One challenge reported by contributors from across Europe was gender disparity within the workforce. Jeanne Fagnani, from France, said that 90% of French childcare workers were women and there was a pressing need to attract more men into the work, not least so that boys in care might have male role models and girls would not fall into gender stereotyping.

⁶ Pobal (2016) Area-Based Childhood Programme. [https://www.pobal.ie/FundingProgrammes/Area%20Based%20Childhood%20\(ABC\)%20Programme/Pages/default.aspx](https://www.pobal.ie/FundingProgrammes/Area%20Based%20Childhood%20(ABC)%20Programme/Pages/default.aspx) (last accessed 15/09/2016)

Health visitors in Hungary

Hungary has a well-established and comprehensive health visitor service. Each health visitor has their own coverage area, and they act as first contact with young families.

Health visitors in other countries tend to have a more limited role, focused on care for women before and immediately after pregnancy and for newborn babies. In Hungary, their role extends to child protection, informing parents about children's rights, eligibility for healthcare and parental responsibilities.

The health visitor is obliged to inform child welfare services of injuries to a child, or neglect, or if they suspect that they are otherwise at risk.

Measuring Outcomes

For investment in children's services to be justified and sustained, it is essential to be able to demonstrate improved outcomes for children and young people – not outputs simply in terms of numbers processed, but outcomes in terms of enhanced quality of life and wellbeing.

Gøsta Esping-Andersen, from the University of Barcelona, delivered a masterclass in such analysis, producing not just data for comparative coverage of childcare, but also offering interpretation of the consequences for children's life skills. With committed investment in comprehensive care services, he said, children from poor socio-economic backgrounds benefit 40% more than the average.

As next table (Figure 1) shows, cognitive gains from early pre-school (<3) are primarily related to coverage – the more universal, the more likely that less privileged children are included. And they are the ones who benefit the most.

The relation between pre-schol (ages < 3) attendance and reading competencies (age 11), by quality characteristics

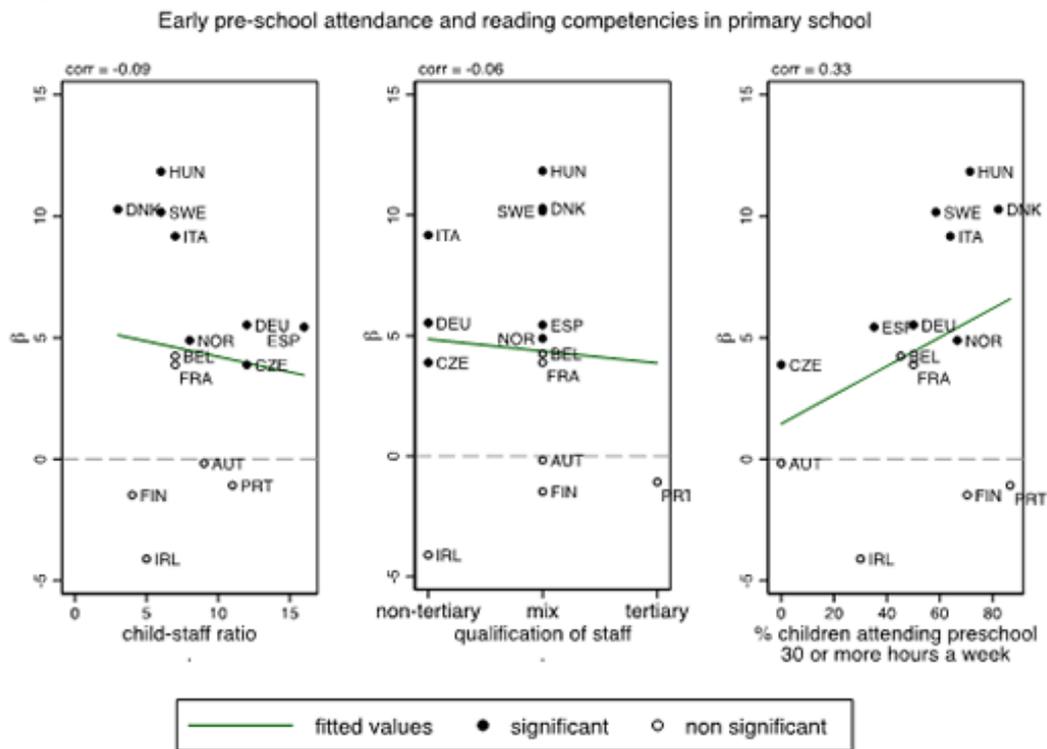


Figure 1: source Gøsta Esping-Andersen

Caroline Vink, from the Netherlands, said that a full evaluation of the effects of her country's radical decentralisation of services would be carried out in 2017, two years after the reform was initially introduced. That would help gauge how far the changes were moving provision from a service-led system to one that is needs-led.

Some countries are starting to build monitoring into their systems as routine. Adriana Ciampa, from Italy, described how the Italian action plan for childhood and adolescence had been drafted by the National Observatory for Childhood and Adolescence, one of seven such observatories across Europe. The Observatory measures the conditions of children and their rights and issues a report every two years.

Louise Hill, from Scotland, said that the Scottish government was establishing a national performance dataset for children in care that would require annual returns by all local authorities so that the journey towards 100% permanence of placement could be assessed.

Marie-Paule Martin Blachais, from France, explained some of the key changes in child protection that have been implemented since 2007 to improve data about the numbers and the situation of children in state care and be able to improve local child protection policies. These included the establishment of a unit called the CRIP, responsible for centralising and assessing data raising concerns over a child; the local child protection observatories responsible for collecting data on numbers of children and measures undertaken; and the national child protection observatory

responsible for gathering data from the local observatories to draft national reports and advise legislation and policy.

Speakers admitted to a lack of full data in their countries. Many, too, acknowledged that children were not being engaged in evaluation to ascertain the level of their satisfaction with services.

Margaret Tuite, coordinator for the rights of the child with the EC 's Directorate General for Justice and Consumers, said that such involvement was utterly essential. Although children's responses could be judged and weighted according to their age, there was "no age limit for children to be involved in decisions affecting them". In her experience, some three-year-olds were quite capable of giving informed feedback on services.

Local child protection observatories in France

The 5th March 2007 child protection law in France included the establishment of a number of key units and organisations responsible for collecting, centralising and assessing data on child protection. These include the CRIP, a pluri-disciplinary unit responsible for centralising and assessing all data giving rise to concerns over a child and dispatching this information to the right agency or agencies to undertake appropriate action.

The law also established local child protection observatories responsible for developing a five-year child protection planning programme, inter-institutional protocols and assessing the impact of child protection policies on the basis of the data provided through the CRIP and other agencies. According to the annual report of the national child protection observatory, by the end of 2015 there were 70 local observatories in the 100 county councils that exist across the country.

Finally, the law also introduced a national observatory for children at risk, which after a new law in 2016 is now called the national child protection observatory. The observatory is responsible for collecting data from the local observatories to produce an annual report and longitudinal studies looking at 130 variables in 6 categories: general information about the child; the sources reporting on the child's situation, the characteristics of the care-giver, information regarding the situation of the child, measures undertaken by child protection services and whether these measures were renewed.

After the introduction of the 2016 law, the observatories are now also responsible for collecting data on youth aged 18-21 in care and young offenders.

Moving Forward

Children's services in Europe are in transition: from reaction to prevention; from institutional care to community-based permanence; and from measuring outputs to gauging outcomes. Presentations and debate at the launch of the report *Investing in children's services*, improving outcomes, showed that these transitions remain strongly on course, notwithstanding the severe challenges presented by demand outstripping supply and resources, and by the arrival in Europe of tens of thousands of unaccompanied migrant children.

Looking forward, Alfonso Lara Montero, ESN policy director and manager of the research project behind the report, forecasts that the trends identified by the work and discussed at the launch would continue. Frameworks, strategies and service delivery would focus increasingly on outcomes; services would move more and more towards integrated models of joint delivery, possibly funded by joint budgets; and evaluation would necessarily involve appraisal and feedback by young users of services and their families in an emerging form of co-production.

Can innovation in service design and delivery be afforded in the prevailing economic climate? Julius op de Beke, from the EC's Directorate General for Employment and Social Affairs, urged attendees at the launch to come forward with ideas for backing. There was, he said, no shortage of available EU funding: EUR 8 billion of European Social Fund money was earmarked specifically for childcare infrastructure between 2014 and 2020, together with EUR 1.25 billion from the European Regional Development Fund. "What's missing is the projects," he said. "There's money around, but it is not being absorbed for the lack of good projects."

That is a challenge that must surely be met.

Future work

While we are pursuing our work at European level with the intergroup on the rights of the child and the European Commission, we would like to disseminate and review the findings at national level. The report is an excellent resource to do this in each country. On the one hand, there are country profiles, which can be reviewed to see as to whether any further changes are already taking place or could take place. On the other hand, the cross-country analysis and national government recommendations could be used to compare the situation in each country with the situation in other countries and adapt the recommendations to specific contexts.

ESN has started to support its members to translate the country reports, organise meetings with practitioners to assess the country reports in comparison with the cross-country analysis and assess the recommendations. ESN is also happy to

support its members in using our methodology for the questionnaire and the peer review exercises that we organised in various countries between 2013 and 2015.

For future work, ESN will be looking at the support provided by public social services for unaccompanied children (see our recent article on [The Guardian](#)) and the problems faced by these children in their transition from children to adult services and more generally into adulthood.

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together people who plan, finance, research, manage, regulate and deliver local public social services, including health, social welfare, employment, education and housing. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.

European Social Network
Victoria House
125 Queens Road
Brighton BN1 3WB
United Kingdom

Tel +44 (0) 1273 739 039
Fax +44 (0) 1273 739 239
Email info@esn-eu.org
Web www.esn-eu.org

Registration No. 3826383
Charity No. 1079394

www.esn-eu.org