



Investing in Children's Services

Improving Outcomes

Protecting
children

Working
with families

Improving
children's
wellbeing



Investing in Children's Services

Improving Outcomes

Study on how the key principles on access to quality services of the European Recommendation 'Investing in children' are implemented in 14 European countries.

Evaluating
outcomes

Promoting
inter-agency
work

About the research project

This research project was managed by Alfonso Lara Montero, European Social Network (ESN), and was carried out in collaboration with child welfare agencies in 14 European countries. It was one strand of ESN's work under its framework partnership agreement with the European Commission 2014-2017.

About the European Social Network

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together the organisations that 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.

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Contents

Background	8
Methodology	9
European policy context	10
Trends in children's services	11
Country profiles	13
BE Belgium	14
BG Bulgaria	23
FR France	31
DE Germany	38
HU Hungary	46
IE Ireland	55
IT Italy	62
NL The Netherlands	70
PL Poland	77
PT Portugal	83
RO Romania	91
ES Spain	99
SE Sweden	108
UK United Kingdom	115
Cross-country analysis	125
Country recommendations	136
Bibliography	141

Childhood is a unique period of human development, subject to many public policy interventions, and therefore is a critical period for preparing future generations to be social, productive, healthy and happy. There is a large body of evidence showing that the early years are crucial in people's development and impact on adults' social, economic and labour outcomes.

The European Social Network (ESN) has been working on aspects relating to children's wellbeing for the past eight years. In 2008-2009, ESN had a working group on children and families, which consisted of directors of children and family services from across the EU. In 2010, ESN published the report 'Breaking the cycle of deprivation'¹. In 2011, ESN organised the seminar 'Investing in Children: Early Years Services and Child Protection'². Throughout 2011 and 2012, we published two papers and attended various consultations with the European Commission and Member States during the drafting of the European Commission's Recommendation 'Investing in children: breaking the cycle of disadvantage'. The Recommendation, which was published on 20 February 2013, presents Member States with policy guidance on multidimensional children's policies around **three pillars**: access to **resources**, access to **quality services** and **child participation**.

The Recommendation outlines **access to quality services** as an essential pillar in the framework of multidimensional policies for children. Within the services pillar, the European Commission recognises five types of services:

- Reducing inequality at a young age by investing in early childhood education and care;
- 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 Recommendation provides a good policy guidance, but it is essential that policy principles are translated into practice. This is why between 2013 and 2015, ESN has been working with a number of agencies to map the implementation of children's services in 14 European countries. This has helped us to identify strengths and gaps and suggest proposals for improvement in line with the European Recommendation, which we gladly present in this comprehensive report. We also hope that the strengths and gaps highlighted in this report will serve as inspiration for the European Commission and representatives of the Member States in the Social Protection Committee (SPC) to monitor the implementation of the Recommendation.

This report consists of a short introduction to the methodology and the European context. This is followed by a summary of trends in children's services across Europe. Next, the report describes the situation in 14 countries, including key policies, financing and governance arrangements in children's services. This is followed by a cross-country comparison of key issues in children's services in Europe. Finally, based on the input gathered through the questionnaires, the report makes recommendations as to how public authorities should develop services in line with the Recommendation.



1 European Social Network (2010), Breaking the cycle of deprivation. Report of the ESN working group on social work with children and families. Available at: <http://www.esn-eu.org/raw.php?page=files&id=43> (last accessed on 02/02/2016).

2 European Social Network (2011), ESN Autumn Seminar on Investing in Children: Early Years Services and Child Protection. Available at: <http://www.esn-eu.org/events/6/index.html> (last accessed on 02/02/2016).

We used a two-fold methodology. First, we designed a questionnaire where the overarching principles contained in the Recommendation were formulated as questions. The aim was to gather intelligence and draft 14 country profiles addressing how those principles might be implemented in practice. Second, we organised three peer reviews, one per year, bringing together a delegation per country consisting of children services' directors, national, regional and local government's representatives with responsibilities in children's services and service providers from each participating country.

The first part of the methodology consisted of an analysis of the national policy and legal frameworks in 14 European countries, focusing specifically on the services pillar of the Recommendation and linking this dimension to others, such as access to benefits and children's participation. In order to undertake this analysis and draft the country profiles, we prepared a questionnaire, which translated into questions the five Recommendation's principles under the pillar on access to quality services.

Under **principle one** on early childhood education and care (ECEC), we look at the legal and policy framework, funding and financial incentives, the provision's variability, and inter-services and parental cooperation. Under **principle two** on improving the education systems' impact on equal opportunities, each country profile assesses the inclusiveness of the education system, with a focus on children with disabilities, migrant and ethnic minorities and children from disadvantaged socio-economic backgrounds, as well as desegregation policies and strategies to fight early school leaving. Under **principle three** on improving the responsiveness of health systems to address the needs of disadvantaged children, the country profiles look at specific provisions for children with disabilities, children with mental health problems, undocumented minors, pregnant teenagers and children from families with a history of substance abuse.

Under **principle four** on providing children with a safe, adequate housing and living environment, the country profiles describe whether countries have taken measures guaranteeing the access of families with children to housing and which forms of support for families with children at risk of eviction have been put in place. Finally, under **principle five** on family support and alternative care, each country profile includes which protocols are in place to assess the risks to a child and put in place appropriate support, the main reasons for children to be taken into care, provisions guaranteeing that children are not placed in institutions and that children without parental care have access to services and specific mechanisms to listen to and record the voice of the child within the child protection system.

At the peer reviews, participants reviewed the European Commission Recommendation's policy proposals and the national legal and policy frameworks. With this exercise, participants identified gaps that might hinder implementation and suggested policy proposals for public authorities about how services may need to be developed in each country in response to the Recommendation (see country recommendations from page 136). The first peer review took place in Dublin on 15 May 2013 and featured Ireland, France, Sweden and Bulgaria. The second peer review took place in Barcelona on 5 June 2014, featuring Germany, the Netherlands, Poland, Spain and the United Kingdom. The third peer review took place in Budapest on 7-8 May 2015, featuring an additional five EU Member States: Belgium, Hungary, Italy, Portugal and Romania. Some countries (e.g. Spain and the UK), feature a decentralised approach to the organisation of children's services. This means that relevant themes for children's services refer to decentralised policies, which may diverge within the countries themselves, and therefore to illustrate this we focus on specific regions in those countries.

The aims of this research project have been:

- to assess strengths and weaknesses of policies in the assessed countries, with a particular focus on the situation at regional and local levels;
- to identify key challenges of current or planned policies addressing the Recommendation's services pillar;
- to compare the national frameworks between themselves and with the European framework;
- to propose specific recommendations in regards to how public authorities should develop services in line with the Recommendation's principles;
- to improve knowledge and understanding of services, particularly social services, in promoting children's inclusion and wellbeing.

European policy context

On 20 February 2013, the European Commission published the Recommendation on 'Investing in children: breaking the cycle of disadvantage'³, which was also endorsed by Member States in 2013. The Recommendation is a key element of the Commission's Social Investment Package (SIP)⁴, which brings together initiatives in a range of key social protection and social inclusion issues (for instance, on children, homelessness⁵ or long-term care⁶) but also an agenda to move forward. The SIP includes a specific focus on children because tackling disadvantage early is one of the best ways to tackle inequality and to help children to live up to their full potential.

The common European framework proposed by the Recommendation on investing in children aims at promoting children's wellbeing. As recognised by the Recommendation, this instrument should help Member States to "strengthen synergies across relevant policy areas" as well as to "review their policies and learn from each other's experiences in improving policy efficiency and effectiveness through innovative approaches, whilst taking into account the different situations and needs at local, regional and national level". It also encourages the use of EU financial instruments, especially Structural Funds, to implement the principles of the Recommendation. In particular, it sets out guidelines for Member States to "organise and implement policies to address child poverty and social exclusion, and to promote children's wellbeing, through multidimensional strategies".

In November 2015, the European Parliament adopted the Resolution Reducing inequalities with a special focus on child poverty⁷ by rapporteur Inés Cristina Zuber. The Resolution, adopted by a large majority of MEPs, represents the EP's formal endorsement of the 2013 European Commission's Recommendation 'Investing in children: breaking the cycle of disadvantage'. The Resolution calls for a roadmap to help EU Member States implement the Commission's Recommendation. It recommends establishing EU and national targets for reducing child poverty and developing indicators to measure children's wellbeing. The Resolution urges Member States to make use of the European Structural and Investment Funds to implement the Recommendation.



3 European Commission (2013a), 'Investing in children: breaking the cycle of disadvantage', Commission Recommendation of 20 February 2013, (2013/112/EU). Available at: <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32013H0112> (last accessed on 02/02/2016).

4 European Commission (2013b), Social investment: Commission urges Member States to focus on growth and social cohesion. Available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=1044&newsId=1807&furtherNews=yes> (last accessed on 02/02/2016).

5 European Commission (2013c), Confronting Homelessness in the European Union Accompanying the document 'Communication from the commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions towards Social Investment for growth and cohesion – including implementing the European Social Fund 2014-2020, Staff Working Document. Available at: <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52013SC0042> (last accessed on 02/02/2016).

6 European Commission, Active ageing. Available at: <http://ec.europa.eu/social/main.jsp?catId=1062&langId=en> (last accessed on 02/02/2016).

7 European Parliament (2014), Report on reducing inequalities with a special focus on child poverty. Available at: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A8-2015-0310+0+DOC+XML+V0//EN> (last accessed on 02/02/2016).

Trends in children's services

The following trends have been observed in the answers to the questionnaires and are addressed in detail in the national profiles.

A key issue is the accessibility and quality of early childhood education and care. Many countries are adapting the fees of non-statutory early childhood education and childcare services to parents' income. Combining this measure with targeted measures for specific groups (children in care, children with disabilities), it is expected to reduce the disadvantages experienced in children's access to early education and childcare by children from poor backgrounds. These measures have been applied with varying levels of effectiveness.

It seems that many countries are adopting measures to address the difficulties of schools in disadvantaged areas or where there is a high concentration of children from disadvantaged backgrounds. This is usually done by allocating more financial and human resources, higher teacher/student ratios and additional support for teachers.

Another trend that has been observed is the efforts carried out in most of the analysed countries to make education systems more inclusive for children with disabilities and/or special needs. Many countries have legislated in favour of inclusive education and encourage ordinary schools to include children with disabilities or special needs. This is done through various measures, including specialised support services and staff to help these children to keep up with the rest of the children in regular schools. However, as we shall see, the picture is varied when it comes to the countries' share of the use of inclusive and special schools.

The inclusion of Roma children has also become a key goal in many countries' policy agenda, especially those with large Roma population. Countries such as Hungary, Romania, Poland, Italy or Spain have developed specific programmes to foster the inclusion of Roma children in the school system with different degrees of success.

The strengthening of vocational training has become a tool used by many countries to prevent early school leaving. Their efforts to make this kind of alternative educational path more appealing to those students at risk of dropping out of school has been identified in several countries.

Decentralisation is also a key theme in the provision of children's services throughout Europe. Many countries are moving towards systems in which the provision of services is done by regional or local public social services, or private providers. Furthermore, some countries have also started decentralising the regulation and monitoring of these services, as in the Netherlands, where municipalities are taking up the responsibilities (including financing) previously held by the state in the children and youth care and family support areas. However, as seen in other countries, this process may face difficulties due to increasing regional disparities in service provision.

We have also observed a general move towards deinstitutionalisation. Whenever possible, children requiring care from the state and their families receive social service support aimed to ensure that the child remains with their family as long as this is in the child's best interest. If not, the preferred option is alternative family care, whenever possible with the extended family (kinship care) or with foster families. Many countries have also explicitly committed not to place children under three in residential care. Despite pledges and legislation, there is still improvement to be done as children continue to be placed in long-term residential facilities due to shortage of foster care.

Countries with higher numbers of children in foster care have improved the professionalisation of foster care; for instance, with financial compensation, training and support to improve foster parents' capabilities. Foster parents may also be entitled to benefits in areas such as education, housing or transport.

Finally, greater efforts have been made to expand the role that children have within the child protection system. In many countries, children are entitled to be represented in legal procedures affecting them by an independent representative. Children above a certain age, which differs from country to country, must be consulted regarding the type of support suggested for them. Some countries have also set up specific bodies for recording the views and wishes of children in care.

Countries' abbreviations

BE	Belgium
BG	Bulgaria
FR	France
DE	Germany
HU	Hungary
IE	Ireland
IT	Italy
NL	The Netherlands
PL	Poland
PT	Portugal
RO	Romania
ES	Spain
SE	Sweden
UK	United Kingdom



Investing in Children's Services

Country profiles

Promoting
children's best
interests

Belgium

The answers to the questionnaire, which represent the basis for this country profile, were provided by the Federal Public Planning Service on Social Integration with contributions from the Social Cohesion Directorate at Public Services of the Walloon Region, ONE (Office of birth and childhood), under the Minister for Childhood at the Walloon Region, Brussels' Health and Social Observatory, and the Flemish government. A commentary and review were provided by Magda De Meyer, Advisor to the Public Centre for Social Welfare in Brussels and Chief of Cabinet of the Minister for the Fight against Poverty.



8 Kind en Gezin (2013), *Het kind in Vlaanderen* (The Child in Flanders), p.137. Available at: <http://www.kindengezin.be/img/kind-in-Vlaanderen-2013.pdf> (last accessed on 19/01/2016).

9 The French Community Commission (COCOF) is responsible for healthcare, education, culture and support services for the French Community in Brussels.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The system of child allowances is universal. This means that the same amount of benefits is given each month to each child, with the exception of additional benefits for children in disadvantaged situations, such as children with disabilities, children from single-parent families, children whose parents are long-term unemployed or people living on minimum income. Steps have already been taken to transfer the regulation and the provision of these services to the regions. Besides the allowances, there are also tax deductions for childcare costs for children up to the age of 12.

There is a division between 'care' for children (until the age of three) and 'education' from the age of three. This means that several ministries are involved, but, considering that each ministry has its own rules and implements its own policies, they do not often coordinate their actions, which leads to a limited integration of services. Therefore, in practice, education and care function as separate services.

In the Walloon Region, both home-based and centre-based care for the youngest children (from three months to three years) fall under the responsibility of ONE (Office of birth and childhood), under the Minister for Childhood. Most ONE services are free and a programme of home visits is proposed to every family. ONE also has cross-disciplinary competences, such as parenting support and research. There is close collaboration between ONE and the Walloon Agency for the Inclusion of People with Disabilities (AWIPH) providing support to both crèches and childcare workers for children with special needs. Between 2.5 and 6, children are entitled to free early childhood education in nursery schools (*école maternelle*) until primary education starts at the age of 6.

In Flanders, the Child and Family Agency (*Kind en Gezin*) is responsible for managing ECEC services. A new legal framework for ECEC has been in place since 2012, with the aim of making ECEC a universal provision. Currently, about 64% of children younger than three attend ECEC centres regularly, i.e. at least once a week for five hours⁸. Like in the Walloon Region, access to nursery education is free in Flanders.

In the bilingual Brussels Region, composed of 19 municipalities, the legal system for the organisation of childcare services is split, being regulated by ONE in the French Community and by Kind en Gezin in the Flemish Community. In the childcare sector, service providers can be either public (municipality or public social welfare centre) or private (associations or companies). They may be subsidised by Kind en Gezin or ONE (and COCOF⁹ for infrastructure, depending on needs and demographic growth). The area managed by ONE has a high proportion of public services, while the area managed by Kind en Gezin has a high proportion of private services. According to the Brussels Institute of Statistics and Analysis, the coverage rate in 2014 was 33.14%, but with large differences across neighbourhoods.

There is a growing number of new initiatives implemented by associations thanks to new grants (e.g. social cohesion, district contracts, European Funds, jobs subsidised by the regional government). One of them is the *haltes garderies*, a type of care centre, where parents can leave their child for a couple of hours or sometimes even for the whole day. Its main target group is non-working parents, who need occasional childcare (for example, while applying for a job, attending a training session, or when they are confronted with a major physical or psychological problem). COCOF provides several specific support services for children with disabilities: psychological and social support for the child and the family as well as customised support on demand. These services can start before birth; for instance, psychological support for parents right after the disability is diagnosed.

A special project (OCAPI) gives support (when requested) to childcare service workers when the integration of a child diagnosed with a disability proves challenging for the staff. Within the Brussels Region, there is also free access to nursery schools from the age of 2.5. However, the high birth rate in Brussels de facto limits this possibility, since there is a shortage of places in nursery schools and many children cannot access this service in certain towns and neighbourhoods.

Funding and financial incentives

In the Walloon Region, childcare fees (for both home-based and centre-based care) are regulated for children under 2.5 years old in public and publicly subsidised settings and are adapted to parents' income (between EUR 2.34 and EUR 33 per day, including meals). Private providers' fees, which represent 22% of home-based care and 32% of centre-based care services, are not regulated.

ONE finances more services in disadvantaged areas, and supervises 'playgroup settings', where parents can be present. Its services focus on children from disadvantaged backgrounds or families suffering from social exclusion. Nursery schools for children aged between 2.5 and 6 are free. However, parents are expected to contribute to cover the costs of meals, the extra hours that children need to be in school care outside school hours until their parents can pick them up, and school materials.

In Flanders, Kind en Gezin aims to offer a substantial number of places in subsidised child day care in an inclusive way. In the subsidised provisions for child day care, three levels have been established. The first level is for licensed childcare services for babies and toddlers, which can receive either no subsidies or a basic subsidy. They are free to determine the fee that families have to pay, meaning that the amount that families pay is not related to their income. The second level consists of childcare settings that receive an income-related fee subsidy plus the basic subsidy. The third level grants the same subsidies as the settings in the previous two levels and an additional subsidy called 'plus subsidy'. In childcare settings in levels two and three, families pay fees related to their income. These fees vary between EUR 5 and EUR 28 a day, and have recently doubled for families with the lowest income. Childcare settings in level two must grant absolute priority to children from families, where it has been proved that childcare is necessary; for instance, because of the need to find or retain work. Level three childcare settings must give priority to children from vulnerable families.

In order to use child day care on an income-based fee, parents have to procure a unique child code, which functions as an identification instrument. To help parents with this task, there are local offices for child day care at community level. Along with income-based fees, provisions subsidised by Kind en Gezin have introduced a 20% quota for vulnerable families (single-parent families, those from a migrant background and lower social-economic situation). However, according to a new Decree (Decree of 20 April 2012), absolute priority is to be given to working parents, which can create tensions with the 20% quota rule. Level three childcare settings have an additional subsidy to support disadvantaged families. These childcare facilities must introduce a quota of at least 30% for vulnerable families.

Nursery education is, in principle, free. However, parents have to pay for activities and mandatory materials that are not strictly necessary for the development of the child, such as uniforms or trips. In September 2015 a cap of EUR 45 per year was introduced, called the 'MAF' ('maximum invoice'). After consulting with the nursery's council¹⁰, the nursery's board presents the list of contributions that can be requested from parents, as well as the exemptions from these contributions. Meals and 'school care' (after school hours) are not included in this list. There is a collaboration mechanism established between the Ministry of Education and Kind en Gezin to ensure that as many children as possible, especially the most vulnerable, can access nursery education.

In the Brussels Region, the universality of childcare provision is limited by certain rules. These include the 'first come, first served' principle, the requirement to live in the municipality where the school is based, or the parents' language. Prices play a role, too, as fees and additional costs differ depending on whether it is a public or a private service, whether it is subsidised or not, and in which municipality it is located. Some providers offer a special fee based on the social and economic situation of the family while others do not. The Brussels Region subsidises jobs in ECEC services for childcare and nurseries in order to improve the support given to the youngest children or children with special needs.



¹⁰ The nursery's council is composed of representatives of the board, parents and educators. It provides advice to the board.



Variability of provision

In the Walloon Region, rural areas tend to have more home-based childcare whereas urban areas tend to have higher rates of centre-based childcare. In the case of Flanders, childcare is unevenly spread. We find more childcare facilities operating under an income-based fee in wealthier neighbourhoods and there are less facilities providing high-quality childcare in disadvantaged neighbourhoods¹¹. Finally, in the Brussels Region, the heterogeneous character of childcare provision (both for children aged 0 to 3 and children aged 3 to 6) decreases the visibility of the supply, especially for people with low socio-economic status. In this region, we also find fewer facilities in poorer communities¹².

Inter-services and parental cooperation

Since the Belgian governmental structure is complex, coordination and networking is crucial for the effective provision of ECEC services. The Belgian government's 'Children First' initiative has been funding a pilot project to set up local 'consultation platforms' on child poverty. The platforms engage a wide range of local actors, from anti-poverty associations to child day care centres, schools and sports clubs. The local consultation platforms can be found in all three regions. Belgium's Public Social Welfare Centres, based in each municipality, are key to local anti-poverty action. Around 57 of these centres were involved, either as initiators or as participants, in the launch of the platforms.

In the Walloon Region, childcare facilities managed by ONE have pedagogic guidelines, included in a quality framework¹³. These pedagogic guidelines require each setting to work with parents and to organise meetings to take into account the point of view of parents. ONE is also involved in the local networks against child poverty.

AWIPH has established a cooperation agreement with Aide à la jeunesse, the institution responsible for children at risk¹⁴, and works on increasing awareness¹⁵. AWIPH has also signed a cooperation agreement with the magazine *The League of Families*¹⁶, thanks to which a new section entitled "At our place, they are at home" will document projects on the inclusion of young people with disabilities.

In Flanders, the 'Houses of the Child' are local networks of services working for and with parents-to-be and parents with children. These networks cover education, youth care services, child day care, youth services, social welfare services and local health services. They are inspired by recent developments in the area of integrated services for families in countries like Sweden. Currently there are networks working in 55% of local communities and cities in Flanders, i.e. 170 of them.

As far as nursery education is concerned, every school in Flanders cooperates with a 'Pupil Guidance Centre' (*Centrum voor Leerlingenbegeleiding (CLB)*). The CLB monitors pupils' health and wellbeing, either systematically or on demand. Parents, teachers, school management teams, and children or young people themselves may turn to the CLB for information, help and guidance. Various professionals such as doctors, nurses, social workers, psychologists and education professionals work together within a CLB. The Flemish Parliament Act on Pupil Guidance Centres assigns the CLB a role as an education, welfare and health hub.

Finally, in the Brussels Region, the subsidy rate granted by COCOF may be increased to encourage the participation of parents in a range of services.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

The federal government grants families with children, who are still in education, various benefits such as free health insurance, a family allowance for each child in education up to the age of 25 and tax relief for parents for each financially dependent child in education with no age limit. At local level, the Public Social Welfare Centres can provide financial support for vulnerable families with children in school.

In the Walloon Region, all primary and secondary schools should accommodate students with special educational needs and integrate them into mainstream education. The Decree of 30 January 2014 on inclusive education was passed with the aim to remove all barriers – physical, educational, cultural, social and psychological – in accessing education.

In Flanders, the Decree on primary education (from the age of 6 to 12) regulates the right for each child to register in a school in order to counter exclusion, segregation and discrimination by using the 'double quota system'¹⁷. The 2014 M-Decree, with M standing for 'Measures for students with special educational needs', aims to make education more inclusive. Students with special needs can now attend mainstream schools and teachers from special education can now work in mainstream schools.

11 Vandenbroeck, M., Geens, N. and Berten, H. (2014), 'The impact of policy measures and coaching on the availability and accessibility of early child care: a longitudinal study', *International Journal of Social Welfare*, 23(1), pp. 69-79.

12 Observatorium voor Gezondheid en Welzijn Brussel (Brussels-Capital Health and Social Observatory). Available at: www.observatbru.be (last accessed on 27/01/2016).

13 ONE (2003), *Un référentiel psycho-pédagogique pour des milieux d'accueil de qualité* (A psycho-educational repository for quality home environments). Available at: www.one.be/uploads/tx_tproducts/datasheet/referentiel-accueillir-les-tout-petits-oser-la-qualite-ONE.pdf (last accessed on 19/01/2016).

14 Agence pour une Vie de Qualité (Walloon Agency for the Inclusion of People with Disabilities), Collaboration protocol with the Directorate general for support to youth. Available at: http://www.awiph.be/AWIPH/projets_nationaux/DGAJ/dgaj.html (last accessed on 19/01/2016).

15 Agence pour une Vie de Qualité (Walloon Agency for the Inclusion of People with Disabilities), Children's awareness raising. Available at: http://www.awiph.be/AWIPH/projets_nationaux/sensibilisation_enfants/sensibilisation+enfants.html (last accessed on 19/01/2016).

16 Le Ligueur. Available at: <https://www.laligue.be/leligueur/> (last accessed on 27/01/2016).

17 See section on 'Desegregation Policies' for further explanation.

Fostering the inclusion of children with disabilities

In the Walloon Region, special education is available for children with disabilities from 3 to 21, or older if needed. However, they can also be integrated into mainstream education, whenever feasible and appropriate for the child, as a result of the application of the notion of 'reasonable adjustments', which was introduced in 2008.

In Flanders, the previously mentioned M-Decree, which also addresses the needs of students with disabilities, is now being gradually implemented.

In the Brussels Region, COCOF also provides support services for school-aged children on the demand of the parents through the PHARE project¹⁸.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

In the French Community, access to education is free of charge during the period of compulsory schooling. In pre-secondary and secondary education, parents may request the reimbursement of some expenses, e.g. school trips¹⁹. A 1997 Decree specifies that, when charging expenses, the managing authorities must make sure that the schools consider the student's social and cultural background in order to guarantee equal social, vocational and cultural integration opportunities for all. Non-payment of costs may not, under any circumstances, constitute grounds for refusing enrolment or for exclusion. Students in secondary education may also qualify for study grants or loans; for example, if they belong to a family with at least three dependent children.

A Decree was voted on 18 May 2012 for the reception, integration and schooling of newly arrived students (*Dispositif d'accueil et de scolarisation des élèves primo-arrivants or (DASPA)*). The aim is to provide students from foreign countries (refugees, stateless citizens or people from a developing country), who lack the necessary language or educational skills, targeted support for a period ranging from one week to 18 months. They can then be directed to the type of education that suits them best.

In the Flemish Community, the staff and the allocation of operating funds that schools receive from the regional government are partially dependent on the students' socio-economic background, including the parents' level of education, whether the family receives an education allowance from the government and the child's mother tongue. Schools with a higher number of children with vulnerable socio-economic backgrounds receive more staff and resources to accommodate the specific needs of these children. The ministry gives financial support to the schools that organise reception classes for students, who have just arrived in the country and do not master Flemish. The regional ministry also subsidises student tutoring through which students in higher education support children aged 10 to 18 from migrant families, ethnic minorities and/or low-income families in developing their learning skills, social competences and language proficiency. Some schools or local authorities also invest in social mediators, who liaise with the parents on a regular basis. In the Flemish Community, there is a system of means-tested student benefits ranging from EUR 92 up to EUR 1,140 per year. In general, 25% of children in education are considered part of a family with an income that is low enough to be eligible for student support.

Desegregation policies

In the French Community, a Decree was passed in December 2008 with the aim of regulating students' enrolment in the first stage of secondary education and to promote social diversity within schools.

In the Flemish Community, the instrument used to promote diversity in schools is the 'double quota'. Schools aim to achieve an equal distribution of students and reflect the demographic characteristics of the neighbourhood, hence places are distributed in two quotas: 'indicator students' (disadvantaged children) and 'non-indicator students' (non-disadvantaged). The distinction is made based on two indicators: the highest qualification of the parents, and whether the family receives an education allowance.

In the Brussels Region, both systems exist, depending on the school's language.

Fighting early school leaving

In the French Community, as a result of the Decree of 21 November 2013²⁰, several new services were established in primary and secondary schools: school mediation, an observatory of violence and drop-out in schools, an administrative unit to coordinate preventive actions and an internal school service against drop-out²¹.

Flanders has an action plan on early school leaving involving prevention, intervention, compensation and monitoring activities in line with the EC Recommendation on early school leaving²². This integrated action plan will first be deployed in preventive actions to combat truancy, together with local authorities, the CLBs²³ and relevant local partners. The aim is to see how this policy can be further developed for young people, who play truant and threaten to drop out of school prematurely.



18 Personne Handicapée Autonomie Recherche. Available at <http://phare.irisnet.be/> (last accessed on 19/01/2016).

19 Fédération Wallonie-Bruxelles (2013), Circulaire n°4516 du 29/08/2013: Gratuité de l'accès à l'Enseignement obligatoire (Circular No. 4516 of 29/08/2013: Free access to compulsory education). Available at: [http://www.enseignement.be/hosting/circulaires/upload/docs/FWB%20-%20Circulaire%204516%20\(4739_20130829_093714\).pdf](http://www.enseignement.be/hosting/circulaires/upload/docs/FWB%20-%20Circulaire%204516%20(4739_20130829_093714).pdf) (last accessed on 19/01/2016).

20 Décret du 21/11/2013 organisant divers dispositifs scolaires favorisant le bien-être des jeunes à l'école, l'accrochage scolaire, la prévention de la violence à l'école et l'accompagnement des démarches d'orientation scolaire (Decree organising various school systems promoting the welfare of young people in school, school attachment, violence prevention in schools and accompanying educational counselling approaches). Available at: http://www.gallilex.cfwb.be/document/pdf/39909_003.pdf (last accessed on 19/01/2016).

21 See 'La médiation scolaire' (school mediation). Federation of Wallonia-Brussels. Available at: <http://www.enseignement.be/index.php?page=0&navi=2452> (last accessed on 19/01/2016). 'Le service des équipes mobiles' ('Mobile teams service'). Available at: <http://www.enseignement.be/index.php?page=0&navi=2453> (last accessed on 19/01/2016). Les services d'accrochage scolaire (Services against school drop-outs). Available at: <http://www.enseignement.be/index.php?page=0&navi=2451> (last accessed on 19/01/2016).

22 Council of the European Union, Recommendation on policies to reduce early school leaving (2011). Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2011:191:0001:0006:en:PDF> (last accessed on 19/01/2016).

23 Centrum voor Leerlingenbegeleiding (Pupil Guidance Centre). Available at: <http://www.ond.vlaanderen.be/clb/> (last accessed on 27/01/2016).

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

Low-income families have access to a preferential healthcare tariff, e.g. when they live on a minimum income or receive additional child benefits for medical reasons. Unaccompanied foreign minors and orphans are also entitled to it. They can then ask their doctor for the so-called 'third-party payer scheme', according to which when medical expenses reach the maximum amount of EUR 450 in the course of one calendar year, they are fully reimbursed. Postnatal care is a universal service.

There are over 627 consultation points for young children in Brussels and Wallonia. In some less accessible areas, mobile clinics or consultations are organised. Consultations for children are also free and open to every parent with children aged 0 to 6. Their main objective is to provide preventive care. A team including a doctor, a medical social worker (*travailleur médico-social (TMS)*) and volunteers welcome parents and children, by appointment, and perform a series of preventive medical examinations, e.g. vaccinations, visual and auditory tests and screening. Social workers also undertake home visits.

In Flanders, Kind en Gezin has 63 regional teams of social nurses that carry out a programme of preventive care. They deliver parental support, screen children's development up to the age of 6 and undertake vaccinations. They reach about 98% of all new-borns. When needed, they can make additional efforts for vulnerable families.

Specific provisions for children with disabilities and/or mental health problems

In Wallonia, AWIPH has developed specific measures, notably in the areas of diagnosis and early assistance, for children with disabilities²⁴. In Flanders, the most relevant provision is the Decree on Pupil Guidance commented above. In the Brussels Region, there are specialised day care centres for children with disabilities.

At federal level, a new approach of mental healthcare for children was adopted, based on intersectoral cooperation between health services, schools and social services. These services work together to exchange information and good practice in order to establish a holistic approach and avoid overlaps.

In the Walloon Region, children who suffer from both learning disabilities and psychological disorders may apply for the aid provided by mobile teams deployed by AWIPH to assist with their specific needs²⁵.

In Flanders, there are pilot projects, where integrated youth care and child psychiatry services work together. One of these projects is specifically targeted at girls between the age of 14 and 18 with serious behavioural problems.

Specific provisions for pregnant teenagers

In the Brussels Region, specialised services are provided by non-profit organisations such as Aquarelle, where a team of midwives provide comprehensive support during birth for mothers who do not have access to social security or live in difficult conditions or isolation. This is done in collaboration with prenatal and maternity services at specific hospitals.

Specific provisions for undocumented minors

Undocumented minors can use preventive healthcare services provided by Kind en Gezin and ONE until they reach the age of 6. They can get free emergency medical assistance if the Public Social Welfare Centre agrees. They are also exempt from the five-year residency requirement to obtain support from AWIPH.

Specific provisions for children from families with a history of substance abuse

In the Brussels Region, the non-profit organisation Parentalité-Addiction offers assistance for pregnant women and parents with drug addiction problems. A multidisciplinary team provides postnatal care and a secure environment for mothers with substance abuse problems.



24 Agence pour une Vie de Qualité (Walloon Agency for the Inclusion of People with Disabilities): 'De l'enfance à la vie active': l'AWIPH a l'écoute des familles. Available at: <http://www.awiph.be/actualites/dossiers/familles/index.html> (last accessed on 19/01/2016).

25 Agence pour une Vie de Qualité (Walloon Agency for the Inclusion of People with Disabilities): cellules mobiles d'intervention. Available at: http://www.awiph.be/AWIPH/projets_nationaux/cellules_mobiles_intervention/cellules+mobiles+intervention.html (last accessed on 19/01/2016).

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

The Walloon plan 'Housing for All' is underpinned by lending at a very low interest rate to families in an insecure socio-economic position. According to the 'Plan for municipal integration', 20% of all housing must contain at least four bedrooms. People living in large social housing units that are under-occupied, for example because children formerly residing there have already left, are encouraged to be relocated to housing that fits best their needs, thus freeing up social housing units for larger families on the waiting lists. Within each municipality, 10 to 20% of social housing units are reserved for cases of social emergency, and priority in social housing is granted to victims of domestic violence²⁶.

The Walloon government subsidises a housing fund for it to provide a rental housing stock intended, for the most part, for large families in an insecure socio-economic position. It grants social loans to families to finance the construction, purchase or renovation of a property. Families housed under this scheme may take advantage of decent housing whilst paying rent proportional to their resources²⁷. A Decree was approved by the Walloon government in May 2014 in relation to accessible housing and housing adapted to the needs of families with children living with motor disabilities²⁸. AWIPH grants subsidies for the adaptation of private housing to such needs²⁹.

In Flanders, there is a government's programme for renting social housing provided by social housing companies (*Sociale Huisvestingsmaatschappijen (SHM)*) for families with low income, where the number of children is taken into account to calculate the rent³⁰. The government also supports the work of social rent agencies (*Sociaal Verhuurkantoor (SVK)*) that rent properties in the private rental market to families in vulnerable circumstances. The allocation of available social housing is done through a points system based on the number of dependent children and income. As in Wallonia, the Flemish Social Housing Company and the Flemish Housing Fund provide loans at advantageous conditions for purchasing, maintaining or renovating a property. To qualify for a social loan, various conditions must be met regarding income, age, number of children, financial situation and residence in Belgium³¹.

In the Brussels Region, social housing is limited. Single parents have a higher chance of accessing housing since they have priority. The Housing Fund of the Brussels Region has extended conditionality to improve access to housing for low-income families.

Supporting families with children at risk of eviction

The Rental Guarantee Fund for the prevention of eviction was introduced in Flanders in 2013. On one hand, it protects the landlord against the loss of rental income due to default and on the other, it protects tenants against eviction. Landlords are free to join the Fund for a EUR 75 fee per rental contract. The Fund intervenes financially in the case of default but this intervention is limited to three months' rent or EUR 2,700³².

In Flanders, some experimental projects based on cooperation between social housing agencies and social welfare centres have been set up in order to develop ways to prevent the eviction of social tenants and to improve the support of vulnerable groups. Many projects focus on guiding formerly institutionalised people, with a view to provide them with sustainable housing within the social housing market or the private rental market³³. Following a recent study³⁴, Flanders wants to focus more on preventing evictions and with this purpose, the Flemish government seeks to agree cooperation protocols with the courts, private owners and welfare organisations.

In the Brussels Region, COCOM³⁵ provides housing for homeless families or for mothers with children, where they can receive psychological and social support. If children are involved, specific spaces and educational and recreational programmes are implemented³⁶.



26 Arrêté du Gouvernement wallon organisant la location des logements gérés par la Société wallonne du Logement ou par les sociétés de logement de service public (Order of 6 September 2007 of the Walloon Government organising the rental of accommodation managed by the Walloon Housing Society or the public service housing societies).

27 Arrêté du Gouvernement wallon relatif à la location de logements sociaux gérés par la Société wallonne du Logement ou par les sociétés agréées par celle-ci à des personnes morales à des fins d'action sociale (Order of 2 February 1999 of the Walloon Government concerning the rental housing managed by the Walloon Housing Company or by companies authorized by legal persons for social action).

Arrêté du Gouvernement wallon déterminant les conditions et modalités d'octroi d'une aide aux agences immobilières sociales et aux associations de promotion du logement en vue d'effectuer des travaux de réhabilitation et de restructuration dans les logements inoccupés qu'elles prennent en gestion ou en location (Order of 23 December 2010 of the Walloon Government laying down the terms and conditions of granting aid to social housing agencies and housing promotion associations to carry out rehabilitation and restructuring in the vacant properties they manage). Amended in February 2013.

Décret du 9 février 2012, Code wallon du logement et de l'habitat durable (Decree of 9 February 2012, Walloon Code on Housing and Sustainable Living).

28 Arrêté du Gouvernement wallon relatif au logement accessible, au logement adaptable et au logement adapté (Order of 15 May 2014 of the Walloon Government concerning accessible and adaptable to special needs housing).

29 Arrêté du Gouvernement wallon modifiant certaines dispositions du Chapitre V du Titre VII du Livre V de la Deuxième partie du Code réglementaire wallon de l'action sociale et de la santé, relatif à l'aide individuelle à l'intégration (Order of 13 March 2014 of the Walloon Government amending certain provisions of Chapter V, Title VII of Book V, Part Two of the Walloon regulatory Code of Social Action and Health, on assistance to individual integration).

30 Decision of the Flemish Government of 20 July 2012 determining the recognition and funding conditions for social rent.

31 Decision of the Flemish Government of 13 September 2013 laying down the conditions under which the Flemish Social Housing Company and the Flemish Housing Fund may grant social loans.



32 Decision of the Flemish Government of 4 October 2013 establishing a contribution from the Fund for the prevention of eviction.

33 Decision of the Flemish Government of 15 July 2011 to award a grant to the projects selected following the call for housing welfare projects.

34 Hermans, K. (2014), Steunpunt Welzijn, Volksgezondheid en Gezin. Nulmeting dak- en thuisloosheid (Support centre for Health, Welfare and Family Affairs. Baseline measurement for homelessness). Available at: <https://steunpuntwvg.be/images/rapporten-en-werknotas/nulmeting-dak-en-thuisloosheid> (last accessed on 19/01/2016)

35 The Common Community Commission (COCOM) regulates and manages matters for the French and Flemish communities in the Brussels Region.

36 For example, Talita offers shelter to mothers with children <http://www.sociaalbrussel.irisnet.be/CDCS-CMDC/index.htm?endofsession> (last accessed on 19/01/2016).



37 Aide à la jeunesse (2011), L'évaluation des situations de danger dans les services publics de l'aide à la jeunesse (Evaluating risk situations in youth care public services). Available at: http://www.aidealajeunesse.cfwb.be/index.php?elD=tx_nawsecuredl&u=0&g=0&hash=8f98f276f8f48b8e2f68c0ccb64bc508ad8edf1f&file=fileadmin/sites/ajss/upload/ajss_super_editor/DGAJ/Documents/Recherches/120209_R_A_Evaluation_situations_danger_services_publics_AJ_2011_version_finale_.pdf (last accessed on 19/01/2016).

38 Vertrouwenscentrum kindermishandeling. Information available at <http://www.kindermishandeling.be/startsite/3-www.html> (last accessed on 19/01/2016).

39 Belgian Child Protection Law of 8 April 1965.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

In Flanders, a new Decree was enacted in July 2013 on Integral Youth Support focused on children at risk. The Decree reintroduced the concept of 'distressing situation', meaning that public youth support services must intervene when the development opportunities or the physical, mental or sexual integrity of the minor are threatened. Support may range from minimally invasive interventions to a compulsory admission into the care system.

In the French Community, a 2012 study gathered the reasons for placing children in care and the mechanisms implemented after having assessed the risk (please see Table 1)³⁷. No similar statistics were identified in Flanders.

Table 1: Child protection measures in Wallonia (Belgium) in 2012

Type of programme	Number of children
Residential care	5,246
Reception and educational help services	4,190
Urgent reception centres	515
Specialised reception centres	159
Orientation and observation centres	180
First reception centres	120
Reception centres for abused children	82
Foster care	2,503
Family placement	2,180
Urgent/short-term family placement	323

Source: Rapport de l'aide à la jeunesse, Wallonia, 2012

Main reasons for children to be taken into care

In the French Community, children are usually taken into care when they are in danger. A very small number of young people are taken into care because they have committed an offence. According to legislation, there are six reasons for a child to be placed in child protection, which may involve different mechanisms, including placement. These are: the child or young person's challenging behaviour, parents' difficulties in taking up their parental role, personal difficulties of the parents, relational difficulties between adults in the family, abuse and material or financial difficulties. In Flanders, the previously mentioned concept of 'distressing situation' is the main reason for intervention by youth support services. If the distressing situation is very serious, specialised services such as Trust Centres for Child Abuse³⁸ can intervene and transfer the case to a court. The Trust Centres for Child Abuse operate at regional level throughout Flanders and in the Brussels Region and are financed by Kind en Gezin. The centres consist of multidisciplinary teams of professionals from health, education, psychological and social services. In case of offences and as an extreme measure, the juvenile court can refer the minor to a residential facility or to a community institution³⁹.

Main provisions guaranteeing that children are not placed in institutions

In the French Community, the Decree on youth support⁴⁰ clearly states that priority is given to preventing children from being placed in care. A specific instrument was created for this: district councils for youth support⁴¹, responsible for promoting and monitoring the implementation of preventive measures. They also collect the views and needs of young people and draw public authorities' attention to unfavourable situations for the development of young people or their social inclusion. An example is a toolkit to help youth support workers in their prevention activities, which was developed in the district of Charleroi⁴².

In Flanders, an assessment precedes each intervention to determine the most desirable, supportive and effective intervention, and its urgency. The assessment is carried out by a multidisciplinary team of professionals and, if it recommends placing the child in care, the assessment looks at whether the child can be placed in foster care.

Main provisions guaranteeing that children without parental care have access to services

Children without parental care and unaccompanied minors are provided with a legal guardian, who acts as their representative in the different spheres of their lives, such as working with the CLBs in schools.

Specific mechanisms to listen to and record the voice of the child within the child protection system

In the French Community, a 1991 Decree stipulates the child's right to be informed, to be heard and the requirement to obtain the consent of a child aged 14 or above for any support that has been suggested for them. The district councils for youth support have to gather young people's opinions and pass them to the local authorities so that they take the appropriate measures. All public bodies funded by the government must have a 'pedagogical council', where young people are heard at least once a year⁴³.

In Flanders, with the exception of court measures, youth support can only be granted with the child's consent when they are 12 years old or, in specific cases, when the child is mature enough. In cases where these requirements are not met, the consent of the parents or the person responsible for the upbringing of the child is required. However, in the interest of the minor, consent can be waived when it might not be immediately granted or clearly expressed because of specific circumstances. In those cases, exceptions are possible provided that the exception is well-motivated and noted in the file.

Pupils in counselling at the CLB are directly involved in the counselling process. Only when students have such a severe condition that they cannot express their views, will the opinion of the parents or those responsible for their upbringing prevail. This is decided in a dialogue between the child and CLB professionals. Students in counselling at the CLB can appoint a trustee that supports them in their liaison with the CLB or other services.



40 Arrêté du Gouvernement de la Communauté française relatif aux conditions générales d'agrément et d'octroi des subventions pour les services visés à l'article 43 du décret du 4 mars 1991 relatif à l'aide à la jeunesse (Order of 15 March 1999 of the Government of the French Community on the general conditions for the approval and granting of subsidies for the services mentioned in Article 43 of the Decree of 4 March 1991 on the aid to the youth).

41 Conseils d'arrondissement de l'aide à la jeunesse. Available at: <http://www.aidealajeunesse.cfwb.be/index.php?id=402> (last accessed on 19/01/2016).

42 Aide à la jeunesse (2011), L'évaluation des situations de danger dans les services publics de l'aide à la jeunesse (Evaluating risk situations in youth care public services). Available at: http://www.aidealajeunesse.cfwb.be/index.php?eID=tx_nawsecuredl&u=0&g=0&hash=8f98f276f8f48b8e2f68c0ccb64bc508ad8edf1f&file=fileadmin/sites/ajss/upload/ajss_super_editor/DGAJ/Documents/Recherches/120209_R_A_Evaluation_situations_danger_services_publics_AJ_2011_version_finale_.pdf (last accessed on 19/01/2016).

43 Arrêté du Gouvernement de la Communauté française relatif aux conditions générales d'agrément et d'octroi des subventions pour les services visés à l'article 43 du décret du 4 mars 1991 relatif à l'aide à la jeunesse (Order of 15 March 1999 of the Government of the French Community on the general conditions for the approval and granting of subsidies for the services mentioned in article 43 of the Decree of 4 March 1991 on the aid to the youth).
Arrêté du Gouvernement de la Communauté française relatif aux institutions publiques de protection de la jeunesse (Order of 14 May 2009 of the Government of the French Community on public institutions of youth protection).

Country profiles

Bulgaria

The answers to the questionnaire, which represent the basis for this country profile, were provided by the State Agency for Child Protection, with contributions from the National Agency for Social Assistance and the Municipality of Sofia. A commentary and review were provided by David Bisset, National Network for Children, and Nelli Petrova, from SAPI (Social Activities and Practices Institute).

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The ECEC system is split between the 0 to 3 and 4 to 6 age ranges. For the 0 to 3 age range, there are crèches and children's kitchens, which are autonomous structures, where nurses and educators alongside managerial staff provide various activities around the upbringing, the child's education and food for children from three months to three years of age. The requirements of these centres are determined by the Ministry of Health. According to legal regulations, crèches and children's kitchens may be set up by the municipalities, by individuals and corporate bodies. There are few crèches in big cities, which in practical terms means that they cannot accept children under the age of one.

For children from the age of four, there are state, municipal and private kindergartens. There is no obligation for parents and guardians to enrol their children in kindergartens, and they are free to choose which kindergarten their child attends. However, since 2012, it has been compulsory for all children aged 5 to attend a preparatory school year group, either at kindergarten or at primary school, specially designed and intended to prepare them for primary school. Concerns have been raised in regards to the number of children in kindergartens, which may compromise the quality of their care, and a focus on preparing them for school without looking at their emotional and developmental needs.

The draft law for preschool and school education – now in the process of discussion and adoption – recognises the principles of equal access and inclusion, equality and non-discrimination and the preservation of ethnic and cultural diversity, but ECEC provision focuses currently on education. The draft envisages compulsory participation in kindergarten for every child aged four until the age of compulsory schooling to align with European agreements in the field. By 2020, at least 95% of children between the age of four and the age of starting compulsory primary education should attend early childhood education and care.

Funding and financial incentives

Municipal crèches and children's kitchens are financed by the local authority's budget. Parents and guardians pay a fee determined by the local authority in accordance with their local legislation on taxes and fees. For the use of children's kitchens, a daily fee is collected. Fee waivers apply for children with certain medical conditions, children with a single parent, large families (three or more children), children without parental care, and when parents are in education or have a disability. Private nurseries and kindergartens are not subsidised with public funds.

The state kindergartens are directly funded by the national government. Local authorities' kindergartens are managed by orders issued by the mayor of the municipality following a decision of the local council. Funds for early childcare provision at local level are allocated by the municipalities.



For children in municipal kindergartens, parents pay the fees determined by the local authority, in compliance with the Local Taxes and Fees Act⁴⁴. Fees are to be paid at half rate for the first child and a quarter of the rate for the second child. The law specifies that special kindergartens and auxiliary units shall be set up for children with chronic conditions and for children with special educational needs (SEN). There are a number of exemptions to the payment of fees. For example, in the municipality of Sofia, a full waiver is applied for children whose parents have a disability, children without parental care, children with certain medical conditions and large families with three or more children. A 50% fee exemption applies to single parents and parents in education⁴⁵.

Variability of provision

Kindergartens may run full-day, half-day or weekly. They are intended for children aged 4 to 6-7, until they enrol in primary school. During the school year 2013-2014, 83.6% of children aged between 4 and 6 were enrolled in kindergartens⁴⁶. Kindergartens can also accommodate nursery groups (called 'united nurseries and kindergartens' (UNK)) for younger children who are between 10 months and 3 years old. According to Sofia's Regional Health Inspection report on children's health for the school year 2012-2013, there were 43,826 children between 10 months and 6 years old attending kindergartens and UNK, 7,794 of them between one and three⁴⁷.

Inter-services and parental cooperation

Various efforts to coordinate childcare services for young children have taken place. For instance, screening tests are run by health professionals for children aged 3 to 3.5 in kindergartens. There are also programmes for psychological and speech therapy support for young children at risk, while a social inclusion project funded through a loan from the International Bank for Reconstruction and Development aims at developing integrated early childcare services, particularly for children at risk. However, according to the 2013 World Bank's SABER report⁴⁸, these efforts have been fragmented and there is a need to coordinate them in a comprehensive intersectoral strategy.

The 'trusteeship mechanism' is enshrined in the National Education Act and it is used to work with parents in kindergartens, auxiliary units and schools. Trusteeships are voluntary, independent and non-profit associations that support the provision of facilities and resources to kindergartens, auxiliary units and schools⁴⁹. The trusteeship supports raising financial and material resources, participates in the selection of material to be used at the centre, and addresses issues related to the centre's running – meals, transportation and parents' participation in the centre's activities, amongst others.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

Under the Public Education Act, "the duty of schools is to create the conditions for the inclusion of children with chronic diseases and children with special educational needs in mainstream schools". According to the Regulations for the implementation of the law, "schools and kindergartens must provide the conditions for inclusive learning and education of children and students with chronic diseases and/or special educational needs"⁵⁰. Therefore, the trend should be to have children with special needs integrated into regular schools, but this is not always the case, sometimes due to conflicting legislation.

Fostering the inclusion of children with disabilities

Special schools and auxiliary units are set up for children with chronic illnesses and for children with special educational needs. According to the legislation⁵¹, special schools shall be boarding schools. There are different types: for children with chronic illnesses, there are schools at hospitals; for those with sensory disabilities, there are schools for hearing impaired and visually impaired children; there are also 'logopedic' schools for children with speech disorders and special schools for children with learning and multiple disabilities.

For children to be enrolled at a special needs school, they undergo an assessment, which is carried out by a Comprehensive Pedagogical Assessment Team (CPAT). The team is under the competence of regional education inspectorates. It consists of a chairperson, a psychologist, a doctor, a special educator, a teacher, a speech therapist, a physiotherapist, and a social worker. The main objective of the CPAT is to conduct an initial assessment of the overall development of the child and recommend the type of education, education setting and support that the child may need. In 2013, there were 3,887 children in special needs schools⁵².

44 Article 68, Local Taxes and Fees Act. Available at: <http://www.lexadin.nl/wlg/legis/nofr/eur/lxwebul.htm> (last accessed on 27/01/2016).

45 Arts. 39 and 41 of the regulation determining the administration and local fees and charges for services provided by the municipality of Sofia.

46 National Network for Children (2015), What is the average government score for childcare? Report Card 2015, Sofia. Available at: http://nmd.bg/wp-content/uploads/2015/04/EN_belejnik2015_web.pdf (last accessed on 27/01/2016).

47 Report available online (in Bulgarian) at: http://www.srzi.bg/documents/Profilaktika/Decata_i_uchilishiteto/analiz_deca_13.pdf (last accessed on 27/01/2016).

48 Further information on SABER and Bulgaria's country report is available at: <http://saber.worldbank.org/index.cfm?indx=2&ctn=BG> (last accessed on 27/01/2016).

49 Article 46a Public Education Act. Available at: <http://www.lexadin.nl/wlg/legis/nofr/eur/lxwebul.htm> (last accessed on 27/01/2016).

50 Public Education Act. Available at: <http://www.lexadin.nl/wlg/legis/nofr/eur/lxwebul.htm> (last accessed on 27/01/2016).

51 Article 27(1), Public Education Act. Available at: <http://www.lexadin.nl/wlg/legis/nofr/eur/lxwebul.htm> (last accessed on 27/01/2016).

52 Data from the National Statistical Institute. Available at: <http://www.nsi.bg/otrasalenphp?otr=36&a1=1277&a2=1278&a3=1280#cont> (last accessed on 27/01/2016).

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

The Ministry of Education, the regional education inspectorates and the municipalities are responsible for promoting the adaptation of the education system for children from vulnerable backgrounds. National programmes such as 'With care for every student' provide support for children with outstanding abilities and for children who have problems with their learning process. The Inclusive Education project also runs at national level and is implemented through the appointment of specialists in mainstream and primary schools. Until 2014, 84 schools and 1,600 students with psychological and social needs (no medical reasons) were involved. Their support was limited mainly to an assessment and diagnosis of their needs. According to the Ministry of Education, 14,967 children with special educational needs had received inclusive education, i.e. professional support when they were at school or kindergarten (compared to 717 in 2004)⁵³.

During the 2007-2012 funding period, various projects were funded by EU Structural Funds to promote social and multicultural integration in the education system and reduce the number of early school leavers. These projects include the creation of favourable multicultural settings, the integration of children and students from ethnic minorities in schools, the reintegration of early school leavers and the integration into education of children and pupils from ethnic minorities. Some of the results of these programmes include:

- between 11,000 and 12,000 Roma children included in mainstream schools every year;
- 316 teachers trained to work in a multicultural environment;
- 1,409 parents participated in activities promoting the integration of children and students from ethnic minorities;
- 22,572 Roma children completed multicultural education programmes⁵⁴.

Desegregation policies

n.a.⁵⁵

Fighting early school leaving

A lack of coordination between schools, social services and parents has been reported⁵⁶, which makes it difficult to respond to children at risk of dropping out of school. In order to achieve better inter-agency cooperation, the government passed a plan to implement the 2013-2020 strategy to prevent and reduce early school leaving and achieve the target of early school leaving not exceeding 11% by 2020.

The strategy revolves around three components: prevention, intervention and compensation along the lines of the European Commission's Recommendation on Early School Leaving. Prevention policies aim at creating the conditions for improving the quality of education for children and students from vulnerable ethnic communities and for children with special educational needs. Intervention policies aim at introducing mentoring, career guidance and counselling, vocational training models, an early warning system and supporting students at risk of early school leaving for financial reasons. As for compensation policies, these aim at creating the right conditions for reintegration into the education system.

In the 2007-2013 financing period, 16.56% of the total budget of the Operational Programme 'Human Resources Development' (2007-2013) or BGN 393,063,797 aimed to provide significant support for reducing the share of early school leavers. In 2012, four schemes totalling BGN 28 million were agreed to finance initiatives for reintegration opportunities of early school leavers. According to Eurostat, in 2013 the rate of early school leavers was 12.5%, down from 12.8% in 2011.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Specific provisions for children with disabilities and/or mental health problems

The reality for children with disabilities is that there are not enough services in the community to support them. In addition, existing services are not distributed according to the needs of the target groups. This makes the prevention of child abandonment and the quality support for children with disabilities and their families difficult to guarantee. Two programmes and projects have been developed to address this situation by planning packages of services in the community, so that in the long term these can provide alternative care for children with disabilities and support for their families.



53 Information provided by the Ministry of Education in a letter signed in October 2014 at the request of the National Network for Children. National Network for Children (2015), What is the average government score for childcare? Report Card 2015, Sofia. Available at: http://nmd.bg/wp-content/uploads/2015/04/EN_belejnik2015_web.pdf (last accessed on 27/01/2016).

54 Source: e-mail exchange with experts from the Ministry of Education, consulted in January 2016.

55 For this section, no details were provided.

56 National Network for Children (2015), What is the average government score for childcare? Report Card 2015, Sofia. Available at: http://nmd.bg/wp-content/uploads/2015/04/EN_belejnik2015_web.pdf (last accessed on 27/01/2016).



The 2010-2013 National Programme on Guaranteeing the Rights of Children with Disabilities was adopted in July 2010 to create the conditions for a comprehensive reform of national policies for children with disabilities and their families. The 'Childhood for all' project started in June 2010. It has been implemented by the State Agency for Child Protection in partnership with the Ministry of Labour and Social Policy, the Agency for Social Assistance and the Ministry of Health. The aim was to provide each child with a package of necessary services according to their individual needs so that they can live in an environment, close to their family, where a new care approach is to be applied.

The project started by reviewing and analysing each child's situation, including an evaluation of the condition of every child with a disability placed in specialised institutions and their possibilities for reintegration. Second, suitable forms of social services and the municipalities in which they would be created were identified for each child, placed in institutions, including a review of existing social services in the specific territory. Third, preparations for removing children from institutions were implemented, including training and recruiting staff in children's services according to the package of services to be functioning in each target territory with a focus on actions to improve foster care and foster parents' training.

The goal was to replace all homes for children with disabilities⁵⁷ with Family Type Placement Centres (FTPCs) where up to 14 children could live, day centres and centres for social rehabilitation and integration. A risk identified was that placing children according to their illness or disability would contribute to these centres becoming specialised residential care rather than family-type homes. In 2014, the centres' policy was broadened to include all children at risk, which contributes to reduce this risk. Concerns have also been highlighted regarding day care centres becoming an alternative to nurseries or kindergartens for children with disabilities, thus affecting their inclusion, low level of funding and the institutional culture that remains in the service⁵⁸.

A serious problem of health services for children at risk, and children with emotional and mental health problems, is the lack of mental health services, which is the most under-developed area of healthcare⁵⁹. Since 2012, the Ministry of Education had been financing a national mobile group of psychologists that supported kindergartens and schools in their work with children and students at risk; however, their work was stopped in 2014⁶⁰. Social services have difficulties in covering these needs because of a lack of financial resources devoted to long-term psychotherapeutic treatment and support. The issue of integrating psychosocial services and joint financing has been highlighted in the past but no specific action has been taken. These services are mainly provided at project level with the subsequent difficulty in ensuring their sustainability. There is also a problem with a shortage of child psychiatrists and psychotherapists and their low level of qualifications.

Specific provisions for pregnant teenagers

Under the Child Protection Act, pregnant teenagers are children at risk. There are some general measures, including information and counselling, and social services, such as 'mother and baby', which provides temporary accommodation for up to 6 months for pregnant women and mothers at risk of abandoning their children. The service also encourages parental affection, provides social and psychosocial assistance and access to healthcare support, as well as mediation with their relatives to prevent social isolation and child abandonment.

Specific provisions for undocumented minors

The EU Council Directive 2003/9/EO⁶¹ and The Bulgarian Law on Asylum and Refugees⁶² regulate the specific measures which have to be undertaken with regard to unaccompanied minors, who seek or have been granted protection, including:

- the appointment of a guardian or tutor, under the conditions and procedures laid down in the Law on Child Protection and the Family Code;
- accommodation at a specialised institution or community-based social service;
- financial or material assistance;
- identity documents;
- medical care and referral to a general practitioner (GP)
- social aid from the State Agency for Refugees and Caritas-Bulgaria;
- psychological counselling from the State Agency for Refugees and the Centre for Assisting Torture Victims (ACET), where applicable;
- access to Bulgarian language courses at the Refugee Integration Centre with the State Agency for Refugees.

57 Child Homes are classified based on the type of problem: homes for children without parental care (HCWPC), homes for children with disabilities (HDC), educational boarding schools (EBS) and social-pedagogical boarding schools (SPBS), or depending on age: homes for children without parental care are divided into homes for 0-3, 4-7 and 8-18 year-olds. This information has been extracted from the background paper for the conference on 'Childcare system reform in Armenia, Belarus, Georgia, Moldova and Ukraine – commitment, partnership and action' drafted by Nelli Petrova Dimitrova, Director of SAPI (Social Activities and Practices Institute).

58 Comments provided by Nelli Petrova Dimitrova, Director of SAPI (Social Activities and Practices Institute), who was asked to comment on the answers to the questionnaire.

59 Bulgaria ranks last in Europe on mental health care according to The Economist Intelligence Unit's report. The Economist Intelligence Unit (2014), Mental health and integration provision for supporting people with mental illness: a comparison of 30 European countries. Available at: http://www.mentalhealthintegration.co.uk/media/whitepaper/Executive_Summary_EIU-Janssen_Mental_Health.pdf (last accessed on 27/01/2016).

60 National Network for Children (2015), What is the average government score for childcare? Report Card 2015, Sofia. Available at: http://nmd.bg/wp-content/uploads/2015/04/EN_belejnik2015_web.pdf (last accessed on 27/01/2016).

61 Article 19 of the Council Directive 2003/9/EO of 27 January 2003 Laying down Minimum Standards for the Reception of Asylum-Seekers regulates the main responsibilities of EU Member States in terms of refugee children.

62 Bulgarian Law for asylum and refugees. Available at: http://www.mvr.bg/NR/rdonlyres/BC96E947-6DF6-48F6-9872-85F94CE8FC6C/0/07_Law_Asylum_Refugees_EN.pdf (last accessed on 26/01/2016).

n.a.⁶³

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

Local authorities are responsible for running and managing housing in accordance with the local property act. Local Authorities' housing may include rentals, short-term occupancy and social housing. The law explicitly says that rentals are to be made available for Bulgarian citizens in need of housing, which creates a problem for those who do not have a Bulgarian ID. In turn, having an address is a requirement to be issued an ID. Social housing is to be made available for a period of up to two years for citizens or families with severe health or social problems. There are also temporary housing centres for families and individuals who are homeless and where they can stay for up to three months. It has been reported that these centres often accommodate men and women separately. This, together with the three-month period, means that they function rather like shelters, which hampers the provision of long-lasting solutions to people's problems.

In Bulgaria, there were 7.2 million inhabitants in 2014. According to data from the National Statistical Institute⁶⁴, after the last census in 2011, 3,887,149 people owned their own homes, and 171,477 rented a property. However, renting is extremely difficult for families who are on a low income (as per Eurostat, the minimum wage in Bulgaria was EUR 194 per month in December 2015) that does not always cover their food, clothing and heating needs. Rent support may be provided but it is not widely available. According to national figures from the Agency for Social Assistance⁶⁵, 2,460 families received benefits to pay their rent in 2012, 2,712 families were supported in 2013, 2,640 in 2014 and 2,304 in 2015. There is also some additional support with social housing at municipal level, which is based on needs assessment, but as this is a decision taken by the local authorities, figures vary across the municipalities. There is a shortage of social housing across the country, especially in big cities. Social housing is built by local authorities, some for rental, but most for sale to owner-occupants. The trend of decreasing the rate of occupied public social housing has continued over the past decade. Public social housing amounted to 2.6% at the last census in 2011, compared to 16.2% in 1985⁶⁶.

According to Nelli Petrova from SAPI (Social Activities and Practices Institute), due to poverty and particularly the poverty experienced by certain groups, these are sometimes concentrated in ghettos, where they live in houses that have no legal status. This is particularly relevant for issuing ID cards, as an address is required. The same goes for social assistance, for which an ID is required. Therefore, people living in these conditions may find themselves unable to access services.

Many Roma families still live in extremely poor conditions in urban slums, as in Fakulteta. In this district of the city of Sofia, which was visited by ESN, an estimated 20,000 to 35,000 Roma live with limited access to electricity or water. Children living in these ghettos are particularly affected and at a higher risk of abuse and exclusion. They have limited access to education, health and social services. Many of them may end up on the streets, but there are no official data on the number of street children.

The government launched the 2012-2020 Strategy for Roma Inclusion with housing as one of its priorities and four pilot projects (funded by EU Structural Funds) in the municipalities of Burgas, Vidin, Devnya and Dupnitsa for about 300 housing units. However, progress has been reported to be slow. In the town of Dupnitsa, with the largest housing project, planned construction works were suspended due to a shortage of funding⁶⁷.

Bulgaria has no official definition of homelessness – officially, it is therefore neither officially acknowledged or monitored. In the absence of an official definition of homelessness, studies have identified population with poor housing conditions by relying on a number of criteria. They include living in spaces that do not qualify as dwellings, such as barracks or cellars; living in dwellings which endanger the health and the safety of their occupants because of overcrowding, poor hygiene conditions, high level of noise, poor tenure rights, risk of eviction⁶⁸. According to the National Statistical Institute, there are wide variations between households in urban and rural areas. In April 2015, 21% of households had central heating, whilst 54% of households in the countryside did not have sewage and almost 40% did not have a toilet⁶⁹.

Supporting families with children at risk of eviction

n.a.⁷⁰



63 For this section, no details were provided.

64 National Statistical Institute. Available at: <http://www.nsi.bg/en> (last accessed on 26/01/2016).

65 These figures have been provided by colleagues at the Agency for Social Assistance in response to an email request in January 2016.

66 National Network for Children (2015), What is the average government score for childcare? Report Card 2015, Sofia. Available at: http://nmd.bg/wp-content/uploads/2015/04/EN_belejnik2015_web.pdf (last accessed on 27/01/2016).

67 Network of independent experts on social inclusion (2014), Investing in children. Breaking the cycle of disadvantage. A study of national policies – Bulgaria, CEPS. Available at: http://csdle.lex.unict.it/Archive/LW/Data%20reports%20and%20studies/Reports%20from%20Committee%20and%20Groups%20of%20Experts/20140430-010207_NetworkIESI2013-2_BULGARIA_report_April14.pdf (last accessed on 27/01/2016).

68 Ilieva, L. (2003), Housing in Bulgaria: Challenges and Perspectives. Available at: http://www.scp-knowledge.eu/sites/default/files/knowledge/attachments/Bulgaria-Final%20Paper_0.rtf (last accessed on 02/02/2016).

69 National Statistical Institute (2014), Housing conditions of the households. Available at: <http://www.nsi.bg/en/content/5716/housing-conditions-households> (last accessed on 26/01/2016).

70 For this section, no details were provided.

5. Enhancing family support and the quality of alternative care settings

According to the Social Assistance Act, local authorities are responsible for planning, opening, closing and funding local social services and for contracting with registered service providers. However, they do so through resolutions proposed to the Executive Director of the Agency for Social Assistance, who makes the final decision. The State Agency for Child Protection (SACP) and the Child Protection Departments (CPDs), at the regional offices of the Social Assistance Agency (under the Ministry of Labour and Social Policy), are responsible for licensing service providers and monitoring the quality of fieldwork with children, which is carried out by the CPDs and social service providers. After the latest amendment to the Social Assistance Act in March 2010, regional authorities have been responsible for regional services planning. Twenty-eight regional strategies for social services are being developed and adopted. The process of deinstitutionalisation of childcare has continued in line with the strategy 'Vision for the Deinstitutionalisation of Children in Bulgaria' agreed in 2010 and co-financed with EU Structural Funds.



71 UNDP (2000), Social Assessment of Child Care in Bulgaria.

72 UNICEF (2014), Deinstitutionalisation of children in Bulgaria – how far and where to? Available at: https://www.unicef.bg/assets/PDFs/De_I_Review_Report_EN_small_size.pdf (last accessed on 27/01/2016).

Protocols to assess the risks to a child and put in place appropriate support

Increasing the knowledge and skills of health professionals, who are at the front line of interaction with children and families, to provide appropriate and timely support to children at risk is key to prevent institutionalisation. Hospital professionals are now able to recognise children at risk and refer them to the CPDs. However, their role is mostly limited to making the referral. The cases of children with severe diseases or disabilities living in families at risk are of special concern. After discharge, the child is sent home and the GP's observation and follow-up care alone may be insufficient to guarantee safe and appropriate care of their special needs and timely professional response in case of complications. This may result in the CPD making the decision to place the child in residential care where no other alternative is available. The presence of multidisciplinary teams consisting of health professionals, psychologists and CPD social workers, who would support the family, would be a preventive mechanism.

The work of the CPDs is regulated by the 2001 Child Protection Act, particularly Article 4 that regulates child support in the family environment, the different types of placement, police protection and specialist care. The main steps implemented in managing the case of a child at risk are the assessment of the needs of the child and parental capacity, planning an action plan based on the assessment and agreement with the child and family, and implementation of the action plan and service provision. Services include protection measures in the family environment under supervision or an outside placement, which at the proposal of the CPD may be granted by the court. Finally, an evaluation of the case and the results of the protection measures is to take place periodically. Police protection is an emergency child protection measure for up to 48 hours. It may take place because of the involvement of street children or a child abuse case. Police reports to the local CPD, and the child protection case management cycle is activated. In accordance with the Child Protection Act, the mayor of each municipality is also the local child protection representative in the municipality.

Main reasons for children to be taken into care

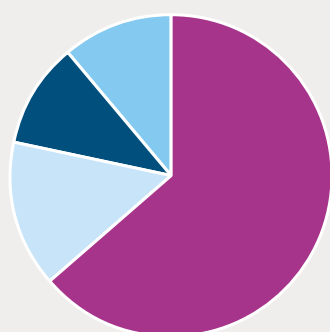
There are no official statistics on the reasons for placing children in care. However, there are reports stating that most children are placed in care for social reasons. According to the social assessment of childcare in Bulgaria⁷¹ conducted in the early 2000s, regardless of the child's problem (absence of family or appropriate parental care, learning or physical disability, behavioural problems), the answer was usually placing a child in a home. The assessment also mentioned that the main reasons for placement in care were social, particularly poverty, illness and long absence of parents.

Main provisions guaranteeing that children are not placed in institutions

To guarantee the child's right to grow up in a family environment, a national strategy was adopted in 2010. The Vision for the Deinstitutionalisation of Children in Bulgaria aims at closing by 2025 the 137 children's institutions that existed in 2010 – including all classical boarding-type institutions – and ensuring that every child that needs it has access to long-term and short-term placements in family-type care. A specific focus is to take place on working with families and professionals to prevent child abandonment, provide family support, and develop foster care and adoption. **Graph 1** provides an overview of children in infant homes in 2011, when the reform started to be implemented.

A review⁷² of the strategy's implementation until May 2014 indicates that the reduction in the numbers of children in institutional care has accelerated and the number of children entering alternative community-based, family-type care or foster care has increased. According to figures provided by the Agency for Social Assistance in a written response in January 2016, by the end of 2015, 1,470 children and young people with disabilities were living in newly built small homes. All 24 old-type institutions for children with disabilities in the country had been closed, as well as 12 of the old institutions for children without parents and eight of the infant homes. At the same time, 1,500 children without parents or at risk were accommodated with foster families.

Graph 1: Age distribution of children placed in infant homes in 2011



No.	%	Age
1,596	63.64%	0-1
369	14.71%	1-2
268	10.69%	2-3
275	10.96%	>3

Source: Review of the child protection system in Bulgaria, SAPI, 2011



73 Network of independent experts on social inclusion (2014), Investing in children, Breaking the cycle of disadvantage, a study of national policies – Bulgaria; CEPS. Available at: http://csdle.lex.unict.it/Archive/LW/Data%20reports%20and%20studies/Reports%20from%20Committee%20and%20Groups%20of%20Experts/20140430-010207_NetworkIESI2013-2_BULGARIA_report_April14pdf.pdf (last accessed on 27/01/2016).

74 According to information provided by the Social Activities and Practices Institute, a total of 54 hearings of children have been conducted in the 'Blue rooms' since their establishment in 2009, 14 of which were in 2014.

Now the main focus of reform is more trained foster families, especially for babies and children with disabilities, and more services to support vulnerable families and young mothers in order to prevent child abandonment. Additional support of the Agency for Social Assistance has been granted to local foster care teams. Still, the fostering and adoption system is fragmented between applicants' assessment, training (no common/specific methodology across providers), keeping different registers and post-placement/adoption support. The efforts of the interinstitutional working group on aligning processes of foster care and adoption are a demonstration of political will to improve existing procedures. A key need is to invest in staffing, training and supporting social workers in CPDs because of the acute shortage of well-trained and experienced social workers (570 at the end of 2012) and the high volume of cases per social worker (284 at the end of 2012)⁷³.

Main provisions guaranteeing that children without parental care have access to services

Children in care have formally guaranteed their access to universal services, but especially for those in institutions exercising their rights is more difficult. For instance, they are at higher risk of early school leaving, and though support teachers work with them many do not complete primary education, which prevents them from accessing vocational training. Many of these children need access to mental health services but, as highlighted in the health section, these are scarce.

Social services have difficulties in meeting the specific needs of children in care. Firstly, they do not always have access to them. Traditionally, placement was a permanent rather than a temporary solution. Efforts have been carried out so that CPDs refer children to social services (also those in foster care) not only when problems occur but also as a preventive measure. Secondly, these children have many complex needs, which require a highly professional, multidisciplinary and multi-service approach. However, as highlighted above, there is a shortage of well-trained and experienced social service professionals and there are no mechanisms in place linking all the various services (e.g. health, education and social services) contributing to social inclusion.

Specific mechanisms to listen to and record the voice of the child within the child protection system

Most provisions around recording the voice of the child are related to child protection proceedings. An inter-agency working group was set up in 2014 by the Ministry of Justice to introduce rules in compliance with international standards related to interrogation procedures for minors who are witnesses and victims of violence. There has been an increase in specially equipped rooms for children's hearings ('Blue rooms'); however, a low number of hearings has been conducted and there is a lack of rules and standards in the process⁷⁴. Therefore, the introduction of a methodology in the use of the Blue rooms has been recommended – setting criteria for location, facilities and organisational management, compulsory procedural rules for the hearing of children in child protection and the participation of an external legal representative.

Beyond child protection, the State Agency for Child Protection (SACP) established in 2003 the Council for Children between the ages of 13 and 16 to seek their opinion around Internet safety, health and education in schools or child abuse. Nonetheless, the Council of Children is not part of the structural regulations of the SACP and only serves as a consultative body. In 2014, the provisions in the SACP Strategic Plan on child participation were implemented through the project called 'Encouraging Child Participation by Strengthening the Role of the School Councils at School, Municipal and National Levels'.

Country profiles

France

The answers to the questionnaire, which represent the basis for this country profile, were provided by the National Observatory for Children at Risk, with contributions from directors of children's services at ANDASS (the Association of Social Services Directors), and from the CNAPE (National Confederation of Associations for Child Protection).

A commentary and review were provided by Jeanne Fagnani, Emeritus Research Director at CNRS (National Centre for Scientific Research) and Associate Researcher at the Institut de Recherches Economiques et Sociales (IRES), Paris.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The administrative competences regarding ECEC are divided among the state, the regional authorities, the 101 départements (county councils) and the local councils in the 36,766 communes (local authorities). At the national level, legal and policy provisions for the delivery of ECEC rely on COGs, agreements between the national government and the CNAF (National Family Allowance Fund, i.e. the family branch of social security).

The COGs aim to improve provision. In practice, this is done by creating more places for children under three in crèches in priority areas, and therefore, promoting better access to ECEC for economically disadvantaged children. Another main objective is to give parents more information about ECEC and family services; for example, through the creation of 'one-stop-shop' schemes, a national website for family services (monenfant.fr) and setting up a quality stamp for companies or institutions that are recognised as family-friendly by the Ministry of Social Affairs (*Label Famille*).

Childcare provision for preschool children is shared between the CNAF, the ministry in charge of social and health policies (along with a delegate minister for family), county councils and local authorities and social partners (mainly the UNAF – the National Union of Family Associations). Private companies and non-profit organisations still play a minor role in comparison to public authorities.

Since 2002, 'early childhood commissions' have been set up at the département level and have been in charge of bringing together all the relevant actors (local authorities, representatives of the Ministry of Education, the CAF, trade unions and family associations) to enhance coherence, service coordination, provision of information for families, improve access to services and support innovation.

The system of public early childcare provision is segmented, having two tiers falling under separate ministries: on the one hand, formal childcare provision, including publicly subsidised, centre-based and home-based arrangements (childminders working at home); on the other hand, nurseries (*écoles maternelles*), which are fully integrated in the school system.

The available services depend on the age of the child. While almost all children aged 3 to 6 are enrolled in nursery schools, which are free and fully integrated in the school system, services for children under three are more varied and the coverage rate is lower. In 2013, of an estimated 2,411,808 children under the age of three in France⁷⁵, 63% were mainly looked after at home⁷⁶.

Funding and financial incentives

Theoretically, universal access to ECEC services is granted through state funding.

Graph 2 provides an overview of public spending on ECEC in 2012. However, the number of families who can have access to ECEC services is capped, hence in practice, families are not guaranteed access. Furthermore, in formal childcare (see above), childcare allowances are provided only to working parents, employed or registered as unemployed, while only parents with at least two children qualify for child benefits.

A national scale sets fees for families based on the family's income, the number of children in the household and the childcare arrangement. The rationale underlying this system is equal access whatever the family's income or social background. Single parents in employment or registered as unemployed are frequently given priority, particularly in disadvantaged areas. However, although formal childcare providers (crèches and childminders) are highly subsidised and fees are income-related, for low-income families these services remain too expensive, in particular registered childminders⁷⁷. Indeed, almost all children from the lowest income families are cared for mainly by their parents. Moreover, the shortage of formal childcare provisions is detrimental to low-income families as they cannot afford to rely on a home-helper, i.e. a nanny at home, which explains why they often stop working when they have a child under the age of three.



75 Institut national de la statistique et des études économiques (INSEE) (2013a), Bilan démographique 2012. La population croît, mais plus modérément (National Institute of Statistics and Economic Studies (2013), Population report 2012. Population is growing, however with moderation), INSEE Première, 1429.

76 Direction de la recherche, des études, de l'évaluation et de la statistique (Drees) (2010), Enquête Modes de garde et d'accueil des jeunes enfants (Survey on custody methods and childcare). Études et résultats 803 June.; Boyer, D. (ed.) (2013), L'accueil du jeune enfant en 2012, données statistiques (The care of the young children in 2012). Paris: Observatoire national de la petite enfance, Caisse Nationale des Allocations Familiales (CNAF). Available at: http://www.caf.fr/sites/default/files/cnaf/Documents/Dser/AccueilJeuneEnfantInt2012_bd.pdf (last accessed on 27/01/2016).

77 Fagnani, J., and Math, A. (2012), 'Des assistantes maternelles mieux formées et plus qualifiées. Les parents consentiraient-ils à augmenter la rémunération?' (Better trained and skilled childminders. Would parents agree to increase their remuneration?), *Politiques sociales et familiales*, 109, pp. 59-73.



78 Cour des Comptes (2013), L'Accueil des enfants de moins de 3 ans.

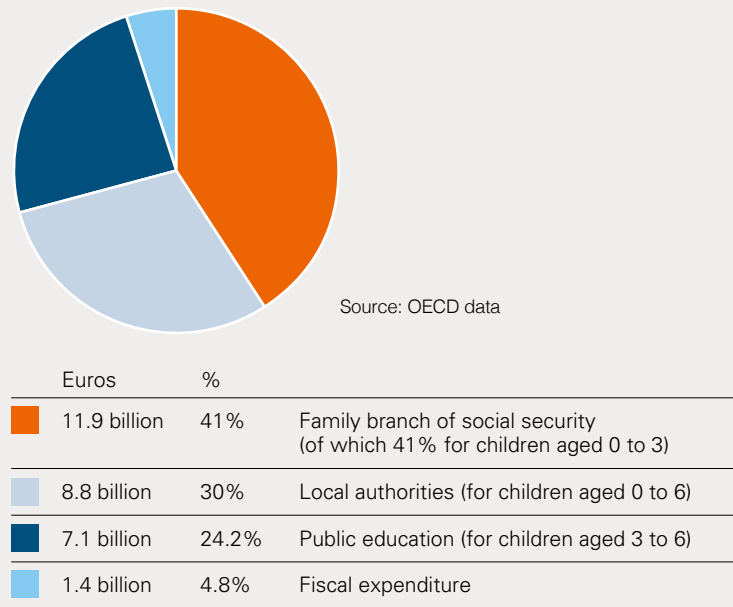
79 Such disadvantaged areas are located in the 215 neighbourhoods designated as 'sensitive urban areas' (Zones Urbaines Sensibles – ZUS) or in communes with 'urban social cohesion contracts' (Contrats Urbains de Cohésion Sociale – CUCS).

80 Cour des Comptes (2013).

81 Ministère de l'Éducation nationale, (2011), L'école maternelle (Preschool). Ministère de la famille. (2013). Un an d'action de la ministre de toutes les familles, 'Renforcer la mixité dès le plus jeune âge' (A year of action of the Minister of all the families, 'Reinforce diversity from an early age').

Graph 2: Public spending for early childhood education and care in France, 2012

Total budget EUR 29.3 billion



Variability of provision

There are large geographical disparities regarding the supply of places in centre-based provisions and for registered childminders. Therefore, in deprived areas, if parents are unable to get a place for their children in public services, they have to take care of their children at home due to the high fees charged by childminders. This represents a challenge that policy makers and the CNAF are trying to tackle, being the issue at the top of the policy agenda⁷⁸.

Specific provisions aim to incentivise the participation of children from disadvantaged backgrounds; for instance, a percentage of available places inside ECEC structures is reserved for disadvantaged families, such as parents receiving minimum income, returning to work or registered as unemployed. In disadvantaged areas⁷⁹, over the last decade, the government and the CNAF have made important efforts to increase access to collective childcare settings.

One of the main objectives of the national 'Childcare Project to Promote Hope in Disadvantaged Areas' is to encourage the creation of 'innovative' and 'flexible' childcare places suitable for parents with non-standard working schedules. However, the programme does not imply that children under the age of three from these families have systematic access to day care centres, as one criterion used by local councils to allocate places is to mix children from diverse social backgrounds. In socio-economic deprived areas, low-qualified or unemployed women are being encouraged to become childminders, both to increase the supply of childcare places and to support women's employment⁸⁰. An adviser at the local employment agency advises them and they may be provided with financial support from the CAF to help them adapt their home to regulatory requirements.

Over the last decade, policies targeted at children from disadvantaged backgrounds have channelled additional resources towards nurseries located in the most deprived areas. An area is designated as a ZEP ('Priority Education Area') when it includes a high proportion of such children, according to a variety of criteria outlined by the national Ministry of Education. In 2005, the government passed a law to encourage and extend access of children under the age of 3 to nurseries in these areas by providing them with priority access. The child/staff ratio is most often around 20 children plus an assistant and it is capped at 25.

The shortfall of places in crèches and the fact that nurseries are free means that parents living in ZEPs have a strong incentive to request a place in a nursery. However, the enrolment of children aged two in nurseries remains a controversial issue. Some children's experts underline that nurseries are not appropriate for the needs of children aged under three⁸¹, while some research shows the benefits of early schooling for children from economically disadvantaged backgrounds.

This is actually in line with the 2013 announcement of the deputy minister for families, who recognised that, since 92% of children living below poverty are minded by their parents at home, the aim for the next few years would be to set aside 10% of all available places in crèches for these children. It should be noted that an estimated 350,000 additional places in crèches would be needed to satisfy the high demand⁸². In line with this, the government announced a plan to create 275,000 additional childcare arrangements by 2018; 100,000 additional places in collective care structures such as crèches, 100,000 more places with registered childminders and 75,000 more places in nurseries for children aged between two and three. Currently, 13% of children aged two attend a nursery, as opposed to 90% of those aged three⁸³.

Inter-services and parental cooperation

ECEC services are strongly encouraged to work with parents, and there are specific requirements for schools and other structures to have parents councils (*conseils de parents*) and 'school councils' (*conseils d'école*), which are boards that encourage the collective participation of parents.

When a child begins attending a crèche, one of the parents is required to spend one week with their child in the centre-based setting to ensure a smooth transition from home to the childcare facility. Although there is no national curriculum for collective childcare settings, 2,000 of these facilities have been required to elaborate an 'education and social project' aimed at enhancing cognitive and physical abilities; learning activities; ensuring children's safety, health and wellbeing; and promoting and favouring social integration.

ECEC services cooperate with other services through specific protocols or networks. There are, for instance, interinstitutional conventions for children with special needs, as well as multidisciplinary networks for children at risk with the participation of social services, mother and child protection (*protection maternelle et infantile (PMI)*), CAMSP (Centre for early health and social intervention), child psychiatry, and child protection services (*aide sociale à l'enfance (ASE)*).

PMI services play a crucial role in ensuring the quality of childcare provisions (childcare centres and licensed childminders). PMI is the national public system of preventive healthcare and health promotion for all mothers and children from birth until the age of 6. Local PMIs are in charge of licensing and monitoring all care services, which fall outside the remit of the public school system. Primarily, they ensure that providers – including childcare centres run by private providers but publicly subsidised – abide by health and safety regulations, including preventive health exams and vaccinations, nutrition and staffing standards.

Licensed childminders, who represent the main childcare arrangements for children under the age of three, are supervised by PMI services. Before being licensed, an assessment is undertaken by a social worker, a paediatric nurse and a psychologist. The housing conditions and environment for hosting children are inspected, especially in terms of space, hygiene and safety. PMI services use national standards for childminders' registrations, which examine closely their education and skills. The license is valid for five years and can be renewed for consecutive periods. It specifies the number (no more than four children simultaneously) and the age of the children that can be cared for by them, either full or part-time. Childminders receive 60 hours of training before registration and an additional 60 hours in the two years following their registration. The training programme is paid for and supervised by local authorities.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

According to legislation, the French education system is inclusive and provides more help to children who need it most. However, this may be done differently than in other countries since the focus in France is more on addressing certain situations, rather than targeting specific populations.

Fostering the inclusion of children with disabilities

Regarding children with special needs, the relevant legal framework is the 2005 Law (No. 2005-102), setting up three systems for children with special needs: their integration into ordinary settings, integration into ordinary settings with the help of special carers and specialised structures for children with severe disabilities.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

There are no specific provisions for the inclusion of migrant and ethnic minority children. Indeed, there cannot be any dispositions targeting ethnic minorities in France, as this would be against French law⁸⁴. However, the French government provides support for certain issues that migrant children may be faced with. There are, for instance, classes for first-generation migrants and children who do not speak French (*classes d'initiation pour non-francophones (CLIN)*). A network of NGOs also provides help with translation and social mediation to families and schools at the local level.



82 Haut Conseil de la Famille (2013), Note d'analyse. Accueil des jeunes enfants et offre de loisirs et d'accueil des enfants et des adolescents autour du temps scolaire: la diversité de l'offre et les disparités d'accès selon les territoires (Analytical note. Childcare and leisure offer for children and adolescents during school time: diversity of supply and access disparities between territories), Paris.

83 Boyer, D. (ed.) (2013), L'accueil du jeune enfant en 2012, données statistiques (Care of young children in 2012). Paris: Observatoire national de la petite enfance, Caisse Nationale des Allocations Familiales (CNAF). Available at: http://www.caf.fr/sites/default/files/cnaf/Documents/Dser/AccueilJeuneEnfantInt2012_bd.pdf (last accessed on 20/01/2016).

84 The French law forbids the collection and use of any personal data relating, directly or indirectly, to racial and ethnic origins (Law No. 78-17 of 6 January 1978, art. 8).



85 Merle, P. (2012), *Ségrégation scolaire (School segregation)*. Paris: La Découverte.

86 Ibid.

87 Ibid.

88 Agence nationale pour la cohésion sociale et l'égalité des chances (Acsé), (2012), *Enquête annuelle de suivi du programme de réussite éducative ('Annual Survey monitoring the educational success programme')*.

89 UNICEF (2013), *Child well-being in rich countries: A comparative overview*, Innocenti Report Card 11. Available at: http://www.unicef-irc.org/publications/pdf/rc11_eng.pdf (last accessed on 20/01/2016).

90 Secrétariat général des affaires européennes (2013), *Programme national de réforme de la France pour l'année 2013 (General Secretary for European Affairs (2013), National reform programme of France for 2013)*, pp.32-46. Available at: http://www.economie.gouv.fr/files/20130417_programme_national_reforme.pdf (last accessed on 01/02/2016).

91 The 'Garantie Jeunes' is a scheme targeting the most vulnerable young people. Despite the semantic resemblance, this scheme accounts for only part of the Youth Guarantee in the European sense. It consists of personalised guidance and a EUR 452 monthly allowance, decreasing as the young person earns money in employment.

Regarding children from disadvantaged backgrounds, one of the problems policy-makers have to deal with is the strong urban residential segregation in France: poor families, especially those with an immigrant background, tend to live concentrated in socio-economically deprived neighbourhoods⁸⁵. The over-representation of these families makes it difficult to address diversity and social mix in schools. This is particularly the case as housing and urban policies over the last decades have failed to address the issue of residential segregation⁸⁶.

Desegregation policies

Because of this failure, a school mapping scheme (*carte scolaire*) has been implemented to ensure that all schools host children from diverse neighbourhoods. However, some parents manage to bypass this system, since exemptions can be made on an individual basis⁸⁷. Having recognised spatial disparities in the availability and quality of education and in educational outcomes, decision-makers started to set up specific provisions for areas, where there was a high concentration of children from disadvantaged socio-economic backgrounds. Since 1981, the government has been defining priority education areas, where all public schools receive additional funding, have fewer children per class and more teachers, who also receive a salary top-up.

Since 2005, this scheme has been strengthened with the programme for educational success, which is implemented through interinstitutional teams that assess the situation of the most vulnerable children aged 2 to 16. They define, together with these children and their families, personalised plans tailored to their needs. In 2012, there were 506 of these programmes and 745,000 children had benefited from the programme since it was introduced. Total investment for these local programmes amounted to EUR 115.7 million in 2011; 68% of this budget was financed by the state through the National Agency for Social Cohesion and Equal Opportunities (Acsé), while the rest was funded locally⁸⁸.

Fighting early school leaving

In France, 150,000 children leave school each year without a qualification. The proportion of those aged 15 to 19, who are not students, trainees or employed, reached 6.9% in 2012 according to the Innocenti Report Card 11⁸⁹. The French National Reform Programme for 2013, acknowledging the importance of this issue, set the goal of reducing early school leaving from 12.6% to 9.5%⁹⁰.

Prevention is an important aspect of this framework. Orientation and guidance services have been set up in schools. For those children, who experience particular difficulties in education priority areas, there is a network of psychologists and educators. A secondary prevention scheme is implemented through Centres for information and orientation (CIO). Available to all, these services can intervene when children are at risk of leaving school early and help them define an adapted early orientation project.

There are also a number of compensation measures. Various programmes for early school leavers are focused on professional training in schools. Lifelong learning schemes are also available. All of these programmes are mostly developed at secondary school level, focusing on children aged 12 to 18.

Thanks to a EUR 30 million investment, the 2013 National Reform Programme set the aim to provide individualised help to 200,000 disadvantaged young people. The Garantie Jeunes helped 10,000 disadvantaged young people to find employment or get a training contract in exchange for a minimum income in 10 pilot territories in 2013⁹¹.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

PMI, the national health prevention services for children and mothers, are also integrated in nurseries. They have a doctor and a psychologist as part of their staff several hours a week or available for consultation as needed to conduct assessments and referrals. Preventive health exams are compulsory for all four-year-olds. Health professionals from the local PMI services also play a role in helping to integrate children with special needs, whether in schools or childcare settings. PMI services are organised at county (*département*) level to ensure the implementation of universal access to healthcare from pregnancy to the age of 6. Their mission is to guarantee health prevention, screening and vaccination for all children. They also include mental health services, which are free and available to all children.

There are 20 mandatory health visits between birth and the age of 6 for all children. Entitlement to family allowances may be withdrawn if families do not comply with these requirements. These visits are organised by the PMI and are fully reimbursed by the healthcare system. In addition, medical visits are organised in kindergartens and during the first year of primary school by the school's health service.

There are also specific programmes for children in different vulnerable situations as detailed below:

Specific provisions for children with disabilities and/or mental health problems

Regarding children with disabilities, the CAMSP (Centre for early health and social intervention) is responsible for monitoring care for children aged 0 to 6, who have been identified as having special needs. For children with mental health problems, child psychiatry departments are widely available in general hospitals and are reimbursed.

Specific provisions for pregnant teenagers

The Planned Parenthood Network provides services for parents to be. After a law passed on 4 July 2001, pregnant girls under 18 can have an abortion without their parents' consent. There is also no need for parental consent when it comes to contraception. Since 31 March 2013, abortion is free for all women, and contraception is free for girls aged 15 to 18. If a pregnant teenager does not want to interrupt her pregnancy, she is supported and completely covered by the healthcare system.

Specific provisions for undocumented minors

There is a specific healthcare scheme, the state medical assistance (AME), for undocumented minors of all ages. Children of parents receiving AME get an unconditional 100% coverage for health costs.

Specific provisions for children from families with a history of substance abuse

There are no programmes specifically aimed at children coming from a family with an experience of alcohol or substance abuse. The only existing structure for parents with a history of substance abuse is the Maison maternelle, a service for pregnant women and mothers with children under three.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

There is an acute housing and social housing shortage in France that makes it very difficult for low-income families to access affordable, quality housing, including social housing. By law, social housing should represent 20% of all housing in any given municipality. However, this is not the case in many of them, despite the financial sanctions that have been applied.

Social housing is granted on a number of social criteria, including the number of children. A housing benefit, the APL, is means-tested and grants families financial help based on their income and number of children. The demand for social housing far exceeds provision, which led the 2013 National Reform Programme to call for a massive investment in social housing as well as structural access to housing measures and the creation of 9,000 more places in emergency social housing⁹².

Supporting families with children at risk of eviction

Eviction is only the last resort and there are legal buffers to avoid it, especially when it comes to families. In particular, no eviction can be carried out during the winter period (usually running from 1 November to 31 March). Social services have established assistance measures for families in case they are unable to pay their rent for a period of two months or more.

Despite this, homeless shelters have seen a significant increase in the past four years in the number of families with children requiring their services. While families represented a small percentage of emergency housing in the early 2000s, they have been the majority of users since 2009⁹³. According to INSEE⁹⁴, 141,500 persons were homeless in mainland France in 2012. It is estimated that of all homeless people in mainland France, 17% lived in a household consisting of two adults with one or more children, and 12% in a household consisting of a single adult with one child or more⁹⁵.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

According to Article L221-1 of the Family and Social Action Code (*Code de l'Action sociale et des familles*), child protection services intervene when "the health, security, or morality of the minors" are jeopardised and in situations that "severely impact their education or physical, affective, intellectual and social development". Child protection services and the courts, when alerted, undertake a multidisciplinary assessment of the family's situation, parenting skills, their impact on the child, and the resources identified in the community before they decide on a specific measure.

Main reasons for children to be taken into care

To remove the child from parental care, the assessment must conclude that the situation puts the child's development at risk, e.g. due to family violence, alcohol abuse, mental health issues or substance misuse. If open-setting measures have been taken and failed, or if parents refuse to cooperate, children may be removed from parental responsibility.



92 Secrétariat général des affaires européennes (2013), Programme national de réforme de la France pour l'année 2013 (General Secretary for European Affairs (2013), National reform programme of France for 2013), pp.32-46. Available at: http://www.economie.gouv.fr/files/20130417_programme_national_reforme.pdf (last accessed on 01/02/2016)..

93 Le Mener, E. (2013), 'Quel toit pour les familles à la rue? L'hébergement d'urgence en hôtel social' ('What type of housing solutions for homeless families? Emergency shelter in social hotels'). Available at: <http://www.metropolitiques.eu/Quel-toit-pour-les-familles-a-la.html> (last accessed on 20/01/2016).

94 Institut national de la statistique et des études économiques (INSEE) (2013b), L'hébergement des SDF en 2012: des modes d'hébergement différents selon les situations familiales (National Institute of Statistics and Economic Studies (2013) Accommodation for the homeless in 2012: accommodation types vary according to family situations), INSEE Première, 1455.

95 Conseil national des politiques de lutte contre la pauvreté et l'exclusion sociale (CNLE) (2015), Les chiffres clés de la pauvreté et de l'exclusion sociale (National council of policies against poverty (CNLE). Key figures on poverty and social exclusion). Available at: http://www.cnle.gouv.fr/IMG/pdf/CNLE_Chiffres_Cles_2015.pdf (last accessed on 20/01/2016).

Legislation in France therefore recognises that priority should be given to maintaining family ties, and that poverty alone does not qualify as a risk situation. Early intervention with families is encouraged, so as to help parents with their parenting role.

Main provisions guaranteeing that children are not placed in institutions

In-home interventions with the family account roughly for half of all child protection measures in France. According to estimates of the National Observatory for Children at Risk (ONED)⁹⁶, 288,300 children under 18 in the care system (ASE⁹⁷) were concerned by at least one assistance measure in December 2013. This figure corresponds to 1.97% of the total child population and increased by 1.5% since 2012. About half of these children (47.5%) were receiving open-setting assistance, i.e. they were not separated from their families. Placement concerned the other half. According to the estimates made in ONED's 10th yearly report (2015), 53% of the children placed outside their family are in foster care and 38% in residential care.

Main provisions guaranteeing that children without parental care have access to services

As highlighted above, as of December 2013, children who were placed outside their families accounted for 47.5% of all children supported by child protection services. In 2012, these placements were overwhelmingly decided by judges (88%), though in a few cases, children were placed following a delegation of parental authority or guardianship in agreement with parents themselves.

More than half of all children in this situation have been placed in foster families, and 69,000 children were being looked after by 40,000 foster carers in 2012⁹⁸. Foster carers in France are, in two-thirds of cases, employees of the départements, which is not very common in other European countries. They receive a salary from public funds and must follow a strict training process, consisting of an initial 60 hours' training before they can care for a child, and an additional 240 hours of training, divided into three modules, over the first three years following their first work contract. At the end of this training, they can receive a state diploma as professional foster carers, although this is not mandatory⁹⁹.

All placement orders are time-constrained. They cannot last longer than two years. This calls for regular reviews of the child's situation by a judge to identify potential problems. The judge can be asked to revise the decisions and actions taken by the parents, the foster carers or the child protection system, but also by the children themselves.

The French child protection system recognises the duty to help children leaving the care system until the age of 21. As of 31 December 2013, there were 21,800 young adults receiving this support, mostly in the form of placement (84.8%). Virtually all child protection measures for those aged 18 to 21 are requested by the young person himself/herself.

Specific circumstances can lead children to be deprived of parental care, but not as the result of a care order. Children without legally recognised parents represent 600 to 700 births every year in France. They become looked-after children by public authorities for the first two months, and unless the biological parent claims them back, definitively. Orphans with no identifiable family or guardian, children judicially recognised as abandoned and children whose parents have been stripped of all parental authority are also looked after by the state. This means that the child protection system looks after all the child's needs until the child is placed permanently in a care setting or adopted.

Specific mechanisms to listen to and record the voice of the child within the child protection system

To ensure that the child's voice and interests are taken into account, the past few years have seen the development of an increasing number of provisions and regulations in child protection services. Children in the child protection system have a personal plan according to their needs. Children actually participate in the definition of the goals and measures of their plans. Additionally, the children's voices are also taken into account as a collective entity through the establishment of school councils. When necessary, a child is entitled to a personal legal counsellor, i.e. a lawyer representing them – as opposed to being represented by their parents or guardians.



96 Observatoire national de l'enfance en danger (ONED) (2015), Estimation de la population des enfants pris en charge en protection de l'enfance au 31/12/2013 (Estimated population of children cared for by the child welfare system as of 31/12/2013). Available at: http://www.oned.gouv.fr/system/files/publication/20151012_oned_estimation.pdf (last accessed on 20/01/2016).

97 Aide Sociale à l'Enfance (ASE) ('Social Assistance and Support to Children at Risk') provides temporary shelter and long-term housing solutions as well as in-home interventions for families facing particular difficulties.

98 Direction de la recherche, des études, de l'évaluation et de la statistique (Drees) (2015), Les dépenses d'aide sociale départementale en 2013, Études et résultats 905 (Direction for research, studies, evaluation and statistics (2015), Social welfare expenditure at county level in 2013).

99 Observatoire national de l'enfance en danger (ONED) (2015), L'accueil familial: quel travail d'équipe? (Family foster care – working as a team) (2015). Available at: http://www.oned.gouv.fr/system/files/publication/20150710_af_web_0.pdf (last accessed on 20/01/2016).

Country profiles

Germany

The answers to the questionnaire, which represent the basis for this country profile, were provided by the Association for Public and Private Welfare, with contributions from representatives of the state of North Rhine-Westphalia and the city of Hanover.



100 Federal Ministry for Justice and Consumer Protection: Sozialgesetzbuch (SGB). Aches Buch (VIII). Kinder- und Jugendhilfe (Eighth book of the Social Security Code on child and youth services). Available at: http://www.gesetze-im-internet.de/sgb_8/BJNR111630990.html (last accessed on 18/01/2016).

101 Federal Ministry for Families, Older People, Women and Youth (2015a), Fünfter Bericht zur Evaluation des Kinderförderungsgesetzes (Fifth report on the evaluation of the child support law). Available at: <http://www.bmfsfj.de/BMFSFJ/Service/publikationen,did=214056.html> (last accessed on 18/01/2016).

102 Federal Ministry for Families, Older People, Women and Youth, (2015b), Familienbilder in Deutschland und Frankreich (The situation of families in Germany and France). Available at: <http://www.bmfsfj.de/BMFSFJ/familie,did=213228.html> (last accessed on 19/01/2016).

103 Autorengruppe Bildungsberichterstattung (2014), Bildung in Deutschland 2014. Ein indikatorengestützter Bericht mit einer Analyse zur Bildung von Menschen mit Behinderungen (Education in Germany in 2014. A report with indicators and analysis on the education of people with disabilities). Available at: http://www.bildungsbericht.de/daten2014/bb_2014.pdf (last accessed on 18/01/2016).

104 See also section 5.

1. Reducing childhood inequality through investment in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The legal framework for early childhood education, care and schooling in Germany is provided by the Social Code, Book VIII (SGB VIII). Articles 22 to 24 put the duties on the federal states (regional governments) and local authorities¹⁰⁰; for example, holding and implementing tenders is the responsibility of public children's welfare services. This calls for cooperation between public and private providers of children's welfare services, since both manage services. According to SGB VIII, children older than one and below school age (6 years old) are entitled to a place in a child day facility or in a child day care centre. Federal states have also drawn up guidelines for professionals working with children in childcare facilities and in child day care centres.

Funding and financial incentives

In regards to ECEC, Germany pursues a holistic approach aimed at promoting the development of the child. This approach should be determined by the child's age, degree of development, language, life circumstances, ethnic background and the interests and needs of the child (Article 22 para 3 SGB VIII). In some states, ECEC is free of charge for parents, while in others it is not. In those federal states where ECEC is not free, the municipalities are responsible for determining the fees and possible exemptions. The level of fees often depends on socio-economic criteria (e.g. parental income, number of children, children's special needs), though these criteria vary from one municipality to another.

Variability of provision

The current percentage of children that receive day care throughout Germany for the 3 to 6 age group is over 90%. However, in view of new legal provisions, only in 2005 did the extension of the service to children under 3 begin, and, as a result, the German average for this age group is currently at about 40%. Yet, service provision is not uniform across Germany. The availability, accessibility and quality of services are characterised by regional and local disparities¹⁰¹. For the overall availability of childcare services, it needs to be said that there is not yet sufficient supply. Despite recent investment to ensure equal access to early childhood services for children under the age of three, more investment would need to be made in order to meet the existing demand.

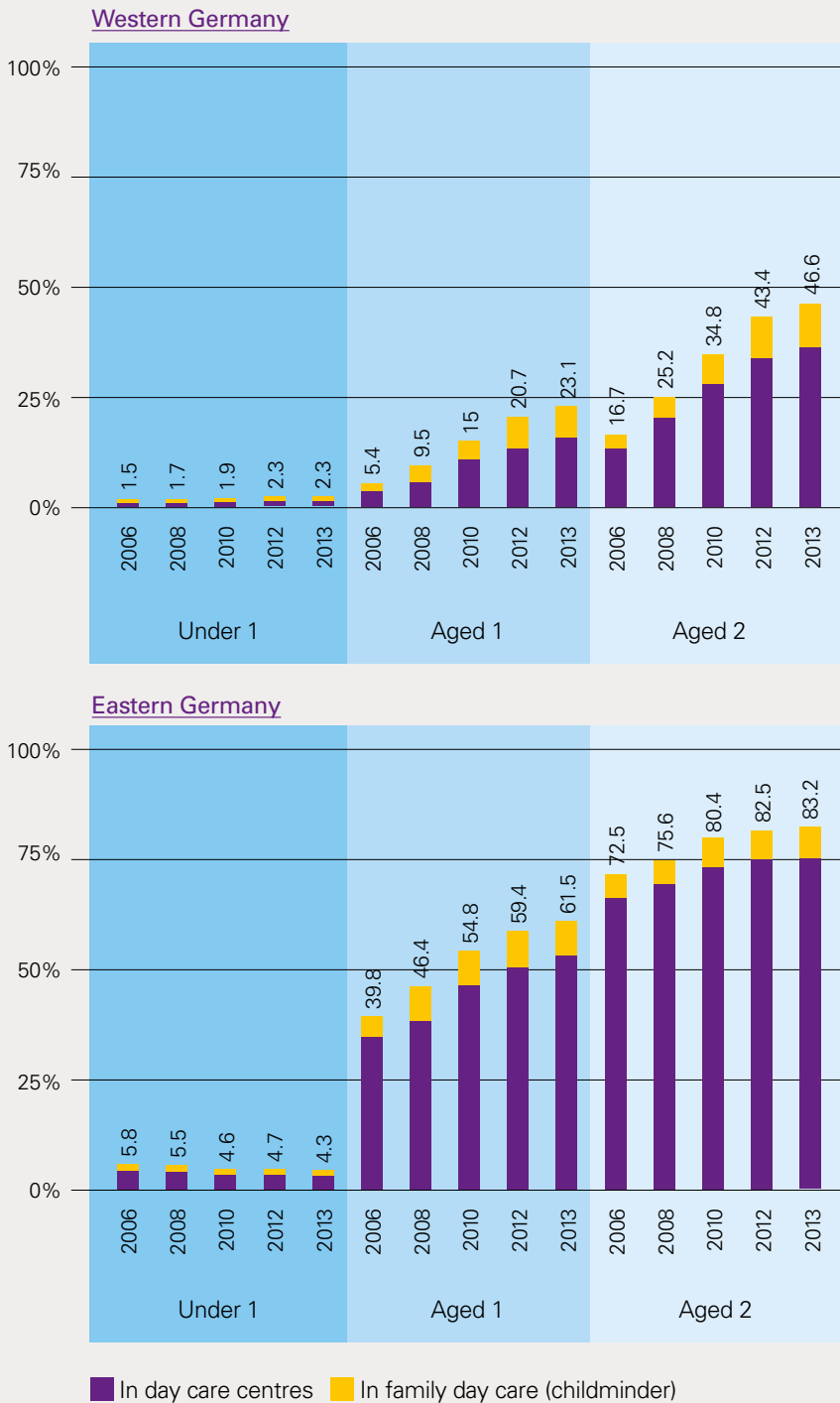
There are disparities between regions, but also between municipalities within the same region. From a regional perspective, it can be said that on average in Eastern Germany the coverage of services, including opening hours, is better¹⁰² and consequently a higher share of families make use of early childhood services than in Western Germany. The reasons for that are both historical and economic. **Graph 3** provides a comparison of the number of children under the age of three in day care in Eastern and Western Germany. At the local level, the drivers for the differences in provision are again varied. If, for example, a local authority is in a robust financial state, the provision of services may be much easier than for a financially challenged authority. Geography matters as well, since particularly in rural areas, a territorially more scattered infrastructure poses a barrier to access for users.

Legislation demands that children's services are to be implemented by qualified staff. At workforce level, a recent report of the German government underlines that, despite the considerable recent increase in the supply of places, the level of staff qualification remained high across the country, although not everywhere. For example, in some metropolitan areas, the supply of qualified staff proved to be insufficient¹⁰³.

Inter-services and parental cooperation

Under federal and state regulations, ECEC units are tasked with working jointly with various organisations and initiatives at the local level. In order to safeguard child protection, Germany has implemented specific legal regulations (Article 8 of SGB VIII) calling for youth offices to work together with other relevant stakeholders such as family courts, health bodies and the police, in cases where the child's wellbeing is at risk¹⁰⁴.

Graph 3: Children under the age of 3 in day care in Western and Eastern Germany



Source: Expert group for reporting on education, 2014.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

In Germany, a compulsory schooling period is established by the Constitution of each state. The result is that full-time compulsory schooling may last until completion of the 9th or 10th school year depending on the state. Following full-time compulsory schooling, students have the option of attending vocational training in order to gain a professional qualification or remain in the 'regular' education system to pursue university education. In this area too, regulations differ from one state to another.

The Bonn Decree passed in March 2014 resulted in renewed subsequent pressure on education authorities to improve inclusion in education. It also implemented a system to finance inclusive education through cooperation between the national government, regional governments and local authorities.



105 Federal Ministry for Families, Older People, Women and Youth (2013a), Schulverweigerung. Die 2. Chance (Truancy – a second chance. Available at: <http://www.bmfsfj.de/BMFSFJ/Service/publikationen,did=200350.html> (last accessed on 19/01/2016).

The German education system provides access to public schools free of charge. There also exists free provision of schoolbooks and equipment. However, this is subject to individual states' regulation and results in differences between the states. For this reason, in some states, parents have to buy books at the beginning of the school year, even if they should be provided by the school, which makes the idea of free provision of schoolbooks and equipment questionable in practice. However, items like school bags, sport shoes, exercise books or pencils have to be purchased by the parents.

Fostering the inclusion of children with disabilities

During the 2012-2013 school year, about 495,000 students (or 6.6%) throughout Germany were found to have special educational needs. About 140,000 of them (28.2%), received regular schooling (this is known as the inclusion rate); 4.8% of all full-time students attended special schools (this is known as the exclusion rate). The percentage of students with special needs attending regular schools accounts for 1.9% of all students. There are large differences across states (regions) when it comes to inclusive education, as the inclusion rate ranges from 14.7% (Lower Saxony) to 63.1% (Bremen). In fact, the exclusion rate throughout the country has declined only marginally, and in some states it has actually increased.

In the process of achieving an inclusive education system, the current focus in Germany – both legislative and political – emphasises measures and activities aimed at bringing down the barriers experienced by children with disabilities. Since 2009, the matter of inclusive education has increased in importance in the policy agenda of the states. Germany ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) on 26 March 2009, and since then it prevails over all regulations of the states, just like a federal law. Since the ratification of the UNCRPD, states have had to implement changes to varying degrees. Inclusive education has become embedded as a political goal in the guidelines of governments in almost all states. A resolution of the Minister of Culture's conference 'Inclusive education for children and young people with disabilities in schools' in 2011 was followed by an increase in the activities of states' governments in this matter. However, the range of these activities varies widely and goes from gradually closing special schools so that all children with disabilities go to regular schools to the implementation of small changes in special schools.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

There are measures to promote the inclusion for children from migrant backgrounds or ethnic minorities; e.g. integration guidance, language assistants and integration classes. Migrant children are assisted through special integration classes, while integration guides visit parents and offer them support with the education system and related issues. Language assistants provide support when language skills are inadequate. Education packages from the federal government give some students from poor backgrounds the right to claim reimbursement for certain education services and participation, including school trip costs, child support, teaching support, school meals (when not provided at schools), cultural and sport activities (for example, contributions of up to EUR 10 per month are paid to sport clubs and music schools).

Desegregation policies

The admission of a child to a particular public school is mostly subjected to the child's place of residence. Beyond that, educational performance or whether a sibling is already attending that particular school are also taken into consideration. However, social criteria, like family income or whether a child has a migration background, are not taken into account in admission policies.

Fighting early school leaving

Since general school education falls within the competence of the states, there is no regulation covering the whole country, and the same goes for early school leaving. Truancy is monitored and dealt with differently depending on the state. The system is very punitive and focuses on imposing monetary fines on the person responsible for the child or the students themselves.

On the prevention side, the programme 'Truancy – a second chance'¹⁰⁵ is promoted by the Federal Ministry for Families, Women and Youth with funds from the European Social Fund. This is supplemented with additional funds from the local authority (Article 13 of SGB VIII: youth social work). In addition, numerous schools also have 'school social workers', who work with child and youth support organisations to provide support in truancy cases, react promptly to the first signs of school drop-out and, together with students, parents and teachers, develop measures aimed at discouraging truancy and helping students to return to schools.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

A panel of experts appointed by the federal government drafts the Children and Youth Report¹⁰⁶, published by the federal government in every legislative period¹⁰⁷. The federal government submits to both houses of the German Parliament this report on the situation of young people and the services provided by organisations supporting children and young people. In addition to describing and analysing the situation, the report contains a general overview of youth support and suggestions for further development. The 13th Children and Youth Report issued in 2009 or Report on health-related prevention and promotion in child and youth support¹⁰⁸ focuses on health prevention and promotion. More specifically, the report covers child day care practices particularly in schools, around health-related issues such as children and young people's mental health problems, and children and young people with disabilities.

In Germany, health promotion among children represents a special interface between health matters and child and youth support, and health promotion is indeed an inter-departmental task. Cooperation between health services and child and youth local offices is sought and featured often in the political agenda of the municipalities. However, health promotion is not established in SGB VIII as a task of child and youth local offices and it is not mentioned in the catalogue of services in Article 2 of SGB VIII. Only support for children and young people with mental health problems and medical assistance are mentioned in SGB VIII as tasks under the responsibility of local authorities' child and youth support services.

Specific provisions for children with disabilities and/or mental health problems

In Germany, services for children with disabilities include medical and non-medical socio-paediatric, psychological, orthopaedic and psychosocial services. Articles 3 and 4 of the Früh-Decree set the basis for the creation of interdisciplinary early intervention centres and socio-paediatric units for children with disabilities. There are various forms in the states and their purpose is to improve the treatment and wellbeing of children with disabilities. These services can also be performed on an outpatient or mobile basis.

Children and young people with mental health problems are entitled to medical assistance, according to Article 35a of SGB VIII. This entitlement is open to all children and young people whose mental health is most likely to disadvantage them by more than six months when compared with the typical conditions of peers in their age group, and thus interferes with their participation in normal social life. The International Classification of Psychiatric Disorders¹⁰⁹ – chapter V (F) of ICD-10 is taken as the basis to assess mental health problems. According to Article 35a of SGB VIII, youth offices at the local authorities may provide the following services for children with mental health problems: outpatient assistance, support in child day centres, appropriately trained care givers and assistance in other residential units and facilities during day and night.

Specific provisions for pregnant teenagers

Young people have access to anonymous counselling on questions of sexual information, contraception, family planning and pregnancy. Compared to other countries, the number of teenage pregnancies and abortions in Germany is very low. Between 1996 and 2006, the number of pregnancies per 1,000 women aged between 15 and 17 (not including miscarriages, which occur in about 15% of all teenage pregnancies) varied between 7% and 9%. Around 60% opted for an abortion, but East Germans tended to carry a pregnancy to term, while West Germans did not. Teenage pregnancies are generally first identified by gynaecologists, and pregnant minors are informed about their counselling and support options. Before any abortion, the adolescent has to attend compulsory counselling from a recognised pregnancy advice bureau and submit evidence thereof. Nationwide pregnancy counselling centres are available locally and fall under state responsibility (Articles 3 and 4 of pregnancy law or SchKG).

Prevention rests on two pillars: On the one hand, sex education at school and on the other, individual counselling at specialist clinics. The authority responsible for sex education is the Federal Centre for Health Information (BZgA), which is tasked by pregnancy law with providing sex education and family planning information. Teenagers looking for information may visit the websites of BZgA for information on sex education:¹¹⁰ schule.loveline.de is particularly aimed at teachers, while the website loveline.de is especially targeted at young people. In the case of single mothers, they receive support from the youth office at local authorities once paternity has been established. If appropriate, the youth office can also offer a place in a mother/father/child facility or in sheltered accommodation.



106 The latest version is Federal Ministry for Families, Older People, Women and Youth (2013b), 14. Kinder- und Jugendbericht. Bericht über die Lebenssituation junger Menschen und die Leistungen der Kinder- und Jugendhilfe in Deutschland (14th Children and Youth Report. Report on the living circumstances of young people and services issued by child and youth support organisations in Germany). Available at: <http://www.bmfsfj.de/BMFSFJ/Service/volltextsuche,did=196138.html> (last accessed on 19/01/2016).

107 This is provided for in Article 84 of SGB VIII.

108 Federal Ministry for Families, Older People, Women and Youth (2009), 13. Kinder- und Jugendbericht. Bericht über die Lebenssituation junger Menschen und die Leistungen der Kinder- und Jugendhilfe in Deutschland (13th Children and Youth Report. Report on health-related prevention and promotion in child and youth support). Available at: <http://www.bmfsfj.de/BMFSFJ/Service/publikationen,did=128950.html> (last accessed on 19/01/2016).

109 World Health Organization, The ICD-10 Classification of Mental and Behavioural Disorders, Diagnostic criteria for research. Available at: <http://www.who.int/classifications/icd/en/GRNBOOK.pdf> (last accessed on 19/01/2016).

110 Federal Centre for Health Education: Webseite zur Sexualaufklärung (Website on sexual education). Available at: <http://www.bzga.de/infomaterialien/sexualaufklaerung/> (last accessed on 18/01/2016).

Specific provisions for undocumented minors

In Germany, every person has the right to emergency medical treatment. However, exercising this right is a problem for people without legal residential status, since they risk disclosing their illegal status. Consequently, they often do not claim appropriate medical assistance. There are therefore loopholes in outpatient services, particularly in dentistry, specialist services and treatment of infectious diseases and chronic and mental illness, as well as in inpatient services. Article 4, and various paragraphs of Article 1 of the law on asylum-seekers (AsylbLG) list the services that people without legal residential status are entitled to, usually chronic diseases, emergency care and pregnancy services. However, the costs of these services may be passed onto the immigrant receiving the treatment.

Large cities such as Berlin, Bremen, Frankfurt am Main, Freiburg and Hamburg have informal health networks for people lacking legal residential status. In these private facilities, doctors, social workers, midwives and interpreters generally offer their services voluntarily and free of charge in the area of outpatient health provision. However, initiatives of this sort are not able to cover the entire medical spectrum.

Specific provisions for children from families with a history of substance abuse

In Germany, about 2.65 million children and young people live partly or permanently with at least one alcohol-dependent parent. In addition, about 40,000 children have parents who are drug-dependent or present other types of addiction. These children and young people fall under the responsibility of various support organisations, such as youth offices in local authorities, addiction support services and healthcare services. Therefore, support for children and young people with parents who are drug users or have mental health problems is always an interface task. Cooperation between youth social workers and health organisations in the context of early intervention, and with relevant outpatient services such as socio-pedagogical family support, has been highlighted.

As children and young people who are undergoing psychiatric treatment frequently have parents with addictions or mental health problems, cooperation between child and youth support and psychiatric services is being improved. In addition, organisations working with the parents are also involved to improve coordination efforts. Professionals working in education settings have access to information on mental health and addictions and the various services provided by the local child and youth offices. A certificate to train education professionals on mental health and addictions called 'Trampolin TM Plus' was developed through a federal project in cooperation with the German Institute for Addiction and Prevention Research at the Catholic University of Cologne and the German Centre for Addiction in Children and Youth at the University Clinic in Hamburg-Eppendorf.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

The obligation to provide or ensure adequate housing is met by the national government through legislation and administrative provisions in the areas of accommodation (e.g. Tenancies Act), social services (SGB II and XII, Housing Benefits Law), social formulation of personal rights (BGB-tenancy law, ZPO – on eviction) and police law. Growing demand for accommodation in urban areas, higher tenancy costs and new demographic and social challenges have put housing policy under intensive discussion. In the area of new-builds, there has long been a lack of investment in affordable accommodation, with a tendency to construct high-value flats, so the German Union of Tenants claims that there is a shortfall of some 400,000 flats in urban areas. The federal Government recognises this problem and has included among its goals increasing the rate of social housing built each year. Since the states (regions) are responsible for social housing, by the end of 2019 they should have received an annual EUR 518 million in subsidies. These funds will go into the construction of new public social housing and the renewal of the current housing stock, with the support of the states' own funds.

People with low income benefit from housing allowances, which aim to help them to afford decent housing. The amount of housing benefit is calculated taking into account the following factors: number of family members in the household, family income and rent. At the end of 2012, around 783,000 German families were recipients of housing benefits. This represents 1.9% of all households (whilst in 2011, 903,000 households were receiving this benefit). The overall expenditure on housing benefits throughout the country in 2012 was around EUR 1.2 billion, 21% less compared to the 2011 budget. The average monthly housing benefit claim was EUR 114.

Since the Fourth Law on Modern Services in the Labour Market ('Hartz IV') came into force in 2005, together with associated changes in housing benefits, recipients of state transfer payments, such as unemployment benefit, social assistance, reduced employability and assistance for asylum seekers and people in need, no longer receive housing benefits. Instead, a provision to cover accommodation was included within their overall transfer.

Supporting families with children at risk of eviction

In 2012 around 284,000 people were homeless, 11% of them children and young people. Acknowledging that a number of circumstances may lead to homelessness, joint support services have been set up in a number of places. For instance, in Berlin, homeless people or people at risk of eviction may access the following services at the local authorities' social service office: socio-pedagogical counselling and support when people are at risk of eviction, support with rent arrears, support for homeless people, support for rental costs and interventions in personal crisis situations.

The situation in Germany varies considerably, and since there is no unified countrywide regulation, it lies within the remit of local authorities to provide accommodation in case of homelessness. In the meantime, attempts are made to resort to special homeless shelters also known as basic homes for families. Some regions and communities have resorted to this type of accommodation, but in others infrastructure is rather patchy – this is particularly true in Eastern German states and rural areas.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

If the local authority's youth office becomes aware of potential threats to the wellbeing of a child or young person, Article 8a of SGB VIII provides for assessment of the threat by a number of experts working together at the local authority's youth office, including social workers, educators and psychologists. The youth office has to involve the parents or legal guardians and the child or young person in this assessment and, if the experts' assessment so determines, obtain first-hand knowledge of the situation and condition of the child and their environment. The youth office then recommends to the parents or guardians the suitable and necessary provisions for the removal of the threat. There exists a multiplicity of services inside and outside the family. SGB VIII lists the forms these can take: education counselling and support, group social work, care support, socio-pedagogical family support, intensive individual socio-pedagogical support and full-time care including monitored accommodation.

If the measures suggested by the youth office are unsuccessful, the youth office has the responsibility to call in the family court and give a detailed report of its reasons for recommending family court measures. For instance, what evidence exists of abuse or neglect by the parents? What damage has already been caused to the child? What evidence is there of developmental deficit? Has schooling assistance been offered yet? In selecting appropriate measures, the family court then has to apply the principle of proportionality, so the measure chosen has to be suitable and necessary for the improvement of the child's situation. At the same time, they have to opt for minimum interference with parental rights, as removing the child from the family is only permitted in cases where the danger to the child cannot be alleviated by any other means. These are some of the measures the family court may decide upon: support from services at the child/youth and health offices, support provided in schools, temporary prohibition for one of the parents to use the family home or contact the child, and partial or complete removal of parental care.

If a child or a young person himself/herself requests protection, the youth office or other responsible authorities, e.g. child emergency services, has the obligation to meet this request, as the subjective feelings of the child are taken as the overriding criteria. Even if at first sight adults familiar with the case come to a different conclusion, the first step is to take the child or young person into care. The youth office has the duty to inform the parents or legal guardians of the state care order. If they demand the child be returned to them, the youth office, after investigating the situation, is obliged to comply if there is no risk for the child, or, if the wellbeing of the child appears to be under threat, to require further measures ordered by the family court. Early involvement of the family court is usually sought.

Main reasons for children to be taken into care

The reasons for taking children and young people into care are covered by Article 42 of SGB VIII. According to this article, the youth office may take a child into care if the child so requests, if there is an immediate danger to the child's wellbeing or in the case of unaccompanied foreign minors with no relatives in the country. A list of the reasons for children to be taken into care is included in **Table 2**.

Table 2: Prevalence of reasons to take children into residential or foster care in 2011*

Reason	Prevalence	
	Residential care absolute figure: 65,367	Foster care absolute figure: 61,894
Neglect	12%	15%
Lack of sufficient care and support	12%	15%
Threat to child welfare	20%	27%
Limited parenting competence	16%	13%
Parental issues impacting on child's wellbeing	7%	9%
Family conflicts	7%	2%
Antisocial behaviour	11%	1%
Developmental disorders / mental health problems	6%	2%
Problems in schools or in the workplace	3%	< 1%
Change of youth department	6%	16%



* Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW): Kinder- und Jugendhilfe in Deutschland. Daten – Fakten – Entwicklungen. Ein Trendbericht, pp. 29-33. Available at: https://www.bgw-online.de/SharedDocs/Downloads/DE/Medientypen/bgw_forschung/TP-Tb-13-Trendbericht-Kinder-und-Jugendhilfe_Download.pdf?__blob=publicationFile (last accessed on 18/02/2016).

* Residential and foster care (Heimerziehung und Vollzeitpflege) are not the only forms of child protection care in Germany. Other forms include, for example, support for families (*Familienhilfe*) and special support for children with mental health problems (*Eingliederungshilfe*). The table contains figures for the most intensive forms of care.

* Sources: Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW), 2012; and Schmidt, Schneider, Hohm, Pickartz, Macsenaere, Petermann, Flosdorf, Hölzl and Knab, 2002

Main provisions guaranteeing that children are not placed in institutions

Removing a child from its family is always seen as the last resort by public authorities under the German legislation. There exists a number of services, which differ considerably in terms of facilities, target group, care provision, location and size, including short-term accommodation, accommodation for mothers and children, youth residential groups and foster care. In addition, there are closed homes, where young people are deprived of their liberty. This type of accommodation is ruled in cases of youth crime; for instance, when there is a risk of self-harm or harm to others.

Germany has a developed concept of fostering, under which foster parents need to be adults who look after other parents' children temporarily or permanently. Since the end of the 20th century, single people and same-sex couples qualify as foster parents, since the main precondition for foster care is proof of suitability for the task. The obligation of parental care remains with the biological parents, unless the duty of care has been removed and transferred to a guardian. However, foster parents make decisions regarding the child's everyday life in cases of long-term fostering, including accommodation, healthcare and other services, e.g. child benefits. The youth office is responsible for addressing disputes between foster parents and biological parents.

Main provisions guaranteeing that children without parental care have access to services

According to social law, children and young people often have their own legal entitlement to services, even in cases where they do not have parental care. Examples in the social code exist in Article 8 of SGB VIII (entitlement to counselling in emergency or conflict situations), Article 24 of SGB VIII (entitlement to referral to day care facilities and childcare services), and Article 35a of SGB VIII (entitlement to integration assistance in cases of mental illness).

Specific mechanisms to listen to and record the voice of the child within the child protection system

In recent years, the rights of children and young people have had greater attention, particularly after the ratification of the UN Convention on the Rights of the Child. The Civil Code contains regulations intended to ensure and improve the participation rights of children in areas that directly affect them; for instance, participation in decisions on education (Article 1626 para 2), visitation rights (Article 1684 and following) and the right to be informed about personal family details.

In family court proceedings, it is also legally established that the child should be listened to if he/she is over 14. If the child has not yet reached this age, the child's opinions or wishes should be respected according to their maturity. In family court proceedings, there are specific provisions for a guardian to support a child to express their wishes and opinions.

The social code also includes the rights of children's participation in all decision-making and support planning by youth support services. Additionally, SGB VIII includes provisions encouraging residential facilities to promote the participation of children and young people in consultations, decisions within the facility and complaint procedures. These are vital instruments to ensure the participation of children in decisions affecting them and they also represent key indicators of the quality of those facilities.

Country profiles

Hungary

The answers to the questionnaire, which represent the basis for this country profile, were provided by the General Directorate for Social Affairs and Child Protection, with contributions from the University of Debrecen. A commentary and review was provided by Judit Lannert, Senior Expert at TÁRKI-TUDOK Centre for Knowledge Management and Educational Research.



111 The regulations are sometimes not enforceable, since there is a lack of professionals and service providers, access to them is limited and the situation is at its worst where families in need are living in isolation.

112 The Act No. 31 of 1997 on the Protection of Children and on Guardianship Administration describes the different types of support available for children who are considered at disadvantage.

113 The Act on National Public Education Paragraph 18 article (2) defines special educational services of institutions providing early childhood development and care in the framework of a complex early intervention and prevention system. The special educational services' functioning is regulated by the Decree 15/2013 (II. 26.) of the Human Resources Ministry on the functioning of the institutions providing special educational services.

114 Ministry of Public Administration and Justice State Secretariat for Social Inclusion (2011), National Social Inclusion Strategy. Extreme poverty, child poverty, the Roma (2011–2020). Available at: http://ec.europa.eu/justice/discrimination/files/roma_hungary_strategy_en.pdf (last accessed on 19/01/2016).

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The legal and policy framework for the delivery of early childhood education and care (ECEC) consists of three main provisions:

Governance framework

The Act on the Protection of Children states that child welfare and family support services (FSS) are required to inform parents of any available benefits that support children's development, whether in cash or not; for instance, advice or counselling¹¹¹. From 1 January 2016, child welfare and family support services (*Gyermekjóléti és Családsegítő Szolgálat*) are integrated and provided by the municipalities. The main reason for integration is the optimal use and the efficient distribution of resources. It is expected that thanks to the anticipated decrease in social workers' workload, more time could be spent on visiting families and helping them. However, integration has also been criticised on the basis that the diagnosis of social problems will become standardised and protocol-based.

Providing ECEC services

Hungary has a typical 'dual system': early childhood education and care is split between day nursery education and care for children below the age of three, and kindergarten education and care for children between the ages of 3 and 6. The approval and supervision of pedagogical programmes and the improvement of teacher training fall within the scope of the Ministry of National Resources and its State Secretary of Education. Administration, supervision and financing are split across state, county and local levels. The day nursery system belongs to the sphere of child protection and child welfare. The responsible portfolio, under the State Secretary for Social Policy in the Ministry of National Resources, regulates the system and organises training for childcare workers.

Eligibility for ECEC provision for children under the age of three is set out in the 1997 Act on the Protection of Children¹¹². According to this legislation, childcare with meals has to be organised for those children under the age of three, whose parents cannot look after them during the day because they work, study in order to be able to enter the labour market, are sick or for any other reason. Therefore, this provision is universal according to the legislation, but places are not guaranteed because of funding difficulties faced by the municipalities that are responsible for provision. Participation is either free and parents pay only for meals, or there is a fee set by the provider (see below).

ECEC for children aged 3 to 6 (kindergartens) is the first stage of public education, and eligibility is set out in the 2011 Act on National Public Education. All children are eligible and provision is free – parents pay only for meals. Attendance has been compulsory for children aged three onwards since the start of the 2015-16 school year.

The Act on National Public Education¹¹³ enables parents to use pedagogical specialised services (PSS). These provide for early childhood intervention and prevention, special educational and psychological education and therapy. PSS are provided by the national government and they are free of charge for parents who use them. Professionals such as psychologists, physiotherapists or special educational needs professionals are employed by these services to provide parents with the support that they and their children require.

National Social Inclusion Strategy

The National Social Inclusion Strategy (*Nemzeti Felzárkózási Társadalmi Stratégia, (NFTS)*) focuses on the social inclusion of the most disadvantaged social groups, especially Roma and children from disadvantaged backgrounds. The 10-year strategy (2011-20) is accompanied by a short-term governmental action plan detailing policy measures, the authorities that are responsible for implementation and deadlines¹¹⁴. The strategy is based on – and integrates the objectives of – earlier strategies, such as the 'Making Things Better for Our Children', the National Strategy and the 'Strategic Plan for Roma Integration'.



Measures concentrate on those areas where intervention is most needed: child poverty, access to good-quality public services such as integrated education, basic health services, community development, labour market integration, housing segregation and discrimination against Roma. The government's aim is to reduce the number of people living in poverty by means of complex programmes. The National Social Inclusion Strategy Report, published in 2013, includes about 60 such government measures, including those focusing on child wellbeing (childcare for children under the age of three, Sure Start programmes, intersectoral cooperation, free meals) and on education (access to kindergarten from the age of three, integrated education, extra-curricular and second chance programmes, scholarships, combating early school leaving in secondary education).

A monitoring system, including an overall indicator system, was created to follow up the implementation of the Strategy within the State Secretariat for Social Inclusion at the Ministry of Public Administration and Justice in 2011. The National Strategy Assessment Committee¹¹⁵ monitors all relevant programmes using a specially designed programme-monitoring toolkit. For instance, they measure societal changes using an indicator system developed by Táarki¹¹⁶, a social research institute, and administrative data on inclusion problems gathered by public administration.

Their latest report¹¹⁷ underlines that access to ECEC services has improved, and that the proportion of children attending ECEC centres has increased. Growth was highest in the under-3 age group¹¹⁸. EU Regional Operational Programmes have been extensively used to build new ECEC centres in order to extend the available offer: 107 new ECEC centres for children under the age of three have been built, with more than 6,000 places; more than 4,800 existing places were modernised between 2010 and 2014 – a 20% increase; 5,255 new ECEC places have been created for children aged 3 to 6 and 32 new family day care centres have been built, with about 220 new places. A programme supported by the European Social Fund has contributed to the establishment of new family day care facilities as well as training and employing care workers¹¹⁹.

Funding and financial incentives

The organisations responsible for early childcare services are financed through several sources. Healthcare institutions are financed, via social insurance, by the Hungarian National Health Insurance Fund (OEP), while institutions maintained by the municipality are financed through standard capitation subsidies payable for each child attendance. There is differentiated funding for children enrolled in ECEC centres: disadvantaged children (105% of normative funding), children with multiple disadvantages (110% of normative funding) and children with disabilities (150% of normative funding).

Municipalities have a responsibility to provide ECEC services for children under three, but they can secure these by contracting with the Church, NGOs or other private providers. However, most services are maintained directly by the municipalities because of the substantial co-funding needed to match the centrally earmarked funding. Central government earmarked funding covers about 35 to 40% of the full cost of a place, and is available only to municipalities and to those providers that have a contract with a municipality; the municipality/other provider covers 40 to 50% of costs and the rest is paid by parents.

Legislation makes it possible for providers to introduce a fee for care, but the combined amount of the cost of meals and the fee for care may not exceed the maximum level of 25% of the family's per capita income. However, families may be asked to pay for any extra services they use (such as foreign language courses or swimming lessons). According to the latest data, two-thirds of day nurseries and almost 100% of family daytime care levy some fee¹²⁰. The fee is waived for families with children with disabilities or with financial support because of their socio-economic situation. The fee is reduced by 50% for families with three or more children. Otherwise, municipalities have discretionary power to set the criteria for regulating and reducing fees. In ECEC services for children aged 3 to 6, parents pay only for meals.

From 1 September 2015, children who grow up in families where monthly per capita income does not exceed HUF 89,000 after tax (approximately EUR 290) receive free meals in ECEC centres (both in centres for children under the age of 3 and in those for children aged 3 to 6), financed by the government. According to the government's plan, about 90% of children who use the services will receive free meals.

According to legislation, all children below school age are eligible for ECEC services and ECEC centres should provide extra support for disadvantaged children: children who live in a family where the per capita income is below a specified level (i.e. who are eligible for regular child protection benefit) and fulfil one or more of the additional criteria listed below to be considered disadvantaged¹²¹. These criteria include: parents completed only basic education, parents are eligible for social benefits or are unemployed, and unsatisfactory living environment. These terms were introduced by the 2011 National Social Inclusion Strategy. This kind of legal harmonisation is expected to result in more focused support and protection through the various allowances and services. On the other hand, the change in the definition of disadvantaged children¹²² resulted in a statistical decrease in numbers of 9.4% in 2014¹²³, which makes longitudinal analysis difficult and might hamper reaching those most in need.

115 The committee is comprised of 12 representatives delegated by the government and 12 representatives delegated by civil organisations, churches and professional organisations, who are joined by permanent consultants. The chair of the committee is the State Secretary for Social Inclusion, while the co-chair is a person elected by non-governmental members.

116 Based on their Hungarian Household Monitor Survey (TÁRKI) see: Social Research Institute (2014), *Társadalmi folyamatok Magyarországon a nemzeti társadalmi felzárkózási stratégia elfogadásának időszakában – 2009-2012*. Available at: http://www.tarki.hu/hu/news/2014/kitekint/20141024_ntfs_monitoring.pdf (last accessed on 19/01/2016).

117 Government of Hungary, (2013), *Nemzeti társadalmi felzárkózási stratégia. Nyomkövetési jelentés (National Social Catching-up Strategy. Follow up report)*. Available at: <http://romagov.kormany.hu/download/B/e3/20000/Strat%C3%A9gia.pdf> (last accessed on 20/01/2016).

118 Táarki (2014), *Social trends in Hungary in the period of ratification of the National Social Inclusion Strategy 2009–2012*.

119 Magyarország Kormánya (2014), *Sikeres a kormány bölcsődeépítési programja*. Available at: <http://www.kormany.hu/hu/emberi-eroforrasok-miniszteriuma/csalad-es-ifjusagugyert-felelos-allamtitkarsag/hirek/sikeres-a-kormany-bolcsode-epitesi-programja> (last accessed on 28/01/2016).

120 Hungarian Central Statistical Office (2014b), *Helyzetkép a kisgyermekek napközbeni ellátásáról, 2013 – Kötelezettségek, lehetőségek, tények, Statisztikai tükör, 2014/82 (The situation of young children during the performance of the obligations, opportunities, 2013-facts, statistics, 2014/82)*, Budapest.

121 Act Number 31 of 1997 on the Protection of Children and on Guardianship Administration describes the different kinds of support available for children who are considered disadvantaged.

122 Until 2013, the definition of a disadvantaged child was one growing up in a family where the per capita income was below a given level; a child with multiple disadvantages was one whose family was not only poor, but whose parents had not completed basic education. Parents could make a voluntary declaration of this to the notary, but often they did not do so, considering it stigmatizing.

123 Hungarian Central Statistical Office (2015), *Oktatási adatok 2014/15. Statisztikai tükör, 2015/31 (Education statistical data for 2014/15, 2015/31)*.



124 However, there is an option for a unified form of ECEC. In compliance with section 14 of Article 33 of the modification of the Act Number 79 of 1993 on Public Education, a unified kindergarten and day nursery can be established if the municipality of the settlement is not obliged to operate a day nursery. Education in a kindergarten group is available if the child has reached the age of 2.

125 Albert, F. and Gál, R. (2015), ESPN Thematic Report on Social Investment in Hungary. Available at: <http://ec.europa.eu/social/BlobServlet?docId=13851&langId=en> (last accessed on 19/01/2016).

126 Gyerekesély program. Available at: http://gyerekesely.eu/wp/category/biztos_kezdet_gyerekhazak/ (last accessed on 19/01/2016).

127 Hungarian Central Statistical Office.

128 Albert, F. and Gál, R. (2015), ESPN Thematic Report on Social Investment in Hungary. Available at: <http://ec.europa.eu/social/BlobServlet?docId=13851&langId=en> (last accessed on 19/01/2016).

129 Ministry of National Resources (2015), Statisztikai Tájékoztató – Oktatási Évkönyv 2013/2014 (Statistical Yearbook of Education 2013/2014). Available at: http://www.kormany.hu/download/c/48/50000/Oktat%C3%A1si_%C3%89vk%C3%B6nyv_2013_2014.pdf (last accessed on 20/01/2016).

130 Eurofound (2013), Parenting Support in Europe. Available at: <http://www.eurofound.europa.eu/publications/report/2013/quality-of-life-social-policies/parenting-support-in-europe> (last accessed on 19/01/2016).

131 Albert, F. and Gál, R. (2015), ESPN Thematic Report on Social Investment in Hungary. Available at: <http://ec.europa.eu/social/BlobServlet?docId=13851&langId=en> (last accessed on 19/01/2016).

132 Eurofound (2013), Parenting Support in Europe. Available at: <http://www.eurofound.europa.eu/publications/report/2013/quality-of-life-social-policies/parenting-support-in-europe> (last accessed on 19/01/2016).

Variability of provision

Providing and caring for the 0 to 3 age group is a task of each municipality; however, according to the law it is only obligatory in municipalities of more than 10,000 inhabitants. Because of the low number of children, the provision of early childcare is relatively expensive; therefore it is a problem to set up independent day nurseries and kindergarten groups in municipalities of less than 10,000 inhabitants. In order to resolve this situation, an amendment to the Act was passed in 2009, making it possible to operate concentrated (merged) day nurseries and kindergartens. Regulations concerning day nurseries and regulations concerning kindergartens apply to the provision of care for the 2 to 3 age group and the 3 to 6-7 age group, respectively. Both services operate independently¹²⁴.

Family daytime care (*családi napközi*) is an alternative ECEC service covering children between 20 weeks and 14 years. Its operation is regulated by the 1997 Act on the Protection of Children and Guardianship Administration. Family daytime care allows up to five children to be looked after, or up to seven if there are two carers. The monthly fees in private family day care are extremely high. Therefore, this is more of an alternative for well-to-do middle-class families in small towns.

A successful model in the field of early childhood education for disadvantaged children is the Sure Start Children's Centres, which are financed by the state, mostly using EU Structural Funds. Sure Start Children's Centres are listed now even in the child protection law as a basic service for child welfare and they are free of charge. They have proved successful in making up for disadvantages in child development and in facilitating access for both children and parents to health and social services¹²⁵. They provide playing activities and meals for children and, sometimes, special education if needed. As of 2015, more than 100 Sure Start Children's Centres are functioning in the most disadvantaged regions supporting children aged 0 to 6¹²⁶.

The level of coverage of ECEC services varies considerably from place to place: it is higher in large, urban municipalities, and lowest in small, rural areas. The reason for that is the funding capacity of municipalities, with huge differences among the more than 3,100 rural and urban municipalities in terms of size, economic and financial capabilities, labour market options and capacity to provide services either directly or through contracting. Overall, only about 12% of municipalities provide ECEC services for children below the age of three¹²⁷. Nonetheless, there has been progress in provision as acknowledged by a recent evaluation of social investment in Hungary¹²⁸. Unfortunately, the accessibility and the material and human resources of such services are significantly worse in the most disadvantaged regions and small municipalities, and the same applies to the system of district nurses providing care for pregnant mothers and families with very small children.

On the other hand, 96% of the 3 to 6 age group attends day nursery care, kindergarten education or school education¹²⁹. Although kindergarten attendance is high even by European standards, it is also true that in those regions densely inhabited by Roma, kindergarten attendance is at its lowest level¹³⁰. For example, the proportion of children who spend three years in kindergarten before going to school is at its lowest level in the Northern Hungarian region.

Inter-services and parental cooperation

Municipalities have to make sure that child welfare services maintain the so-called signalling system to identify children who are at risk, to uncover the reasons behind the risk and to provide adequate support. This task involves, basically, inter-agency work (involving a number of agencies in touch with the families), which is regulated through legislation. Participants in the signalling system are health services – especially health visitors, family paediatricians, family doctors – care and education facilities, the police, temporary homes for asylum seekers, non-profit organisations and the Church.

It is acknowledged that families have the primary responsibility for the upbringing of their children. ECEC centres have to respect this and work closely with families in a manner that provides help and assistance in this task. These principles are set out in the pedagogical documents of each centre, as required by legislation. However, in practice parenting services exist only haphazardly in Hungary (and they are mostly for disadvantaged parents – e.g. the Storytelling Mothers Project and certain activities at Sure Start Children's Centres¹³¹). Partnership with parents is still rare, and Hungarian traditions are mostly paternalistic and bureaucratic¹³².

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

Legislation is in place to ensure that the education system is inclusive. The 1997 Act on the Protection of Children, the 2011 Act on National Public Education and the fairly recent regulation related to the National Core Curriculum and Guidance on meeting the needs of children with special needs (Ministerial Decree of the Ministry of Human Resources, 32/2012 (X.8.)), published in 2012, address this issue specifically.



However, segregation and discrimination of the school system still persist. According to the Programme for International Student Assessment (PISA), Hungary consistently heads the rankings in terms of the correlation between parental education and students' achievement¹³³. Among the newest indicators on public education, a so-called segregation index has been calculated, where researchers examined the degree to which disadvantaged students are taught separately from non-disadvantaged children in primary education. They found that between 2010 and 2013, the index increased from 27.2 to 32.9, where 0 indicates totally separate and 100 indicates totally integrated¹³⁴. However, data also shows that the smallest level of integration in learning is found in the most disadvantaged counties¹³⁵.

Fostering the inclusion of children with disabilities

Children with special needs are to be admitted into regular schools, which need to develop their local pedagogical curriculum by observing the general core curriculum and the guidance on meeting the needs of children with special educational needs (SEN). The guidance states that children with special needs require the help of SEN professionals and schools must have them as part of their staff.

The 2011 Act on National Public Education states as priorities¹³⁶ preschool education and school support to ensure the optimal development of children with special needs. There are also services supporting disadvantaged children, e.g. speech therapists and development specialists. These services are increasingly available, but still reach only a fraction of children. As a result, they cannot be relied upon in a systematic way¹³⁷.

In any given cohort at the beginning of primary education, approximately 5% of students have special needs, and only half of those receive early development education¹³⁸. Later, as they grow up, it is increasingly difficult to find places where quality inclusive education is provided. The sector does not have enough resources and there is a need to improve teachers' training on prevention and early intervention so that ordinary schools are ready to integrate children with special needs.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

The regular child protection benefit, provided by the 1997 Act on the Protection of Children and Guardianship Administration, is one of the available means of support for children living in difficult circumstances. It is tied to the family's income. Children, who are eligible for regular child protection benefit, receive free meals and vouchers for the purchase of food, clothes and school supplies. The proportion of children receiving the regular child protection benefit was 16.1% in ECEC centres and 7.6% in family day care provision in 2013¹³⁹. The chances of children having access to healthy nutrition are improved by the school milk and school fruit programme, funded from national and EU budgets.

One of the most comprehensive and important tools – also mentioned in the National Social Inclusion Strategy – is the so-called Integrated Pedagogical System (IPR). IPR was introduced in 2003, and the schools applying IPR are supported by the National Educational Integration Network. The Network's primary goal has been the promotion of quality education among disadvantaged and Roma children in elementary schools, within an integrated environment. IPR focuses on modern, competence-oriented and student-centred educational methods, effective classroom management and effective organization of schools. By 2014, a quarter of primary schools had already used this method – 1,600 schools and 300,000 students, a third of them from disadvantaged families. An impact analysis of the IPR showed that students on this programme achieved higher grades, had better reading skills than their peers in control schools, were more likely to pursue further education in secondary schools and had more self-control, self-esteem and self-awareness¹⁴⁰. The government plans to expand IPR and make it an institutional development programme and the process is to be financed with EU funds¹⁴¹.

Tanoda programmes are alternative after-school learning programmes for disadvantaged children, implemented with the involvement of NGOs and church organisations. The objective of the Tanoda programmes is to contribute to the enhancement of the school performance of the target group (disadvantaged Roma students) and to improve their future labour market chances. The activities of the Tanoda programmes take place after school (after 4 pm), often in the village community centre, and are free of charge, since the programmes are often financed cyclically through EU Structural Funds. The Tanoda programmes are all very different, but most of them function as a place where children can receive learning support, often from the same teachers who teach them at school. The more innovative ones often provide activities related to arts, computer skills or excursions.

133 OECD (2012): PISA 2012 Results in Focus What 15-year-olds know and what they can do with what they know. Available at: <http://www.oecd.org/pisa/keyfindings/pisa-2012-results-overview.pdf> (last accessed on 19/01/2016).

134 Varga, J. (2015), A közoktatás indikátorrendszere. Budapest: MTA-KRTK. Available at: <http://econ.core.hu/file/download/kozoktatasi/indikatorrendszer.pdf> (last accessed on 19/01/2016).

135 Varga, J. (2015), A közoktatás indikátorrendszere. Budapest: MTA-KRTK. Available at: <http://econ.core.hu/file/download/kozoktatasi/indikatorrendszer.pdf> (last accessed on 19/01/2016).

136 Paragraph 3 (6).

137 Albert, F. and Gál, R. (2015), ESPN Thematic Report on Social Investment in Hungary. Available at: <http://ec.europa.eu/social/BlobServlet?docId=13851&langId=en> (last accessed on 19/01/2016).

138 Lannert (2009), A korai intervenció intézményrendszer hazai működése. Vezetői összefoglaló. Available at: http://www.t-tudok.hu/file/korint/korint_2009.pdf (last accessed on 19/01/2016).

139 Hungarian Central Statistical Office (2013a), KSH Szociális Statisztikai Évkönyv, 2012 (Yearbook of Welfare Statistics, 2012), Budapest.

140 Kézdi, G. and Surányi, É. (2009), A Successful School Integration Program (An Evaluation of the Hungarian National Government's School Integration Program 2005-2007). Roma Education Fund. Available at: http://www.romaeducationfund.hu/sites/default/files/publications/a_succesful_school_integration_kezdi_suranyi.pdf (last accessed on 20/01/2016).

141 Ministry of Public Administration and Justice, State Secretariat for Social Inclusion (2011), National Social Inclusion Strategy. Extreme Poverty, Child Poverty, the Roma (2011-2020), Budapest (Updated in 2014). Available at: http://ec.europa.eu/justice/discrimination/files/roma_hungary_strategy_en.pdf (last accessed on 27/01/2016).



142 Respectively: 'Út a középiskolába', 'Út az érettségizéshez', 'Út a szakmához' and 'Út a felsőoktatásba'.

143 Ministry of Public Administration and Justice, State Secretariat for Social Inclusion (2011), National Social Inclusion Strategy, Extreme Poverty, Child Poverty, the Roma (2011-2020), Budapest (updated in 2014). Available at: http://ec.europa.eu/justice/discrimination/files/roma_hungary_strategy_en.pdf (last accessed on 27/01/2016).

144 Roma Education Fund (2015), Making Desegregation Work! A Desegregation Toolkit Developed by the Roma Education Fund – 2015. Available at: http://www.romaeducationfund.hu/sites/default/files/publications/desegregation_toolkit_2015_web.pdf (last accessed on 20/01/2016).

145 Eurydice (2013), Early Childhood Education and Care. Available at: https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/index.php/Hungary:Early_Childhood_Education_and_Care (last accessed on 19/01/2016).

Various grants have been introduced to create a comprehensive system from kindergarten to university so that disadvantaged children and young people have equal opportunities to attain a diploma or degree. For instance, the Útravaló programme is a scholarship that aims to help young people from disadvantaged backgrounds to prepare to continue their studies at secondary school. Since 2011, Útravaló has been merged with other scholarships¹⁴² funded by the Hungarian Roma Foundation (MACIKA) to provide financial and mentoring support for children in the transition from primary to secondary education. The Ghandi Public Foundation Secondary School and Hall of Residence was founded in 1994 to give Roma children the opportunity to study at a good-quality secondary school. It is the first Roma minority secondary school in Hungary and Europe¹⁴³.

Desegregation policies

Although a desegregation policy is mentioned in the National Inclusion Strategy and a roundtable for desegregation was established by the minister in charge, there is not much concrete evidence of it. The roundtable has not been convened and some of the experts have resigned in the face of its ineffectiveness. In practice, segregation is actually increasing in schools and municipalities. The Roma Education Fund (with headquarters in Budapest) has developed a desegregation toolkit that might be useful in this sense and that could be used by any level of government, in which they analyse the consequences of school segregation and propose measures to address the problem¹⁴⁴.

Fighting early school leaving

Hungary wishes to reduce the school drop-out rate to 10% by 2020, partly through measures supporting kindergartens and early intervention, partly through targeted measures to ensure the success of disadvantaged children in schools and finally by strengthening vocational training to provide new opportunities for vulnerable groups.

Under the 2011 Act on National Public Education, from September 2015 children are required to participate in kindergarten education from the age of three. This provision is specifically designed to integrate disadvantaged children at an age when integration is most effective, and in this way to prevent early school leaving.

At the start of the 2010-2011 school year, the monthly family allowance was renamed the education and schooling allowance. It may be suspended if a student misses 50 lessons in the school year without legitimate reason. Child welfare services have the responsibility to work with families and children to minimise unauthorised absences.

Second chance programmes are implemented as a corrective measure to remedy early school leaving. The purpose of these programmes is to help young people who dropped out of school without a qualification to obtain a secondary qualification.

The Strategy to Combat Early School Leaving is in preparation. Its main focus is on early intervention, giving special support to low-achieving schools and creating alternative routes in the school system. Hungarian public education is being reformed; an all-day school system and a new teacher career and remuneration structure have just been launched. The greatest criticism of recent policy steps has been that reducing the school leaving age (from 18 to 16) is counter-productive and will increase the number of early school leavers.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

Healthcare services for families with young children in Hungary are provided through a well-established system that relies on cooperation between the obstetrician and the gynaecologist, the family doctor and the nurse, as well as other experts. The health visitor service, with over 100 years of history, plays a vital role in providing healthcare services to children, and Hungary is actually one of the few European countries with such a network. The territory-based health visitor is a healthcare professional, who acts as first contact for families.

This means that health visitors are key in providing care for pregnant women, new-borns and mothers. In order to facilitate family care and to prevent the child from being at risk, health visitors also fulfil duties related to child protection. They inform parents about children's rights, about their rights to healthcare and about the responsibilities as parents. The health visitor is obliged to inform child welfare services of injury or neglect or if the child is at risk because of their own behaviour or parental behaviour.

However, there are large regional differences in health service provision. The ratio of family doctors and family paediatricians is lowest in Northern Hungary. Besides, the number of paediatricians has decreased in recent years. With regard to the under-5 age group, the anomaly of healthcare in the Northern Hungarian region definitely deserves attention. Here, both family paediatricians and specialists are greatly overstretched¹⁴⁵.

Specific provisions for children with disabilities and/or mental health problems

Healthcare is free in Hungary. Municipalities are responsible for basic health services – including general practitioners, paediatricians, health visitors, school healthcare and basic dental care. The main problem is that many positions for general practitioners, paediatricians, health visitors and dentists remain vacant.

Children with disabilities enjoy protection under several legal acts. The Act on the Protection of Children states that children with disabilities are entitled to special care and services promoting their development. The Education Act stipulates that education should promote children's development and learning. Based on the Act, children with disabilities should participate in development activities for at least 20 lessons per week. Children with disabilities who cannot take part in state education may be educated individually at home or in the residential facility where they live.

A child who is suspected of having developmental problems is examined and assessed by a team consisting of doctors, psychologists and special education professionals to assess what the child's health and education needs are. The expert team recommends the type of care, rehabilitation or intervention needed and informs parents and the relevant services of this decision. Since the end of the 1980s, children with special needs may be integrated into mainstream early education and schools if the necessary conditions are created and the necessary interventions by SEN professionals can be ensured. However, the number of children with special needs within mainstream early education and schools is still very low.

An EU-funded early childhood healthcare programme for children aged 0 to 7 provides a package of support for the optimal development of all children (especially for those who need additional support) through the development of primary healthcare for children, supporting a healthy lifestyle from early childhood, exploring risk factors and helping children in their development. The programme supports professionals (health visitors) in paediatric care, mostly by improving and renewing the applied methodologies, especially in the case of children and families in the most disadvantaged groups and children with special needs. Each child must take part in 10 screenings between the ages of 0 and 7¹⁴⁶. Thus, one million screenings should be undertaken each year. However, in 2013, only 1,654 children were screened.

To ensure that assessment takes place as early as possible, and to improve development, support and intervention for children with special needs/disabilities, the government launched an Early Childhood Intervention Programme in 2015¹⁴⁷ to encourage early detection, the development of child-tailored development pathways and the provision of well-coordinated services.

Special provision for pregnant teenagers

The child protection system provides a place in a residential home for underage mothers who are pregnant or have a child. The proportion of low birth-weight babies in Hungary has declined since 1980, although it remains relatively high and above the EU average¹⁴⁸. This is partly due to the fact that, compared to other developed countries, the rate of adolescent pregnancy is still high in Hungary. A high rate of infant mortality and low-weight new-borns is still characteristic of the poorest counties in the country.

Specific provisions for undocumented minors

No specific health provisions for unaccompanied minors were described. Unaccompanied migrant children are placed in a residential home designed to take care of them. In 2015, due to the large number of refugees, the situation worsened and the number of unaccompanied migrant children has soared. However, no further details were provided.

Specific provisions for children from families with a history of substance abuse

n.a.¹⁴⁹

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

Temporary homes for children and temporary foster care have been set up to help children and families in crisis situations. Municipalities with 20,000 or more residents must establish and operate a temporary home for children, and those with 30,000 or more residents must operate a temporary home for families.

Supporting families with children at risk of eviction

The 1997 Act on the Protection of Children stipulates that families that lose their home may request a place in a temporary home for families. There are specific provisions so that parents and children up to 21 stay together. Temporary homes for families are also called crisis centres, providing additional services beyond shelter.



146 Koragyermekkor program.
Available at: www.koragyermekkor.hu (last accessed on 19/01/2016).

147 Decree of the Hungarian Government, No. 1246/2015 (IV. 23).

148 OECD (2014), Health at a Glance: Europe 2014. Available at: <http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm> (last accessed on 20/01/2016).

149 For this section, no details were provided.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

The 1997 Act on the Protection of Children requires all municipalities to provide child welfare services. Their functions are to monitor and identify children at risk with the help of the signalling system, uncover the reasons causing the risk and provide adequate support. There is a guidance and a protocol on child abuse describing risk factors and signs, the stakeholders participating in the assessment (health visitors, GPs, child welfare centres and the police) and the actions to be taken when child abuse is detected. The guidance was drafted by the National Institute of Family and Social Policy (*Nemzeti Család- és Szociálpolitikai Intézet*) to ensure that all stakeholders working in the field have a common approach.

Main reasons for children to be taken into care

Child welfare services operate in all municipalities to help vulnerable children and children at risk using the so-called signalling system, which aims at identifying children at risk, uncovering the reasons behind the risk and providing adequate support. However, several cases have revealed this safety net to have holes¹⁵⁰. Problems are sometimes not detected – either because there are not enough specialists, or because cooperation between the sectors and experts is lacking or does not function well.

There are no data on the actual reasons for a child to be taken into care. However, the reasons for compulsory cooperation with the child welfare agency are similar to, or the same as, those that lead to the child being taken into care in serious cases. These include, among others, irresponsible parental behaviour, child abuse and criminal offences committed by young people themselves. See **Table 3** for further details.

Table 3: Reasons why children and young people were in contact with child protection services in Hungary in 2013

Reason / Region	Central Hungary	Transdanubia	Great Plain and North	Total
Missing more than 50 lessons from school	509	681	1,663	2,853
Family environment	312	508	1,003	1,823
Irresponsible parental behaviour	503	1,099	1,829	3,431
Irresponsible child behaviour	292	456	634	1,382
Committing a crime	110	204	416	730
Committing an offence	65	155	262	482
Child abuse	35	69	76	180
Total	1,826	3,172	5,883	10,881

Source: Social Statistics in Hungary, 2013

Main provisions guaranteeing that children are not placed in institutions

Since 1997, residential facilities have been transformed into small children's homes for 10 to 12 children. The 1997 Act on the Protection of Children is the comprehensive legislation that ensures that children are taken into care only if it is in their best interest. Children under 12 can only be placed with foster families. In recent years, steps have been taken to increase the number of foster families and currently fostering is recognised as a (paid, pension-earning) job, and better training is being provided. **Table 4** provides an overview of children in care, distinguishing the percentage of children in foster care.

Table 4: Children in care in Hungary, 2007–2013

Year	Children in care		Of these, children with foster parents	
	Number	Per thousand inhabitants of corresponding age	Number	Percentage
2007	17,145	9.1	8,933	54.9%
2008	17,532	9.4	9,902	56.5%
2009	17,562	9.6	10,273	58.5%
2010	17,792	9.9	10,467	58.8%
2011	18,287	10.2	11,045	60.4%
2012	18,464	10.5	11,339	61.4%
2013	18,674	10.8	11,918	63.8%

Source: Social Statistics in Hungary, 2013



150 Information on these cases can be found on: MNO. Available at: http://mno.hu/magyar_nemzet_belfoldi_hirei/kisletai-botrany-ki-a-felelos-1284819 (last accessed on 19/01/2016). HVG.HU. Available at: http://hvg.hu/tthon/20150502_szilvasi_lena_interju (last accessed on 19/01/2016). VS.HU. Available at: <http://vs.hu/kozelet/osszes/kegyetlenul-bantalmaztak-gyermekeiket-a-szigetszentmiklosi-szulok-1126> (last accessed on 19/01/2016).

Main provisions guaranteeing that children without parental care have access to services

The 1997 Act on the Protection of Children is the legislative guarantee for access to all necessary services. It states the municipalities' duty to set up child welfare services to support children and regulate the provisions for children in care. Regular contact between the family and the child in care must be ensured by local child welfare services and family support centres that must work together to enable the family to take the child back from care whenever possible.

Specific mechanisms to listen to and record the voice of the child within the child protection system

The signalling system is set up to identify children's problems; therefore the information collected by the child welfare service through this system is also a means of recording the voice of the child. In recent years, a national system of children's representatives has also been set up. These representatives and the children's guardians are to deal with children's problems, protect their rights and represent their interests. They assist the children in drafting complaints, help them to receive adequate protection, act at the request of the child's parent or legal representative and represent the child in legal procedures.

A national children's parliament was set up and has been working for the past decade. This public body is regulated by the Law on National Public Education. It has regular meetings, where children in care can articulate their concerns and wishes. The meetings and its decisions are documented. The proposals made by the children are heard by the Secretary of State for Education and those that are in line with government's plans might be implemented.

Country profiles

Ireland

The answers to the questionnaire, which represent the basis for this country profile, were provided by the Health Service Executive, with responsibility for children's services in 2013 when the initial profile was drafted, with contributions from representatives of Dublin City Council, Dublin City Childcare Committee and the Child Welfare and Protection Policy Unit at the Department of Children and Youth Affairs. A commentary and review were provided by Nuala Nic Giobuin, Coordinator of the Children's Services Committee in Dublin City Council.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The Child Care (Preschool Services) Regulations of 2006¹⁵¹ provide the regulatory framework for the inspection of preschools, playgroups, nurseries, crèches, day care (ECEC) and similar services, which cater for children aged 0 to 6. From 1 January 2014, the responsibility of preschool inspection was transferred from the Early Years Department of the Health Service Executive (HSE) to the newly launched Child and Family Agency (Tusla). All providers registered with local City and County Childcare Committees (CCCs), under each regional/local authority area, must comply with the state's child protection guidelines Children First launched by the Department of Children and Youth Affairs in 2011¹⁵².

Funding and financial incentives

ECEC services in Ireland are free and universal, but only for one year per child, in what is called the free preschool year scheme. Under this scheme, introduced in January 2010, all children aged between 3 years 2 months and 4 years 7 months in September are entitled to free preschool in the year prior to starting primary school, with participation being voluntary. However, the service is only free for three hours per day. If a child attends for more than three hours, the parents are charged for the extra time. In 2011, the programme was delivered through an investment of circa EUR 170 million with a total of 4,162 ECEC services under contract to deliver the scheme to 65,592 children.

The Community Childcare Subvention Programme (CCS) is a support programme for community-based childcare services to provide a reduction in childcare fees for parents, who are holders of medical cards and GP visit cards. Payments totalling over EUR 46 million to over 900 participating childcare services were made in 2011.

Variability of provision

There are 33 CCCs, which were established in 2001, with the aim to encourage and facilitate the local development of childcare services. These CCCs provide information and advice to childcare providers, offer training for childcare professionals and provide useful information for parents about the childcare services provided in their county or city. CCCs are open to members of the public who wish to apply for grant assistance and support information. The role of the CCCs is of key importance since they ensure better planning and accountability for services and enable state agencies and private providers to work together better at the local level.

Inter-services and parental cooperation

The National Quality Framework for Early Childhood Education (Siolta), developed by the Centre for Early Childhood Development and Education under the Department of Education and Skills, and the Early Childhood Curriculum Framework (Aistear) have been developed in close cooperation to allow for synergy and consistency, and both frameworks have enjoyed broad support from stakeholders.

Siolta is being fully implemented by over 100 services, including schools, with the help of trained mentors, and has been evaluated, with mainly positive findings¹⁵³. Services participating in the free preschool year are required to 'engage' with Siolta, albeit not to fully implement it. Aistear has also been disseminated to a wide range of services for children from 0 to 6, including children's own homes, childminding settings, day care settings and infant classes in primary schools.

A number of programmes to support parents are being implemented, many of them included under the Prevention and Early Intervention Initiative (PEII). These involve work undertaken in homes, day care settings, schools and communities. Some work directly with the children as well as with their parents, day care staff, teachers and other professionals. Often there are direct links made to improve the day-to-day connections and consistency in the different environments that children experience during their early years. Attention has been paid to improving practice within specific organisations or services, as well as improving how services can work more effectively with each other.



151 Ibid.

152 Department of Children and Youth Affairs (2011), Children First: National Guidance for the Protection and Welfare of Children. Available at: <http://www.dcyu.gov.ie/documents/Publications/ChildrenFirst.pdf> (last accessed on 27/10/2016).

153 Goodbody Economic Consultants (2011), Evaluation of Initial Implementation of Siolta. Final report. Available at: <https://www.pobal.ie/Publications/Documents/Evaluation%20of%20Initial%20Implementation%20of%20Siolta-%20Final%20Report%20December%202011.pdf> (last accessed on 27/01/2016).

Some of the programmes aiming at supporting parents which are included under PEII are:

- Incredible Years BASIC Parenting Programme, which aims to train parents in supporting children's social, emotional and social development;
- Preparing for Life, which works with parents-to-be and parents with children aged 0 to 5 to improve parenting skills, leading to improved school-readiness and child development;
- Triple P, which is an evidence-based parent training programme, aiming to support children's social and emotional development.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

The policy underpinning the Irish education system is the 1998 Education Act. The Department for Education and Skills (DES) operates a rigorous approach to the implementation and monitoring of its inclusion policy, and outcomes are regularly monitored. The policy aims to ensure maximum possible integration within ordinary schools.

Fostering the inclusion of children with disabilities

The Education for Persons with Special Educational Needs (EPSEN) Act 2004¹⁵⁴, section 2 requires that "a child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with:

- A. The best interests of the child as determined in accordance with any assessment carried out under this Act.
- B. The effective provision of education for children with whom the child is to be educated".

While the DES' policy is to ensure the maximum possible integration of children with special needs into ordinary mainstream schools, students who have been assessed as having special educational needs have access to a range of support services. The services range from special schools dedicated to particular disability groups, through special classes/units attached to ordinary schools, to placement on an integrated basis in ordinary schools with support.

Children with more severe levels of disability may require placement in a special school or in a special class attached to a mainstream primary school. Each such facility is dedicated to a particular disability group and each operates at a specially reduced pupil-teacher ratio. Pupils attending these facilities attract special rates of funding and are entitled to benefits for school transport services.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

The Department for Education and Skills operates a policy for the inclusion of ethnic minorities, providing choice and theoretically ensuring that no child can be denied a place based on religious grounds, though providers may have a formal religious ethos. The Intercultural Education Strategy 2010-2015¹⁵⁵ provides the framework for the education of migrant groups. It is designed to assist in the creation of an intercultural, integrated and inclusive learning environment in all sectors of education, from preschool to further and higher education (DES and the Office of the Minister for Integration). At primary and post-primary level, additional language support is provided for students who do not speak English as their first language. Language support should serve as a targeted response to potential early school leaving amongst migrants.

In Ireland, there are a number of programmes that incentivise the inclusion of children from disadvantaged backgrounds. One of them is the Early Start Programme, a preschool project established in 1994 in 40 primary schools in designated areas of urban disadvantage. The programme is a one-year intervention scheme to meet the needs of children, aged between 3 years 2 months and 4 years 7 months in September, who are at risk of not reaching their potential within the school system. The project involves an educational programme to enhance overall development, help to prevent school failure and offset the effects of social disadvantage. Parental involvement is a core element recognising the parent/guardian as the prime educator of the child and to encourage the parent/guardian to become involved in his/her child's education.

Another programme is the Childcare Education and Training Support programme (CETS), which is administered by the Department of Children and Youth Affairs on behalf of Solas¹⁵⁶ (formerly FAS¹⁵⁷) and the Education Training Boards¹⁵⁸ (ETB) (formerly VEC). These public bodies decide who is eligible to access the programme, and the main terms and conditions that apply. The programme is designed to provide childcare to Solas and ETB participant parents. There are about 2,800 full-time, part-time and after-school places in total available at any time under the programme. The allocation of places under the scheme is managed by the National Department for Children, via the local CCCs.



154 Law No. 30 of 2004. Education for Persons with Special Educational Needs Act 2004.

155 Department of Education and Skills and the Office of the Minister for Integration (2010), Intercultural Education Strategy, 2010-2015. Available at: https://www.education.ie/en/Schools-Colleges/Information/Intercultural-Education-Strategy/mig_intercultural_education_strategy.pdf (last accessed on 27/01/2016).

156 Solas is the new further education and training authority that was set up in 2013 to develop and give strategic direction to the Further Education and Training Sector in Ireland. It is responsible for funding, planning and coordinating a wide range of training and further education programmes and has a mandate to ensure the provision of high-quality programmes to jobseekers and other learners.

157 FAS (Foras Áiseanna Saothair) was a state agency established in 1988 under the Labour Services Act of 1987, with the responsibility to assist those seeking employment, and dissolved in July 2013.

158 ETBs are statutory authorities with responsibility for education and training, youth work and a range of other statutory functions defined as 'an association established to collectively represent education and training boards and promote their interests', according to the Education and Training Boards Act 2013.

Despite these programmes, education costs in Ireland as a proportion of family income are among the highest internationally, and for lone parents are the highest in the OECD¹⁵⁹. For many families, particularly families on low incomes or experiencing poverty, the cost is a significant barrier to participation.

Desegregation policies

No specific mention has been made in the Irish legislation to desegregation policies in schools. The National Action Plan for Social Inclusion, 2007-2016, produced by the Office for Social Inclusion in the Department of Social Protection¹⁶⁰, sets out a programme of action to address poverty and social inclusion, using a life-cycle approach. It lists the services providing support to families in the areas of childcare, health and education.

Fighting early school leaving

Delivering Equality of Opportunity in Schools (DEIS) is the Department of Education's action plan for ensuring inclusion in education. DEIS was launched in May 2005 and remains the Department of Education and Skills' policy instrument to address educational disadvantage. The action plan focuses on addressing and prioritising the educational needs of children and young people from disadvantaged communities, from preschool to second-level education (3 to 18 years)¹⁶¹. The DEIS programmes provide a range of additional support to schools in disadvantaged areas, including teacher support, higher grants and various projects. DEIS also implements the Home School Community Liaison Scheme, a school-based preventive strategy, and the Schools Completion Programme. The aim of these two programmes is to retain young people in formal education to complete at least compulsory school.

Until 2011, the National Education Welfare Board (NEWB):

- employed the Education Welfare Service, a statutory service supporting regular school attendance and monitoring for all school-aged children and young people;
- supported the School Completion Programme and Home School Community Liaison Scheme;
- developed an approach to better coordinate/support children and families in these services, entitled One Child, One Team, One Plan.

The functions of the NEWB were transferred to the Department of Children and Youth Affairs in June 2011¹⁶².

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

Universal health services are delivered through the Primary Care Strategy, the key objective of which is to develop services in the community that give individuals direct access to integrated multidisciplinary community-based teams of general practitioners, nurses, physiotherapists, occupational therapists and social workers. The implementation of the strategy is ongoing. The Programme for Government 2011-2016 identifies the strengthening of the provision and the removal of cost as the key measures to improve access.

The HSE issues medical cards and provides access to certain health services free of charge. Apart from the cardholder, a dependent spouse or partner and their children are also covered. To qualify for a medical card, applicants' weekly income must be below a certain figure for their family size. Other than income, savings, investments and property (except for own home) are also taken into account in the means test¹⁶³. In the 2013 budget (October), the first phase of universal free GP care was announced with its provision for all children under the age of 5¹⁶⁴. However, currently only families who are eligible for a state medical card have access to a GP for free. All other citizens must pay the GP directly for services.

Specific provisions for children with disabilities and/or mental health problems

The Office for Disability and Mental Health was established in 2008 with the aim of improving the way in which public services respond to the needs of people with disabilities and mental health issues, including children. Its remit included facilitating the delivery of integrated health and education support services for children with special needs. Specialist services provisions include day services, residential services, rehabilitative training and personal assistants.

In 2010, the HSE established a programme on Progressing Disability Services for Children and Young People aged up to 18, supported by a National Coordinating Group with representation from the Departments of Health, and Education and Skills. The ongoing programme aims to address a number of key issues in relation to children's disability services, including inequity of access to services due to the inconsistent development of these services across the country. The overall mission is to provide a clear pathway to services for all children with disabilities, according to need, with the health and education sectors collaborating to support children to achieve their full potential.

In support of children with mental health problems, in recent years the HSE has placed a particular emphasis on developing child and adolescent mental health services, improving in-patient access and addressing waiting times for assessment. The HSE operates the Child and Adolescent Mental Health Service (CAMHS). Community Mental Health Teams



159 Department of Children and Youth Affairs (2013), Right from the Start: Report of the expert advisory group on the early years strategy. Available at: <http://www.dcy.gov.ie/documents/policy/RightFromTheStart.pdf> (last accessed on 27/10/2016).

160 Department of Social Protection (2007), National Action Plan for Social Inclusion 2007-2016. Available at: <http://www.socialinclusion.ie/documents/NAPinclusionReportPDF.pdf> (last accessed on 27/10/2016).

161 Department of Education and Science (2005), DEIS (Delivering Equality of Opportunity in Schools) – An Action Plan for Educational Inclusion. Available at: http://www.education.ie/en/Publications/Policy-Reports/deis_action_plan_on_educational_inclusion.pdf (last accessed on 27/10/2016).

162 Department of Education and Skills, Irish Education System. Available at: <http://www.education.ie/en/The-Education-System/> (last accessed on 27/01/2016).

163 Health Service Executive, Can I apply for a Medical Card?. Available at <http://www.hse.ie/eng/services/list/1/schemes/mc/about/Amielligible/> (last accessed on 27/01/2016).

164 A person using the public healthcare system in Ireland may be required to pay a subsidised fee depending on his/her income, age, illness or disability.



165 Health Service Executive, Decline in teenage births. Available at: <http://www.crisispregnancy.ie/news/hse-welcomes-decline-in-teenage-births/> (last accessed on 27/01/2016).

166 No. 17 of 1991. Child Care Act, 1991.

167 The Reception and Integration Agency (RIA) is an agency of the Department of Justice. RIA arranges accommodation for asylum seekers and works with statutory and non-statutory agencies to co-ordinate the delivery of other services (including health, social services, welfare and education) for asylum seekers. Further information about the programs, services and function of the RIA can be found at http://www.ria.gov.ie/en/RIA/Pages/About_RIA



168 The HSE and the RIA have an agreed policy in relation to the accommodation of separated children seeking asylum who reach the age of 18.

169 Department of Community, Rural and Gaeltacht Affairs (2009) National Drugs Strategy, 2009-2016. Available at: http://www.drugsandalcohol.ie/12388/1/DCRGA_Strategy_2009-2016.pdf (last accessed on 27/012016).

170 Department of the Environment, Community and Local Government (2011), Housing policy statement. Available at: <http://www.environ.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload%2C26867%2Cen.pdf> (last accessed on 27/012016).

171 Department of Children and Youth Affairs (2012), State of the Nation's Children. Ireland 2012. Available at: <http://www.dcy.gov.ie/documents/research/StateoftheNationsChildren2012.pdf> (last accessed on 27/012016).

172 Department of the Environment, Community and Local Government (2011), National Housing Strategy for People with a Disability 2011-2016. Available at: <http://www.environ.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload%2C28016%2Cen.pdf> (last accessed on 27/012016).

173 Department of Environment, Community and Local Government, Homeless people (2012), National Implementation Framework. Available at: <http://www.environ.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload%2C30737%2Cen.pdf> (last accessed on 27/012016).

174 Focus Ireland (n.d.), Working to end homelessness. Information Guidebook. Available at: <https://www.focusireland.ie/files/information%20guidebook.pdf> (last accessed on 27/012016).

175 Environment, Community and Local Government, 'Ministers Kelly and Coffey announce 20 actions on Homelessness' (09/12/2014). Available at: <http://www.environ.ie/en/DevelopmentHousing/Housing/News/MainBody,39778,en.htm> (last accessed on 27/012016).

consisting of a psychiatrist, a psychologist, a psychiatric nurse, an addiction adviser and social workers provide integrated care in the community. Multidisciplinary teams provide assessment and treatment, outreach and consultation, whilst inpatient care is provided for severe disorders.

Specific provisions for pregnant teenagers

The Crisis Pregnancy Programme¹⁶⁵, delivered by the HSE, provides education and support to young people and collates statistical information in this area. It runs and funds a range of projects to prevent crisis pregnancies, targeted at particular groups, including adolescents. Key areas of work under this programme include a specific initiative in schools and youth work settings; the development, promotion and distribution of resources for young people and their parents in order to promote good communication about sex; training of youth organisations to enable them to deliver Relationships and Sexuality Education (RSE) to key target groups; and funding and working with youth-based services to ensure that they have a RSE component, particularly services working with hard-to-reach groups in community settings, such as youth cafés.

Specific provisions for undocumented minors

Children seeking asylum are deemed to be in need of care and protection under the 1991 Child Care Act¹⁶⁶ and are entitled to equity of treatment and rights as other children at risk. The immediate and ongoing needs of separated children seeking asylum (SCSA) are the responsibility of the HSE. Where cases of concern about the child's safety and welfare are identified by the police, the child is placed into the care of the HSE. The number of undocumented migrant children fell from 1,085 in 2001 to 71 in 2012. Of those 71 children, 48 were placed in the care of the HSE.

The HSE has a national policy on the standards and services to be provided to children separated from their families seeking asylum. There is no differentiation of care provision, care practices, care priorities, standards or protocols until the young person reaches 18. Upon reaching 18, the HSE refers these young people to the Reception and Integration Agency (RIA)¹⁶⁷ of the Department of Justice and Law Reform for transfer to adult services¹⁶⁸.

Specific provisions for children from families with a history of substance abuse

Children living in families with a history of alcohol abuse can receive support and assistance through a range of state services, such as the HSE social work network, CAMHS, psychology services, or through the state-funded Family Support Network. The Family Support Agency (to be incorporated into the state's statutory Child and Family Agency) provides additional support through the Family Resource Centre (FRC) Programme, which aims to combat disadvantage and help children from marginalised families. Services are provided through the 107 Family and Community Support Centres aiming to combat disadvantage and improve the functioning of the family unit.

The National Drugs Strategy, 2009-2016¹⁶⁹ contains a number of measures for young people, primarily in the areas of prevention and treatment. It aims to delay the age of first use of illicit drugs, reduce the level of drug abuse among school students, reduce early school leaving and ensure that all drugs-users aged under 18 access treatment within two weeks of assessment. This target was reached by the HSE in 2012.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

The National Housing Policy is set out in the Housing Policy Statement¹⁷⁰ launched in June 2011 and refers to families rather than specifically to children. Key measures outlined in the document include:

- maximising the delivery of social housing support within the resources available;
- transfer of responsibility for long-term recipients of rent support to local authorities;
- new mechanisms for the delivery of permanent social housing;
- delivery of housing support for households with special needs.

The State of the Nation's Children 2012¹⁷¹ reports that in 2011 there were a total of 43,578 households with children identified as being in need of social housing. Among the key actions included in the National Housing Strategy for People with a Disability¹⁷², there is a commitment to ensure that current and future needs of children with disabilities are made central considerations during the process of allocating housing to families. An Implementation Framework Plan was launched in July 2012¹⁷³.

Supporting families with children at risk of eviction

Since the economic crisis began, high levels of long-term unemployment and unsustainable levels of personal debt have meant that now more people than ever are at risk of losing their homes¹⁷⁴. An Action Plan¹⁷⁵ was launched in December 2014 to tackle emergency and short-term homelessness, especially in the Dublin area, where most homeless people live. Its measures included assistance offered to families to ensure that they can stay in their homes, enhanced services for rough sleepers (emergency beds and accommodation), and setting up a hotel under the control of NAMA, the National Asset Management Agency, for homeless families in Dublin.

The Child Care Act of 1991 includes a provision regarding homeless children that states that a health board, when it identifies a child who appears to be homeless, must enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available for the child, the board shall take the steps to make available suitable accommodation for them. The Act also specifies that the Child and Family Agency (Tusla) is responsible for providing accommodation for people under the age of 18 who are homeless.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

Where children are identified as being at risk, the Child and Family Agency has the right to intervene if it is no longer safe for the child to remain or return home. In such circumstances, the child may be placed in foster care or in residential care.

There are a number of procedures which the Child and Family Agency can use when dealing with children who are at risk or who are in need of care. The Child and Family Agency may apply to the courts for a number of different orders. These orders give the courts a range of powers – including decision-making powers – about the type of care necessary and parental and relatives' contact with the children. The following is a summary of these orders:

- emergency care order – maximum of eight days in care;
- interim care order – maximum of 29 days in care but may be extended;
- care order – can continue up to the age of 18;
- supervision order – maximum of 12 months but may be renewed;
- interim special care order – maximum of 28 days but may be extended;
- special care order – maximum of 6 months but may be extended.

In general, the various orders involve the child being taken into care by the Child and Family Agency. A supervision order, however, involves the child being visited and monitored in their own home instead.

Main reasons for children to be taken into care

Children that are taken into care may have previously been abused or neglected. The government recognises four types of abuse: neglect, emotional abuse, physical abuse and sexual abuse. Children who are homeless are also taken into care if public authorities identify them as living rough. Additionally, a family welfare conference, in cooperation with the Child and Family Agency, can decide if a child is at risk because of their own behaviour and if he/she is in need of special care or protection. Other reasons for children to be taken into care include parental disability and parental substance abuse. The Second Interim Report of the Child Care Law Reporting Project¹⁷⁶ analysed the most common reasons for children to be taken into care during the year 2013.

Main provisions guaranteeing that children are not placed in institutions

Care placement is designed to meet the assessed needs of the child coming into care and is governed by regulations and national standards. This requires each child to have an allocated social worker whose statutory duties and adherence to national standards include:

- the preparation and review of care plans;
- finding appropriate placements for children;
- consideration of the wishes of children and families;
- ensuring access and contact between the child, parents and siblings, unless there is a court agreed reason not to do so;
- addressing education placement and health needs of children;
- visits and supervision of standards of placements;
- meeting with children in private;
- working with children and their families with a view to planning the child's return home or to their long-term future in care;
- preparing an aftercare plan.

Children in need of protection and care can be placed in relative foster care (kinship care), foster care, residential care, high support residential care and special care (secure care placement):

A. Relative Foster Care (Kinship Care)

When a child cannot live with his or her parents, the Child and Family Agency will, in the first instance, seek a suitable relative or person known to the child to provide relative care. Relative carers go through an assessment and approval, in a similar way to general foster carers¹⁷⁷. A small number of children in care are placed abroad with relatives who live outside the country¹⁷⁸.

B. Foster Care

Where a suitable relative or person known to the child has not been found, the child, where possible, is placed in foster care. The 2011 HSE Review of Adequacy Report¹⁷⁹ showed that over 2,000 children living in foster care had been living with their foster families for at least five years, and many for most of their lives. A further 2,000 children had been living with the same



176 Coulter, C. (2014), Second Interim Report. Dublin: Child Care Law Reporting Project. Available at: <http://www.childlawproject.ie/wp-content/uploads/2014/10/Interim-report-2-Web.pdf> (last accessed on 27/012016).

177 S.I. No. 260 of 1995. Child Care (Placement of Children in Foster Care) Regulations, 1995.

178 Ibid.

179 Tusla Child and Family Agency (2013), Review of Adequacy in Respect of Child Care and Family Support Services Provided by the Health Service Executive.

foster carers for between one and five years. Others had shorter placements; for instance, if placed in care in an emergency, while an assessment was undertaken or a care plan was developed.

C. Residential Care

For young people that are unable to live at home or in an alternative family environment, residential care may be considered suitable¹⁸⁰. Residential care can be in a home run by public authorities or by a voluntary or private company.

Children under 13 are placed in residential care only in extreme circumstances, while undergoing an assessment, awaiting a suitable foster care placement or following a series of foster care breakdowns. Figures from the 2013 HSE National Performance Activity Report show that out of the 331 children in residential care, 31 (9.4%) were aged under 13.

D. High Support Residential Care

High Support differs from ordinary residential care in that the units offer higher staff ratios and on-site education, as well as specialised input such as psychological services.

E. Special Care

Special Care involves the detention of a child for his or her own welfare and protection in a Special Care Unit on order of the High Court. As with High Support, Special Care Units differ from ordinary residential care in that the Units offer higher staff ratios and on-site education, as well as specialised input such as psychological and child psychiatric services.

Table 5 provides an overview of type of care placements in 2013. At the end of March 2014, there were 6,054 children in care. Of these children, 70% were aged between 6 and 16¹⁸¹.

Table 5: Types of care placements in Ireland in 2013

Admissions by care type	Number of admissions by care type	Percentage of admissions by care type
Residential care	117	6%
Foster care general	1,385	73%
Foster care with a relative	323	17%
Other care placements	71	4%
Total	1,896	100%

Source: Tusla, Child and Family Agency, 2014

Main provisions guaranteeing that children without parental care have access to services

According to the Child Care Act of 1991, when a child is taken into care, a health board shall have a report prepared on the adequacy of the childcare and family support services available in the area. The health board also establishes a childcare advisory committee consisting of persons with a special interest or expertise in matters affecting the welfare of children, including representatives of voluntary bodies providing childcare and family support services¹⁸². The role of this advisory committee is to consult with voluntary bodies providing childcare and family support services in the area, report on childcare and family support services in the area, and also review the needs of children in its area.

To make sure that placement in care is in line with regulations and national standards, the Irish government established the Health Information and Quality Authority (HIQA) under the Health Act 2007¹⁸³. Registration, inspection and monitoring of public residential facilities is the responsibility of the HIQA, whilst Tusla, the Child and Family Agency (in the past, the HSE) has the responsibility to register and monitor the facilities operated by private or voluntary providers against national regulations and standards. An investigation by the Ombudsman for Children found significant gaps in the approach to registering, inspecting and monitoring of children's residential centres, which are run by private and voluntary agencies, and recommended that the inspection of these centres should be transferred to HIQA without delay¹⁸⁴.

Specific mechanisms to listen to and record the voice of the child within the child protection system

According to the provisions included in the Child Care Act of 1991, in any proceeding regarding the care or protection of the child, a court might give due consideration, having regard to their age and understanding, to the wishes of the child. To best represent the interests of the child, the court may also appoint a solicitor. The proceedings regarding the care or protection of the child, unless otherwise determined by the judge, cannot be heard in public.



180 S.I. No. 259 of 1995. Child Care (Placement of Children in Residential Care) Regulations, 1995.

181 Tusla Child and Family Agency (2014), Quarter 1 2014. National Performance Activity Report. Available at: http://www.tusla.ie/uploads/content/National_Performance_Activity_Report_Quarter_1_2014_Final.pdf (last accessed on 27/01/2016).

182 A person shall not receive any remuneration for acting as a member of a childcare advisory committee, but a health board may make payments to any such member in respect of travelling and subsistence expenses incurred by him in relation to the business of the committee.

183 S.I. No. 23 of 2007. Health Act, 2007.

184 For further information, please visit the website of the Ombudsman for Children: <http://www.oco.ie/2015/08/childrens-ombudsman-highlights-gaps-in-the-oversight-of-childrens-residential-centres/> (last accessed on 01/02/2016).

Country profiles

Italy

The answers to the questionnaire, which represent the basis for this country profile, were jointly provided by the Institute for Research on Population and Social Policies (IRPPS) and the Regional Department for Health and Social Policy at the Lazio Region. With contributions from family and child support, social assistance planning and programmes at the Lazio Region. The regional offices responsible for children and families at the Regions of Piemonte, Toscana and Emilia Romagna; the municipalities of Rieti, Latina and Albano Laziale; the NGOs ARPA and OMA, and the Institute for Scientific Research San Raffaele in Roma also contributed to answering the questionnaire. A commentary and review were provided by independent expert Cristina Capanna.



185 Ministry of Education, University and Research (2012), *Indicazioni nazionali per il curricolo della scuola dell'infanzia e del primo ciclo d'istruzione* (National Guidelines for the curriculum in kindergarten and the first cycle of education). Available at: http://www.indicazioninazionali.it/documenti_Indicazioni_nazionali/indicazioni_nazionali_infanzia_primo_ciclo.pdf (last accessed on 21/01/2016)

186 ISEE = Indicatore Situazione Economica Equivalente (Equivalent Economic Situation Indicator).

187 See, for example, the following projects: 'Centro anche io' in Palermo (a day centre aiming for social integration. 'In viaggio senza valigie' (a project aiming at 'giving a concrete response to parents after they learn about their child's disability) in Milan. Available at: http://www.labilita.org/progetti/prg_valigie.shtml (last accessed on 01/02/2016).

188 Del Boca, D. and Pasqua, S. (2010), *Esiti scolastici e comportamentali, famiglia e servizi per l'infanzia* (Educational outcomes and behavioural, family and childcare services), FGA working paper, No. 36.

189 ISTAT (2013), *Annuario Statistico Italiano 2013* (Italian Statistical Year book 2013).

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

Italy has a split ECEC system: for children aged 0 to 2 and children aged 3 to 6. Services for these two groups are designed and governed by different institutional levels. The first involves public and private nurseries, and children's enrolment is not compulsory. The second group includes kindergartens, where enrolment is also not compulsory, but attendance is considered essential for educational development.

Nurseries are regulated by national laws which determine the essential level of performance that must be guaranteed all over the country and by regional laws when it comes to their organisation and management. Access and parents' financial contributions are regulated by the municipalities. Nurseries were originally established by national Law No. 1044 (1971) as services "designed to provide temporary care for the child in order to facilitate the access of women to work". In the late 1990s, there was a deep transformation of the main objectives of these services and the national Law No. 285 (1997), Law No. 448 (2001) and sentence 467 of the Constitutional Court (2002) identified nurseries not just as an instrument to facilitate parental employment but also to promote the cognitive, affective, relational and social potential of the child. Since 2007, the Italian government has been funding the development of ECEC for children aged 0 to 2 following European Council agreements, e.g. the Barcelona targets agreed in 2002.

Kindergartens are part of the national education system. The curriculum for these services is defined according to national educational guidelines issued by the Ministry of Education¹⁸⁵. Kindergartens contribute to children's learning, ensuring a smooth transition to primary school. Kindergarten is open to all Italian and foreign children who are aged between 3 to 6 years old.

Funding and financial incentives

ECEC services for children from 3 months to 2 years of age are provided based on the co-payment of fees, which vary across the country since there is not a shared national standard. There are a number of criteria for payment including the socio-economic circumstances of the parents, the characteristics of the child (e.g. disability) and the participation of a sibling in the same service. Usually, the baseline is established according to different economic and family parameters calculated on the basis of the ISEE¹⁸⁶. Municipal regulations may also provide full exemption from payment.

Public investment in services plays a key role in determining the fees. The state covers a certain amount of the costs of providing ECEC services (often up to 80% of the total costs) and families contribute the remaining amount. As for ECEC services for children over two years old, these are free-of-charge except for meals.

According to Law No. 285 (1997), specific funds are available to finance projects in the area of disability. However, the projects are often developed for children in general, with a special focus on those coming from disadvantaged backgrounds¹⁸⁷. Projects usually involve social services, healthcare, private service providers and the education/school system. More generally, in order to promote access to services for children from disadvantaged backgrounds, the municipalities include in their regulations funding arrangements to cover the expenses of ECEC services for families who cannot afford them. These local regulations also introduce priority access in certain types of cases, especially after referral by local social services. There are places reserved for children from families with multiple needs and it is also possible to request temporary exemptions from the payment of fees.

Variability of provision

The participation of children aged 0 to 2 in ECEC services is very low. In fact, only 155,404 places are offered in nurseries for 737,000 potential users. Therefore, half a million children are not receiving the cognitive, emotional, social and health benefits of attending quality nurseries. Substantial differences can be found among the various Italian regions¹⁸⁸.

Currently, 54.6% of Italian municipalities are covered by a nursery service and there are still large differences across regions. The unequal distribution of services for young children leave large areas of unmet demand. According to ISTAT, the National Institute of Statistics, in 2013, the percentage of women out of the labour market with children aged 0 to 2 was still very high, due in part to the lower number of places offered in nurseries compared to those in kindergartens¹⁸⁹. In Italy, there is a compulsory maternity leave of five months and

an optional parental leave of six to ten weeks that can be distributed between the couple as they wish¹⁹⁰ (Law No. 53, 2000). However, the allowance, which currently accounts for 30% of the salary¹⁹¹, is much lower than in other European countries.

Therefore, the role of informal childcare support has become increasingly important. For instance, grandparents often compensate the lack of preschool services. Informal support networks for children represent two-thirds of the total care received by children of preschool age¹⁹². According to ISTAT, 40.2% of informal care during the year 2009 was aimed at children, especially in the Centre and North of the country due to the greater share of working women in this area¹⁹³.

Inter-services and parental cooperation

Regional laws provide the framework for managing the nurseries, including the activities that contribute to the definition of the content and features of the service and to the operation of the nursery, through parents' meetings, the management committee and the educational groups. Parents and professionals work together to determine the educational, socio-psycho-pedagogical, health-related and organisational guidelines of the nursery.

Regarding kindergartens, parents have the right to choose the centre where they wish to enrol their children either full or part-time, and the role they wish to play¹⁹⁴ through the collective bodies (Legislative Decree No. 74, 1994), where practitioners meet regularly with parents to discuss issues around general activities, the organisation of services and links between the centre and home. In order to promote greater parental participation, meeting times should be set in such a way that working parents can attend, in accordance with the provisions of Law No. 53 (2000).

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

Several measures have been introduced to uphold the right to education as well as to ensure effective school attendance and to respond to the individual and collective needs of children, including students with disabilities or special needs, vulnerable groups, migrants and Roma children. Adequate financial resources have been allocated at local and national levels, above all in areas where a high rate of school drop-out has been recorded – for instance, through the European Social Fund's Skills for Development programme and the European Regional Development Fund's learning environments programme, which both address school drop-out¹⁹⁵.

In relation to children with disabilities or special needs, the Italian legislation gives them specific rights and protection, and guarantees equal opportunities to develop their personalities, self-reliance and ability to participate in society. The national legal framework consists of two laws (No. 104, 1992 and No. 170, 2010) and there are a number of regional laws. In particular, children with disabilities are entitled to receive specific forms of medical assistance. Considerable effort has been made to guarantee schooling for children with disabilities and to foster their integration into ordinary schools.

As part of the social services reform (Law No. 328, 2000), an integrated network of assistance and social services was created, promoting greater equity and ensuring consistent performance standards throughout the country.

In 2011, the Italian Department for Equal Opportunities presented a public notice to support pilot projects to help child victims of sexual abuse and exploitation. The notice's strategic aim was to promote programmes that create a connection between all local operative and institutional resources, including schools and ECEC.

Fostering the inclusion of children with disabilities

The laws No. 104 (1992) and No. 170 (2010) pay particular attention to the needs of children with disabilities; for instance, with provisions to guarantee integration in nursery schools and all other learning centres and social integration services, such as foster placements, day care centres for social rehabilitation and education.

The inclusion of children with disabilities in schools is supported by a network of operational groups at diverse levels of school administration, training for specialised teachers and research at local and national levels¹⁹⁶. The presence of specialised teachers – distributed at a ratio of one specialised teacher per 138 students, both with and without disabilities – is the main element of support to ensure that the necessary psycho-pedagogical and organisational needs of children with disabilities are met. The main criticism is that the number of specialised teachers is not related to the number of children with disabilities and, therefore, demand may not be adequately met.



190 In practice, this means that the mother can have up to seven months of leave and the father can have up to three. This type of paternal leave also applies to single parents, who are entitled to 10 months of parental leave.

191 ISTAT (2010), Secondo Rapporto Sulla Coesione Sociale (Report on Social Cohesion). Available at: <http://www.istat.it/it/archivio/53075> (last accessed on 28/01/2016).

192 Ibid.

193 Ibid.

194 The state schools must include corporate bodies at various levels, with different competences, including the parents elected to represent the families.

195 Ministero dell' Istruzione dell'Universita della Ricerca. Available at: www.istruzione.it (last accessed on 21/01/2016).

196 De Anna, L. (2014), *Pedagogia Speciale. Integrazione ed Inclusione (Education for children with special needs. Integration and Inclusion)*, Roma: Carocci; Favorini, A. M. (2014), *I problemi di comportamento a scuola. Interventi pedagogici e inclusione (Behavioural problems at school. Pedagogical interventions and inclusion)*. Roma: Carocci; Faber.; Pavone, M. (2014), *L'inclusione educativa. Indicazioni pedagogiche per la disabilità (Educative inclusion: pedagogical indications for disability)*. Milano: Mondadori Università.



Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

At the beginning of 2014, the Ministry of Education approved the 'Guidelines for the reception and integration of foreign students', proposed as a vehicle for dissemination and sharing of best practice for facilitating the integration of a growing number of non-Italian children. From 2012, the Italian legislation has set a limit of 30% of non-Italian students in each class. The measure was introduced gradually, starting from the first year of kindergarten and the first year of both primary and secondary schools. The limit is flexible and it could be raised, taking into account the presence of foreign students already in possession of adequate language skills. An initial assessment¹⁹⁷ from 2012 shows that the rule has been applied to a reasonable degree in all regions, even in those, such as Lombardy and Veneto, that had expressed initial doubts.

Regarding ethnic minorities, a national project for the inclusion and integration of Roma children is being implemented. The project is part of the National Strategy for the Inclusion and Improvement of the Living Conditions of Roma, Gypsy and Traveller communities 2012-2020¹⁹⁸, which sets four core intervention areas: employment, education, health and housing. The project focuses mainly on education, but it also includes aspects related to children's health and is coordinated by the Ministry of Labour and Social Policy and a group of big cities¹⁹⁹.

Desegregation policies

The uneven distribution of foreign students limits the desired heterogeneity in schools. According to the Ministry of Education, a higher concentration of foreign students can be found in the North of Italy (Lombardia, Piedmont and Veneto) and in large cities such as Rome and Florence. The above-mentioned guidelines for the reception and integration of foreign students developed by the Ministry of Education in 2014 and the 30% quota introduced in 2011 aim to avoid the concentration of foreign students in schools.

These are then implemented by schools in cooperation with local authorities and regional education offices.

Fighting early school leaving

The national registry of students, established by the Legislative Decree No. 76 (2005), constitutes an important tool for monitoring completion of compulsory education. The registry is used as a tool to keep track of the number of students attending school or following some form of training. The information recorded is used for the creation of action plans to prevent school drop-out and bring back to school those young people who had already dropped out of the education system.

The dimension of the phenomenon of school drop-out²⁰⁰ forced the state to intervene legislatively (Law Decree No. 104, 2013). A programme of supplementary teaching was implemented on an experimental basis in 2013-2014, starting from primary school age up to 16, providing an extension of school lessons for students at risk of dropping out of school in agreement with local authorities and associations²⁰¹.

At local level, social services cooperate with teachers to design personalised paths for the inclusion of students with multiple problems and also work with parents, giving them advice, organising discussion groups on educational subjects, helping them to manage family conflicts and strengthening their parenting skills. Secondary schools provide guidance for students to prevent drop-out and help them make a decision in relation to their educational and career prospects.

Throughout the country, there are specific projects that aim not only at detecting and preventing school drop-out, but also at helping families face the difficulties that can threaten the development of the child. An example of this is the project I Meet (*In-Contro*), developed by the 12th Municipality of the City of Rome, a vocational programme for 800 children aged 6 to 17 at risk of dropping out of school. Students took part in 40 hours of training where they experienced real business practice alongside students of vocational training that acted as peer educators.

3. Improving health systems' responsiveness

to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

In Italy, the Decree issued by the President of the Ministers Council (No. 33, 2001), currently under revision, defined the essential levels of care that must be guaranteed throughout the country. The health districts and local area social plans (Law No. 328, 2000) address the health and social needs of people in that particular area. What characterises childcare is that the paediatrician, who follows the child's psycho-motor development and growth up to the age of 14, is freely chosen by the family.

In recent years, the economic crisis has had an impact on children's vulnerability. In 2013, 1.43% of children aged 0 to 13 were victims of health poverty. This means that they did not have access to medication and treatment²⁰². On a similar note, as a result of the crisis, families with children have often reduced their food expenditure. This phenomenon has

197 Ministry of Education, University and Research – Statistics Office (2012), Gli alunni stranieri nel sistema scolastico italiano a.s. 2011/12 (Foreign students in the Italian school system school year 2011/12). Available at: http://hubmiur.pubblica.istruzione.it/alfresco/d/d/workspace/SpacesStore/ac861a31-5970-46f8-ba7b-03bcf4cbb57a/notiziario_stranieri_11_12.pdf (last accessed on 21/01/2016).

198 Adopted by the Italian Government under the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. An EU Framework for National Roma Integration Strategies up to 2020. 5 April 2011, COM (2011) 173 final. Available at: http://ec.europa.eu/justice/policies/discrimination/docs/com_2011_173_en.pdf (last accessed on 21/01/2016).

199 UNAR (2012), National strategy for the inclusion and the improvement of the living conditions of Roma, Gypsy and Traveller communities 2012-2020. Available at: http://ec.europa.eu/justice/discrimination/files/roma_italy_strategy_it.pdf (last accessed on 21/01/2016).

200 Early school leaving affects foreign children more than Italian children, with a rate near 45%. In secondary school, 49% children of foreign origin are at risk of drop-out compared to 17% of Italian children, and in upper school they are 2.42% more likely compared to 1.16% in the case of Italian children. Furthermore, school drop-out is prevalent in professional and technical institutes (Ministry of Education, University and Research, 2013, Focus 'La dispersione scolastica').

201 For instance, the Challenges project in the municipality of Naples. Available at: www.comune.napoli.it and the Strategic Parents project in the region of Lombardy. Available at: <http://www.genitoristrategici.org> (last accessed on 21/01/2016).

202 Osservatorio donazione farmaci (2015), Donare per curare. 1° rapporto donazione farmaci e povertà sanitaria (Donate to cure. First report on drug donations and health poverty). Banco Farmaceutico Fondazione Onlus.

been more common in the Southern regions of the country. From 2007 to 2012, there was a reduction in food spending of 66% by families with children. This may end up having consequences on children's future health²⁰³ but no specific measures to address this phenomenon have been documented yet.

Specific provisions for children with disabilities and/or mental health problems

People with disabilities are protected by Law No. 104 (1992), which aims to address the causes of disability, promote autonomy and integrate people with disabilities in society. Children with disabilities have guaranteed rehabilitation support through specialised and multidisciplinary interventions aiming at the full or maximum possible recovery of the functions that the condition either stopped or reduced temporarily or permanently.

No specific provisions were mentioned in the answers to the questionnaire, but in general inclusion and social integration are pursued through a series of socio-psychological interventions such as: personal assistance services, removal of architectural barriers, the right to information and education, overall accessibility of public and private transport, local community support groups, creation and adaptation of social rehabilitation and educational day care centres, and organisation of extracurricular activities.

In addition to national laws, some regions have legislated in order to improve responses for people with specific disabilities; for instance, autism. The main objectives of these policies are early detection, taking into account the specific needs of the individual and the family and ensuring the continuity of care, particularly in the transition to adulthood.

There is a National Mental Health Plan launched by the Presidency of the Council of Ministers in 2013, which has been implemented by some regions, and establishes care paths for children with mental health problems on the basis of the severity and complexity of the problem, needs and risk factors, and social inclusion.

There is a specific service in each Local Health Agency – the Service for Mental Health Protection and Rehabilitation for Children and Adolescents. There are also semi-residential services, i.e. day centres, services that include therapeutic-rehabilitative structures and social rehabilitation, and hospital services.

With regards to young people in the juvenile system, the Lazio Region approved a Regional Operational Programme for the implementation of the national guidelines to fight self-harm and prevent suicide in juvenile services in 2014. Tools and procedures have been developed for the identification of needs and early intervention, and for ways of diagnosing those at risk of self-harm.

Specific provisions for pregnant teenagers

In 2011, there were 6,500 young mothers aged between 18 and 19 and just over 2,000 mothers below 18, 62% of whom were concentrated in Southern Italy and in the islands. These are often mothers with financial problems, low qualifications and only a small percentage of them are employed.

Law No. 405 of 1975 on family counselling services guarantees healthcare and social services to women and pregnant adolescents, parenting education, the provision of birth control methods, protection of the health of the woman and of the child, assistance for a voluntary pregnancy interruption, and assistance to abandoned children or in distress. It also outlines the requirements for custody and adoptions. However, no more recent legislation or programmes were outlined.

Specific provision for undocumented minors

With the refugee and migrant crisis, the number of unaccompanied minors has increased significantly. According to data released by the Ministry of Internal Affairs, from 1 January to 31 August 2014, 112,689 migrants arrived in Italy by sea; 17,982 of them were children and 9,963 were unaccompanied²⁰⁴.

Unaccompanied children have the same access to healthcare as Italian children. Unaccompanied minors are placed in an emergency community reception centre or other suitable structure, and local authorities take care of the procedure for obtaining a residency permit.

For illegal immigrants, who are not registered with the Regional Health Service (SSR), the law provides for urgent or essential outpatient and hospital care, even for extensive periods of time, in case of illness or injury, and preventive health programmes through public and accredited healthcare facilities.

In 2012, the Presidency of the Council of Ministers decided to extend the right to be enrolled in the Regional Health System with a family paediatrician or a general practitioner to unaccompanied minors. As of January 2015, the provision had been implemented in 12 out of 21 regions. It seems that the exercise of this right faces some practical difficulties because registration requires the issue of a tax code by the Ministry of Economy and Finance, a procedure that has not yet been regulated.



203 WEST (2013), In Italia migliaia di bambini senza assistenza sanitaria (Thousands of children without healthcare in Italy).

204 UNAR (2014), Dossier Statistico Immigrazione 2014. Dalle discriminazioni ai diritti (Statistical Dossier on Immigration 2014. From discrimination to rights). Centro Studi e Ricerche IDOS/Immigrazione Dossier Statistico.

Specific provisions for children from families with a history of substance abuse

As of now, although the problem is socially relevant, there are no data in regards to children from families with a history of substance abuse. Local services that deal with drug addiction and alcoholism in families especially concentrate on improving parenting skills, so the focus is mainly on adults rather than on children. Children with drug abusing and/or alcoholic parents are taken into care by social services when drug/alcohol abuse justifies the removal of the child²⁰⁵.

4. Providing children with a safe, adequate housing and living environment

According to ISTAT, in 2013 home owners represented 81.5% of the Italian adult population, with 16.3% paying mortgages. Renters, on the other hand, accounted only for 17.1% of the population. Since the 1980s, the offer of public housing has been reduced by 90%. Housing built on the basis of municipalities' agreements with contractors and housing for which the state provides subsidised mortgages and rents has also decreased²⁰⁶.

On the other hand, the number of evictions from 2001 to 2013 more than tripled²⁰⁷. There has also been an increased demand for housing, which led in turn to an increase in prices. This is a problem not only for families of socially vulnerable categories, already supported by social services, but also for people that, because of a change in their economic situation, are no longer able to pay their rent or mortgage.

Measures guaranteeing the access of families with children to housing

In Italy, there are three types of benefits for families who live in rented properties. Two of them consist of direct or indirect financial allowances: direct money transfers for families from the social renting fund and a fiscal deduction for tenants. The third one can be defined as an in-kind benefit consisting of the provision of public residential housing. All these instruments target families and households with relatively low incomes.

In Rome alone, the demand for social housing from poor or low-income families is larger than 50,000 units. Particularly in Rome, which alone accounts for more than 50% of the population in the Lazio Region, many residents and families with children have started to illegally occupy disused public buildings due to the lack of available housing options²⁰⁸. These numbers show, in Lazio more than in other Italian regions, the need for measures to ensure the access to housing, especially for families at risk of poverty. In order to tackle this housing problem, the Lazio Region was the first to adopt a regional law for re-acquiring abandoned public properties and putting them back into use (Regional Law No. 55 of 1998).

Supporting families with children at risk of eviction

The strategy to combat child poverty and social exclusion is included in the national action plan for supporting children and adolescents²⁰⁹. The regions have adopted different approaches across Italy. Lazio has implemented measures to support specifically families with children who may be at risk of becoming homeless because of eviction, including: benefits for partial or total rent payment for families in severe socio-economic circumstances but that have still been able to keep their flat, and temporary housing due to unforeseen emergency circumstances in which families have had to leave their property.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

According to Law No. 184 (1983) as amended by Law No. 149 (2001), Law No. 285 (1997) and Articles 330 and 331 of the Civil Code (Royal Decree No. 262, 1942), the psycho-social and socio-environmental assessment of the risk and possible risks for children is made by professionals working in local social and health services, mainly social workers, psychologists and educators. It is a multiprofessional assessment that usually provides a snapshot of the initial situation, highlighting the life conditions and the relationship of the child with the family, and identifies the critical deficiencies or suffering that the child may be experiencing. Reports of potential risk situations can be requested from hospitals, general practitioners and paediatricians, schools, and community associations. They make up the basis for the analysis and subsequent personalised support plan that may include taking the child into care if deemed in the child's best interest.

On the basis of the needs assessment, social services provide two types of support – financial and in-kind, for instance support to help parents develop their parenting skills²¹⁰. If the child has been identified as being at risk, they may be removed from parental care and placed into foster care or into a family-type home. If parents agree, the custody is given to local social services and enforced by a decision of the local guardianship judge, in the area where the minor lives. This is known as consensual custody. If parents do not agree, the removal of the custody may be ordered by the juvenile court. This is known as judicial custody. The Court orders the removal of parental custody when parents violate or neglect duties inherent to parenting or when the child has been abused. The same authority that ordered the removal of the custody, after the interests of the child have been evaluated, can return the custody to the parents.



205 For further information, please see section 5.

206 Presidency of the Council of Ministers (2008), 'Le politiche abitative in Italia: ricognizione e ipotesi di intervento' ('Housing policy in Italy: recognition and intervention possibilities'). Roma: Unità di analisi strategica delle politiche di Governo.

207 Home Affairs Ministry (2014), 'Gli sfratti in Italia: andamento delle procedure di rilascio di immobili ad uso abitativo (Evictions in Italy: development of procedures for granting of residential property)'. Dipartimento per le Politiche del Personale dell'Amministrazione Civile e per le Risorse Strumentali e Finanziarie Ufficio Centrale di Statistica.

208 FederCasa (2011), 'Abitazioni Sociali (Social Housing)'.

209 Decree of the President of the Italian Republic (2011), 'III piano biennale nazionale di azioni e di interventi per la tutela dei diritti e dello sviluppo dei soggetti in età evolutiva. (Third two-year national plan of actions and interventions to protect the rights and development of children)', Gazzetta ufficiale della Repubblica Italiana no. 106 of 9 May 2011.

210 The full range of services provided are: financial support, home care, socio-educational care, family mediation, placing of children in daily centres, daily foster care or part-time foster care.

The identification of foster families assessed as suitable to take temporary care of minors and the choice of appropriate accommodation for the needs of the child is undertaken by local social services. Further investigation into adoption required by the juvenile court is usually carried out by specialist integrated social services²¹¹.

As an instrument for preventing the removal of the child from the family, an experimentation is currently ongoing across the country: P.I.P.P.I. – Programme for the Prevention of Institutionalisation of Children promoted by the Ministry of Labour and Social Policy, with the involvement of the regions and the technical and scientific support of the Department of Education of Padua University. This project is essentially a multifaceted intervention for vulnerable families, its primary goal being to prevent out of home child placement through collaborative ways of working. It is oriented to prevention, working with families in the low to moderate risk category, and it prioritises children aged from 0 to 11.

Viewing child neglect as a complex problem, P.I.P.P.I. aims to connect the fields of child protection and parenting support, and does so by enabling all the stakeholders in the child's environment to develop a holistic perspective and to work together. The core activities promoted by the project are intended to improve parenting skills, promote the full involvement of the family in the child's life and strengthen the family's social networks. The P.I.P.P.I. programme is especially interesting because of its efforts to enable children to be full participants in the activities of the programme. The use of a strong theoretical framework and standardised common online tools by all the professionals involved gives the programme a strong foundation that can be adapted locally. The programme is strongly child and family focused, giving children and their parents a voice in the assessment of the family situation and care planning. P.I.P.P.I. offers a new perspective and direction for child social welfare in Italy. On the one hand, it focuses on the family as the most important expert on the subject and, on the other hand, it promotes the sharing of a common pattern among the various educational, care and social support services that work with the family. Moreover, as the programme is implemented across the country there could be greater homogeneity across the regions, which have different laws and regulations.

Main reasons for children to be taken into care

The most common reasons for children to be taken into care are the inadequacy of parenting skills and relationship problems in the family (45.5%), followed by parents' addiction problems (21.9%). Those related to a situation of economic difficulty seem to be residual (only 6% of the cases). As a rule, in these cases, child social welfare implements measures aimed at supporting the family as a whole, such as regular economic contributions, provision of goods and products for children, priority access to early childhood education and care services, the reduction or exemption of fees for these services, and housing provision.

Also increasingly clear is the existence of a correlation between the relationship problems of the family, the economic and housing difficulties, the lack of employment and other types of problems that families face. Therefore, a coordinated analysis is necessary of the various indicators pointing to the removal of children from their parents²¹².

Main provisions guaranteeing that children are not placed in institutions

According to Law No. 184 (1983), large institutions had to be closed by 31 December 2006. Instead, children had to be placed in family foster care or in small family-type homes characterised by an organisation and interpersonal relationships approach similar to those of a family.

The regions have proceeded to close institutions and regulate, by law and administrative acts, family-type settings to provide a secure and adequate environment for the development of the personal and educational needs of the child. This type of setting must be a place where their emotional and affective needs can be satisfied, including social activities favourable to their development and stability.

At the same time, they have promoted foster care as the main instrument in the case of children removed from parental care. In the case of definite abandonment of the child, local public services have specialised teams with responsibility for informing, preparing, training, assessing and providing support for adoptive parents.

As of 31 December 2012²¹³, the number of children and adolescents (0 to 17) removed from parental care and placed in foster family care or in residential care was estimated at 28,449. **Graph 4** indicates a split almost in two halves between those in residential and those in foster care in 2012.



211 For example, there are 21 local social services in the Lazio Region specialised in adoption since 1997-1999. They are part of a network together with the juvenile courts, the association for inter-country adoptions and the Lazio Region on the basis of a protocol established in 2001 and renewed in 2012.

212 Ministry of Labour and Social Policy (2013), Terza relazione al Parlamento sullo stato di attuazione della Legge 149/2001 (Third Report to the Parliament on the implementation of the Law 149/2001).

213 Ministry of Labour and Social Policy (2014), Affidamenti familiari e collocamenti in comunità al 31 December 2012 (Foster care and community placements until 31 December 2012), Quaderni della ricerca sociale, 31.

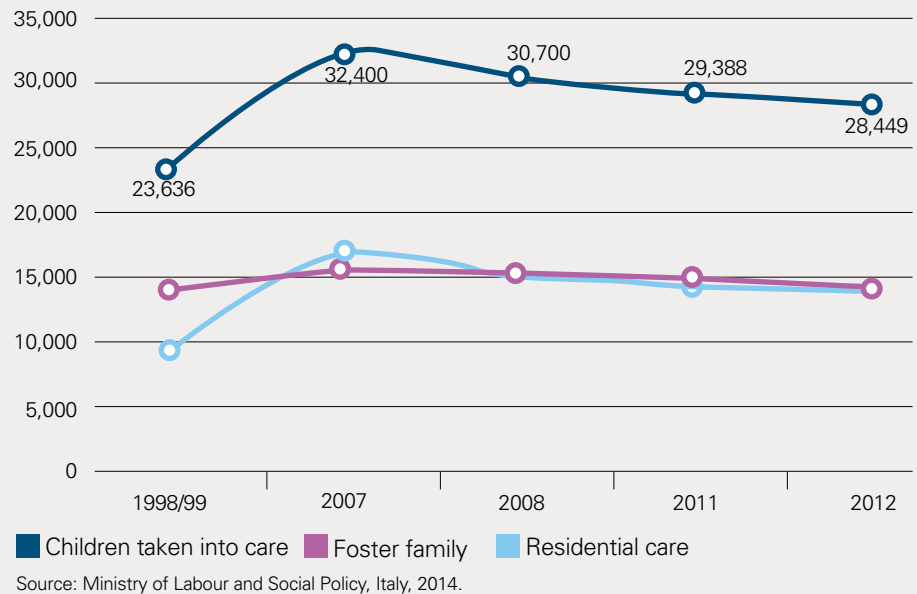


214 Ministry of Labour and Social Policy (2013), Linee di indirizzo per l'affidamento familiare (Guidelines for Family Foster Care).

215 Decree of the President of the Italian Republic No. 447 of 22 September 1988. Endorsement of the Code of Criminal Procedure. Gazzetta Ufficiale della Repubblica Italiana n. 250 of 24 October 1988.

216 Ibid. art. 351, paragraph 1.

Graph 4: Children and young people aged 0 to 17 placed outside their families
Years 1998/99 (to 30/6), 2007, 2008, 2011, 2012 (to 31/12)



Main provisions guaranteeing that children without parental care have access to services

Children who are not in the care of their parents, or for whom judicial authorities have ordered the suspension of parental responsibility, are taken into the care of social services in local authorities. These ensure that they have proper access to public services and a suitable care setting that meets their needs and equal access to services such as early childcare, schools, community, leisure and sport centres, summer camps, transport and school meals, and healthcare services.

As provided by law, foster families receive financial support and additional contributions for any medical or educational expenses from the social services of the municipality where they reside. In this regard, it is worth mentioning that the Ministry of Labour and Social Policy promoted a national programme 'A path in foster care' that started in 2009 and led to the approval of the Guidelines for Family Foster Care²¹⁴. The Guidelines contain recommendations to make the interventions of professionals and services more child-centred according to the principle of the best interest of the child.

Moreover, the Ministry of Labour and Social Policy has just established a national commission to define guidelines for caring for children that have been removed from home and are in residential care. One of the main aims is to promote the development of a national care system based in the respect of the fundamental rights of the child and their needs.

Specific mechanisms to listen to and record the voice of the child within the child protection system

Listening to children in judicial proceedings is made, usually in criminal cases and, in a discretionary way, in civil cases. This is done in suitable facilities, such as rooms equipped with one-way mirrors and video recording systems, through which those who assist in the adjacent room (judges and lawyers) may attend the hearing and possibly talk with the specialist. Much attention is paid to the protection of the child, so that this process does not represent a traumatic experience for them.

In relation to civil proceedings, the principle is to give minors a voice and inform them so that they can understand the consequences of the process. An inter-professional working group has been set up to put in place specific and appropriate training for lawyers and judges working on children and family matters to ensure uniformity of listening methods and procedures. In addition, the Code of Criminal Procedure²¹⁵ establishes the conditions for the hearing of minors under 16 (or under 14 in some cases) in criminal proceedings during the preliminary investigation and the trial.

The Italian government, in recent years, has introduced regulations to improve their protection in the earlier stages of the judicial process. Since the ratification of the Lanzarote Convention (Law No. 172, 2012) the importance of involving 'experts in psychology or child psychiatry'²¹⁶ (Article 351, paragraph 1 Code of Criminal Procedure) has been emphasised in order to provide assistance to judicial police in collecting minors' statements.

Country profiles

The Netherlands

The answers to the questionnaire, which represent the basis for this country profile, were provided by the Netherlands Youth institute, with contributions from representatives of municipalities at the National Association of Local Government for Social Welfare and the Directorate of Youth at the Ministry of Health, Welfare and Sport. A review and commentary were provided by Caroline Vink, Senior Adviser at the Netherlands Youth institute.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

Historically, the care and education of children in the Netherlands in pre-primary school age (0 to 4) has been fragmented. Early childhood education and care (ECEC) was traditionally divided into:

- childcare services for children aged three months to four years, mainly for children of working parents (followed by after-school services for primary school children);
- playgroups mainly directed at child development and play (part-time services for children aged 2.5 to 4).

Currently, childcare services for children under four are basically divided into two different types: day care centres and home day care. Day care centres are professionally run and employ fully qualified childcare staff. They are usually open from 7:30am to 6pm on weekdays and provide care for babies as young as three months to children up to four years old. The ratio of children per staff member ranges from 1:4 to 1:8, depending on the age groups. Home day care is run by a self-employed childminder, who legally can take care of a maximum of four children, either in his/her own home or in the parents' home.

Since the early 1990s, child day care was very much stimulated by the Dutch government, introducing day care for children as young as three months up to four years old. The growth of this type of services was encouraged by the effort to increase the participation of women in the labour market. This was consolidated in the Dutch Childcare Act in 2005, which not only gave working parents a financial entitlement (means tested) for childcare, but also stimulated competition between childcare providers. Numbers grew from 375,000 children in 2005 to 738,000 children in 2010. It was also open to parents who did not participate in the labour market and who did not receive unemployment benefits. Very few parents paid fully themselves for this type of childcare. Nowadays, playgroups are integrated into the day care service or have become part of early education services for children, where the focus of work is on children's education deficits.

Early childhood education (VE) focuses on children aged 2.5 to 6, who are at risk of developing a language or educational deficit. Therefore, in many ways, the Dutch interpretation of ECEC (VE) is a targeted and not a universal service, and it is an instrument of local authorities to intervene early to prevent deficits later on as the child develops.

Funding and financial incentives

The Dutch Childcare Act of 2005 was drafted in order to increase the participation of women in employment, childcare accessibility, and competition between childcare providers, thereby lowering fees. The Act provides for the financing of formal childcare and quality and supervision standards for all childcare services. According to the Act, parents, employers and the government must jointly bear the costs of formal childcare. The government does so by imposing a childcare levy on all employers.

Day care centres are mainly financed by the municipalities. Playgroups are also financed by the municipalities. Municipalities receive funds from the state for both services. Home day care receives funds from the state, but is co-financed by parents.

The previously mentioned childcare allowance, to which parents are entitled, is provided on a per child basis, whereby an allowance is determined and provided for each child. The allowance is capped at a maximum hourly rate, which is adjusted annually. The amount of someone's childcare allowance will depend on childcare costs and family income.

Variability of provision

In 2011, Dutch municipalities had just over 34,000 places available for VVE. Around 21,000 children actually participated, involving only 50% of the VVE target group of 42,000 children with language and educational deficits.

According to the Development Opportunities through Quality and Education Act, school boards and municipalities have to agree to the provision of ECEC as per the VVE (ECEC) law. Schools, together with playgroups, have significant freedom regarding provision, since requirements focus on results, not on the process. Schools and municipalities agree the programmes and the professionals who will implement them as well as additional support; for example, for the implementation of policies to meet educational deficits, as necessary. Actual implementation can differ between municipalities, also based on the needs of the target group.

Inter-services and parental cooperation

ECEC in the Netherlands combines day childcare, home childcare, playgroups and the first years of primary school and, therefore, all initiatives need to complement each other. This process has been supported by the normative framework provided by the Dutch Childcare Act²¹⁷. Municipalities have an education agenda, which they develop in cooperation with school boards. The municipality has the overall responsibility and should ensure agreements are reached on the target group(s) of ECEC, access and the smooth transition to playgroups and/or day care and the first years of primary school.



217 Wet kinderopvang (Childcare Act). Wet van 9 juli 2004 tot regeling met betrekking tot tegemoetkomingen in de kosten van kinderopvang en waarborging van de kwaliteit van kinderopvang (Law of July 9, 2004 regulating matters relating to contributions towards the costs of childcare and safeguards concerning the quality of childcare). Available at: http://wetten.overheid.nl/BWBR0017017/volledig/geldigheidsdatum_25-01-2016 (last accessed on 25/01/2016).

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

In the Netherlands, it is possible to start school at the age of four. Approximately 95% of all children start school when they turn four. This first year from the age of 4 to 5 is not compulsory, but fully funded for every child in that age category. Compulsory school starts at 5 and lasts until the age of 16, covering primary school and the first four years of secondary education. The ministry finances all types of schools, whether public or private, as schools cannot request any fee except for small financial contributions for extracurricular activities such as school trips.

One of the important characteristics of the education system in the Netherlands, which is described in Article 23 of the Dutch Constitution, is freedom of education, i.e. the freedom to found schools, to organise the teaching in schools and to determine the principles on which they are based. This means that people have the right to found schools and to provide teaching based on religious, ideological or educational beliefs and that they are entitled to determine how they wish to organise and design their education.

Fostering the inclusion of children with disabilities

Children in special education, thus excluded from mainstream education, increased by 16.4% between 2000 and 2012. In 2012, 34,000 more children were in special education compared to 2000. On 9 October 2012, the Dutch Senate adopted the Act on Inclusive Education, which came into effect in August 2014. Since that date, schools have a duty to care. This means that schools have the responsibility to provide a suitable learning place for every child. Mainstream and special needs schools must cooperate in regional alliances to provide children with a learning place in mainstream schools and, if needed, provide them with extra support in ordinary schools. Placing children in a special needs school is to be done only as a last resort. The idea behind this is that the starting point should be the removal of students' educational limitations rather than the diagnosed disorder. In practice, this means that schools must draft what type of educational support they provide for students, and teachers receive training to work with students with different educational needs.



Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

Poverty has increased quite significantly during the crisis. In 2012, the number of children in poverty was 384,000, which accounted for 11.4% of children. The number of children in poverty in the Netherlands has increased by over 100,000 since 2007. One in three persons living in poverty is below the age of 18. Single-parent households are among the biggest risk group.

To increase the inclusiveness of schools and support children from disadvantaged backgrounds, the Ministry of Education introduced a 'weight' system in primary schools, according to which children receive a certain weight based on the education level of their parents. Schools attended by many children whose parents have low qualifications receive more money than schools attended by children with parents holding a university degree. In the past, the 'weight' system also took into account the ethnicity of children.

Due to high levels of immigration and the increase of ethnic minorities, especially in large cities, there has been a rise in the number of 'ethnic schools'. According to Statistics Netherlands, a school is considered to be an 'ethnic school' if over 60% of the school population has a minority ethnic background. Data from 2003 shows that around 6% of Dutch schools were considered 'ethnic' schools, but with huge variations. More than 50% of schools in Amsterdam and 30% in The Hague received this consideration. Many attribute the freedom of school choice as a barrier to integration in schools of children from mixed backgrounds since parents are opting to send their children to schools with children of a similar background.

Desegregation policies

According to Article 23 of the Dutch Constitution, all schools are equal and there is no system differentiating public and private schools, as it exists in other countries. However, in the Netherlands there is more segregation at school level than at neighbourhood level. Segregation of schools is at this moment not a policy priority of the Dutch government, but it is an issue for local municipalities that support many bottom-up initiatives to stimulate mixed schools²¹⁸.

Fighting early school leaving

The Dutch national policy on early school leaving is based on the Lisbon strategy of the European Council. The current policy is aimed at combating school drop-out through prevention in schools, finishing compulsory education and working with young people at risk in large cities. The national target is to decrease the number of children leaving school early from 71,000 in 2002 to 35,000 in 2012 and 25,000 in 2016.

This target was accompanied by measures such as improving data of students not showing up to classes or dropping out. Another important step was the introduction of the starting qualification obligation in 2007. Since then, young people, who no longer go to school but do not have a qualification, are obliged by law to obtain a qualification to find employment or proceed to further education.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

The Dutch healthcare system includes a national framework for free child and youth healthcare delivered by the municipalities' health services. The health service includes specific clinics for babies and toddlers, primary and secondary school healthcare. Until the age of 19, children get regular check-ups and screenings. The role of the local health service is to monitor children's development, vaccinations, screening, information and advice, and referrals to specialist health services when necessary. The local health service also implements programmes on the prevention of alcohol and drug abuse. Local health services work very closely with or are integrated into the Youth and Family Centres²¹⁹ and link with early intervention and support in social services²²⁰.

Under the Health Insurance Act, all residents of the Netherlands are obliged by law to take out and pay for health insurance. The standard package includes, among others, the following items:

- medical care (including care provided by general practitioners; medical specialists and obstetricians);
- hospital treatment;
- medication;
- dental care up to 18;
- postnatal care.

The changes in the Dutch system for child and youth social care that started to be implemented in January 2015 foresee a system of services, where child and youth social care, mental health services and care for children with chronic conditions will be more integrated.

218 The National Knowledge Centre for Mixed Schools. Available at: <http://www.gemengdescholen.nl/#English> (last accessed on 25/01/2016).

219 Netherlands Youth Institute (n.d.), Youth and family centres in The Netherlands. Available at: http://www.nji.nl/nl/Download-NJi/Youth_and_Family_Centres_in_The_Netherlands.pdf (last accessed on 11/05/2016).

220 Netherlands Youth Institute (2015), Children and youth support and care in the Netherlands. Available at: <http://www.youthpolicy.nl/en/Download-NJi/Children-and-youth-support-and-care-in-The-Netherlands.pdf> (last accessed on 25/01/2016).

Specific provisions for children with disabilities and/or mental health problems

Thanks to integral early care (*Integrale Vroeghulp*), child rehabilitation centres and childcare centres work together with children who may have a disability or behavioural problems. Within Integrale Vroeghulp, a case manager holds the leading role. A team of experts – a doctor, a behavioural scientist, a social worker and the case manager – visits the family at home, collects all necessary information and discusses a course of action. Most of the time, parents can be present at the team's meeting. The team makes a plan together with the family, and the case manager supports them in implementing it.

Integrale Vroeghulp is independent and has the child's best interest as its leading principle. There are no costs connected to this type of support and parents may be referred by their own family doctor, but this is not a requirement. Referrals are mostly done through baby clinics. This service is available in all regions across the Netherlands.

According to the new Child and Youth Act (2015), Dutch municipalities are responsible for youth mental health care, including long-term treatment. In practice, this means that municipalities take care of quality, access and availability of all support for children and young people with mental health problems.

Specific provisions for pregnant teenagers

The Netherlands is among the countries with the lowest adolescent birth and abortion rates. Measures taken to improve young people's sexual health include the promotion and free availability of contraceptives, the provision of free and confidential abortion procedures as well as comprehensive sexual education in schools and out-of-school settings.

Specific provisions for undocumented minors

Over the years, the Netherlands has received a large number of unaccompanied minors seeking asylum (AMV) for whom systems of specific guardianship have been set up. Minor asylum seekers are appointed a guardian until their 18th birthday. The Central Agency for the Reception of Asylum Seekers (COA) has special reception facilities for them. The Immigration and Naturalisation Service has special interview rooms for children under 12. Staff members are trained to interview children and question them in a way that is appropriate to the child's age.

AMVs in need of protection are eligible for an asylum residence permit. Those who are not eligible must return to their country of origin – but they may only be sent back if the Dutch government is certain that they will be adequately cared for in their home country, for instance by family members or in a children's home.

Specific provisions for children from families with a history of substance abuse

A coherent package of preventive interventions has been developed for children of parents with a substance abuse disorder. The programme has many different elements, such as home visits, video training, preventive family interventions and parent and child activities. These are mainly delivered through mental health services. With the 2015 child system reform, this programme is to be delivered by local authorities as part of other initiatives to prevent separating children from their parents.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

The Netherlands is the country with the largest share of social housing in the EU, accounting for about 32% of the total housing stock and around 75% of the rental stock in the country. The Dutch Housing Act (1901) gives a legal framework for the way in which the provision of social housing is organised. The target group as well as the exact modalities of the service are defined by public authorities.

Registered social housing organisations (*Woningcorporaties*) are private, non-profit organisations with a legal task to prioritise housing for low-income households. They operate on the basis of a registration system and are supervised by the national government. Although housing associations work within a legal framework set up by the government, they are independent organisations, setting their own objectives and bearing their own financial responsibilities. Social housing organisations are the most important agents in the Dutch housing market and their task is not only to build, maintain, sell and rent social housing stock, but also to provide other kinds of services directly related to the use of the properties. There are currently about 425 of such registered social housing organisations.

Supporting families with children at risk of eviction

Due to the crisis, an increasing number of families have been threatened with eviction from their social housing. Thanks to the involvement of housing corporations, many of these evictions have been prevented. Many municipalities have experimented with the setting up of social neighbourhood teams in which professionals from different disciplines work together to help people with social problems, many of them with a focus on preventing evictions. With this in mind, the teams cooperate closely with housing organisations, who may also be part of these teams. This has had a positive effect in preventing that debts and rent arrears escalate further and lead to eviction.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

Child abuse in the Netherlands is approached primarily as a family, medical or psychosocial problem. Dutch law offers several possibilities to initiate legal proceedings when signs of child abuse have been identified. For example, professionals working with families, children or adults that suspect child abuse (or domestic violence) are required to use a reporting code. Since January 2015, local authorities are responsible for implementing and maintaining Advice and Reporting Centres for Domestic Violence and Child Abuse (AMHK) under the Safe at Home programme. Anybody who wants advice or help can call the telephone line set up by the programme, free of charge and available 24/7.

The main element of the changes in the child and youth social care and family support system in the Netherlands is the decentralisation of the care system to the municipalities, including the responsibility for financing services. In the present system, a distinction is made between basic and preventive services (at the level of the municipalities) and specialist services, which used to be the responsibility of the counties. **Graph 5** provides an overview of the system before new legislation started to be introduced in 2015.

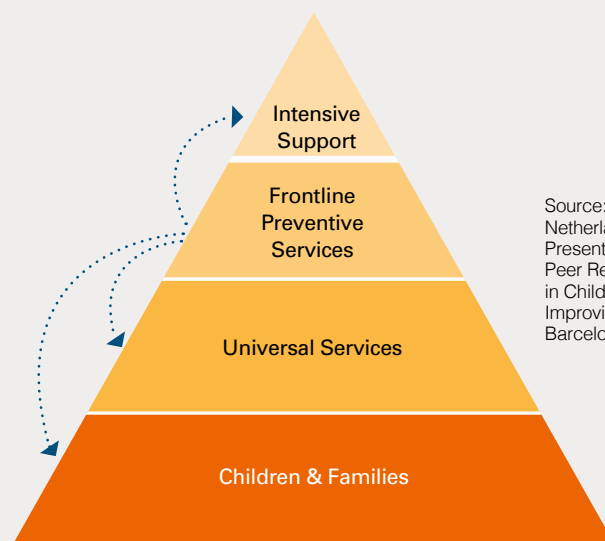
The referral index of young people at risk²²¹ (*VerwijsIndex Risicojongeren (VIR)*) is a digital system that gathers the risk signals recorded by social workers in relation to children and adolescents until the age of 23. With the help of the information in the VIR index, social workers can easily find out whether a child they are working with is also known to a colleague so that they can work together the best approach going forward. The regulation of the referral index VIR is part of the Child and Youth Act, which came into effect on 19 January 2015. The Act includes all provisions around the local authority's responsibility for prevention, support, help and care for young people but also for parents in the case that they have problems with raising children, their upbringing, or psychological problems and disorders.



221 Ministry of Health, Welfare and Sport; Ministry of Security and Justice and the Association of Dutch Municipalities, *Voor de jeugd*. Available at: <https://www.voordejeugd.nl/> (last accessed 25/01/2016).

Graph 5: The Child and Youth Act in the Netherlands

The new Child and Youth Act aims to decrease the number of children in specialised care, increase preventive and early intervention support, and promote the use of social networks.



Source: Caroline Vink, Netherlands Youth Institute, Presentation at ESN Peer Review Investing in Children's Services, Improving Outcomes, Barcelona, 5 June 2014

Main reasons for children to be taken into care

In 2010, more than 118,000 children and young people aged 0 to 18 (more than 3% of the total number of children) were exposed to some form of neglect²²². Most cases were emotional neglect (including educational neglect and being a witness of domestic violence), and physical neglect, in 36% and 24% of cases respectively. Sexual abuse is the least reported, with 4%. These figures are based on the reports of child maltreatment made by more than 1,000 professionals, who were trained in a detailed registration system of six types of abuse and neglect.

Main provisions guaranteeing that children are not placed in institutions

When there are problems in a family, the first check is whether the situation can be improved within the family itself. If solutions within the family environment are proven to be unfeasible, unsuitable or unsuccessful, foster care is seen as the best option, since the right of children to grow up in a family is the most important principle to uphold in this situation²²³. There are different types of foster care, for example care in a crisis situation (up to four weeks), foster care once a week, foster care during holidays or weekends, or long-term foster care.

In addition to foster care, there are also other facilities for cases when children can no longer stay at home. These forms of residential youth care are only chosen in extreme cases²²⁴:

- family homes (*gezinshuizen*), where three to six children live in a family home that usually consists of a couple;
- living and treatment groups (*leef- en behandelgroepen*). In these groups, children and young persons with psychosocial problems get help and guidance. For some children or young people, this placement becomes their permanent residence, while others only spend part of the day there;
- training rooms (*kamertrainingscentra*). Young people stay here during their transition period to independent living;
- Youth Care Plus (*JeugdzorgPlus*). This form of care is for young people with serious behavioural problems. Young people learn in a closed and protected environment how to integrate and function in society.

Main provisions guaranteeing that children without parental care have access to services

Since the Child and Youth Law entered into force in 2015, municipalities have been responsible for both foster care and residential care for children and young people. This law states that children who can no longer live at home should be placed in a family setting. Therefore, municipalities have the duty to provide a sufficient and appropriate supply of foster and family-type residential care.

The Child and Youth Law contains the so-called residence principle. This means that the municipality, where the parent(s) with the parental authority lived at the time the placement was notified, is responsible for the provision and financing of child protection²²⁵.

Specific mechanisms to listen to and record the voice of the child within the child protection system

Specific mechanisms to listen to and record the voice of the child are not frequently used in the Netherlands. In some cases, a guardian ad litem (*bijzondere curator*) can be appointed. A guardian ad litem is someone who represents a minor in a conflict with his or her parents or guardian; for example, in case of conflicts related to parenting, care or the child's upbringing. A guardian ad litem is mostly called in when there is a major conflict within the family, which is affecting directly the development or wellbeing of the child, usually in issues related to divorce, financial support or guardianship and where the best interests of the child need to be protected.



222 Alink L, van Ijzendoorn, R., Bakermans-Kranenburg, M., Pannebaker, F., Vogels, T. and Eusker, S. (2011), De Tweede Nationale Prevalentiestudie Mishandeling van Kinderen en Jeugdigen (The National Prevalence Study on the Abuse of Children and Adolescents), Leiden University. Available at: <http://media.leidenuniv.nl/legacy/rapporntpm-2010-screen.pdf> (last accessed on 25/01/2016).

223 Netherlands Youth Institute (2015), Dossier pleegzorg (Foster care file). Available at: <http://www.nji.nl/Pleeggezin-Achtergronden-Definitie> (last accessed on 25/01/2016). Pleegzorg (2015), Over pleegzorg (In foster care). Available at: <https://www.pleegzorg.nl/over-pleegzorg/> (last accessed on 25/01/2016). Rijksoverheid (2015b), Pleegzorg (Foster care). Available at: <http://www.rijksoverheid.nl/onderwerpen/pleegzorg> (last accessed on 25/01/2016).

224 Netherlands Youth Institute (2015), Pleegzorg. Definitie. (Foster Care. Definition). Available at: <http://www.nji.nl/Pleeggezin-Achtergronden-Definitie> (last accessed on 25/01/2016).

225 Netherlands Youth Institute (2015), Dossier pleegzorg (Foster care file). Available at: <http://www.nji.nl/Pleeggezin-Achtergronden-Definitie> (last accessed on 25/01/2016); Pleegzorg, (2015), Over pleegzorg (In foster care). Available at: <https://www.pleegzorg.nl/over-pleegzorg/> (last accessed on 25/01/2016).

Country profiles

Poland

The answers to the questionnaire, which represent the basis for this country profile, were provided by the Institute for the Development of Social Services (IRSS), with contributions from representatives of the Ministry of Labour and Social Policy, the Department of Early Education at Maria Grzegorzewska Academy of Special Education, the Masovian Social Policy Centre and the Nobody's Children Foundation.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The Education Act on the System of Education²²⁶, with subsequent amendments, and the Act on the care for children under the age of three²²⁷ and subsequent amendments provide the normative framework for the delivery of early childhood education and care in Poland.

There are three forms of care for children aged 20 weeks to 3 years old: public or non-public crèches, children's clubs – for children aged 1 to 3 – and daily carers and nannies. The latter is not under the control of the state and all three types of care are paid for by parents, with the obvious difficulties for families with limited resources.

Public and non-public kindergartens for children aged 3 to 6 are considered to be the first stage of the education system, which is uniform throughout the country. Other forms of preschool education include preschool branches at primary schools and preschool education groups.

Every 5-year-old must take a preschool year at the kindergarten or attend some other form of preschool education. Education is compulsory for children aged 6 to 18. There are public and non-public schools, but only education in public schools is part of the compulsory curriculum and is free. Fees in non-public schools depend on the internal regulations of each school.

Funding and financial incentives

Children aged between 3 and 6 in public kindergartens have the right to free tuition, education and care provided by the municipality for at least five hours a day. As for care extending beyond that time, the municipality (through the director of the early childcare centre) may charge a fee of maximum 1 zł (around EUR 0.25) per hour. Parents do not pay any fees for a child who is in the kindergarten for only five hours per day and who does not eat meals there.

The municipality covers a partial amount of the monthly payment for childcare costs and parents pay the remaining part. At the request of parents, kindergartens may exempt them or lower the fee on the basis of the family's socio-economic circumstances. The family may also be supported through a local welfare centre to cover meals and basic fees.

To obtain a place for a child in a kindergarten, parents have to fill in a questionnaire, where they have to respond to questions about their background. Each municipality has a points system (available on their respective websites), by which children with a disadvantaged background receive more points, meaning that they have priority to access the facility. For children with disabilities, the municipality is obliged to provide free transport and care during transportation or reimburse the costs regardless of the distance to the nearest kindergarten.

Variability of provision

n.a.²²⁸

Inter-services and parental cooperation

The different sectors involved in the system of early childhood education and care include health, education and social services. However, the Act on the care for children under the age of three does not describe any form of cooperation between the various sectors or different organisations involved. This is where the local level has, in many cases, taken the lead in bringing services together to care for children.

Public and non-governmental organisations run programmes on preventing child abuse for nurseries, kindergartens, schools, childcare centres and other organisations working with children. In Warsaw, the Local System for Preventing the Abuse of Young Children is an interdisciplinary system of cooperation between local authorities, the local welfare centre, a health centre, the police, probation officers, local psychological consultation points, day nurseries and NGOs.

In kindergartens, parents' boards take decisions around children's issues according to the early childcare centre's statutes.



226 Act on the system of education, 7 September 1991.

227 Act on the care for children under the age of three, 4 February 2011.

228 For this section, no details were provided.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

Under the terms of the Education Act and the implementing regulation, the Polish law guarantees the equal right to education for every child. Children with special needs may attend general schools, inclusive²²⁹ schools and special schools²³⁰, and may receive psychological and pedagogical support.

Fostering the inclusion of children with disabilities

'Early intervention teams' have been operating in kindergartens and schools for several years and are financed by the state. Their activities are aimed at fostering and stimulating the motor, cognitive, emotional and social development of the child from the time the disability is detected until they start school. Early support for children's development consists of an integrated system of preventive, therapeutic-rehabilitative and therapeutic-educational activities provided by an interdisciplinary team of professionals.

The tasks of the team include: the development and implementation of an individual programme of early intervention for the child and their family; establishing a partnership with a therapeutic or social welfare centre to ensure that the appropriate support is provided, and analysing the effectiveness of the support received by the child and their family. Thirteen categories²³¹ of disabilities have been defined; these may trigger the consideration of a child having special educational needs. In this case, parents may choose a general school, a special school or an inclusive school. Special educators use a number of criteria to determine the abilities of a student, including the type and degree of disability.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

In Poland, all children have the right to education regardless of their nationality or legal status. The law insists on the inclusion of foreign children in the system of public education as soon as possible. Children who are refugees or seeking refugee status, and children under state protection, are entitled to free education at all levels.

Children under legal protection or applying for it have the right to assistance in the form of: additional Polish language lessons (for 12 months for at least two hours per week), learning their own language, preserving their culture and studying a religion other than Roman Catholic, as well as the necessary social assistance to help them fully benefit from education at the same level as any other Polish children. They also have the right to additional support if considered necessary by the teachers. Local educational authorities provide training for teachers to support them in their work with ethnic minorities.

The Family Support Centre prepares the Individual Integration Program (IIP), which supports foreigners in all possible fields of life when they first come to Poland. The maximum period of assistance under the IIP is 12 months. According to the IIP, the Family Support Centre is obliged to provide information about the conditions for receiving financial assistance, help with contacts in the local community, e.g. the local Social Support Office, and provide accommodation support.

In addition to the figure of Roma assistant that was introduced into the Polish education system in 2001, the 2014-2020 Programme for the integration of the Roma community also includes support in housing, health and employment.

Families and children in difficult socio-economic circumstances may also apply for 'social scholarships' (e.g. for reasons of unemployment, illness, large families, single parents), school allowances for text books or emergency situations.

Desegregation policies

n.a.²³²

Fighting early school leaving

As far as early school leaving is concerned, this is not perceived as an issue at legislative level²³³, since the early school leaving rate is below the EU target of 10% and there are no specific national policies. However, some initiatives have been developed locally, such as career guidance services in Warsaw. They work on helping to prevent students from dropping out of the education system at the higher stages of education. Special attention is paid to those groups of students who are particularly at risk of early school leaving at every stage of education: migrants, the Roma community and those at risk of social exclusion.

Another form of fulfilling the schooling obligation is participation in the Voluntary Work Corps (*Ochotnicze Hufce Pracy (OHP)*). The Voluntary Work Corps are the statutory labour market institutions specialised in initiatives supporting youth in the labour market. They focus on two target groups: youth in danger of social exclusion and the unemployed under 25. The Work Corps provide support to enable early school leavers to complete primary or secondary education or acquire vocational qualifications. They also organise employment workshops and career consulting sessions for early school leavers older than 15, unemployed people younger than 25 and students.



229 This means schools where children with special educational needs learn together with other children. The number of students in integration classes should be between 15 and 20, including three to five children with disabilities. An inclusive school has to employ additional supporting teachers qualified in special education, who also work individually with students with disabilities.

230 This means schools where children learn together with other students with special educational needs. The number of students in a class is relatively small: for instance, six to eight students in special classes for children with moderate and severe intellectual disabilities, deaf and children with hearing impairments, blind and visually-impaired children, children with physical disabilities, centres for children and young people with abnormal social functioning, and ill children. For the latter, schools are situated in hospitals.

231 These categories include long-term illnesses, adaptive problems, specific learning difficulties such as dyslexia, dysgraphia and dyscalculia, speech impairment, trauma-induced emotional and behavioural difficulties, and learning difficulties.

232 For this section, no details were provided.

233 RESL.eu – Reducing Early School Leaving in Europe, University of Antwerp (2013), Policies on Early School Leaving in nine European countries: a comparative analysis. Available at: http://ec.europa.eu/research/social-sciences/pdf/policies_early_school_leaving.pdf (last accessed on 25/01/2016).

In order to prevent pregnant teenagers from dropping out of school, the Act on family planning²³⁴ recognises that the school has a duty to provide them with the necessary support to complete education; this may include taking exams at an alternative date.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

n.a.²³⁵

Specific provisions for children with disabilities and/or mental health problems

According to the third priority of Poland's Social Policy Strategy, local authorities should put in place health programmes for children with disabilities to enable their comprehensive rehabilitation, as well as various forms of therapy and parental education. These are provided in addition to the public system of free healthcare, and may include various medical, educational, psychological and speech therapies, support in performing daily life activities and in promoting children's participation. The State Fund for the Rehabilitation of Persons with Disabilities (PFRON) funds rehabilitation programmes for children with disabilities and supports the elimination of physical, technical and communication barriers.

Specific provisions for pregnant teenagers

A pregnant teenager, regardless of age, has the right to healthcare financed by public funds. However, as a minor she has no parental authority over her child. In Poland, in order to be legally considered as an adult with full civil rights, including parental rights, the person has to be at least 18. So, when a minor becomes a mother, her decision powers are somewhat limited, as all decisions concerning her pregnancy or birth procedures require the consent of her legal representative. The situation changes when the pregnant teenager gets married. She then receives full parental authority and becomes the legal representative of the child.

The Ministry of Health is collaborating with different partners to implement projects aimed at increasing public awareness of the problem of teenage pregnancy. One example is the project 'Mother at the school desk', in collaboration with the Mustela Foundation and Happy Motherhood. The aim is to educate young mothers to provide them with the resources they need to create a home for their children and ensure them a better future.

Specific provisions for undocumented minors

Children of illegal immigrants who go to school have the right to free healthcare financed by public funds on the same terms as Polish children.

Specific provisions for children from families with a history of substance abuse

No particular provision for children from families with a history of substance abuse has been specified.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

The number of households exceeds the number of homes, forcing families to cohabit and causing frequent overcrowding of properties. The governmental response to this problem comes from the young persons/family planning programme, which includes subsidies for the purchase of flats from the primary market.

Families in a difficult financial situation and who own or rent a property can apply for financial help to pay their mortgage or rent through their local authority.

Supporting families with children at risk of eviction

The municipality decides how its housing stock is allocated and who is entitled to it. In Warsaw, for instance, the right to apply for social housing is limited to people who do not own or rent a property and are in poverty²³⁶. Additional reasons may include losing the home or flat in a natural disaster, leaving foster care or leaving a correction facility and being unable to secure any housing on their own.

A family who is at risk of eviction due to a difficult financial situation has the right to apply for social housing or temporary accommodation through their local authority. The municipality, or sometimes the court, decides if the evicted family is entitled to social or temporary housing. The Ombudsman for Children has drawn attention to the fact that not all municipalities secure places for evicted families with children. More specifically, the Ombudsman raised the failure of certain municipalities to offer evicted debtors, including pregnant women and minors, temporary accommodation²³⁷ despite their legal obligation to do so.



234 Act on family planning, 7 January 1993, Article 2, paragraph 3, 'protection of human foetuses, and the conditions under which pregnancy termination is permissible'.

235 For this section, no details were provided.

236 Here, poverty is defined as a situation where the family income per person for the last three months is below the lowest pension or, in the case of a single-person household or a single parent, lower than 150% of the lowest pension.

237 Rzecznika praw dziecka (The Ombudsman for Children) (2014), Informacja o działalności rzecznika praw dziecka za rok 2013 oraz uwagi o stanie przestrzegania praw dziecka (Information on the activities of the Ombudsman for Children for the year 2013 and comments on the state of compliance with the children's right). Available at: http://brpd.gov.pl/sites/default/files/informacja_rpd_2013.pdf (last accessed on 25/01/2016).

5. Enhancing family support and the quality of alternative care settings

When a family cannot, do not know how or do not want to look after their children, they have the right to receive support to help them with the upbringing of their children. Help is provided by family assistants and day support centres, and organised by local authorities. In case of parental inability to care for their child adequately, a custody replacement is judged by the relevant court and a child protection measure is implemented. Measures may include the supervision of a probation officer, a foster family, a family-type children's home or an institutional facility, e.g. care and educational facility, care and therapeutic facility or pre-adoption centre.

Removing a child from their family home is the last resort when working with the family does not bring the desired results. However, when a child is placed under foster care, various institutions, such as welfare centres, the court (e.g. probation officers), NGOs and pedagogical and psychological assistance centres, continue to work with the family, so that the child can go back to his/her biological parents.

Protocols to assess the risks to a child and put in place appropriate support

The Act on family support and foster care²³⁸ states that a family that has difficulties in caring for their children may be provided with support by day care centres or by family assistants, whose main task is to prevent placing the child out of the family and help them deal with various problems connected with the upbringing of the child and social, psychological and behavioural problems.

A risk assessment form must be completed by the social workers and the other professionals working with the family, and two legal procedures may follow afterwards: the Blue Card and the procedure for removing a child from the family.

The Blue Card procedure is initiated when there are suspicions that a child suffers from violence at home. It consists of four phases. The initial phase involves gathering all the necessary data about the case and those involved. The next step includes defining which type of violence professionals may be looking at and which procedure is to be followed. Step three involves defining an action plan and meetings of the interdisciplinary child protection team, including social services, education, health and the police, to monitor progress. The final step consists of an assessment as to whether the plan has fulfilled its objectives.

The procedure for removing a child from the family is the second type of legal procedure. According to the law on preventing domestic violence²³⁹, in case of a direct danger to the life or health of a child due to domestic violence, a social worker has the right to take the child away from the family and put them under state care, either in a foster family or in a care home. This decision shall be taken jointly with representatives of health services and the police, who also take part in the intervention. When the social worker removes a child from their family, the family must be instructed about their right to file a complaint. If a child is removed from a family that had not been covered by the Blue Card, this procedure is initiated.

Main reasons for children to be taken into care

In 2012, the Ministry of Labour and Social Policy conducted a survey²⁴⁰ about the reasons for placing children in care. The most common reasons were parental addiction and lack of fulfilment of parental responsibilities. A list of the reasons for children to be taken into care can be found in **Table 6**.

Table 6: Main reasons for children to be taken into care in Poland in 2012

Addiction of the parents	39.62%
Helplessness in matters of parental care	25.17%
Abandonment	12.98%
Domestic violence	3.63%
Disability of one of the parents	3.24%
Long-term or severe illness of at least one of the parents	3.04%
At least one of the parents is abroad	2.98%

Source: Ministry of Labour and Social Policy, Poland, 2013



238 Act on family support and foster care system, 9 June 2011.

239 Act on Counteraction of Domestic Violence, 29 July 2005.

240 Council of Ministers (2013), Informacja Rady Ministrów o realizacji w roku 2012 ustawy z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej (Information on the implementation of the Act of 9 June 2011 of the Council of Ministers in 2012: The promotion of the family and the system custody). Available at: [http://orka.sejm.gov.pl/Druki7ka.nsf/0/FE8895265577BD33C1257BD5003730E6/\\$File/1669.pdf](http://orka.sejm.gov.pl/Druki7ka.nsf/0/FE8895265577BD33C1257BD5003730E6/$File/1669.pdf) (last accessed on 25/01/2016).

Main provisions guaranteeing that children are not placed in institutions

In 2013, according to the Central Statistical Office of Poland, 27,300 children were in institutional care, while 50,100 children were in (family) foster care. The Act on Family Support and Foster Care introduced prevention and intensive work with families to prevent placing children in care. Since the introduction of the Act, there has been an increase in the number of family assistants, under the responsibility of local authorities.

As highlighted above, family assistants' main task is to prevent placing the child out of the family and help them deal with various problems connected with the upbringing of the child and social, psychological and behavioural problems. With this purpose in mind, they define and implement a plan with the family, and monitor its implementation, such as their participation in psychological and education sessions. Family assistants also draw up an opinion at the request of a court and follow up on the family's functioning after the intervention comes to an end. Family assistants have a maximum caseload of 15 cases and must cooperate with local authorities, NGOs, providers of services and the specialists in the interdisciplinary child protection team.

The Act also emphasised the concept of family foster care, including professional foster families and family-type care homes. The aim is that all children younger than 10 are placed in foster care from the year 2020, and that the number of children that are placed in the same home does not exceed 14, from the year 2021.

Main provisions guaranteeing that children without parental care have access to services

According to the Act on Family Support and Foster Care, a foster family and a family-type children's home shall provide a child with round-the-clock care and education. This includes ensuring that the child has access to healthcare and education and that he/she keeps contact with their parents, unless decided otherwise by the court.

Young people brought up in a foster family or a residential facility should be supported to ease their transition to adulthood. The foster family or residential facility shall inform the county's family assistance centre about the person's intention of becoming self-sufficient two months prior to turning 18. The young person is provided with an 'empowerment guardian', who will draft with them an individual empowerment plan. However, support under the self-empowerment provision is not mandatory and it is dependent on fulfilling a number of requirements. These may include completing compulsory education, providing proof of continuing education, proof of interaction with the empowerment guardian and the allocated social worker, and informing the county's family assistance centre of any substantial change in their personal and financial situation.

The assistance under the empowerment programme comes in the form of financial aid, i.e. for the continuation of education, and support in kind (houseware, materials for renovating the property, purchase of school materials, equipment that may be used for work or rehabilitation equipment). Young people leaving care may also benefit from a housing allowance, social housing and training on self-reliance, financial management and skills needed in adult life.

Specific mechanisms to listen to and record the voice of the child within the child protection system

A special procedure for hearing the child during a court case was reported, but no specific details were provided. Article 4 of the Act on family support and foster care states that children have the right "to receive information and express their opinions on issues that are of their concern in accordance with their age and maturity", but there was no information as to how this is actually implemented in practice.

Country profiles

Portugal

The answers to the questionnaire, which represent the basis for this country profile, were jointly provided by the Institute for Social Security and Santa Casa da Misericórdia de Lisboa, with contributions from representatives at the General Directorate for Health, the General Directorate for Social Security and the Working Group for Children in the city of Lisbon (GTAC).

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

ECEC services in Portugal are provided in a split system: Children aged 0 to 3 have available the services of childminders, crèches and family crèches regulated by the Ministry of Solidarity, Employment and Social Security (MSESS). Children aged 3 to 6 have available the services of kindergartens and preschools, provided under the Ministry of Education.

Childminders provide services for children aged 0 to 3. The Decree Law No. 158/84, of 17 May, establishes and defines the regulations for services provided by childminders and the conditions for providing family day care, that is, when a group of childminders works within an organisation. Childminders are trained care professionals who provide childcare services for a maximum of four children aged 0 to 3 for employed parents or for parents who are unable to fulfil their day care duties.

Family crèches consist of a set of organised 12 to 20 childminders, all living in the same area. A crèche is a childcare setting designed to support the family and the child, intended to care for children aged up to three when parents or guardians are not available. This type of day care service is subsidised by the state but run by non-profit organisations, such as Santa Casa da Misericórdia de Lisboa²⁴¹ or Private Institutions of Social Solidarity (IPSS)²⁴². The amounts families have to pay are calculated based on the household's income.

Services and activities in kindergartens are implemented by teachers who are required to have a specific master's degree and implement a social and educational approach. These teachers are supported by operational workers in their activities. Activities for children within preschools are regulated by the pedagogical guidelines developed by the Ministry of Education, and they aim to improve children's knowledge, speech and communication abilities as well as to contribute to their personal and social development.

Funding and financial incentives

For children aged 0 to 3, ECEC services are subsidised by the state but run by IPSS or by for-profit-oriented providers. The amount that families pay are calculated according to each households' income. There has been an increase in the percentage of children aged 0 to 3 covered by ECEC services, from 35% in 2010 to 42% in 2012, according to Social Charter data²⁴³.

Participation is free for children aged 4 to 6 in public kindergartens. This means absence of fees, taxes and other payments associated with enrolment and attendance, whilst additional services such as school trips, books or class materials may be subject to financial contributions. In the case of services provided by private providers, families may be required to pay part of the service's costs. Such fees are established based on parents' income following guidelines approved by the national government. Private providers also cover part of the costs for running the service through public funding received from the state for each child that uses the service. These funds are provided on the basis of the so-called cooperation agreements established between the ministry and private providers. In some cases, children from disadvantaged socio-economic backgrounds can benefit from financial support, in the form of grants, transportation and free meals.

The launch in 2008 of the Programme for Extending the Preschool Education Network led to an increase in the number of places in kindergartens and schools for children aged 4 to 6. The enrolment rate in preschool education increased from 79% in 2007-2008 to 89.3% in 2011-2012²⁴⁴ for the 4 to 6 age group.

Variability of provision

The same legislative provisions and rules are under operation in the provision of ECEC services throughout the country. However, in practice, there are significant variations in the provision of these services. This is mainly due to the partnerships established between public authorities, private providers and third sector organisations. Differences may arise between the different approaches that each provider, especially private ones, develop in regards to the provision of ECEC services, despite the common rules that all of these providers must follow.



241 The oldest charity in Portugal, with responsibility for all social services in the city of Lisbon.

242 Further information is available at: http://www.scientiasocialis.lt/pmc/files/pdf/Costa-Marques_Vol.5.pdf (last accessed on 25/01/2016).

243 EU Network of Independent Experts on Social Inclusion (2014), Investing in children: Breaking the cycle of disadvantage. A Study of National Policies. Portugal. Available at: http://europa.eu/epic/docs/countries/pt-investing-in-children-2013_en.pdf (last accessed on 20/02/2016).

244 Ibid.



Geographic variations also exist between Lisbon and other cities, as well as between the north and the south of Portugal. This is why the Institute of Social Security (ISS) has been implementing a programme aimed at increasing the network of social services called the Programa de Alargamento da Rede de Equipamentos Sociais (PARES)²⁴⁵, for which organisations responsible for ECEC services may apply to open additional crèches. PARES use national and European Structural Funds to build facilities and implement measures, such as day care centres, according to the local population needs as identified by the local authorities themselves.

Inter-services and parental cooperation

The Ministry of Education and Science and the Ministry of Labour and Social Solidarity published a toolkit with guidelines for ECEC providers' staff on how to cooperate with families in the provision of these services, and strategies on how to integrate children's socio-cultural development in the provision of ECEC. These guidelines underline that it is important for preschool staff to communicate and cooperate with the household where the child lives, and provide parents with opportunities to be involved in preschool activities. Preschool teachers are responsible for ensuring that parents have been given these opportunities through an ongoing dialogue with parents, taking into account their views and discussing the development of the child.

ECEC services cooperate with other services such as social, health or child protection services. For instance, schools cooperate with health centres, social services and police departments when the school staff detect a situation that involves risk to the child or that threatens his/her rights and/or development. In those cases, schools report this situation to social services and cooperate closely with them and other authorities, such as health authorities and the police.

Another example of cooperation is the National System of Early Intervention (*Sistema Nacional de Intervenção Precoce (SNIP)*²⁴⁶), resulting from a collaboration between the Ministries of Health, Education and Labour and Social Solidarity. It is a programme targeting children aged 0 to 6 with, or at risk of, suffering from developmental problems. The programme aims to improve the personal and social development of the child through the implementation of a set of child and family centred support measures, including preventive and rehabilitation actions, in the areas of education, health and social care.

245 Segurança Social, Programa de Alargamento da Rede de Equipamentos Sociais (PARES), Programa de Alargamento da Rede de Equipamentos Sociais (PARES). Available at: <http://www.seg-social.pt/programa-de-alargamento-da-rede-de-equipamentos-sociais-pares> (last accessed on 25/01/2016).

246 Sistema Nacional de Intervenção Precoce na Infância. Available at: <https://www.dgs.pt/sistema-nacional-de-intervencao-precoce-na-infancia.aspx> (last accessed on 25/01/2016).

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

The Portuguese education system is considered to be inclusive. Mandatory school enrolment, the extension of compulsory education and the enlargement of public schools to integrate preschool establishments have promoted children's inclusion.

According to Law No. 85/2009, education is compulsory for children and young people aged 6 to 18, or until they reach year 12 in school. The law also states that compulsory education (up to year 12 in school) is universal.

Fostering the inclusion of children with disabilities

The Portuguese education system promotes the integration of students with special educational needs within public and private schools. For this purpose, the Ministry of Education established the principle of equal opportunities, through a set of responses directed to the special educational and permanent needs of children and young people with disability or difficulties with speech, learning, accessibility, mobility, autonomy, relationships and participation. Below we describe some of these responses.

There are specialised support units integrated in public schools; for instance, for students with disabilities and deafness/blindness and for students with autism or mental health problems. These units are integrated in public schools and promote the participation of students with disabilities or mental health problems in the schools' day-to-day activities through different interventions. These interventions may include psychological support, guidance and mobility and support in the transition to life after school.

There are also reference schools for students with (partial) visual or hearing disabilities. These are regular public schools that ensure the integration of blind or low sight children, promoting both the learning of reading and writing in Braille. There are also public schools that promote the integration of deaf students through the acquisition of the Portuguese Sign Language. These reference schools have a group of specialised training teachers in this area, including deaf teachers, sign language trainers, speech language therapists and sign language interpreters.

In addition, there are Special Education Schools, where students' participation is ruled by Law No. 21/2008 of 12 May and Order No. 110/97 of 3 November. This legislation applies to non-profit special needs cooperatives and associations which provide one or more of the following services:

- the schooling of children with special needs, who due to the nature of the adjustments they need, are unable to attend mainstream schools;
- support to mainstream schools in collaboration with education support teams;
- early intervention for children with disabilities or high-risk children in collaboration with education support teams.

Finally, there are also private institutions for children with special needs, which are regulated by the Ministry of Education as set out in the Decree Law No. 152/2013 of 4 November. These facilities provide specialist support for children who require additional care.

A network of Information Technology Resource Centres for Special Education aims to improve the inclusion of students with special needs in regular schools and follows the guidance of the Plan of Action for Integration of People with Disabilities (PAIPDI)²⁴⁷. This Plan consists of an assessment of the conditions and capabilities of these students in order to adequate the technology to their needs, as well as to the training of teachers, professionals, assistants and families on issues related to disability. Each centre provides support to a group of schools in their geographical area.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

In order to promote the inclusion of migrant children in the education system, a number of measures have been implemented, focused on learning Portuguese as a non-native language (PLNM). These measures are ruled by various legislative orders from 2006 and 2011²⁴⁸.

In regards to children from disadvantaged socio-economic backgrounds, the Education Act, Article 30, states that children who are in need should benefit from welfare services carried out through positive discrimination. Welfare services are supposed to support disadvantaged children in a wide range of areas, including meals, transportation services, housing, books and other school materials and scholarships.

Children with disabilities from poor socio-economic backgrounds are also entitled to a monthly allowance to attend a special education setting if this is deemed appropriate.

Desegregation policies

Public schools providing primary education give enrolment priority to students with special educational needs. However, no priority is given to children from poor socio-economic backgrounds. In case of secondary education, similar rules apply, although each educational setting has the right to introduce other criteria if they think it is necessary. Schools cannot discriminate on the basis of the cultural, ethnic or socio-economic background of children.

Fighting early school leaving

In Portugal, early school leaving was identified as a political issue in the early 2000s. Considering the ongoing issues of year repetition and school failure, especially among the most disadvantaged groups, early school leaving remains a social and educational concern despite the reduction in the drop-out rate from 44.2% in 2001 to 20.8% in 2012. There is no policy initiative focused explicitly on early school leaving, but the matter is mentioned in the preambles of many of them.

Several educational and social changes reshaped the field of education and paved the way for underlining concerns about reducing early school leaving. In the mid-2000s, emphasis was put on the effectiveness of extending compulsory schooling alongside the implementation of measures to complete compulsory education, such as financial support for low-income families. Some examples of these initiatives include the improvement and expansion of upper secondary and post-secondary vocational education and training; the New Opportunities Programme aimed at adult training and youth education, including certification and recognition of competences; the National Reading Plan to respond to the high levels of illiteracy and the Technological Plan for Education.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

Article 64 of the Portuguese Constitution guarantees the right to health protection and public authorities' duty to defend and promote it. The Health Act²⁴⁹ states that special measures shall be taken in respect of groups subject to greater risk, such as children, adolescents, pregnant women, older people, people with disabilities and people with addictions.

The latest National Child and Youth Health Programme (PNSIJ), entered into force on 1 June 2013, and focuses on issues related to child development, emotional and behavioural disorders as well as the regulation of child health screening consultations.

Since 2014, after approval of the Decree Law No. 117/2014, pregnant women, women giving birth, all children under 18 years old, specifically children with disabilities and children in the child protection system, are exempt from paying any fees to access national healthcare.



247 Instituto Nacional para a reabilitação, Plano de Acção para a Integração das Pessoas com Deficiências ou Incapacidade Available at: <http://www.inr.pt/content/1/26/paipdi> (last accessed on 25/01/2016).

248 Legislative Order No. 7/2006 of 6 February as last amended by the Legislative Order No. 12/2011 of 22 August.

249 Lei de bases da saúde Portugal (Law No. 48/90 of 24 August, Health Act).



250 National Commission for the restructuring of mental health services (2007), Comissão nacional para a reestruturação dos serviços de saúde mental (2007), Plano de acção para 2007-2016 – Reestruturação e Desenvolvimento dos Serviços de Saúde Mental em Portugal (Action plan 2007-2016 – Restructuring and development of mental health services in Portugal), p. 99. Available at: <http://adeb.pt/ficheiros/uploads/02a75f2c0346f49717d171c23b7f56a2.pdf> (last accessed on 28/01/2016).

251 Ministry of Health (2008), Order No. 31292/2008 of 5 December approving the document 'Child abuse in children and young people – Health Intervention', an annex to the Order 'Health Action for children and youth at risk'.

Specific provisions for children with disabilities and/or mental health problems

The National System of Early Childhood Intervention (SNIPI) was created on the basis of the principles of the UN Convention on the Rights of the Child and under the 2006-2009 Action Plan for the Integration of Persons with Disabilities. As previously mentioned, the programme targets children aged 0 to 6 at risk of, or with, developmental problems. The programme aims to improve the personal and social development of the child through the implementation of a set of child and family centred support measures, including preventive and rehabilitation actions in the areas of education, health and social care.

The National Mental Health Plan 2007-2016 is the main policy instrument in the area of mental health. Regarding children's mental health, the main purposes of the programme are to enable quality responses to the needs of this population in terms of prevention and treatment, focusing on the promotion of child and youth mental health and the improvement of the provision of care by improving links between mental health services for children and youth and other healthcare services, education, social services and juvenile services. However, no specific indicators, targets and monitoring mechanisms have been outlined.

An example of good practice in children's mental health care is the Children's Mental Health Support Group (GASMI) led by the Algarve Regional Health Authority in coordination with Dona Estefania Paediatric Hospital in Lisbon that provides training for professionals in the Algarve. This programme was initiated to overcome the lack of mental health services and specialist psychiatric units for children and youth in the Algarve hospitals. The programme consists of multidisciplinary mental health care teams, under the supervision of a psychiatric consultant for child and adolescent mental health care, who are responsible for screening, assessing and providing care for children with mental health problems, with the most complex situations redirected to the Hospital Dona Estefania.

Cooperation started in 2011, leading to prevention and care promotion programmes for families with young children at risk. These programmes are carried out through close monitoring, including home visits, focused on the development of parental and family responsibilities. The programme has expanded to several municipalities in the Eastern part the Algarve, and it now covers most of the Southern region in liaison with other community services, such as social services, schools and kindergartens, child protection committees, early intervention teams, residential facilities for children in care, psychosocial intervention programmes, local authorities and drug addiction care centres. This Algarve experience led to a report called Restructuring and Development of Mental Health Services in Portugal²⁵⁰, which suggested the creation and expansion of such teams to the entire national territory.

Specific provisions for pregnant teenagers

The Decree Law No. 259/2000 of 17 October addresses family planning and reproductive health. Additionally, Law No. 120/99 of 11 August established the measures related to the promotion of sex education, reproductive health and the prevention of sexually transmitted diseases, as well as those related to abortion in legally admissible cases. In the context of reproductive health and the prevention of sexually transmitted diseases, teenagers are considered a priority group. It was reported – though not specified – that a number of measures have been implemented to improve teenage accessibility and use of the services offered to them in health centres and hospitals, particularly family planning consultations.

Specific provisions for undocumented minors

As highlighted above, since the approval of the Decree Law No. 117/2014, all children under the age of 18, including undocumented migrant children, have access to the national healthcare system in the same conditions as Portuguese nationals.

Specific provisions for children from families with a history of substance abuse

Under the current national child health and youth programme, one of the parameters to be assessed in all child and youth health monitoring consultations is the potential risk to the child's health and development within the family environment, including exposure to addictive behaviours.

The Centres of Support for Children and Youth at Risk were created within the National Health Service in 2008²⁵¹. The main objective of the teams working in these centres is the health promotion and early detection of risk situations and planning of interventions in order to minimise the risks.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

Article 65 of the Portuguese Constitution states that "Everyone shall possess the right for themselves and their family to have an adequately sized dwelling that provides them with hygienic and comfortable conditions and preserves personal and family privacy". However, as we shall see below, there are worrying signs that this right may not actually be implemented in practice.

Supporting families with children at risk of eviction

Housing provision is the responsibility of local authorities with state funding. The Bureau for Local Housing and Development decides on all matters related to severe housing shortage situations, including the relocation of the occupants, provisions to support families in case of eviction and property rehabilitation. This body also offers social housing for lease or sale at affordable costs to be allocated by tender to specific social groups, especially young people, and provides accommodation services and support to people in vulnerable situations in partnership with the relevant authorities of the central government and IPSS.

However, according to data released in a 2014 report²⁵², the number of new processes for eviction increased by 12% between 2010 and 2012. A new tenancy law has been implemented since 2013, with the transfer of responsibility for evictions to the new national body (*Balcão Nacional de Arrendamento (BNA)*). According to the Chamber of Solicitors²⁵³, this was expected to speed up the process and therefore increase the number of evictions.

Rent updates are limited to a maximum ceiling²⁵⁴ for people in need. However, the government does not provide rent subsidies or housing benefits. There have also been worrying signs in the home owners market, particularly in regards to families accessing doubtful loans to be able to pay their mortgages²⁵⁵. However, no specific mediation or prevention programme between local social services, legal services and the banks has been identified.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

The children's protection system is organised in three levels of intervention that operate by the principle of subsidiarity, i.e. the second level only acts upon the previous level and only after the first level has exhausted all the available interventions.

In addition to subsidiarity, there are also other principles enshrined in the law, including:

- respect for the best interest of the child;
- proportionality and actuality: the intervention must be necessary and appropriate to the dangerous situation in which the child or young person is in at the time the decision is taken and may only interfere with his/her life and his/her family as far as it is strictly necessary;
- parental responsibility: the intervention must be carried out aimed at parents assuming their duties in respect to the child;
- family preservation: priority must be given to measures aimed at keeping children within their family or, when that is not possible or is not in the best interest of the child, priority is for prevalence in the extended family, as opposed to institutional care, or adoption;
- family reunification: the return of the child to its family as soon as possible.

Legislation highlights that the danger can be brought to the attention of the competent authorities by the family themselves, the child or young person, or the police authorities and that notification is mandatory for anyone who has knowledge of situations of children and young people at risk. Judicial authorities must also liaise with the child and youth protection committees²⁵⁶ in regards to all situations of risk they are aware of or responsible for.

The initial assessment of the child's needs and the risks to their wellbeing is carried out by a multidisciplinary team, consisting of professionals with expertise in child development and family support. Once risk has been assessed, a number of protective measures may be agreed with the aim to remove the risk and to promote the health, education, wellbeing and integral development of the child. The applied measures are subjected to a time limit of 18 months, and then reviewed. It must be underlined that the parents of the child, even if they are not exercising parental responsibility, have to give their consent to the applied measures. The absence of this consent implies that a court or judge must decide whether these measures should be implemented. Only urgent procedures, i.e. where there is actual or imminent life danger to the child, can be carried out in the absence of parental/guardian consent. Child protection measures can only be applied by a child and youth protection committee or a court.

The Child and Youth Protection Committees (CPCJ) were set up according to the law of protection of children and youth at risk²⁵⁷. Each CPCJ has two functioning modalities – a restricted committee and a plenary committee. The restricted committee is responsible for the direct intervention in concrete cases, after a situation of risk or danger has been signalled. The plenary committee integrates various members of the community, including representatives of the city council, social services, education, health services, civil society, parents and the police. The plenary committee is responsible for a more preventive action within the community, i.e. information and dissemination of child rights and identification of situations that affect children's rights or put their health, education or development at risk. In addition to child and youth protection committees, 'social networks' operate at the local level. Local authorities and civil society representatives take part in these networks, where participants assess the provision of services in the community and measures to fight poverty and social exclusion²⁵⁸.



252 EU Network of Independent Experts on Social Inclusion (2014), Investing in children: breaking the cycle of disadvantage. A Study of National Policies. Portugal. Available at: http://europa.eu/epic/docs/countries/pt-investing-in-children-2013_en.pdf (last accessed on 20/02/2016).

253 Ibid.

254 10% for households with a monthly income up to EUR 500, 17% for households with a monthly income between EUR 500 and EUR 1,500 and 25% for households with a monthly income between EUR 1,501 and EUR 2,829.

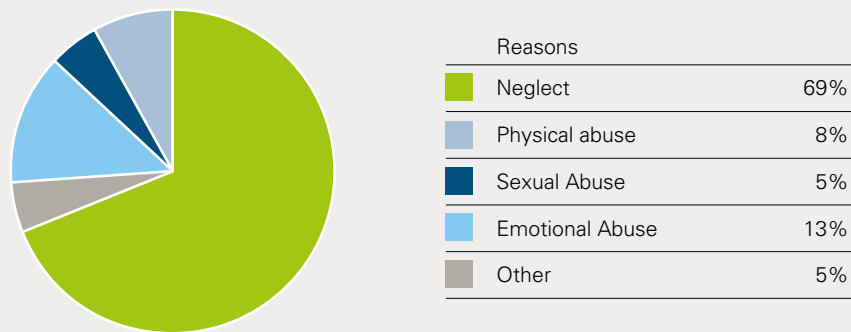
255 Dinheiro Vivo (13/06/2013), Malparado volta a registar novo máximo em abril.

256 Further information on the Child and Youth Protection Committees available at: <http://www.cnpcjr.pt/left.asp?14.01> (last accessed on 25/01/2016).

257 Lei de Protecção de Crianças e Jovens em Perigo-LPCJP (Children and Youth at Risk Protection Law). Approved in the Annex to Law No. 147/99, 1 September, in force since 1 January 2001, recently reviewed by Law No. 141/2015, 8 September.

258 The social network was created by the Resolution of the Council of Ministers 197/97 of 18 November 1997.

Graph 6: Reasons why children were placed in care in Portugal in 2013



Source: Institute for Social Security, 2014



259 Lei de Proteção de Crianças e Jovens em Perigo-LPCJP (Children and Youth at Risk Protection Law). Approved in the Annex to Law No. 147/99, 1 September, in force since 1 January 2001, recently reviewed by Law No. 141/2015, 8 September.

260 Institute for Social Security (2015), CASA 2014 – Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens (CASA 2014: Annual Report on childcare and youth care). Available at: http://www.parlamento.pt/documents/xiileg/abril_2015/casa2014.pdf (last accessed on 28/01/2016).

Interventions for children and young people at risk are ensured through several services:

- The Networks of Family Support Teams (CEAF) are multidisciplinary teams of specialist social service professionals responsible for risk assessment and follow-up. These networks operate at the local level;
- The Children and Youth Centres (NIJ) are multidisciplinary teams with a similar role to the CEAFs, but operating at the regional level. When the CEAFs cannot solve the problem, for instance when the child needs a specific health service that does not exist in his/her local area, the NIJ steps in;
- The Centres of Support for Children and Youth at Risk are networks of multidisciplinary teams working in healthcare services at a national level;
- The Multidisciplinary technical assistance teams at the courts are part of the social security system, but they provide technical support in the context of courts' procedures. They are also responsible for monitoring the implementation of child protection measures.

Main reasons for children to be taken into care

According to the law on the protection of children and young people at risk²⁵⁹, poverty alone is never considered a sufficient reason to remove children from their family or guardians. The social security system determines the existence of various compensatory measures aimed at supporting families with problems of material or economic deprivation, such as the social integration income.

The same legislation states that children and families are subject to protection measures when one or more of the following situations occur: the child is abandoned or living by him/herself with no parental supervision; the child suffers from physical or mental abuse or is a victim of sexual abuse; the child does not receive care or affection; the child is forced to work; the child is subject, directly or indirectly, to behaviours that affect his/her safety or emotional balance; the child assumes behaviours or engages in activities or addictions which seriously affect his/her health, safety, education or development; the child faces danger to his/her life or physical integrity. According to the Annual Report on childcare and youth care, CASA 2014²⁶⁰, the most common reason for children to be placed under child protection measures was neglect. **Graph 6** provides an overview of the main reasons for children to be taken into care in the year 2013.

Main provisions guaranteeing that children are not placed in institutions

Portuguese legislation favours the family environment, with child protection measures having as a key objective keeping the child within the family. When intervening with the family, support must be provided in a coordinated way, activating all the resources, in terms of education, health, housing and social support, that are necessary to achieve that primary objective. In this respect, according to CASA 2014, in 50% of cases, administrative measures had been implemented before placing the child outside the family.

For instance, there has been an increase in the number of networks of Centres for Family Support and Parental Guidance (CAFAP). There are 44 of them across the country, funded by social security cooperation agreements with non-profit organisations (IPSS). These centres provide specialist assistance to families with children to prevent and remedy situations of psychosocial risk through the development of parental skills, for instance parenting training, psycho-pedagogical and social support. CAFAP's plans must comply with the principle of minimum intervention and support families' capacity building and empowerment. The idea behind this approach is that parents are the child's first and most important caregivers and, if they lack parenting skills, the state must help them to acquire those skills.

Whilst placing the child in a residential facility is the last resort, this is still a worrying trend in Portugal. According to the CASA 2014 report, there were 8,470 children in care, of whom roughly 64% were in children and youth homes (with the number of places ranging between eight and 70) and 24% were in centres for temporary accommodation. Only 341 children were living with other family members (kinship care).

In 2009, the concept of civil foster care (similar to professional foster care elsewhere) was introduced for children, who for some reason cannot be adopted, to stay with an adult or a family that would assume parental responsibilities. When it is in the best interest of the child, the relationship with the biological family can be maintained. However, there were only 33 civil foster care placements in 2014. The small occurrence of this form of care, which could actually contribute positively to deinstitutionalise child protection in Portugal, seems to be related to a lack of government support and promotion. As recognised by CASA, it is worrying that the response most commonly applied is long-term residential care. This means that there is still a long way to go in terms of securing children, who cannot remain with their parents, a family home, particularly those younger than three, who still continue to be placed in residential facilities due to a lack of willing foster families.

A new legislation on foster care was due in 2015 to ensure an increase in foster carers and that more children are placed with foster families. Additional measures are being taken to promote the adoption of children that because of their age, health situation, disabilities or other characteristics (e.g. it is in their best interest to remain with a sibling), have difficulties being adopted. For instance, individualised meetings with potential adoptive parents take place so that they become aware of the situation of these children.

Main provisions guaranteeing that children without parental care have access to services

The law on the protection of children and young people establishes measures to guarantee that children without parental care have access to services, including an education and healthcare plan (medical appointments), subsistence and economic support (in specific cases). For children in residential care, their rights are covered by Article 58 of the same law, including the right to:

- maintain personal contact with family members, subject to the limitations imposed by the court;
- receive an education that guarantees their full development, being assured the provision of healthcare, and participation in school and in cultural, sportive and recreational activities;
- enjoy a privacy space and autonomy appropriate to their age and situation;
- not to be transferred to another institution, unless the decision is in his/her best interest;
- contact, with guarantee of confidentiality, the protection committee, the prosecutor, the judge and his/her lawyer.

These guarantees extend to young people during the transition to adulthood up to their 21st birthday, if requested by the young person him/herself.

The SERE+ Plan was created by the State Secretary of Social Security and Solidarity's Order 9016/2012 of 26 June as part of the Social Emergency Programme during the crisis. It is specifically addressed to children in residential care and its main aim is the continuous improvement of services for them to promote their rights, and hopefully lead to shorter periods of institutionalisation.

Specific mechanisms to listen to and record the voice of the child within the child protection system

The law on the protection of children and young people includes specific mechanisms to ensure that children and young people are heard and participate in matters concerning them. Their participation should be facilitated in a way that is understandable for the child or the young person, considering their age and the degree of intellectual and psychological development.

For instance, the child has the right to be informed of their rights, of the reasons that triggered the protection procedure and how such procedure works. In addition, Article 84 of the law states that children and young people older than 12 are heard by the child protection committee or by the judge regarding two matters: their views on the situation that gave rise to the intervention and the application, revision or termination of the protection measures. The child or young person can be heard individually or accompanied by a person that they trust.

Children younger than 12 years old are also heard by the court and by the child protection committee on a case by case basis and taking into account their special requirements and level of maturity. Article 94 of the same law places a duty on the child protection committee to contact the child or young person to inform them about the situation and their right to be accompanied by a lawyer.

Country profiles

Romania

The answers to the questionnaire, which represent the basis for this country profile, were jointly provided by the Community Development and Care Directorate of the Municipality of Arad, and the National Authority for the Protection of Children's Rights and Adoption. With comments from representatives of the County General School Inspectorate of Arad, the Municipality of Cluj-Napoca and the General Inspectorate of pre-primary education at the Ministry of Education. A commentary and review were provided by Cristina Cuculas, Head of the Department for Policies and Programmes at the National Authority for the Protection of Children's Rights and Adoption.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

The National Education Law No. 1/2011 sets out the principle of equity, under which access to education without discrimination is to be achieved. Ensuring equal opportunities for all children must be a priority²⁶¹, since evaluations conducted at national level have shown that a significant number of children still remain outside the early education system²⁶². Nonetheless, due to the measures implemented and the facilities created in the last few years, an increasing number of children from disadvantaged backgrounds now attend kindergartens²⁶³.

National legislation governing the protection of children's rights states that every child has the right to receive adequate education that should favour, without discrimination, the full development of their aptitudes and personality. Legislative provisions are universal, compulsory for the entire system and applied taking into account the situation in each locality. The implementation of early childhood education and care is supported by local authorities through the provision of material, logistic and human resources.

A characteristic of the existing early education system in Romania is that, due to the lack of legislation before 2011, a number of crèches were set up without educational standards. The Education Law No.1/2011 officially promotes the concept of ECEC and stipulates that:

- ECEC services for children aged 0 to 3 can be organised in crèches, kindergartens and day care centres using the same curriculum and standards;
- the number of children per age group is as follows: for 0 to 3 years, maximum seven children at the age of 3 months to 1 year and maximum 15 children at the age of 1 to 3.

The organisation of early childhood education units is regulated by a government decision²⁶⁴, which accounts for the organisation and functioning of nurseries and other early childhood education units for pre-preschool children. The curriculum for early childhood education for children aged from 3 to 6-7 was revised in 2008 and it now promotes a comprehensive child development perspective, covering all areas of their development: cognitive, language and communication, socio-emotional and physical, and the principles and practices of child-centred education. The revised curriculum is accompanied by a guide of best practices that aims to support all staff in kindergartens, which are attended by children for four hours per day.

Quality standards for early education programmes have been designed to help teachers and administrators in planning, implementing and evaluating the programmes. The goal of these standards is to create child-centred programmes for educators in order to facilitate children's learning in a way that takes into account their development, individual needs, interests and different ways of learning.

In recent years, various ECEC projects have been implemented in Romania on the basis of an integrated approach at community, school, family and child levels, with the goal of offering better support for disadvantaged children. Many of these projects were implemented using EU Structural Funds. At the same time, other international organisations and NGOs (such as UNICEF, Save the Children, World Vision, Step by Step) have also implemented their own projects.

A number of specific programmes in the area of early childhood education have been implemented by the Ministry of Education, such as the Programme on Early Inclusive Education. Its main purpose was to foster the enrolment of children from vulnerable backgrounds in early education services and to encourage the implementation of other subsequent projects throughout the country. For this purpose, practitioners in early childcare were trained and the authorities worked directly with children, practitioners and managers in early education and childcare centres. Another project, Together for a quality school beginning, which started in 2011 and lasted three years, aimed to improve the adaptation process of children in schools. Social programmes also have the goal of supporting the participation of children in early childhood education and care. An example is the Milk and bread programme for all children attending kindergartens, primary and secondary schools. Children receive daily bread and milk during the whole school year. This measure increases school attendance of children from poor or vulnerable families that lack the financial resources to feed their children appropriately at home.



261 Ministry of Families and Social Protection, National Strategy for Protecting and Promoting the Rights of the Child. Available at: <http://www.copii.ro/about-us/strategy/?lang=en> (last accessed on 21/01/2016).

262 UNICEF Romania (2015). Stadiul implementării strategiei privind educația timpurie și analiza practicilor promițătoare în educația timpurie din România (Report on the stage of implementation of the strategy concerning early care practices in Romania). Available at: http://www.unicef.ro/wp-content/uploads/Unicef_Stadiul-implementarii-strategiei...edu-timpurie_pt-site_20.07.2015.pdf (last accessed on 21/01/2016).

263 Ibid.

264 Government decision No. 1252/2012. Hotărârea de Guvern 1252/2012 privind aprobarea Metodologiei de organizare și funcționare a creșelor și a altor unități de educație timpurie anteprescolară (Approval of the methodology for setting up and functioning of the crèches and other early learning units).



Funding and financial incentives

According to Romanian legislation, early childhood education and care is free of charge²⁶⁵. The funding for early childhood education and care units, organised within the public system, comes from the same sources as most services managed by local authorities. These include: local budgets that cover staff costs and the expenses for the organisation and functioning of the services, the state budget, monthly contributions of parents/legal guardians, donations and sponsorships.

Even though early education services are free of charge, depending on the family situation – for example, number of children and parents' average income – parents may be required to pay a monthly contribution to cover some of the costs related to meals or maintenance. There are exemptions in situations of family separation and when a service plan has been approved²⁶⁶. Costs are then instead covered by the local budget funds. The contribution must not exceed 20% of the average monthly cost of maintenance. The additional funds required to cover the costs of transportation, the centre's infrastructure or the curriculum (for example, funding competitions, contests and evaluations) come from the revenue collected by administrative territorial units through VAT.

Variability of provision

In the school year 2014-2015, ECEC for children aged 0 to 3 was provided in 350 crèches and specific units within kindergartens. Of the total number of nurseries, 89.1% belong to the public sector. In the same period, 18,600 children were enrolled in ECEC services for children aged 0 to 3²⁶⁷.

As for the 4 to 6 age group, even though progress has been made at national level to increase enrolment rates, differences still exist throughout the country. Urban areas present an enrolment rate of 81.1%, whereas rural areas present a rate of 75.5%²⁶⁸. Similarly, there are also differences based on children's ethnic background. Only 37% of Roma children are enrolled, while 77% of non-Roma children are²⁶⁹.

Inter-services and parental cooperation

The Centres for Resources and Educational Assistance (CCREA) are responsible for providing support and advice to parents. For example, before enrolment in kindergarten or in the preparatory class for school, there is an assessment of the child's situation and parents are advised regarding the development level of the child or his/her special needs. Many kindergartens and schools provide programmes for parents to support them when children are first enrolled in kindergartens.

ECEC services cooperate occasionally or permanently with other services based on their competences. ECEC services are required to develop a network of professional support in case parents and children need the support of other specialist services, such as psychological services, social services or health services. For example, social and health services work together to assess and provide guidance for children with special educational needs. At local level, ECEC services cooperate with social services when children are at risk. Teams of psychologists, specialists from school inspectorates and ECEC centres' staff cooperate with each other to evaluate the child's development and potential and search for ways to enhance it.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

The Romanian education system is inclusive in principle and in purpose, but the actual implementation of inclusive measures needs improvement and to be successful, it must involve changes in the collective consciousness. Public authorities need to work with parents from all vulnerable backgrounds and especially Roma to make sure that children go to school. In addition, they should work with teachers to improve awareness of the importance of acting early in cases of risk of school drop-out.

The inclusive nature of the education system manifests itself in the prohibition of all forms of segregation and encouragement of schools to adapt to students' needs. Inclusion requires, in many cases, providing support services through itinerant teachers, curricular adaptations for students with special needs and individual education plans.

Fostering the inclusion of children with disabilities

According to the law on national education²⁷⁰, children with special needs are either integrated into mainstream education or placed in special education schools, depending on the severity of their disability. Children with special needs attending a mainstream school may be part of an integrated class, with a mix of children with and without special needs, or may study in an ordinary class with a majority of children without special educational needs. Children with disabilities attending mainstream schools can benefit from the assistance of specialised professionals such as support teachers or itinerant teachers, who work with them so that they can keep up with the rest of the class, an adapted curriculum and other support measures.

265 Ibid.

266 A service plan is a specialised document in which all the services that should be provided to the child and his/her family are included.

267 National Authority for the Protection of Children's Rights and Adoption (2015), Romanian national framework for early education and care services for children. Available at: <http://ec.europa.eu/social/BlobServlet?docId=14822&langId=en> (last accessed on 01/02/2016).

268 UNICEF Romania (2015), Stadiul implementării strategiei privind educația timpurie și analiza practicilor promițătoare în educația timpurie din România (Report on the stage of implementation of the strategy concerning early care practices in Romania). Available at: http://www.unicef.ro/wp-content/uploads/Unicef_Stadiul-implementarii-strategiei...edu-timpurie_pt-site_20.07.2015.pdf (last accessed on 21/01/2016).

269 Ibid.

270 Law No. 1/2011, Legea educației naționale (Law on national education).

The assessment of children with special needs is carried out by professionals using national guidelines under the supervision of the Ministry of Education. Children with special needs, either in mainstream education or in special education schools, are entitled to benefits that might include meal allowances, school supplies, clothes and shoes, and are exempt from any fees.

According to the TransMonEE Database²⁷¹, the total number of children with disabilities in education decreased from 32,531 in 2005-2006 to 26,587 in 2013-2014. Breaking down these numbers, in 2013-2014 there were 25,540 children with disabilities in special schools (compared to 31,405 children in 2005-2006) and 1,047 children with disabilities in mainstream schools (compared to 1,126 in 2005-2006).

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

The 2014-2020 National Strategy on the Protection of Children Rights contains several provisions regarding foreign and migrant children and their access to education and specialist social services.

Unaccompanied foreign minors are entitled to healthcare and education under the same conditions established by law for Romanian citizens²⁷². The school curriculum introduces elements of the migrant children's language, culture, customs and traditions in teaching and assessment.

Children of migrant families are enrolled in the education system at the request of parents or the public authority responsible for the child's custody, and they are often enrolled a year below their age level in order to familiarise them with the Romanian language.

Romania has also set up the position of the school mediator. They are specialists working mostly in Roma or in disadvantaged communities to support children to better understand the importance of education and prevent school drop-out, as studies and evaluations have reported that this phenomena is more common among this community²⁷³. The mediator's task is to create a link between the school and the community, helping children from disadvantaged communities to access or come back to school.

Desegregation policies

Both Law No. 272/2004 on the protection of children's rights and Law No. 1/2011 on national education state the right of each child to education, without any discrimination based on gender, sex, ethnic background or health.

There is a specific legal framework, accompanied by a relevant methodology that prohibits school segregation of Roma children²⁷⁴. Even though these measures are to be applied in all schools, the phenomenon of geographical segregation still exists, due to the existence of cities and neighbourhoods with predominantly Roma population.

Measures included within the methodology, approved by an order issued by the Ministry of Education²⁷⁵, address prevention and elimination of school segregation by establishing as a compulsory requirement for schools the setting up of mixed classes for all education cycles (preschool, primary and secondary education), forbidding the separation of children based on their cultural or social background. Other measures include providing free transportation for Roma children to go to school with other children, especially children from communities that are residentially segregated, and stopping the set-up of special classes for Roma children, i.e. they were massively over-diagnosed in the past as children with special educational needs.

Fighting early school leaving

The Strategy to reduce early school leaving, approved in June 2015, introduces measures aimed at preventing early school leaving, with the goal of reducing the early school leaving rate from 17.3% in 2013 to 11.3% in 2020. A programme promoted by the new Strategy is the one dedicated to 'Improving the access of children to early education and care', which aims to extend early education for children aged 3 to 5 and diversify the educational offer for children aged 2 to 3, especially for those coming from disadvantaged communities.

These measures will include support schemes for vulnerable families or families from disadvantaged communities; parental education and mentoring programmes, and 'crèche tickets' to reduce the price of attending a crèche for families from vulnerable groups such as Roma or families with a disadvantaged socio-economic background. Other measures addressed to this age group will focus on the improvement of crèche services in disadvantaged areas in order to create an inclusive environment for all children coming from different social or cultural backgrounds. Additional measures included in the Strategy refer to the improvement of the national legal framework, the modernisation of the existing kindergartens to improve ECEC provision and the allocation of adequate resources and support for professionals teaching in schools in rural or disadvantaged areas.



271 UNICEF Regional Office for CEE/CIS (2014), TransMonEE Database. Country profiles. Available at: <http://www.transmonee.org/Downloads/EN/2014/Country%20Profiles%202014.xls> (last accessed on 21/01/2016).

272 Specific programmes for undocumented migrant children are available at: www.migrant.ro.

273 Apostu, O., Balica, M., Fartusnic, C., Florian, B., Horga, I., and Voinea, L. (2012), Copiii care nu merg la școală (Children who do not go to school). UNICEF Romania, Institutul de științe ale educației. Available at: <http://www.unicef.ro/wp-content/uploads/copiii-care-nu-merg-la-scoala-pt-web.pdf> (last accessed on 21/01/2016).

274 Order No. 1540/2007, Forbidding school segregation for Roma children and the approval of the methodology on the prevention and elimination of school segregation for Roma children.

275 Now the Ministry of National Education and Scientific Research.



For children who have difficulties in exercising their right to education, especially those in rural areas, the Ministry of Education has developed national programmes to facilitate their access to schools, by providing free transportation for children who do not attend schools in the same locality where they usually reside. The buses acquired by the ministry were distributed to all the counties based on the number of children belonging to the target group previously mentioned in each county. At the same time, for children attending schools located more than 50 km away from their home, transportation costs are also covered by the Ministry of Education.

The Second Chance programme, organised by the Ministry of National Education in cooperation with local authorities, provides young people under 18 who left school without a qualification the possibility to enrol in a professional training course to obtain a qualification that might help them find a job. Other support programmes to prevent drop-out include free provision of school supplies, computers or scholarships for children coming from poor families.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

Primary health services are provided by family doctors who provide preventive and healthcare for all children. However, there is a limited offer of preventive services within the basic package of health services and therefore it is challenging to identify health risks, particularly in the case of children coming from disadvantaged communities. One of the general objectives of the 2014-2020 National Child Protection Strategy is the "improvement of children's access to quality services", along with raising service coverage at local level. The objective is that by 2020 a least 95% of children should benefit from national health prevention programmes, which will be part of a basic package of services and tailored to risks and age groups.

Another measure will target healthcare offered at the community level through the set-up of integrated community services. These services will be provided by a team consisting of social workers, school mediators and health mediators. Their role is to identify children who are at risk or who do not benefit from basic services provided at the community level, e.g. those who are not enrolled in a school or registered with a family doctor.

At the same time, in order to reduce the differences between children from rural and urban areas, specific measures have been included in the national strategy to facilitate the access of children from disadvantaged areas to health services. Measures refer to the development of health services within schools, and medical community assistance, especially in socially vulnerable areas, to increase the number of children who benefit from at least one medical check-up per year.

Specific provisions for children with disabilities and/or mental health problems

Romania has translated, validated and published, with the help of UNICEF Romania, the International Classification of Functioning, Disability and Health, adopted by the WHO²⁷⁶, which has become one of the most important tools used in policies, legislation, administration, management and practice at national level in regards to children and young people with disabilities.

According to the legislation²⁷⁷, children with disabilities have a right to special care adequate to their specific needs. Children with disabilities benefit from free medical assistance and a recovery plan set up by specialists in local social services, which is to be fulfilled by the parents or the child's legal representative. In order to ensure free access to health, recovery and rehabilitation services, a child with disabilities who benefits from these services in a municipality other than that of his/her habitual residence has the costs of these services and all the expenses related to them fully covered by an allocation of the state budget.

The Romanian government has also designed specific programmes to support children with disabilities, their families and the professionals working with them. An example is the project called 'Raising capacity of local authorities to support children with disabilities within their own families', financed by the Financial Mechanism of the European Economic Area and implemented by the National Authority for the Protection of Children's Rights and Adoption. The main purpose of this project was to help strengthen the capacity of public authorities to provide better care, support the integration of children with disabilities within their families and facilitate their access to recovery and rehabilitation services within their own family environment. Twenty multidisciplinary mobile teams were created to support children with disabilities, their families and local authorities to fulfil the objectives established in the individual recovery plans. One thousand children were direct beneficiaries of the project as well as 2,750 professionals from different fields that were trained to improve their skills when working with children with disabilities.

276 World Health Organization (WHO), Clasificarea internațională a funcționării, dizabilității și sănătății (International Classification of Functioning, Disability and Health (ICF). Available at: http://apps.who.int/iris/bitstream/10665/42407/5/9241545429_rum.pdf (last accessed on 21/01/2016).

277 Law No. 272/2004. Legea privind protecția și promovarea drepturilor copilului (Law for the protection and promotion of children's rights).

Mental health care for children and young people is mainly concentrated in psychiatric hospitals. Here there is an excessive orientation towards medical and curative care instead of prevention. In addition, there are difficulties in setting up therapeutic teams, there is a lack of communication between the specialists involved in the field and weak cooperation between services.

Specific provisions for pregnant teenagers

n.a.²⁷⁸

Specific provisions for undocumented minors

Children's right to healthcare apply equally to all children living in Romania regardless of origin or legal status.

Specific provisions for children from families with a history of substance abuse

A study carried out by the Ministry of National Education, with the help of UNICEF, on the situation of teenagers in Romania²⁷⁹, revealed that 3.8% of teenagers had consumed, at least once, one type of drug. In this context, the National Antidrug Agency implements programmes aimed at preventing drug abuse in children and young people through the 47 national Centres for Prevention, Evaluation and Counselling together with the Public Health National Institute through County Health Departments, County School Inspectorates and local Police Departments.

The 2014 report of the National Antidrug Agency states that six national projects were implemented with the specific purpose of preventing drug abuse. Their main objective was raising families' awareness, and informing and educating families with children about the consequences of drug abuse. A total of 429 prevention activities, mainly information and counselling, were carried out²⁸⁰.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

National legislation on housing contains a number of provisions to ensure that persons or families in difficult economic situations, who cannot have their own house or rent a property in the private market, have access to social housing. Social housing is allocated by local authorities, which are also responsible for its management, based on a number of criteria, which are evaluated yearly.

Romania ranks first among EU Member States regarding home ownership. According to official statistics, 97% of families in Romania were owners of a house compared to the EU average of 70.4% in 2012²⁸¹. This circumstance implies that there is a low rate of available properties for renting or buying for young people or those moving to work elsewhere. The National Strategy on Social Inclusion and Poverty Reduction for 2015-2020 approved in 2015²⁸² has a specific chapter dedicated to housing as there is a need to address housing accessibility, especially for young people and other vulnerable groups and to improve the housing stock.

Improving access of vulnerable groups to housing by the end of the implementation period should be accomplished through a better coordination mechanism at national level and reinforcing the capacity of local authorities. The priority actions included in the National Strategy on Social Inclusion and Poverty Reduction regarding the improvement of the housing situation have the goal of increasing the access of vulnerable groups to affordable housing through: the increase of the funds allocated to this area; the development of a new strategic framework for social housing; establishing better coordination between relevant ministries (labour, public administration, education, health); granting a housing benefit for those persons and families in vulnerable situations, such as poor families with children; and cooperation with NGOs in the development of social housing programmes.

Supporting families with children at risk of eviction

One particularly pressing problem concerns the forced evictions of Roma, as well as other vulnerable populations, and the residential segregation that results from these evictions. However, the Housing Law does not contain any protection against eviction. For example, the law does not provide adequate time to challenge an eviction notice and there are no legal remedies that a claimant may use to request from the court the suspension of the eviction process. As a result of the lack of safeguards in the law, vulnerable families, and particularly Roma, may not be previously consulted or provided with reasonable notice before being evicted. Families that have been evicted have only night shelters as alternative accommodation. These shelters are run by local authorities or by NGOs and many of them are poorly financed, thus not offering enough places or appropriate facilities.



278 For this section, no details were provided.

279 Abraham, D. (coord.), Abraham, A., Dalu, A.M., Fierbinteanu, C., Marcovici, O., Mitulescu, S., Plaesu, A., and Sufaru, I. (2013), *Situația adolescenților din România (The situation of adolescents in Romania)*. Raport Final. Centrul de Sociologie Urbană și Regională, Institutul de Științe ale Educației, UNICEF Romania. Available at: <http://www.unicef.ro/wp-content/uploads/Studiu-privind-situația-adolescentilor-din-Romania.pdf> (last accessed on 21/01/2016).

280 Agenția Națională Antidrog mulțumește tuturor partenerilor și colaboratorilor pentru contribuția adusă la întocmirea prezentului raport. (2014), *Raport Național privind Situația Drogurilor (National report on drugs' situation)*. Available at: http://www.ana.gov.ro/rapoarte%20nationale/RO_RN_2014.pdf (last accessed on 21/01/2016).

281 Government decision No. 383/2015. Hotărârea de Guvern 383/2015 pentru aprobarea Strategiei naționale privind incluziunea socială și reducerea sărăciei pentru perioada 2015-2020 și a Planului strategic de acțiuni pentru perioada 2015-2020 (Approval of the National Strategy on Social Inclusion and Poverty Reduction for 2015-2020 and the Strategic Plan of Action for 2015-2020).

282 Ibid.

5. Family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

Local public social services are primarily responsible for the identification of risk situations and aim to provide the necessary support and specialist services. According to the law on social assistance²⁸³, specialist public social services consist of teams of social workers under the responsibility of local authorities. If the municipality does not have enough resources to provide such service, it still has the obligation to appoint at least one person (not necessarily a social worker if such a professional is not available) who should carry out the assistance activities, for which the specialist public social services are responsible.

Public services of social assistance – social services – are responsible for drawing and implementing an intervention plan that includes an offer combining services and benefits granted by national law. These may include a financial allowance where necessary, appropriate parental information, counselling or mediation. The plan must be monitored and assessed before limiting the exercise of parental responsibility and placing the child outside the family. According to national legislation²⁸⁴, a child who is temporarily or permanently deprived of parental care is entitled to benefit from special protection until the age of 18. Afterwards, the young person can remain in the system until the age of 26 if he/she continues in education or is considered to be vulnerable to marginalisation.

Beneficiaries of special protection measures are children whose parents are unknown or have died, children who can no longer be under their parents' care, children who suffered abuse or neglect or have been abandoned. According to Romanian legislation, child protection measures include specialist supervision, emergency placement and temporary or permanent placement.

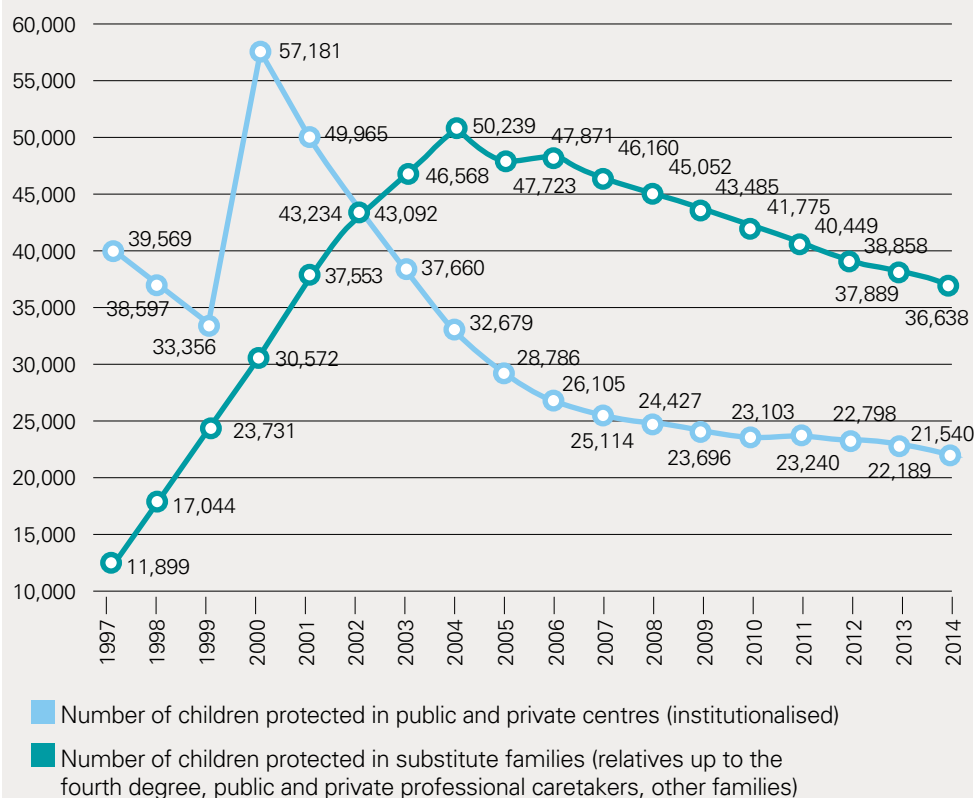
When children have to be placed outside the family, residential and family-type services are based on a set of minimum compulsory standards, according to which such services should provide children with housing, care and education and prepare them for reintegration with the family, wherever possible, for a specific period of time.



283 Law No. 292/2011. Legea asistentei sociale (Law on social assistance).

284 Law No. 272/2004. Legea privind protectia si promovarea drepturilor copilului (Law for the protection and promotion of children's rights).

Graph 7: Children in care in Romania for the period 1997-2014



Source: National Authority for the Protection of Children's Rights and Adoption, 2015

Main reasons for children to be taken into care

The reasons for placing children in the protection system are various and they are mentioned in the law on children's rights. According to official statistics provided by the National Authority for the Protection of Children's Rights and Adoption, at the end of 2014 there were 58,178 children under the child protection system; this represents 1.56% of the total child population in Romania²⁸⁵. Among these children, 57.82% were placed in foster families while 36.87% were placed in institutions (please see **Graph 7**). **Table 7**, which has been drafted with data provided by the National Authority for the Protection of Children's Rights and Adoption, provides an overview of the main reasons for children to be taken into care in 2014, with parental poverty still the most common cause followed by parental abuse and neglect.

Table 7: Main Reasons for taking children into care in Romania in 2014

Causes of child separation	Percentage of the total number of separated children
Parental death	6.06%
Abandonment	1.36%
Parents who have lost parental rights	0.64%
Parental poverty	41.66%
Abuse and neglect	28.05%
Severe disability	9.5%
Parental disability	3.61%
Other causes	9.12%

Source: National Authority for the Protection of Children's Rights and Adoption, Romania, 2015

Main provisions guaranteeing that children are not placed in institutions

Regarding the main provisions guaranteeing that children are not placed in institutions, Romania is one of the European countries that has expressly forbidden through its national legislation placing children under three in institutional care. The only exception might be made when the child suffers "from severe disabilities", requiring them to receive care that is only provided in specialist institutions. In order to avoid abusive placement of children under three in residential care based on disability grounds, the Romanian authorities intend to establish a more explicit criterion with regards to the type of disability, which would justify a residential placement instead of placing the child with a foster family.

Main provisions guaranteeing that children without parental care have access to services

n.a.²⁸⁶

Specific mechanisms to listen to and record the voice of the child within the child protection system

In accordance with the law²⁸⁷, the child has the right to be heard in any judicial or administrative proceeding that involves them. The hearing of a child who is aged 10 or older is mandatory. Nevertheless, the child who is younger than 10 may also be heard if the competent authority deems it necessary. The right to be heard gives the child the possibility to request and receive any pertinent information, to be consulted, to express his/her opinion and to be informed about the consequences that the process may entail. Any child can request to be heard. If his/her request is denied, the competent authority must issue the reason why this happened.

Children in residential care have the opportunity to make a complaint if they feel that their rights are not being respected, or in potential cases of neglect. The procedures through which they are able to make such complaints are based on a set of minimum compulsory standards, which are applied by all public or private social service providers²⁸⁸. They can also make complaints if they feel that their rights have not been observed, through a toll-free line set up by General Directorates for Social Assistance and Child Protection at local authorities.

In July 2008, the Child Toll Free Line Association (*Asociația Telefonul Copilului*), in partnership with Romtelecom, the main national telecommunications operator, received from the National Authority for Communications the licence for the implementation of the European harmonised number for children: 116 111. Starting on 1 October 2008, 116 111 became functional at the national level. Romania was the third country in Europe to provide children with this service, following an EC Decision²⁸⁹.

Recently, Romania implemented a successful project²⁹⁰ developed by a Federation of NGOs in the child protection field in cooperation with the French embassy to develop human resources and adequate logistics to listen to child victims or witnesses of criminal activities or minors in conflict with the law.



285 National Authority for the Protection of Children's Rights and Adoption (2014). Statistici (Statistics), Available at: <http://www.copii.ro/statistici/> (last accessed on 21/01/2016).

286 For this section, no details were provided.

287 Law No. 272/2004. Legea privind protecția și promovarea drepturilor copilului (Law for children's protection and promotion of children's rights).

288 These are set by the Order No. 21/2004. Approval of the minimum compulsory standards concerning residential services for children.

289 2007/116/EC: Commission Decision of 15 February 2007 on reserving the national numbering range beginning with 116 for harmonised numbers for harmonised services of social value. Available at: <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32007D0116> (last accessed on 21/01/2016).

290 More information on the project 'Audis: pentru o mai buna audiere a minorilor' (in Romanian) available at: <http://www.fonpc.ro/images/programe/audis.pdf> (last accessed on 21/01/2016).

Country profiles

Spain

The answers to the questionnaire, which represent the basis for this country profile, were provided by representatives of the Ministry of Social Welfare and Family at the Regional Government of Catalonia; the Directorate General for Children and Families of the Ministry of Social Welfare at the Regional Government of Galicia; and the Ministry of Equality, Health and Social Policies (in 2014–2015) at the Regional Government of Andalusia. A commentary and review were provided by Almudena Moreno, Professor of Sociology, University of Valladolid.

The regional governments have devolved powers for some, but not all, areas affecting children's wellbeing. Policies related to education, health and social care for children and families are decentralised. Therefore, this country profile focuses on three selected regions – Catalonia, Galicia and Andalusia. When an area of policy applies to the whole of Spain, this is identified.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

ECEC services are regulated by the Organic Law 2/2006²⁹¹, which establishes the national legal framework for both preschool services (children aged 0 to 5-6) and compulsory education (aged 5-6 to 15-16).

The plan Educa3²⁹² promoted by the Ministry of Education is the leading national framework. The plan entered into force in 2008 and aimed to increase the number of public and private places in preschool education for children younger than 3. The implementation of the plan was to be carried out by the regions. However, the latest cooperation agreement between the national government and the regional governments was signed in 2010. Budget cuts introduced in April 2012 virtually cancelled Educa3.

One of the objectives of the second National Strategic Plan for Childhood and Adolescence 2013-2016²⁹³ is to develop educational services for children aged 0 to 3 and health services for children and adolescents, focusing on the most vulnerable. In this plan, however, no specific actions or territorial coordination in ECEC are described. Consequently, each region approaches services for children aged 0 to 3 in a different manner, as described below.

In Catalonia, according to the Law 18/2003 on family support, children aged 0 to 6, with developmental disorders, or at risk of suffering from them, are entitled to early care services. These services are provided free of charge. There is a similar approach in Andalusia.

In Galicia, the care of children aged 0 to 3 is considered to be part of policies to balance work and family life rather than to reduce inequalities. Thus, nursery schools for children aged 0 to 3 fall under the responsibility of family policy (within social affairs), instead of education. The Galician government has supported the creation and progressive expansion of the public network of early education centres for children aged 0 to 3 in the first cycle of preschool education. This expansion has been carried out through cooperation agreements with the national Ministry of Education within the framework of the plan Educa3 (mentioned above) and with local councils through co-financing of the European Regional Development Fund (ERDF).

Funding and financial incentives

In Spain, preschool education is voluntary and is divided in two stages – from the age of 0 to 3, and from 3 to 6. Preschool (3 to 6) provision is mainly free, either in public or publicly subsidised private settings. However, the availability of provision to the first stage (0 to 3) will vary depending on the municipality, the private sector and income fees. Across Spain, most of 0 to 3 ECEC provision is either fully private or public but privately managed. It is estimated that fully private nursery schools for children under the age of 3 represent more than 50% of total provision²⁹⁴.

The costs of public places are borne by the regions, the local authorities and the families, in a hugely varied context across Spain. In 2010, the monthly fee for a place in a public ECEC facility varied between a minimum of EUR 71 in Extremadura and a maximum of EUR 221 in Catalonia (and the average prices for private places in these two Autonomous Communities were EUR 128 and EUR 363 respectively), with an extra fee for lunch service²⁹⁵.

The fees that families pay for a 0 to 3 ECEC place vary depending on their income, with different subsidies across the regions. For example, in Galicia, families from poor socio-economic backgrounds and foster families are exempt from the payment of preschool services fees. The rest of the families pay a fee that is based on the family's income, taking as a reference the monthly per capita income of the household. There are also fee reductions for families with more than four children, single parents and families with more than one child in the same centre. These families are exempt from paying fees for the second child and onwards if their annual per capita income is under EUR 7,500. In Catalonia, a number of measures aim at supporting low-income families and those in need of support because of health problems. In the area of ECEC services, children with, or at risk of, developmental disorders are entitled to free ECEC services from the age of 0 to 6.



291 Organic Law of Education 2/2006, 3 May 2006 (Ley Orgánica de Educación – LOE). BOE No. 106, 4 May 2006.

292 Available at: <http://www.mecd.gob.es/educacion-mecd/areas-educacion/comunidades-autonomas/programas-cooperacion/plan-educa3.html> (last accessed on 25/01/2016).

293 Childhood Observatory (2013), Second National Strategic Plan of Childhood and Adolescence. Spanish Ministry of Health, Social Services and Equality. Available at: http://www.observatoriodelainfancia.msssi.gob.es/documentos/pdf/II_PLAN ESTRATEGICO INFANCIA.pdf (last accessed on 25/01/2016).

294 Ibáñez, Z. and León, M. (2014), 'Early Childhood Education and Care Provision in Spain', in: León, M. (2014) (ed.), *The Transformation of Care in European Societies*, Basingstoke, Palgrave Macmillan, pp. 276-300.

295 Ibid.

Since the start of the economic crisis, regional and local governments have suffered severe funding constraints, reduced their contributions to ECEC places, and, thus, heavily raised the fees of public ECEC centres, which in just two years have often become between 10% and 60% more expensive depending on the different local authorities.

Variability of provision

A striking difference between the much higher enrolment of children of mothers with tertiary education and children with mothers with just compulsory education has been documented. The difference is 35 percentage points for children aged one and 30 points for those aged two²⁹⁶. Regarding territorial differences, the regions with higher enrolment rates are Madrid, the Basque Country and Catalonia, which are also the regions with the highest GDP²⁹⁷.

Inter-services and parental cooperation

In Catalonia, the regional government has produced protocols to strengthen coordination between education and health; for instance, to promote health in preschools through joint cooperation with the Association of Municipalities. Catalonia also implements cooperation programmes between early childcare centres, parents and other services. For example, child development and early care centres provide advice and support to parents to help them with child developmental disorders, help to improve parenting skills and enable positive and appropriate relationships at each stage of the parental process. There are also parent groups to share experiences in bringing up children and address queries, concerns and fears, identify difficulties and provide mutual support to people with similar problems, raise awareness of the diagnosis and understand its future implications. Specific talks for families with young children with developmental difficulties and child development guidelines are also provided.

The Grow up in a family programme provides more than 100 courses in positive parenting, featuring six workshops divided by age groups and taught by experts. The workshops address topics including affection, autonomy, authority, educational strategies, conflict resolution, home responsibilities, leisure and the environment, the educational role of the school and the extended family, based on self-produced materials consisting of four teaching and implementation guidelines for the facilitators.

In Andalusia, a multisectoral approach is applied to the provision of ECEC, which in this region focuses on children with developmental problems. Coordination mechanisms between primary and secondary healthcare and between them and early childcare centres have been established. A network with the capacity to act at local, county and regional levels is being built under the leadership of the regional Ministry of Health. Various actions have been implemented in line with this objective, such as:

- appointment of a contact point in each regional delegation at county level to work on the Early Intervention Programme. These contact points must be psychologists with experience in early intervention;
- at county level, there are early intervention teams (EPAT), which consist of early intervention specialists and professionals in the areas of health and education;
- a toolkit has been developed by the Regional Association of Early Intervention Professionals (GAT) in order to help professionals from different areas to share the same language and coordinate their interventions;
- a protocol to facilitate access to education for children with, or at risk of, developmental disorders, who are attending early childcare services, has been developed by the regional ministries of health, education and social policy;
- all referral protocols and inter-services documents have been standardised for the whole region;
- a software for all professionals from education, health and social services working with these children has been developed so that they can access the unique records of each child to ensure continuity of care.

ECEC services in Galicia cooperate with social services in detecting child neglect and abuse and potential developmental problems, contacting the child protection department in cases of neglect and referring families to a paediatrician within the health service in cases of potential developmental disorders. An early childcare network has been recently implemented to improve coordination between education, social and health services for children aged 0 to 6 with, or at risk of, suffering from developmental disorders and their families. The role of each service is clearly defined in the Decree establishing the creation of such a network, as well as the procedures and methodologies that should be developed to implement this coordinated approach. Cooperation is also established between ECEC centres and parents, providing individual and collective support through parents' meetings and activities in the centres.



296 Felgueroso, F. (2012), *Recortes educativos y responsabilidad fiscal: la escuela infantil*, Apuntes FEDEA.

297 Ibáñez, Z. and León, M. (2014) 'Early Childhood Education and Care Provision in Spain', in: León, M. (2014) (ed) *The Transformation of Care in European Societies*, Basingstoke, Palgrave Macmillan, pp. 276-300.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

The analysis of the questionnaires suggests a general situation in which normative development has occurred, but practical application and evaluation are limited and vary from region to region. When it comes to vulnerable groups, the design of education programmes mainly focuses on enhancing learning; for example, supporting learning the language and the inclusion of immigrant children and young people at risk of social exclusion. These programmes are developed in collaboration with local services and volunteers.

The national Programme for Reinforcement, Orientation and Support (PROA)²⁹⁸ sought to address the educational disadvantages and needs of students due to their socio-cultural and personal contexts through a set of support and reinforcement programmes in primary and secondary schools and extracurricular support outside of school hours. The national PROA Plan was conceived as a territorial cooperation project between the national Ministry of Education and the regions. The latest available evaluation was published in 2012 with data from 2010 and 2011²⁹⁹. The evaluation shows that 89% of 27,250 students in 1,093 primary schools and 65% of 13,312 students in 368 secondary schools, who participated in the school support programme, continued onto next year's education. In addition, 80% of the students who participated in the extracurricular support and reinforcement programme also continued onto next year's education. However, no further information regarding the continuation of the programme is available.

All regions claim to have inclusive education systems and have put in place different measures to implement this principle. Andalusia has a number of norms that address diversity, as well as complementary services. These include transportation, before- and after-school care, extracurricular activities, preschool and primary education guidance teams, which exist all over the region. However, when it comes to implementation, several challenges were raised by Andalusia's Ombudsman in his 2014 report³⁰⁰, which stated that, despite progress in the provision of these services, there was still much to be improved, including the insufficient numbers of teachers and education assistants, a certain lack of definition regarding the target groups in 'early education' and lack of indicators to evaluate education action plans.

This region has also introduced an innovative programme to identify 'areas with social transformation needs'. The identification task is carried out by the Department of Equality and Social Welfare of the Regional Government based on indicators such as absenteeism, academic failure, unemployment, education gaps, deficient healthcare or lack of social integration. However, in a region with a high percentage of immigrant children and young people, there is a lack of programmes working systematically with immigrant minors.

In Catalonia, Law 12/2009³⁰¹ lays down the core objectives in regards to inclusive education. It states that schools have to provide suitable, balanced schooling to students with specific educational needs and shall be committed to promoting their inclusion in the education process. There is also specific support in schools for teachers, children and parents, which may take various forms; for instance, psychological and pedagogical guidance for schools, teachers, students and families. Other forms of support include guidance on the schooling process for families of students with special educational needs, such as students with learning or communication disorders, and specific support for newly arrived students, where a risk of social exclusion has been identified tied in with linguistic integration.

In Galicia, Article 4 of the Decree 229/2011³⁰² established the general principles of inclusive education, as well as specific provisions, including the preference for measures that prioritise inclusion within mainstream education – with extraordinary measures only taken as the last resort – and individualised counselling and information for parents and tutors on the specific needs and characteristics of their children.

In general, the regions have developed specific plans to foster equal opportunities in education, particularly in Catalonia, but show limited implementation and lack of evaluation of normative programmes with regards to achieving their objectives.



298 Ministry of Education, Culture and Sports, Programas de Refuerzo, Orientación y Apoyo. Available at: <http://www.mecd.gob.es/educacion-mecd/areas-educacion/comunidades-autonomas/programas-cooperacion/plan-proa.html> (last accessed on 25/01/2016).

299 Ministry of Education, Culture and Sports (2012), Evaluación del plan de refuerzo, orientación y apoyo Curso, 2010/11, Available at: <http://www.mecd.gob.es/dms-static/deedc524-91a1-48c2-827d-d7441ef0a36d/informe-de-resultados-proa-curso-0910-pdf.pdf> (last accessed on 25/01/2016).

300 Defensor del pueblo andaluz (2014), Informe anual 2013 (Annual report 2013). Available at: <http://www.defensordelpuebloandaluz.es/sites/default/files/Informe%20Anual%202013.pdf> (last accessed on 25/01/2016).

301 Ley 12/2009, del 10 de julio, de educación (Law 12/2009 of 10 July 2009 of the Autonomous Community of Catalonia, on education). DOGC No. 5422 of 16 July 2009.

302 Decreto 229/2011, de 7 de diciembre, por el que se regula la atención a la diversidad del alumnado de los centros docentes de la Comunidad Autónoma de Galicia en los que se imparten las enseñanzas establecidas en la Ley orgánica 2/2006, de 3 de mayo, de educación (Decree 229/2011 of 7 December, regulating the attention to the diversity of students of the educational institutions of the Autonomous Community of Galicia in which the teachings established in the Organic Law 2/2006 on education of 3 May are implemented). DOG No. 242 of 21 December 2011.



Fostering the inclusion of children with disabilities

Across the Spanish regions, public authorities promote the inclusion of children with disabilities in the mainstream education system. However, when it comes to the provision of specialist support, different approaches prevail. For instance, Catalonia has intensive education centres for adolescents with behavioural problems that provide psychological treatment and training to facilitate inclusion into the labour market. In Catalonia, there are also various grants for students with specific educational support needs, disability and mental health problems.

In Andalusia, the schooling of students with special educational needs is made usually in ordinary schools. Only children with very severe developmental problems or those affected by multiple disabilities might be placed in special education centres when ordinary schools cannot address their educational needs. Children in ordinary schools may be placed in a regular group with children with no special needs, but with specialist support or in a special education classroom.

In Galicia, in order to foster the inclusion of children with special needs in ordinary schools, they also have the option to attend ordinary schools on a part-time basis, making it possible to address their special needs through support outside school hours. The idea is to put the emphasis on the specific support that children with disabilities require, instead of focusing on the disability itself.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

In addition to financial support for children with special educational needs, multiple programmes exist in Catalonia to integrate immigrants and Roma children: the integrated reception plan, the third Roma integration plan 2014-2018, the communities relationships plan, socio-cultural mediation, personalised support for preschool and primary education, supplementary tutoring hours for children from disadvantaged environments, and school facilitators. An example of good practice is the extended timetable at public schools in areas with low socioeconomic status and social problems to ensure work-family balance.

The second Galician Plan for Social Inclusion 2007-2013 fosters socio-educational programmes for ethnic minorities, most specifically the Roma. Several forms of financial support are also provided for children in disadvantaged areas, including free school transportation and subsidies for school textbooks and meals. However, all of these have undergone significant budgetary cutbacks in recent years³⁰³.

Public authorities in Andalusia provide free school books, income-based assistance for school transportation costs and financial support for students from disadvantaged socio-economic backgrounds.

Desegregation policies

In Galicia, the 229/2011 Decree mentioned earlier on has established general principles of limited applicability. In fact, it is acknowledged that educational segregation by neighbourhoods is a problem.

The Catalan Education Service is organised in accordance with the principles of free school places in compulsory education and, therefore, students access education under equal conditions. Each local authority area has an admissions committee, which oversees the proper and balanced distribution of students in all schools.

Fighting early school leaving

The three regions examined here have specific programmes and actions to prevent early school leaving, but implementation and evaluation are limited. For example, in Andalusia the Comprehensive Plan for Preventing School Absenteeism was approved in 2013, although the impact has been limited, with figures on early school leaving remaining as high as 27.7% in 2014³⁰⁴. The region provides grants to go back to education of up to EUR 4,000, depending on income, for young people who left the education system without qualifications.

303 Instituto Valenciano de Investigaciones Económicas (2015), Servicios públicos, diferencias territoriales e igualdad de oportunidades (Public services, regional differences and equality of opportunities), Madrid: Fundación BBVA.

304 Ministry of Education, Culture and Sport (2015), Datos y cifras. Curso escolar 2015-2016 (Data and figures. School year 2015-2016). Available at: <http://www.mecd.gob.es/dms/mecd/servicios-al-ciudadano-mecd/estadisticas/educacion/indicadores-publicaciones-sintesis/datos-cifras/Datosycifras1516.pdf> (last accessed on 25/01/2016).

3. Improving health systems' responsiveness to the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

The universal provision of healthcare is a feature of the Spanish health system. As for specific services for disadvantaged children, the provision of support varies across the regions. In Catalonia, programmes include a protocol for detecting and evaluating malnutrition, programmes promoting physical education for children and youth and programmes for preventing drug abuse. Galicia guarantees adequate healthcare and universal protection for all children under the Galician Plan for Inclusion 2007-2013. Specific programmes for children and adolescents include the plan for addictive disorders 2011-2016, the plan for preventing alcohol consumption and the plan for preventing childhood obesity. In Andalusia, there is a specific early intervention programme for children aged 0 to 6 with, or at risk of, developmental problems, which focuses on the family as a whole.

Specific provisions for children with disabilities and/or mental health problems

In Andalusia there is a specific strand of childcare for children aged 0 to 6 with, or at risk of, developmental disorders. The paediatrician is responsible for following up children's development and making sure that they receive the appropriate support. When necessary, children are referred to early childcare centres, where they receive support to help them overcome their developmental difficulties.

Galicia also has an early childcare network, which is aimed at improving the care that children aged 0 to 6, with or at risk of physical and psychological disabilities, receive through the implementation of service coordination and integration protocols. Additionally, the Agency for the evaluation of healthcare technologies has developed specific guidelines for professionals and families to address depression in children and teenagers³⁰⁵ and to prevent suicidal behaviour³⁰⁶.

Specific provisions for pregnant teenagers

Specific provisions for teenage mothers vary across the country. Whilst in Galicia there are no specific provisions for pregnant teenagers or young mothers, Catalonia and Andalusia have implemented different programmes.

In Catalonia, there is a programme providing support, shelter and counselling for young single mothers abandoned by their families. Pregnant teenagers have the right to decide about motherhood based on their maturity, and are provided with specific psychosocial support required to help them to cope with their situation. There is also a service for temporary residential care and support for pregnant adolescents, adolescent mothers and their babies, who are looked after by the state.

The healthcare plan for children and adolescents in Andalusia includes care for pregnant teenagers as part of the sexual and reproductive health strategy.

Specific provisions for undocumented minors

Although in 2011 the national government took away the right to healthcare for irregular immigrants, several regions did not actually implement it. This was the case in Andalusia and Catalonia. However, in Galicia there are no specific provisions for undocumented minors.

In Andalusia, unaccompanied minors are granted protection according to the regional government's Decree 42/2002 of 12 February. Unaccompanied minors have the right to a personalised social inclusion plan, to contact their family or relatives, to be informed about any measures implemented regarding their protection and the right to be heard in any procedure that affects their personal, family and/or social situation. As for healthcare, they have the right to receive psychological and medical treatment when necessary, taking into consideration their specific circumstances and requiring their consent, according to their maturity, before any intervention.

The Catalan Law 14/2010³⁰⁷ outlines the rights of undocumented migrant children, including the provision of primary reception and care services.

Specific provisions for children from families with a history of substance abuse

As highlighted above, both Catalonia and Galicia have specific prevention programmes for children at risk of becoming drug or alcohol abusers, especially those coming from families with a history of substance abuse.



305 Ministry of Health and Social Policies (2009), Clinical Practice Guideline on Major Depression in Childhood and Adolescence. Available at: http://portal.guiasalud.es/GPC/GPC_456_maj_dep_child_ado_avaliat_compl_en.pdf (last accessed on 25/01/2016).

306 Ministry of Health, Social Services and Equality (2012), Clinical Practice Guideline for the Prevention and Treatment of Suicidal Behaviour. Available at: http://www.guiasalud.es/GPC/GPC_481_Conducta_Suicida_Avaliat_compl_en.pdf (last accessed on 25/01/2016).

307 Ley 14/2010, de 27 de mayo, de los derechos y las oportunidades en la infancia y la adolescencia (Law 14/2010 of 27 May 2010 of the Autonomous Community of Catalonia, on childhood and adolescence rights and opportunities). DOGC No. 5641 of 2 June 2010.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

There is not a homogeneous housing policy across the country and the approaches vary across the regions. For instance, the housing agency of the regional government of Catalonia is responsible for overseeing the housing network for inclusion, which includes all non-profit organisations responsible for meeting the social housing needs of people at risk of exclusion. This is done on the basis of the evaluation of social emergency and social exclusion situations linked to lack of housing. The housing agency of Catalonia provides funding for the organisations so that they can maintain the housing stock and free up properties to increase the number of users. A registry for social housing applicants has been established, but the answers to the questionnaire did not provide sufficient detail regarding its implementation, criteria or eligible groups.

Within the framework of the 2009-2012 Housing and Renovation Plan, Galicia mainly focuses on rent subsidies for low-income families with children.

In their answer to the questionnaire, the regional government of Andalusia highlighted housing as a leading problem for low-income families, particularly during the crisis, as there has been a significant increase in evictions. However, there is a lack of resources and intervention instruments. The only provision that was mentioned is the Andalusian Housing and Renovation Plan, which includes financial support for families at risk of social exclusion. This region has not developed, or did not refer to any specific measures beyond the Decree Law 6/2013³⁰⁸ that highlights the social function of housing. For example, in terms of implementation, local authorities do not have quotas of subsidised housing for disadvantaged families with dependent minors.

Supporting families with children at risk of eviction

Since the crisis began, there has been a serious housing problem involving many families with children across Spain. Again, there has not been a common response and regions have adopted different approaches.

To alleviate and prevent the effects of evictions, the regional government of Catalonia developed a network of information services, where the regional administration works with county and local government to act as a mediator between banks/landlords and tenants to prevent evictions, in addition to financial support for families unable to pay their mortgage or rent.

Galicia provides financial assistance to families at risk of eviction through a cooperative agreement with the courts and the Galician Federation of Municipalities. The objective is to facilitate cooperation between the courts and community social services in order to identify families that are especially vulnerable to eviction, and respond promptly to relocate them in case that eviction takes place. The RECONDUCE programme³⁰⁹ seeks to prevent evictions through an institutional framework of cooperation between the regional departments of public administration, justice, social policy, infrastructure, economy and the Treasury as well as the College of Social Workers, judicial bodies and the banks. This programme provides specific social assistance, psychological support, legal assistance and help in searching employment and alternative housing for those who are at risk of losing their homes. The programme also offers housing mainly for low-income evicted families with children.

Andalusia does not have a specific plan for support in case of eviction. For example, no policies have been defined on how to avoid eviction of families with dependent minors. In December 2014, the regional government put in place a financial support programme so that evicted families could rent a property³¹⁰.



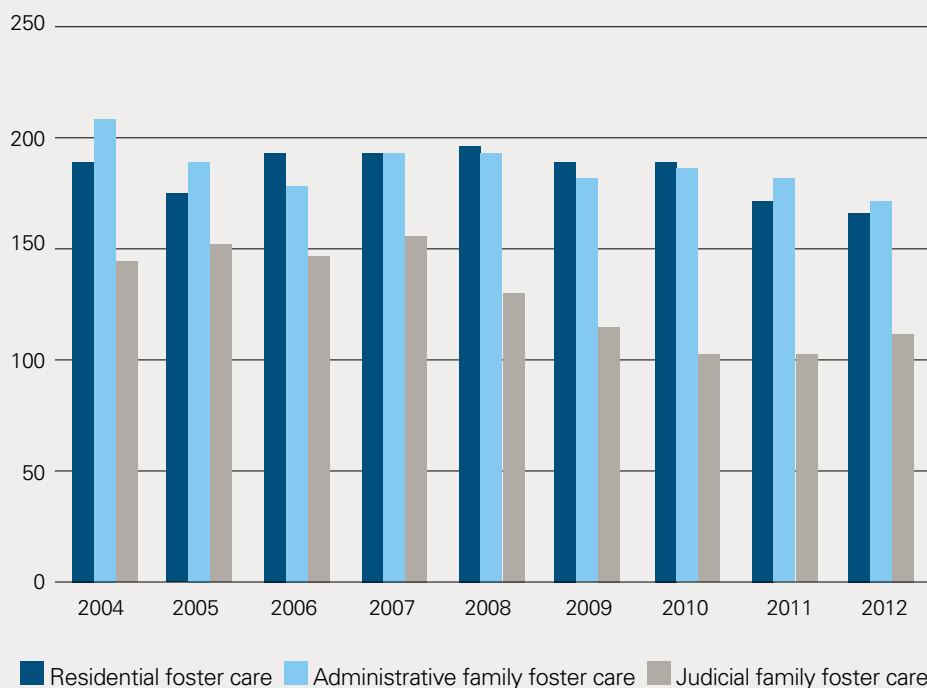
308 Decreto-Ley 6/2013, de 9 de abril, de medidas para asegurar el cumplimiento de la Función Social de la Vivienda (Decree Law 6/2013 of 9 April 2013 of the Autonomous Community of Andalusia, on the social functioning of housing), BOJE No. 69 of 11 April 2013.

309 Government of the Autonomous Community of Galicia, Programa RECONDUCE. Available at: http://benestar.xunta.es/web/portal/planseprogramas?p_p_id=ipecos_opencms_portlet_INSTANCE_P37k&p_p_lifecycle=0&p_p_state=normal&p_p_col_id=column-3&p_p_col_count=1&ipecos_opencms_portlet_INSTANCE_P37k_content=%2Fopencms%2FBenestar%2FContidos%2FPlans_e_programas%2Fdocumento_0031.html (last accessed on 25/01/2016).

310 Europapress, 12 December 2014, 'La Junta lanza ayudas al alquiler para familias desahuciadas en situación de emergencia' (The government of Andalusia launches rent subsidies for evicted families in situation of emergency'. Available at: <http://www.europapress.es/andalucia/sevilla-00357/noticia-junta-abre-linea-ayudas-alquiler-familias-desahuciadas-situacion-emergencia-20141212114207.html> (last accessed on 25/01/2016).

Graph 8: Child placement measures in Spain between 2004 and 2012

(rate per hundred thousand children)



	2004	2005	2006	2007	2008	2009	2010	2011	2012
Residential foster care	187.9	174.3	192.9	194.1	194.8	187.5	188.7	170.8	165.6
Administrative family foster care	208.9	188.1	176.9	191.9	194.0	180.4	184.8	180.3	170.0
Judicial family foster care	144.3	151.7	145.6	154.9	128.8	114.6	102.1	103.6	109.2

Source: National Childhood Observatory, Spain, 2013

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risk to a child and put in place appropriate support

Child protection principles are similar across Spain, but the regions have developed their own protocols and cooperation agreements when it comes to implementation. Catalonia builds on the Law 14/2010 on rights and opportunities for children and young people, according to which separation from the family environment does not effectively protect minors. This option is reserved as the last resort. Catalonia has a cooperation programme with local NGOs to evaluate the needs of children at risk. The concept and meaning of neglect has been carefully constructed in normative terms, and a software application has been developed with two-tier access – one for the public to log any possible suspicion of child neglect or abuse, and one for professionals to facilitate case management. There are also specific action protocols in case of neglect, emotional and sexual abuse, gender violence and abuse in schools.

In Galicia, situations of risk have been thoroughly defined and legally addressed with a distinction between risk and neglect. Risk situations are those where there is a threat to the child's personal, social or educational development. Neglect situations are those in which parents fail to provide adequate care. When public authorities detect cases of child risk or neglect they must take action to protect them first through family measures and, if they fail and only as a last resort, take the child into care.

In Andalusia, the government exercises guardianship when those with the minor's custody request it or when the judge so determines. When it comes to child abandonment, actions involve a number of stakeholders, including the regional government, the police, the public prosecutor and the courts.

Main reasons for children to be taken into care

In the three regions, neglect and risk situations are the most common reasons for children to be taken into care.



Main provisions guaranteeing that children are not placed in institutions

Across Spain, the two most common provisions to avoid institutionalisation are residential family-type care and family foster care, which may be an administrative measure or ruled by a court (see **Graph 8** for a comparison of child placement measures between 2004 and 2012). The regions have adopted similar approaches when it comes to implementation.

In 1997, the Institute for Foster Care and Adoption was created to promote fostering and adoption for children separated from their families in Catalonia. Professionals working for the institute carry out rigorous screening to find an adequate foster family. They also offer financial assistance for foster parents. Foster care may be short-term or long-term. In the case of long-term foster care, this is usually considered as pre-adoption. Foster care is professionalised and several family formats exist in a service that is provided by organisations monitored by public authorities. One form is foster care in the extended family. The Catalan government has allocated a specific budget to encourage this type of foster care and enable siblings to stay together.

Galicia has advanced norms that establish diagnosis and intervention protocols for supporting children in risk situations without removing them from their families. Multiple family programmes and resources exist for the application of the Law 3/2011³¹¹ and the Decree 406/2003³¹², including economic assistance for families, access to social services, legal counselling and educational actions. For example, the family support programme focuses on families where there is a risk of separation or the child has actually been separated from the family. Direct intervention services and programmes for minors in families include evaluation and therapeutic treatment, outpatient healthcare for adolescents, a mentoring programme for occupational training and employment, and leisure programmes.

The normative framework in Galicia emphasises family support and intervention within the family environment. In this context, policies have been developed to avoid putting children in institutions. As in Catalonia, placing children with the extended family is favoured and measures to improve the relationship of children with their family are often implemented in order to have children returning to their family as soon as possible. When placement with the extended family is not a viable option, professional foster families are the preferred option. In Galicia, foster families can access economic compensation programmes between EUR 240 and EUR 600 per month, depending on the age of the child. In the event that the child has a disability or special needs, families may request a higher level of assistance and their application will be reviewed case-by-case. Foster families are considered 'special consideration families' and thus given preferential treatment to access certain services, such as housing, education and transportation.

In Andalusia, in order to avoid institutionalisation, programmes have been developed for families with minors, foster families, pre-adoption and adoption. These measures are managed and implemented by community social service teams. Additionally, there has been a development of programmes for the professionalisation of foster care. In this region, there is the so-called 'space to facilitate family relationships', used when minors have been separated from their family. This is used to facilitate biological parents' visits and to encourage the relationship between looked after children and their biological families in order to accelerate their return to the family as soon as possible. Visits take place in a neutral and safe place and are monitored by a team of professionals in order to detect any situation that might threaten the emotional stability and development of the child.

Main provisions guaranteeing that children without parental care have access to services

Across the three regions, children and adolescents in care have priority to attend the school best suited to their personal circumstances. Care may also be provided in a public or private centre, which must be open, integrated in a neighbourhood or community, and always organised in units that enable personalised care and support in day-to-day matters. Siblings must be placed in the same centre unless this is not beneficial for them. Children and adolescents in these centres have the same rights and obligations as children placed in kinship care or with professional foster families.

Specific mechanisms to listen to and record the voice of the child within the child protection system

In Galicia, Law 3/2011 establishes the right of children to be heard in all foster and adoption processes, as in any other judicial proceeding. This type of participation is made possible by teams of practitioners working with minors. However, no details regarding implementation or further actions were outlined.

In Catalonia, the regional Ministry for Social Welfare and Family mentioned that it is foreseen in the future to conduct surveys amongst children in care as a participation tool for them to express their wishes and opinions. In 2014, this ministry published a study on the situation of young people leaving care, with testimonials of young people themselves³¹³.

In Andalusia, there is a legal provision recognising the right of children to be heard³¹⁴, but implementation is limited since the voice of minors is only heard when a judge or a public prosecutor decides so.

311 Ley 3/2011, de 30 de junio, de apoyo a la familia y a la convivencia de Galicia (Law 3/2011 of 30 June 2011 of the Autonomous Community of Galicia, on the support for the family and the cohabitation in Galicia), DOGC No. 134 of 13 July 2011.

312 Decreto 406/2003, de 29 de octubre, por el que se modifica el Decreto 42/2000, de 7 de enero, por el que se refunde la normativa reguladora vigente en materia de familia, infancia y adolescencia (Decree 406/2003 of 29 October 2003 of the Autonomous Community of Galicia, on families, childhood and adolescence), DOG No. 222 of 14 November 2003.

313 Regional Government of Catalonia (2014), Un estudi de la UdG recomana seguir invertint en l'autonomia i l'educació dels joves extutelats. Available at: http://premsa.gencat.cat/pres_fs/vp/AppJava/benestar-social-familia/notaprensawj/245430/ca/un-estudi-de-la-udg-recomana-seguir-invertint-en-l'autonomia-educacio-dels-joves-extutelats.do (last accessed on 25/01/2016).

314 Law 14/2010, 27 May 2010, of the Autonomous Community of Andalusia on children and adolescents' rights and opportunities. DOGC No. 5641 of 2 June 2010.

Sweden

The answers to the questionnaire, which represent the basis for this country profile, were provided by representatives from the National Board for Health and Social Welfare, with contributions from directors of children's services at FSS, the Association of Social Services Directors, and Family and Social Services at the Ministry of Health and Social Affairs.



315 SFS, 2010:800, Skollag
(Education Act).

316 Skolverket (2013), Skolverkets lägesbedömning 2013. Rapport 387 (EU label national baseline assessment in 2013. Report 387), pp. 6-9, Stockholm. Available at: http://www.skolverket.se/om-skolverket/publikationer/visa-enskild-publikation?_xurl_=http%3A%2F%2Fwww5.skolverket.se%2Fwtpub%2Fws%2Fskolbok%2Fwpubext%2Ftrycksak%2FRecord%3Fk%3D3014 (last accessed on 31/03/2016).

317 Skolverket (2013), Avgifter och maxtaxa (A maximum fees system). Available at: <http://www.skolverket.se/skolformer/forskola/avgifter-och-maxtaxa-1.196229> (last accessed on 25/01/2016).

318 Skolverket (2013c), Maxtaxa. Rapporter och utvärderingar (A maximum fees system. Reports and evaluations). Available at: http://www.skolverket.se/om-skolverket/publikationer/visa-enskild-publikation?_xurl_=http%3A%2F%2Fwww5.skolverket.se%2Fwtpub%2Fws%2Fskolbok%2Fwpubext%2Ftrycksak%2Fblob%2Fpdf3065.pdf%3Fk%3D3065 (last accessed on 28/01/2016).

319 SFS, 1982:763, Hälso- och sjukvårdslag (The Health Care Act).

320 SFS, 2001:453, Socialtjänstlag (The Social Services Act).

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

Preschool for children aged 1 to 6 is part of the Swedish education system. The preschool system is regulated by the Education Act³¹⁵, which regulates children groups' composition and size, professionals' qualifications, and considerations on premises and equipment. Preschool is a separate form of school, where teaching takes place under the supervision of preschool teachers, but there may also be other staff responsible for promoting the child's development and learning.

According to the Education Act, the municipalities are responsible for providing preschool services for children from the age of one, when parents are working or studying, but also for children of unemployed parents and children without parental care. Children of parents who are unemployed, or those without parental care, shall be offered a place for at least three hours a day or 15 hours a week. However, many municipalities provide additional hours. In addition, municipalities shall provide at least 525 hours per year free of charge for all children from the age of 3 and for children in need of special support.

There are both public and private preschool services. Public preschool services are run by the municipalities. Independent or private preschool services can be run, for instance, by parent or staff co-operatives, a foundation or a private company. It is the responsibility of the municipalities to ensure that there are enough preschool services and that children are offered a place.

Attending preschool services is optional. Nonetheless, 84% of all children aged 1 to 5 (and 95% of all children aged 4 to 5) were enrolled in preschool in 2012. Participation has been increasing year by year in the last decade³¹⁶.

Besides preschool services, there are other forms of care for young children, such as child healthcare, which is part of the general healthcare system.

Funding and financial incentives

The Education Act states that preschool fees should be reasonable, and it is the municipality or the private service provider who is responsible for deciding the costs of the preschool service that they provide. As mentioned above, every child is entitled to 525 hours of preschool free of charge per year from the age of three.

All municipalities are currently applying a system of maximum fees. This means that there is a cap on the maximum amount that a family pays for preschool services. Municipalities are entitled to a government subsidy to compensate them for a potential loss of income associated with this system and to secure quality in service provision. All municipalities are currently part of the system³¹⁷. In some municipalities, there are specific schemes for families with low income, but this has not been studied in detail.

Variability of provision

There is no national data on differences in ECEC provision across municipalities and therefore it is difficult to draw any conclusions. However, all 290 municipalities provide preschool services and the share of children enrolled in them is similar across the municipalities. Studies have pinpointed the importance of the system of maximum fees in this case³¹⁸.

Inter-services and parental cooperation

Cooperation between preschool services with child healthcare and child social care is stipulated in several laws such as the Education Act, the Health Care Act³¹⁹ and the Social Services Act³²⁰. However, the way these services cooperate with each other varies significantly. In many regions and municipalities, cooperation is regulated through legal agreements between the different sectors involved. In others, cooperation is based on informal daily work between professionals from the different sectors.

A strategy for cooperation at all levels has been drawn up by national authorities, but according to the National Board for Health and Social Welfare it is still a challenge to have this implemented and make it work in such a decentralised system like the Swedish, with many local authorities and independent preschools and schools. A difficulty for preschool services is that they do not have direct access to healthcare services within their own facilities – unlike in schools, where access to healthcare services is mandatory. This is a crucial issue for children with, or at risk of, mental illness, disabilities or violence. According to the Social Services Act³²¹, professionals in preschool services are, as all professionals in healthcare, schools or other parts of society, obliged to report to social services when they know or suspect that a child is maltreated or at risk of maltreatment at home.

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

There is a strong focus on inclusion in the law and curriculum for Swedish schools, with measures based on the individual assessment of the child rather than on group-level measures. The Education Act requires that schools identify pupils with difficulties, who shall get special support so that they can learn and develop at their own pace.

In practice, there are many questions about inclusion. It seems as if many schools do not work systematically to identify children in need of support. In a report from May 2013³²², the Swedish National Agency for Education notes increasing differences in the results of children in compulsory school, and a strong connection between school results and socioeconomic factors. The Agency stresses the need for a strategic allocation of local resources to schools based on socioeconomic and other relevant factors to guarantee inclusiveness in the education system³²³. The Swedish Schools Inspectorate has also criticised the municipalities for not counterbalancing the pupils' different capacities³²⁴. As a follow-up to these criticisms, the Swedish Government announced in the summer of 2013 that it would regulate the municipalities' resource allocation to enhance inclusiveness in the education system.

Fostering the inclusion of children with disabilities

Ordinary schools provide education adapted to the special needs and capabilities of children with disabilities in accordance with the provisions set out in the Education Act. There are also primary and secondary schools for students with learning disabilities, and special schools for children that are deaf or blind, have visual or other functional impairments, or have severe speech disorders.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

There are no provisions to foster the inclusion of migrant and ethnic minority children at national level. The Swedish National Agency for Education has been working on a project to support pupils who have just arrived in the country. The idea is to improve local planning, have a systematic assessment of pupils' needs and enhance competences of teachers and headmasters to support these pupils, particularly their capability to learn Swedish and integrate in the school³²⁵.

The Swedish government does not provide specific financial provisions to help children from disadvantaged socio-economic backgrounds to complete compulsory education. On the other hand, there are no fees in compulsory education in Sweden³²⁶.

Desegregation policies

There is no national legal framework accounting for desegregation policies, except for the general provisions in the Education Act. The municipalities may have their own policies, and many of them approach this issue in different ways. Both at national and local levels, this issue raises questions that are much debated.

One of the most important national reforms in the education system from the 1990s and onwards has been the increased freedom to choose school. This has created a new situation, with the appearance of many independent schools implementing different forms of teaching and learning, especially in the most populated areas. This reform gave children in the bigger cities the opportunity to choose a school in another part of the city, perhaps in a neighbourhood with fewer social problems. As a consequence, in 2012 almost 13% of pupils in compulsory school (aged 7 to 16) were enrolled in almost 800 independent schools. The share of pupils in independent upper secondary schools (aged 16 to 19) was 26%³²⁷.



321 SFS, 2001:453, Socialtjänstlag (The Social Services Act).

322 Skolverket (2013), Skolverkets lägesbedömning 2013. Rapport 387 (EU label national baseline assessment in 2013. Report 387), pp. 6-9, Stockholm. Available at: http://www.skolverket.se/om-skolverket/publikationer/visa-enskild-publikation?_xurl_=http%3A%2F%2Fwww5.skolverket.se%2Fwtpub%2Fws%2Fskolbok%2Fwtpubext%2Ftrycksak%2FRecord%3Fk%3D3014 (last accessed on 31/03/2016).

323 Ibid.

324 Skolinspektionen (2013), Skolans kvalitetsarbete ger möjlighet till förändring. Skolinspektionens erfarenheter och resultat från tillsyn och kvalitetsgranskning 2012 (The School Inspectorate's experience and results from monitoring and quality review 2012). Stockholm.

325 Skolverket (2013), Nyanländas lärande (Newly arrived immigrants' learning). Available at: <http://www.skolverket.se/skolutveckling/larande/nyanlandas-larande> (last accessed on 25/01/2016).

326 SFS, 2010:800, Skollag (The Education Act).

327 Skolverket, (2013), Skolverkets lägesbedömning 2013. Rapport 387 (EU label national baseline assessment in 2013. Report 387). Stockholm, and Skolverket (2013), Statistik. Snabbfakta (Statistics. Quick facts). Available at: <http://www.skolverket.se/statistik-och-utvardering/statistik-i-tabeller/snabbfakta-1.120821> (last accessed on 25/01/2016).



It has been reported that the increased freedom to choose school has impacted negatively on inclusion in the education system. A study from the Swedish National Agency for Education³²⁸ concludes that pupils from families without, or with low qualifications and immigrant families are at a disadvantage when it comes to making use of freedom of choice. However, there is no consensus about the overall tendency. Some researchers argue that freedom to choose school is an effective strategy to cope with inclusion problems, while others argue that far-reaching freedom of choice, together with the so called 'education market system', underlines segregation and makes it more difficult for schools in vulnerable neighbourhoods to obtain adequate resources to deal with the needs of their pupils. In the study, the National Agency for Education describes freedom of choice as a "genuine dilemma".

Fighting early school leaving

School drop-out and early school leaving have been of great national concern³²⁹. Both in compulsory school and upper secondary school there have been many pupils leaving school without a degree, and also a number of pupils who do not attend school at all. A governmental committee is now dealing with drop-out in upper secondary school, while early school leaving in compulsory school requires cooperation between schools, social services and families. There are some interesting local projects, but no single national strategy, programme or guideline except what is stated in the Education Act.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

Public authorities work with children in vulnerable situations, and their parents through mainstream health services including Mother Healthcare, Child Healthcare and School Healthcare. Specialised care, such as psychiatric support, is provided by independent providers like child and youth psychiatry and is not regulated specifically by the Health Service Act³³⁰. However, the Health Service Act specifies that healthcare shall acknowledge the need for information, advice and support for children whose parents are treated for psychiatric diseases, substance abuse or long-term illnesses, or for children who have experienced the unexpected death of a parent.

There are very few national programmes in the Swedish healthcare system, which has a high degree of decentralisation, between the 21 regions and counties responsible for daily management and implementation. The national government is responsible for policy development, finance provision and coordination of implementation at regional and local levels.

Specific provisions for children with disabilities and/or mental health problems

In Sweden, there are various laws, national programmes and projects aiming for an inclusive society for everyone with a disability, including children and young people. The National Board of Health and Social Welfare is responsible for following up and reporting to the government on how the national objectives of the disability policy are fulfilled by healthcare and social services.

Mental health has been a strong focus in national politics since 2007. The Government has been working on several, coordinated developmental projects to improve knowledge about effective prevention and care and enhanced coordination at all levels³³¹. Some of these actions have been implemented through the National Board of Health and Social Welfare and others through the Swedish Association for Local Authorities and Regions (SALAR). A special developmental programme has focused on school healthcare through the provision of financial support to the municipalities to employ more staff, such as doctors, nurses, psychologists and counsellors³³².

Specific provisions for pregnant teenagers

There is no specific programme or project at national level for pregnant teenagers. The National Board of Health and Social Welfare is working on a national strategy for sexual and reproductive health and rights, but this is not expected to be a programme with actions targeted to this group in the short run. To provide better access to information about prevention and support from healthcare and social services, the Government has supported a nationwide Internet-based service³³³ for young people.

Specific provisions for undocumented minors

The Government decided that from 1 July 2013 undocumented migrant children should have equal access to healthcare, including dental care and medication, as any other child³³⁴. There are special programmes for the reception and care of unaccompanied migrant children, who may also be undocumented. However, this is much debated in Sweden, particularly with the current refugee crisis. Until the end of October 2015, 23,349 unaccompanied minors had applied for asylum in Sweden (please see **Table 8**). These children are looked after by local public social services, but with such high numbers, it is extremely difficult to find accommodation, placements and foster homes.

328 Skolverket, (2013), Skolverkets lägesbedömning 2013. Rapport 387 (EU label national baseline assessment in 2013. Report 387), p. 7., Stockholm. Available at: http://www.skolverket.se/om-skolverket/publikationer/visa-enskild-publikation?_xurl_=http%3A%2F%2Fwww5.skolverket.se%2Fwtpub%2Fws%2Fskolbok%2Fwpubext%2Ftrycksak%2FRecord%3Fk%3D3014 (last accessed on 31/03/2016).

329 SOU 2010:95. Se, tolka och agera – om rätten till en likvärdig utbildning. Slutbetänkande av Utredningen om utsatta barn i skolan (See, interpret and act on the right to equal education. Final report on the investigation about vulnerable children in school). Stockholm: Regeringskansliet.

330 SFS 1982:763, Hälso- och sjukvårdslag (The Health Care Act).

331 Socialdepartementet (2012), PRIO psykisk ohälsa – plan för riktade insatser inom området psykisk ohälsa 2012-2016 (PRIO mental health plan for targeted actions in the field of mental illnesses 2012-2016). Stockholm: Regeringskansliet. Available at: <http://www.regeringen.se/contentassets/214bb76a9b0a4b50a9d6d73534a0f7a4/prio-psykisk-ohalsa--plan-for-riktade-insatser-inom-området-psykisk-ohalsa-2012-2016-s-2012.006> (last accessed on 29/04/2016)."

332 Skolverket (2013), Insatser för en förstärkt elevhälsa (Efforts for the strengthening of student healthcare services). Available at: http://www.skolverket.se/om-skolverket/publikationer/visa-enskild-publikation?_xurl_=http%3A%2F%2Fwww5.skolverket.se%2Fwtpub%2Fws%2Fskolbok%2Fwpubext%2Ftrycksak%2FRecord%3Fk%3D3021 (last accessed on 25/01/2016).

333 UMO. Available at: www.umo.se (last accessed on 25/01/2016).

334 SFS 2013:407. Lag om hälso- och sjukvård till vissa utlänningar som vistas i Sverige utan – nödvändiga tillstånd (Law on healthcare for foreigners residing in Sweden without the necessary permits).

Table 8: Applications for asylum received in Sweden in January–October 2015

Month of the year	Total number of applicants	Number of children	Number of unaccompanied minors *
January	4,896	1,488	548
February	4,040	1,333	465
March	4,117	1,296	446
April	3,917	1,165	448
May	5,375	1,967	1,148
June	6,620	2,567	1,439
July	8,065	3,217	1,887
August	11,746	5,135	2,956
September	24,307	9,741	4,703
October	39,181	17,494	9,309
Total	112,264	45,403	23,349

* An unaccompanied minor is a person under the age of 18 who has come to Sweden without his or her parents or other legal custodial parent.

Source: National Statistics Office, Sweden, 2015

Specific provisions for children from families with a history of substance abuse

The National Board of Health and Social Welfare is currently coordinating a national developmental project for children from families with a history of substance abuse. The project includes scientific studies, implementation activities and support for practitioners working at regional and local social services³³⁵. The government has also developed a national action plan on alcohol, drugs and tobacco, with projects for affected children and families³³⁶.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

General access to housing of good quality, rather than social housing, has been at the heart of the Swedish welfare policy for decades. The Social Services Act states that the municipalities shall create a good social environment and good conditions for children and also have the responsibility for providing housing. Municipalities must also take into account if a family in need of social assistance has children and, if so, the children's special needs.

The Social Insurance Agency is responsible for providing housing allowances for eligible low-income families with children. The amount depends on the household income, the housing costs, the size of the home and the number of children in the household³³⁷. This is an important benefit within family policy, which functions as a means to redistribute wealth to families with lower incomes. In 2012, the budgetary allocation for this allowance increased by 34%³³⁸.

Supporting families with children at risk of eviction

The national government does not have a responsibility for policies on preventing evictions, as this is the competence of local authorities. However, the government has done some follow-up on the work carried out by the municipalities, with the participation of the National Board of Health and Social Welfare. The results of this work show that many municipalities still lack local strategies to prevent eviction of families with children³³⁹. As a follow-up, the Government appointed in 2013 a national coordinator on homelessness with a special assignment to prevent evictions of families with children³⁴⁰.

5. Enhancing family support and the quality of alternative care settings

Protocols to assess the risks to a child and put in place appropriate support

The Social Services Act states that municipalities shall assess the needs of children and young people who are maltreated or at risk of maltreatment or have psychosocial problems; for instance, severe behavioural problems, alcohol or drugs abuse, or crime. The assessment shall analyse all relevant aspects of a child's needs and living conditions and for this purpose, social services must interact with the family, healthcare and education and other public authorities as necessary. Poverty can be a circumstance, which would require special support for the child and their family.



335 Socialstyrelsen (2013), Stöd till barn som anhöriga (Support for dependent children). Available at: <http://www.socialstyrelsen.se/stodtillanhoriga/stod-till-barn-som-ar-anhoriga> (last accessed on 25/01/2016).

336 Prop. 2010/11:47, En samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken (A comprehensive strategy for alcohol, drugs and tobacco policy).

337 Försäkringskassan (2013), Bostadsbidrag till barnfamiljer (Housing allowance for families with children). Available at: https://www.forsakringskassan.se/wps/portal/privatpers/foralder/bostadsbidrag_barnfamiljer (last accessed on 25/01/2016).

338 Regeringen (2011), Regeringens nyhetsbrev: Barn och unga i fokus 21 oktober 2011 (Government newsletter: children and young people in focus, 21 October 2011). Available at: <http://www.pressen.se/1645776.html> (last accessed on 28/01/2016).

339 Socialstyrelsen (2011), Hemlöshet och utestängning från bostadsmarknaden 2011 – omfattning och karaktär (Homelessness and housing exclusion 2011 – scope and characteristics). Stockholm: Socialstyrelsen. Available at: <http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/18523/2011-12-8.pdf> (last accessed on 25/01/2016).

340 Socialdepartementet (2013), Regeringen stödjer kommuner att motverka hemlöshet (The government supports municipalities to combat homelessness). Available at: <http://www.regeringen.se/contentassets/271b010309f240468225d78386f3c8a8/uppdrag-att-stodja-kommunerna-i-planeringen-av-arbetet-med-att-motverka-hemloshet> (last accessed on 28/01/2016).



The National Board of Health and Social Welfare has developed a methodology called Children's Needs in Focus (*Barns behov i centrum (BBIC)*) to be used by social services for children and young people aged 0 to 20 and their families for assessment, planning support and follow-up. Almost all Swedish municipalities use BBIC³⁴¹. In fact, 284 municipalities out of 290 have a licence, which is needed to be able to use it³⁴². In 2014-2015, the National Board reviewed and improved BBIC. The revised version of BBIC enables municipalities to start discussing how the system can be used for systematic follow-up at group level. In the long term, it will simplify the process of sharing information and paperwork for social service administrators.

All professionals in healthcare, schools and other sectors in society are obliged to report to social services when they know or suspect that a child is maltreated or at risk of abuse or harm; for instance, in cases of violence, neglect and sexual abuse and young people who have developed psychosocial problems of their own that may prompt them to self-harm or to harm others³⁴³.

Main reasons for children to be taken into care

The main reasons for taking children into care are related to the child not receiving the required care and protection from his/her family or the child being at risk of harm due to his or her own behaviour, such as criminal behaviour or drug abuse. Both reasons can of course occur at the same time.

Recently, unaccompanied children seeking asylum have become an increasing group requiring care from the state due to their lack of parental care when they arrive in the country. In 2014, 7,049 unaccompanied asylum-seeking children came to Sweden and by the end of October 2015, 23,349 unaccompanied minors had applied for asylum in Sweden. Unaccompanied migrant children are often placed in special residential care facilities when they arrive in Sweden or with relatives if they have any³⁴⁴. Young unaccompanied asylum-seeking children without any relatives in Sweden are placed in foster homes.

Children with disabilities may only be taken into care in cases where parents cannot provide the child with the special care that he/she requires. However, there are no institutions for children with disabilities in Sweden, as social services for them were deinstitutionalised at the end of the 20th century.

Main provisions guaranteeing that children are not placed in institutions

This is regulated by the Social Services Act and the Care for Young People (Special Provisions) Act³⁴⁵, regarding foster care (also called 'family homes' in Sweden) and homes for care or residence ('institutions').

There is no permanency planning in the Swedish system, which means that children stay in care for as long as this is deemed the best alternative; biological parents keep legal custody of their children while they are placed in care. The law explicitly emphasises the importance of maintaining contact between the child in care and the biological parents and relatives. This approach in child welfare gives predominance to a family-oriented perspective, whilst out-of-home placements are supposed to serve as a temporary solution, and the purpose of a placement is reunification with the birth family.

Foster care, as opposed to residential care, has been seen as the preferred alternative for children placements in care. Over the last decades, about 75% of all children and young people in out-of-home care have been placed in foster families. Swedish authorities have explicitly announced that residential care should only be used for emergency placements, or for children and young people with severe problems³⁴⁶. This notion of the advantage of a family context is also prevalent in residential care, which is provided in small-scale, family-like residential homes.

A rather new feature in Swedish foster care is the occurrence of private agencies, which provide specialist and strengthened foster care. The services of these private agencies are mostly used when social services need to place children who are especially demanding and/or in need of specialist foster care. These placements are generally more costly than placements made in foster homes managed by social services in the municipalities. Private agencies usually sign special contracts with skilled foster carers, who are considered to be competent carers for children with special needs. Agencies provide supervision, counselling and training to foster carers, but public social services are still responsible for all legal procedures for each placement. In many cases, services provided by such private agencies are considered to be a preferable alternative to institutional care in very demanding cases.

341 Socialstyrelsen (2013), BBIC, Barns behov i centrum (BBIC, children's needs). Available at: <http://www.socialstyrelsen.se/barnochfamilj/bbic> (last accessed on 25/01/2016).

342 Ibid.

343 SFS 2001:453, Socialtjänstlag (The Social Services Act).

344 Socialstyrelsen (2013), Barns och ungas hälsa, vård och omsorg 2013 (Children and young people's health, healthcare and long-term care in 2013). Stockholm: Socialstyrelsen.

345 SFS 1990:5, Lag med särskilda bestämmelser om vård av unga (Act on Support and Services for Persons with Functional Impairments).

346 Hill, M., Höjer, I. and Johansson, H. (2008), YIPPEE Project. Available at: <http://tcrui.ie.ac.uk/yippee/Portals/1/Sweden%20summary.pdf> (last accessed on 25/01/2016).

Main provisions guaranteeing that children without parental care have access to services

In order to ensure that children without parental care have access to services, there have been various coordinated actions at national level in the past years. Some new regulations have been introduced in the Social Services Act regarding the municipalities' responsibility for children in care, and the National Board of Health and Social Welfare has published, together with the National Agency for Education, guiding materials for social services, healthcare and schools. The material is now implemented through the Swedish Association for Local Authorities and Regions (SALAR). The municipalities shall, according to the Social Services Act, try to prevent the risk of child maltreatment, and support families and children in different ways. For instance, in recent years, the Government has supported the implementation of parental support in municipalities and regions. It has also introduced new regulations and reforms regarding social workers' competences, the child's contact with a single social worker, the municipalities' responsibility to ensure good-quality education and access to healthcare for children in need of protection and care, and more regular supervision of family-type care homes³⁴⁷.

A new method to enhance education outcomes and pathways for children in care called Skolfam has been developed, and research about its effects is currently underway³⁴⁸. Skolfam can be described as a structured system of assessment, monitoring and follow-up based on standardised instruments. Initial results indicate that the method has so far enhanced the possibilities for children in care to finish school with grades good enough to be able to access further studies.

Nonetheless, other studies from the Board of Health and Social Welfare show that there are severe problems for children in family homes and residential facilities when it comes to their health and vulnerability³⁴⁹.

Specific mechanisms to listen to and record the voice of the child within the child protection system

The Social Services Act states that the municipalities shall consider the child's best interest in all decisions affecting them. The method and structure for assessment and follow-up provided by the National Board of Health and Social Welfare, called BBIC, supports this work with guiding materials and checklists.

The Health and Social Care Inspectorate supervises the premises where children are placed and offers to talk to children in homes. There is also a special telephone line, an e-mail address and chat for all children who want to contact the Inspectorate to raise issues about the care they receive. The Ombudsman for Children is in contact with different groups of children, such as children in care, children and young people in the juvenile system, unaccompanied migrant children and children bullied in school³⁵⁰. The National Board of Health and Social Welfare and the Ombudsman for Children were assigned by the government with the implementation of a study where children in care were to explain their experiences. The study was due to be finished by December 2015.



347 Prop. 2012/13:10, Stärkt stöd och skydd för barn och unga (Strengthened support and protection for children and young people).

348 Socialstyrelsen (2013), Barn och unga som är placerade i familjehem och HVB (Children and young people placed in family homes and care homes or residence). Available at: <http://www.socialstyrelsen.se/barnochfamilj/placeradebarnochunga> (last accessed on 25/01/2016).

349 Socialstyrelsen (2013), Öppna jämförelser och utvärdering – Vård och omsorg om placerade barn – Rekommendationer till kommuner och landsting om hälsa och utsatthet (Open comparisons and assessment – Health and social care for children placed in institutions – Recommendations to municipalities and county councils in the areas of health and vulnerability). Stockholm: Socialstyrelsen. Available at: <http://www.socialstyrelsen.se/publikationer2013/2013-3-7> (last accessed on 25/01/2016).

350 Barnombudsmannen (2011), Bakom fasaden. Barn och ungdomar i den sociala barnvården berättar (Behind the facade. Children and young people in the social childcare system). Available at: <http://www.barnombudsmannen.se/globalassets/systemimporter/publikationer2/arsrapport-bakom-fasaden-2011.pdf> (last accessed on 25/01/2016).

Country profiles

United Kingdom

The answers to the questionnaire, which represent the basis for this country profile, were provided by the Department for Children and Families at the Scottish Government, with contributions from Glasgow's Child Protection Committee at Glasgow City Council, Children First and the Care Inspectorate. A commentary and review were provided by Susan Elsley, independent policy analyst and researcher.



Introduction

In the UK, the Scottish, Welsh and Northern Ireland governments have devolved powers for some, but not all, areas that can affect children's wellbeing. For example, responsibility for welfare and benefits assessment and payment remains managed by the UK Government, while policies related to education, health and social care for children and families are decentralised.

Relevant themes for children's services refer to decentralised policies, which may diverge in Scotland, Wales and Northern Ireland. Nonetheless, local authorities across the four UK countries have traditionally had the principal public sector role in the provision of early years childcare. There are also specific provisions for children with disabilities and children at risk, and local authorities have a duty to undertake a review of children's needs and provide services as required.

This country profile focuses on Scotland, drawing on policy in England in several areas to provide a comparison with elsewhere in the UK. 'National' is used in this profile, as it is by the decentralised administrations, to denote national (e.g. Scottish) approaches. Where an area of policy applies across the UK, this is identified. The UK Government has responsibility for all areas that affect children's wellbeing in England.

1. Reducing inequality at a young age by investing in early childhood education and care (ECEC)

Legal/policy framework accounting for ECEC's delivery

There is part-time free early education provision for children aged three and four. This is being extended for two-year olds since September 2014³⁵¹. But much childcare is very costly³⁵², and though supply has improved, families can find formal childcare unaffordable³⁵³. The UK government sees over-regulation as leading to high costs³⁵⁴, whilst others see demand-led funding as a key issue³⁵⁵.

The UK government set up a commission in 2012 and a number of proposals have been made. More Great Childcare (2013) made proposals to improve quality, reform regulation, enhance workforce status and qualifications and make childcare more affordable. There was consultation on relaxing staff:child ratios to reduce costs, in part using a trade-off with qualifications, but after opposition this was withdrawn. More Affordable Childcare (2013) suggested downgrading local authority 'gatekeeping' that currently places quality conditions on funding, so that early years institutions labelled Good and Outstanding by the inspectorate would automatically get funding for children aged 2 to 4.

Care to Learn, giving childcare help to parents under 20 and studying (the vast majority of whom are women), has been continued. However, the comprehensive services provided by Sure Start Children's Centres are under serious threat as local authority budgets have seen significant cuts and the dedicated Sure Start grant has been removed.³⁵⁶ A MPs' group recommended shifting 2-3% of spending to early childcare each year³⁵⁷. As we shall see, the decentralised administrations pursue different policies.

Funding and variability of provision³⁵⁸

There is increasing commitment to early education and childcare across the UK. Although England, Scotland, Wales and Northern Ireland have developed a range of early education and childcare policies for children aged 3 and 4, and increasingly for children aged 2, the policies differ across the four nations in their approach to implementation and funding.

In Scotland, local authorities have the principal public sector role in the provision of early-years childcare. The Children and Young People (Scotland) Act 2014 (CYPA) increased the financial support for the provision of early childcare from 475 hours to 600 hours per annum for children aged 3 and 4, as well as for 15% of children aged 2, from August 2014³⁵⁹. The 2-year-olds' group includes children who are looked after, in kinship care, have a parent-appointed guardian, or are from workless households. This expanded to 27% of children aged 2 from August 2015. The CYPA also cemented a shift to emphasising the combination of care and education in the concept of 'early learning and childcare'.

351 UK Government, Help paying for childcare. Available at: <https://www.gov.uk/free-early-education> (last accessed on 25/01/2016).

352 Barnardo's (2013), Paying to work: childcare and child poverty. Available at: http://www.barnardos.org.uk/ptw_childcare_and_child_poverty.pdf (last accessed on 25/01/2016).

353 Hall and Perry (2013), Family matters. Understanding families in an Age of Austerity. Available at: https://www.ipsos-mori.com/DownloadPublication/1554_sri-family-matters-2013.pdf (last accessed on 25/01/2016).

354 Department for Education (2013a), More great childcare: raising quality and giving parents more choice. Available at: <https://www.gov.uk/government/publications/more-great-childcare-raising-quality-and-giving-parents-more-choice> (last accessed on 25/01/2016).

355 Cooke and Henehan (2012), Double Dutch. The case against deregulation and demand-led funding in childcare. Available at: http://www.ippr.org/files/images/media/files/publication/2012/10/double-dutch-childcare_Oct2012_9763.pdf?noredirect=1 (last accessed on 25/01/2016).

356 Tanner, E., Agur, M., Hussey, D. and Hall, J. (2012), Evaluation of Children's Centres in England (ECCE) Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas. Research Report RR230, Department for Education. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184027/DFE-RR230.pdf (last accessed on 25/01/2016).

357 All Party Parliamentary Sure Start Group (2013), Best Practice for a Sure Start: The Way Forward for Children's Centres. Available at: <http://www.4children.org.uk/Files/cffc42fe-49eb-43e2-b330-a1fd00b8077b/Best-Practice-for-a-Sure-Start.pdf> (last accessed on 25/01/2016).

358 This section merges the two sub-chapters 'Funding and financial incentives' and 'Variability of provision'.

359 Scottish Government (2014c), the Children and Young People (Scotland) Act 2014. Available at: <http://www.legislation.gov.uk/asp/2014/8/contents/enacted> (last accessed on 25/01/2016).



360 UK Government, Help paying for childcare. Available at: <https://www.gov.uk/free-early-education> (last accessed on 25/01/2016).

361 Scottish Government (2012b), National Parenting Strategy. Making a positive difference to children and young people through parenting. Available at: <http://www.gov.scot/resource/0040/00403769.pdf> (last accessed on 25/01/2016).

362 See section (page 120) on 'Enhancing family support and the quality of alternative care settings'.

363 Equality and Human Rights Commission, Protected characteristics. Available at: <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all-protected-characteristics> (last accessed on 25/01/2016).

364 Scottish Government, Additional Support for Learning. Available at: <http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL> (last accessed on 25/01/2016).

365 Scottish Government (2013a), the Summary Statistics for Schools in Scotland, No.4: 2013 Edition. Available at: <http://www.scotland.gov.uk/Publications/2013/12/4199> (last accessed on 25/01/2016).

366 UK Government (2014), Children and Families Act 2014. Available at: <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted> (last accessed on 25/01/2016).

367 Department for Education (2013b), Special Educational Needs in England: January 2014, Statistical First Release. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362704/SFR26-2014_SEN_06102014.pdf (last accessed on 25/01/2016).

In England, all children aged 3 and 4 are entitled to 570 hours per annum of free early year education or childcare³⁶⁰. This entitlement is also available to children aged 2 who meet specific criteria; for instance, their parents are in receipt of certain welfare benefits such as income support or job seeker's allowance, or the child is looked after by a local authority, has special educational needs or a disability.

Inter-services and parental cooperation

The Scottish Government has developed a national approach to supporting families in the early years through inter-service collaboration. The Early Years Collaborative initiative is a coalition of Scottish Community Planning Partnerships (CPPs) – the consortia of key public sector bodies, including education, social services, health services and the police, responsible for planning within each local authority area in Scotland – who are committed to ensuring that every baby, child, parent and family has access to the best support available. The objectives of the Collaborative initiative are to reduce inequalities for vulnerable children, deliver tangible improvement and shift towards early intervention and prevention.

Teams from across all the 32 local authority CPPs in Scotland have embarked on improvement interventions to address issues, such as early support for pregnancy and beyond, attachment and child development, continuity of care in transitions, a 27-30 month review by health visitors for all children, developing parenting skills, and addressing child poverty.

Specific aims have been set up with measurable goals:

- to ensure that women experience positive pregnancies, which result in the birth of more healthy babies;
- 85% of all children within each CPP reach all developmental milestones at the 27-30 month review;
- 90% of all children within each CPP reach all developmental milestones as they enter primary school.

The Scottish Government's approach to supporting parents is underpinned by the National Parenting Strategy, which outlines the government's support for organisations working with families through, for example, targeted funding for prevention and early intervention³⁶¹. The main approach to supporting parents and families is through the Getting it right for every child (GIRFEC) framework³⁶².

2. Improving education systems' impact on equal opportunities

The inclusiveness of the education system

The provisions of the UK Equality Act 2010 apply to all UK schools and prevent direct and indirect discrimination due to protected characteristics, such as age, disability, sex and religious belief³⁶³.

Decentralised administrations also have their own legislation. The Education (Scotland) Act 2004 states that school education should be progressive and appropriate to the age, ability and aptitude of children and young people. Education should be adapted and directed to the development of the personality, talents and mental and physical abilities of the child or young person.

Fostering the inclusion of children with disabilities

In Scotland, the education system is designed to support the learning needs of all children. Primary, secondary and special schools are part of the system, and in some areas, primary, secondary and special schools are co-located in one campus. There are also schools where primary and special schools' facilities are part of the same school. The framework for Additional Support for Learning comes from the Education (Additional Support for Learning) (Scotland) Act 2004 and 2009, and is supported by a statutory code of practice³⁶⁴. In 2013 there were 673,530 pupils in Scotland's local authority primary, secondary and special schools and grant-aided schools. Of those, 131,621 were identified as having an additional support need, which is around 19.5% of all pupils; 99% of all pupils and 94.7% of pupils with additional support needs learn in mainstream schools in Scotland³⁶⁵.

In England, the term 'special educational needs' (SEN) is used to describe children who may need an education, health and care assessment and plan, and may access SEN support in school. The Children and Families Act 2014³⁶⁶ states that education, health and social care services need to be integrated for children and young people with special educational needs up to the age of 25. The presumption is that children attend mainstream school although there is also provision in special schools with 44.4% of children with statements of special educational needs attending state-funded special schools³⁶⁷.

Fostering the inclusion of migrant children, ethnic minority children and children from disadvantaged backgrounds

In England, there is a benefit called the 'pupil premium' for publicly funded schools to raise the attainment of disadvantaged pupils and close the gap between them and their peers. Pupil premium funding is available to local authority maintained schools, including special schools; voluntary-sector alternative provision (AP), with the agreement of the local authority; special schools not maintained by the local authority (Non-Maintained Special Schools (NMSS)); and academies and free schools³⁶⁸.

In England, children from families who receive other qualifying benefits and who have been through the relevant registration process are entitled to free school meals. A similar benefit exists in Scotland.

When they arrive in the UK, migrant children for whom English is not their first language receive English as an Additional Language (EAL) support.

Desegregation policies

In the Scottish education system, each school has a catchment area and all children who live within the catchment area of their local school are expected to attend it, unless there are specific reasons why they cannot (for example, complex additional support needs or religious reasons³⁶⁹).

By comparison, the English education system has greater diversity of state school models including: community schools; foundation schools; faith schools; academies; grammar schools; free schools; and city technology colleges³⁷⁰. These different models have a range of governance and management arrangements, with some controlled by local authorities and others run by individual governing bodies. Most state schools, but not all, follow the national curriculum for education in England and all schools have their own admission criteria to decide which children get places.

Fighting early school leaving

There is a point in principle that pupils should complete compulsory education and arrangements are in place to support this across the UK.

The Scottish Government has developed guidance to promote attendance and reduce absence in schools. 'Included, Engaged and Involved Part 1'³⁷¹ sets out the arrangements for this, and applies to any pupil who is not attending regularly. In Scotland's schools in 2013, the rate of attendance was at 93.7%³⁷². These provisions are coupled with the revised approach to the Curriculum for Excellence, which aims to provide a coherent, more flexible and enriched curriculum for children and young people aged 3 to 18. The curriculum aims to ensure that all children and young people in Scotland develop the attributes, knowledge and skills they will need to flourish in life, learning and work. This is encapsulated in the four curriculum capacities – to enable each child or young person to be a successful learner, a confident individual, a responsible citizen and an effective contributor. The curriculum is flexible and it should be personalised to meet the learning needs of each pupil.

There are financial incentives for young people aged 16 to 19, like the Educational Maintenance Allowance (EMA), introduced in Scotland in 2004 so that young people from low-income families stay in education.

There are differences in approach in England. Pupils who leave school at the age of 16 are required to stay in full-time education at a college, start an apprenticeship or a traineeship or volunteer for 20 hours or more a week while in part-time education or training³⁷³. Young people can apply for a 16 to 19 Bursary Fund to help with educational costs instead of the EMA, which is only available in Scotland, Wales and Northern Ireland.

3. Improving health systems' responsiveness to address the needs of disadvantaged children

Addressing the obstacles of children in vulnerable situations

In Scotland, there are specific health provisions to respond to the needs of vulnerable and disadvantaged children, all underpinned by the Children (Scotland) Act 1995. This provides protection for, amongst others, children with disabilities, children and young people with mental health problems and for undocumented migrant (or trafficked) children.

In England, the Children Act 1989, the Children Act 2004 and the recent Children and Families Act 2014 are the legislative provisions, which underpin support for vulnerable children, focusing on care and protection and the needs of children with special educational needs or disabilities. In addition, the Health and Social Care Act 2012³⁷⁴ places a duty on government, national and local health bodies, as well as local authorities in England, to reduce health inequalities.



368 UK Government, Pupil premium: funding and accountability for schools. Available at: <https://www.gov.uk/guidance/pupil-premium-information-for-schools-and-alternative-provision-settings> (last accessed on 25/01/2016).

369 The majority of state schools are non-denominational but there are also denominational schools, mainly Roman Catholic.

370 UK Government, Types of school. Available at: <https://www.gov.uk/types-of-school/overview> (last accessed on 25/01/2016).

371 Scottish Government (2007), Guidance on the management of attendance and absence in Scottish schools. Available at: <http://www.scotland.gov.uk/Publications/2007/12/05100056/0> (last accessed on 25/01/2016).

372 Scottish Government (2013a), Summary Statistics for Schools in Scotland, No.4 : 2013 Edition. Available at: <http://www.scotland.gov.uk/Publications/2013/12/4199> (last accessed on 25/01/2016).

373 UK Government, School leaving age. Available at: <https://www.gov.uk/know-when-you-can-leave-school> (last accessed on 25/01/2016).

374 Health and Social Care Act 2012. Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (last accessed on 25/01/2016).



375 UK Government (2015), Troubled Families: progress information by December 2014 and families turned around by May 2015. Available at: <https://www.gov.uk/government/publications/troubled-families-progress-information-by-december-2014-and-families-turned-around-by-may-2015> (last accessed on 25/01/2016).

376 Scottish Government (2011), Report of the National Review of Services for Disabled Children. Available at: <http://www.scotland.gov.uk/Resource/Doc/342923/0114135.pdf> (last accessed on 25/01/2016).

377 The Scottish government uses the word 'national' to refer to Scotland-wide targets, goals or policies.

378 NHS Family Nurse Partnership. Available at: <http://fnp.nhs.uk/about-us> (last accessed on 25/01/2016).

379 NHS Family Nurse Partnership, A randomised control trial. Available at: <http://fnp.nhs.uk/evidence/randomised-control-trial> (last accessed on 25/01/2016).

380 Scottish Government, A Refreshed Framework for Maternity Care in Scotland: The Maternity Services Action Group. Available at: <http://www.scotland.gov.uk/Publications/2011/02/11122123/2> (last accessed on 25/01/2016).

381 Scottish Government (2011), Improving Maternal and Infant Nutrition: A Framework for Action. Available at: <http://www.scotland.gov.uk/Publications/2011/01/13095228/0> (last accessed on 25/01/2016).

382 Scottish Government (2011), Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance. Available at: <http://www.scotland.gov.uk/Publications/2011/01/13095621/0> (last accessed on 25/01/2016).

383 Scottish Government and the Neonatal Expert Advisory Group (2013b), Neonatal Care in Scotland. A Quality Framework. Available at: <http://www.scotland.gov.uk/Resource/0041/00415230.pdf> (last accessed on 25/01/2016).

384 Scottish Government, HEAT target. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/AntenatalAccess> (last accessed on 25/01/2016).

385 Scottish Government, The Scottish Guardianship Service. Available at: <http://www.scotland.gov.uk/Topics/People/Young-People/protecting/lac/guardianship> (last accessed on 25/01/2016).

The Troubled Families Programme (TFP) is an example of a targeted initiative in England to support vulnerable families³⁷⁵. It was established in 2011 to work with families who were identified as having an average of nine different problems, such as truancy, young crime and anti-social behaviour. This has been extended to another 400,000 families during the term of the current UK government to include families with experience of debt, drugs and alcohol addiction, mental and physical health problems.

Specific provisions for children with disabilities and/or mental health problems

There are specific provisions for protecting children with disabilities, set out in the Children (Scotland) Act 1995, which places a duty on local authorities to minimise on any child the effect of their disability or the disability of another member of the family. Local authorities are required to undertake a review of needs and provide services as necessary. To support this legal commitment with a national policy framework, the National Review of Services for Disabled Children³⁷⁶ and accompanying Action Plan was published in February 2011 and implemented over the following two years.

Across the UK, support for children with mental health problems is provided through Child and Adolescent Mental Health Services (CAMHS). In Scotland, there are national³⁷⁷ targets to support access for children and young people to CAMHS; for instance, 18 weeks referral to treatment for CAMHS services and 18 weeks referral to treatment for psychological therapy from December 2014. The policy framework is set by the Scottish Mental Health Strategy for 2012-15 with child and adolescent mental health identified as one of the key areas for change.

Specific provisions for pregnant teenagers

The Family Nurse Partnership (FNP) programme, developed in the United States, is an intensive, preventive, one-to-one home visiting programme for young, first-time mothers and their children. Its main aims are to improve pregnancy outcomes, child health and development, and the economic independence of the family. National Health Service (NHS) Boards, which have responsibility for the commissioning and delivery of health services within Scotland, deliver the programme under an agreement with the Scottish Government. Specially trained nurses are currently delivering the FNP programme in seven NHS Board areas across Scotland. Each nurse has a maximum caseload of 25 clients, who enter the programme in early pregnancy until the child reaches the age of 2. By the end of 2015, there were approximately 2,000 active places on the FNP Programme.

The FNP programme, based on the model from the US and therefore using a similar approach, also runs in England³⁷⁸. The Family Nurse Partnership National Unit is commissioned by the Department of Health and Public Health England. After initial piloting, the programme has been rolled out more widely across England. A 2015 independent evaluation concluded that the programme appeared to have a positive impact on early childhood development³⁷⁹.

In Scotland, there has been substantial work in NHS Boards to strengthen the contribution that antenatal healthcare makes to reducing health inequalities. For instance, the implementation of the Refreshed Framework for Maternity Care in Scotland³⁸⁰, the Improving Maternal and Infant Nutrition Framework for Action³⁸¹, the Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance³⁸² and the implementation of the Neonatal Care in Scotland: A Quality framework³⁸³. In addition, there has been work towards achieving that at least 80% of all pregnant women in each Scottish Index of Multiple Deprivation (SIMD) quintile are booked for antenatal care by their 12th week of pregnancy by March 2015³⁸⁴.

The Refreshed Framework for Maternity Care was launched in January 2011 to ensure that maternity services maximise their contribution to ensuring the best possible health for mothers and babies. Its overall aim is to ensure that care is individualised to women's needs and that women with complex health and social care needs receive additional support and care suited to them. A package of measures to support NHS Boards implement the Refreshed Framework for Maternity Care is in place, including workforce development, information and data improvement and improving the quality of care pathways.

Specific provision for undocumented minors

There is currently no specific legal framework for undocumented migrant children in Scotland with their needs covered within the general framework of 'children in need' under the Children (Scotland) Act 1995.

In policy terms, the Scottish Government funds the Scottish Guardianship Service (SGS), which works with unaccompanied asylum-seeking children and young people who arrive in Scotland. The SGS is managed and delivered by two non-governmental organisations, the Scottish Refugee Council and Aberlour Childcare Trust, who work closely with the UK Border Agency (UKBA) and local authorities. It is underpinned by a holistic approach to the needs of such children around immigration, welfare and social networking and is the first service of its kind in the UK³⁸⁵.

Specific provisions for children from families with a history of substance abuse

The needs of children within families with substance misuse have not been subject to a separate legal framework. However, it is worth mentioning the development of the NHS Fetal Alcohol Harm e-learning resource³⁸⁶, and a special guidance for professionals working with children affected by parental substance misuse, *Getting Our Priorities Right*, which was revised in 2013³⁸⁷. In addition, the Lloyds TSB Foundation Partnership Drug Initiative promotes voluntary sector work with children and young people affected by substance misuse.

4. Providing children with a safe, adequate housing and living environment

Measures guaranteeing the access of families with children to housing

Since June 2013, local authorities in Scotland have had a legal duty to provide housing support to households assessed as unintentionally homeless and in need of support. This includes homeless households with children.

In England, local authorities are obliged to accommodate homeless families with children, and those aged 16 and 17, who cannot live with their parents. Under the current legislation, homeless families or pregnant women should not be placed in temporary bed and breakfast accommodation for more than six weeks.

Over the period 2013-14 and 2014-15, the Scottish Government has been providing GBP 55 million to mitigate the effects of the UK government's housing benefit reform. This reform implied a percentage reduction in housing benefit for working age households in social housing, who were judged to be under-occupying their property (this was commonly known as 'the bedroom tax')³⁸⁸. The funding provides financial assistance with housing costs to tenants in Scotland (including families with children), who are subject to these changes, to prevent them from running up rent arrears.

Priority for social housing in Scotland is based on an assessment of an applicant's housing need and circumstances. The Housing (Scotland) Act 1987, as amended, sets out those groups of people who must be given priority for housing³⁸⁹. The Housing (Scotland) Act 2014 replaces the existing specified priority groups with a broader definition more focused on housing needs³⁹⁰. This should enable to allocate housing to applicants in most need, including families with children.

Supporting families with children at risk of eviction

Homeless legislation in England, Scotland, Wales and Northern Ireland places a duty on local authorities to implement homelessness strategies and secure accommodation for homeless people or for other groups if they meet the criteria. There are, however, some differences in criteria for meeting needs across the UK.

Scotland has one of the most progressive legislations not only in the UK but also across the world with the achievement of the 2012 target that all unintentionally homeless households are entitled to settled accommodation³⁹¹. The Scottish Government strengthened the protection for tenants by bringing legislative 'pre-action requirements' into force in August 2012. Pre-action requirements are intended to provide support to tenants and their families to ensure eviction for rent arrears is a last resort. There has been progress in recent years in reducing the number of children in temporary accommodation and particularly in bed and breakfast accommodation. This reduction takes place alongside a drop in recorded homelessness in Scotland, more broadly as a result of the adoption of preventive approaches. Five regional housing hubs, involving all 32 Scottish local authorities, have been established. The hubs allow partners to focus on homelessness prevention through a combination of sharing best practice, joint training and commissioning joint research.

In England, local authorities are required to provide suitable accommodation for households who are unintentionally homeless, under the 1996 Housing Act (as amended). The Localism Act 2011³⁹² allows local authorities to accommodate homeless families and young people in the private rented sector as well as in social housing.

5. Enhancing family support and the quality of alternative care settings

The underpinning principles of child protection across the four nations of the UK are similar, with the welfare of the child paramount and parental rights to not supersede the needs of the child³⁹³. The systems and services for protecting children across the UK, however, are often different.

Responsibility for child protection remains decentralised. The Children (Scotland) Act 1995³⁹⁴ sets out the specific responsibility of local authorities to look after children, who come into their care because those with parental responsibilities are unable or unfit to look after them³⁹⁵. The key child protection legislation in Scotland is the Children's Hearings (Scotland) Act 2011, which set out the distinctive process in Scotland for addressing children who may need appropriate support to ensure their care and protection, including, in some cases, removal from their existing family care arrangements³⁹⁶. The recent Children and Young People (Scotland) Act 2014 (CYPA) also includes relevant provisions.



386 Scottish Government (2003), NHS Education for Scotland. Fetal alcohol harm e-learning resource. Available at: <http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/learning-spaces/fasd.aspx> (last accessed on 25/01/2016).

387 Scottish Government (2003), Good Practice Guidance for working with Children and Families affected by Substance Misuse. Available at: <http://www.scotland.gov.uk/Publications/2003/02/16469/18705> (last accessed on 25/01/2016).

388 Scottish Government (2014d), Welfare Reform (Further Provision). (Scotland) Act 2012, Annual Report – 2014. Available at: <http://www.scotland.gov.uk/Resource/0045/00454504.pdf> (last accessed on 25/01/2016).

389 UK Government, Housing (Scotland) Act 1987. Available at: <http://www.legislation.gov.uk/ukpga/1987/26> (last accessed on 25/01/2016).

390 UK Government, Housing (Scotland) Act 2014. Available at: <http://www.legislation.gov.uk/asp/2014/14/contents/enacted> (last accessed on 25/01/2016).

391 Scottish Government, National Performance Framework 2007. Available at: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicators/Homelessness> (last accessed on 25/01/2016).

392 UK Government, Localism Act 2011. Available at: <http://www.legislation.gov.uk/ukpga/2011/20/contents/enacted> (last accessed on 25/01/2016).

393 Montero, A., Jay, A., Owen, G. and Korintus, M. (2014), Innovative practices with marginalised families at risk of having their children taken into care (Venice, 11-12 December 2014). Comments paper – European Social Network

394 UK Government, Children (Scotland) Act 1995. Available at: <http://www.legislation.gov.uk/ukpga/1995/36/contents> (last accessed on 25/01/2016).

395 Specifically, the Children (Scotland) Act 1995 requires local authorities to "safeguard and promote the welfare of children in their area who are in need, and, insofar as is consistent with that duty, promote the upbringing of such children by their families, by providing a range and level of services appropriate to the children's needs."

396 Scottish Government, Children's Hearings (Scotland) Act 2011. Available at: <http://www.legislation.gov.uk/asp/2011/1/contents> (last accessed on 25/01/2016).



397 Scottish Government (2010), National Guidance for Child Protection in Scotland 2010. Available at: <http://www.scotland.gov.uk/Publications/2010/12/09134441/0> (last accessed on 25/01/2016).

398 Scottish Government (2012a), National Risk Framework to Support the Assessment of Children and Young People. Available at: <http://www.scotland.gov.uk/Publications/2012/11/7/143> (last accessed on 25/01/2016).

399 Scottish Government, Getting it right for every child (GIRFEC). Available at: <http://www.gov.scot/Topics/People/Young-People/gettingitright> (last accessed on 25/01/2016).

400 UK Government (2013), Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417669/Archived-Working_together_to_safeguard_children.pdf (last accessed on 25/01/2016).

401 Scottish Government, (2014b): Children's Social Work Statistics Scotland, 2012-13. Available at: <http://www.scotland.gov.uk/Publications/2014/03/8922> (last accessed on 25/01/2016).

Protocols to assess the risks to a child and put in place appropriate support

Local authorities across the UK have a duty to support 'children in need'. In Scotland, child protection is governed by the Scottish framework for child protection, set out in Scottish guidance that was revised and published in 2010³⁹⁷. The guidance sets out the key considerations in addressing potential child protection issues and the procedures that should be followed. There is a risk assessment tool to ensure a consistent and effective approach to assessing child protection risks across Scotland³⁹⁸.

In Scotland, the support for vulnerable children takes place currently within the wider framework for supporting all children and young people: the Getting it right for every child (GIRFEC) framework³⁹⁹. GIRFEC seeks to put into practice a series of key principles that ensure public services provide full and appropriate support for children and young people. The GIRFEC principles are:

- early intervention (to prevent any problems/challenges in a child's life escalating to crises at an early stage);
- ensuring that the child and their distinctive needs are placed at the centre of service design and delivery;
- a joined-up approach between services based on coordination, avoidance of duplication and the appropriate sharing of information about concerns in a child's life.

GIRFEC was pioneered in the Highland area of Scotland and successfully evaluated. It showed notable decreases in the number of children placed on the child protection register and time savings for social work and educational staff on their caseloads.

In practice, the framework has three key elements:

- approach to wellbeing: GIRFEC has a holistic approach to children's wellbeing with eight components: safe, healthy, achieving, nurtured, active, responsible, respected and included;
- the Named Person: typically a health visitor for children under 5, and a teacher or educational staff for children aged five years and older acts as a single contact person who could be approached by families, children and young people themselves, and other professionals where there are concerns about individual children. The named person can provide advice to children and families and make contact with relevant services if appropriate;
- the Child's Plan: a single planning process, with a single planning document around the needs of children and young people who require additional help.

The impact of these elements would be both to ensure fewer children and young people experience crises and intense vulnerability, and those who do can get more targeted, coordinated and effective support. The elements were enshrined in the CYPA, which defined wellbeing in statute and set out duties on local authorities and health boards to ensure that all children and young people up to the age of 18 have access to a named person and those requiring a Child's Plan receive one. The duties are expected to commence in August 2016, though named persons and Child's Plans are currently provided throughout Scotland. Local authorities are responsible for ensuring that child protection procedures are followed by all relevant agencies. These procedures are overseen by local Child Protection Committees, which bring together local services to ensure that there are common procedures, guidance and training and to oversee any case reviews.

In England, child protection duties are underpinned by the Children Act 1989 and updated by the Children Act 2004. The emphasis has been on 'safeguarding', a term that is intended to be broader than that of child protection. UK safeguarding legislation says that safeguarding means "protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, taking action to enable all children and young people have the best outcomes"⁴⁰⁰.

The Children and Families Act 2014 updates some areas of the previous legislation. It presumes, for example, that both parents of a child stay involved after their separation. The Prime Minister also established a Child Protection Workforce for England in June 2015 to look at reforms affecting vulnerable children and child protection with a focus on the social work profession.

Main reasons for children to be taken into care

In Scotland, the number of children on the child protection register has increased by 31% between 2001 and 2013 (from 2,050 in 2000 to 2,681 in 2013)⁴⁰¹. The most common concerns identified were emotional abuse (38%), neglect (38%) and parental substance misuse (37%). An overview of the reasons for children to be taken into care in Scotland in 2013 is provided in **Table 9**.

Table 9: Reasons to take children into care in Scotland



	2012	2013	% of children registered on 31 July 2013
Neglect	993	1,029	38%
Parental substance misuse	892	993	37%
Drug misuse	567	667	25%
Alcohol misuse	502	531	20%
Parental mental health problems	501	600	22%
Non-engaging family	451	548	20%
Domestic abuse	735	888	33%
Sexual abuse	233	208	8%
Physical abuse	467	537	20%
Emotional abuse	1,020	1,027	38%
Child placing themselves at risk	43	56	2%
Child exploitation	7	13	0%
Other concerns	280	289	11%
TOTAL	6,691	7,386	

Source: Children's Social Work Statistics Scotland, The Scottish Government, 2014

There has also been an increase in the numbers of children referred because of child protection concerns in England. Statistics show that there has been a year-on-year increase since 2009-10 of children referred for assessment under section 47 of the Children Act 1989 because of welfare concerns⁴⁰². In 2013-14, there was an increase of 12.1% from 2012-13.

Main provisions guaranteeing that children are not placed in institutions

Care provision for children looked after away from home is broadly similar across the UK with foster care, kinship care, residential care and adoption as the main options. There is, however, different emphasis on approaches to the delivery and provision of services.

The government in England, for example, has supported greater and more accelerated use of adoption in the last few years. The Children and Families Act 2014 removed requirements for local authorities and agencies to take account of a child's religion, race, cultural and linguistic background in placing a child with a family. The number of children placed with family and friends has dropped although the proportion of children living with foster carers has stayed constant⁴⁰³.

In Scotland, on the other hand, there has been increasing emphasis on the use of kinship care⁴⁰⁴. The Scottish Government argues that placement in the wider family, if safe and in the best interests of the child, should be the first option whenever a child needs to be separated from their birth parents. The Looked After Children (Scotland) Regulations⁴⁰⁵ place a duty on local authorities to ensure that their policies and procedures explicitly address the needs of children and young people who are formally looked after and living in kinship care arrangements. The Scottish Government provides funding to two non-governmental organisations for the delivery of support, advice and information services to kinship care families. The Scottish Government also provided funding for the development and publishing of a Kinship Care Guide with information on kinship care issues and details of services.

The Scottish Government has carried out a programme of improvements in residential care in response to the National Residential Child Care Initiative's recommendations in 2009⁴⁰⁶. Residential care may be a more suitable setting for some young people who have complex and multiple needs. Although residential children's homes may be considered by some as 'institutional' in themselves, work done to improve the experiences of children living in residential care settings also contributes towards preventing young people from entering other institutional settings, such as secure care or prisons⁴⁰⁷.

Main provision guaranteeing that children without parental care have access to services

Across the UK, when a child comes into care, the local authority becomes the corporate parent. Corporate parenting means the collective responsibility of the council, elected members, employees and partner agencies, for providing the best possible care and safeguarding the children who are looked after by public authorities⁴⁰⁸.

The Scottish Government, in collaboration with national and local partners, provides a range of foster care services. This includes the provision of support and training services so that foster carers are equipped with the skills to meet the needs of the children they care for.

402 Department for Education (2014), Characteristics of children in need in England, 2013-14. Statistical First Release. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf (last accessed on 25/01/2016).

403 Children's Rights Alliance for England (2015), UK Implementation of the UN Convention on the Rights of the Child. Civil society alternative report 2015 to the UN Committee – England. Available at: http://www.ecpat.org.uk/sites/default/files/crae_ngo-report_web.pdf (last accessed on 25/01/2016).

404 Children and young people living with their wider family are known as living in a kinship care arrangement

405 UK Government, The Looked After Children (Scotland) Regulations 2009. Available at: <http://www.legislation.gov.uk/ssi/2009/210/contents/made> (last accessed on 25/01/2016).

406 Scottish Government, National Residential Child Care Initiative. Available at: <http://www.scotland.gov.uk/Topics/People/Young-People/protecting/lac/residentialcare/NRCCI> (last accessed on 25/01/2016).

407 In England, most young people who offend are trialled through the Youth Courts with separate custodial arrangements for young people. In Scotland, although viewed by Scottish Government as an option of last resort, young people may be placed in secure care (also for young people who are vulnerable and in need of this form of care) or Young Offenders Institutions, which are part of the prison estate.

408 Wales Government (2009), If this were my child: A councillor's guide to being a good corporate parent to children in care and care leavers. Available at: <http://gov.wales/docs/caecd/publications/090804ifthiswere mychilden.pdf> (last accessed on 25/01/2016). Parliamentary Under Secretary of State for Children and Families (2013), Corporate Parenting and the Voice of the Child in Care. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/205039/Corporate_parenting__6_FINAL.pdf (last accessed on 25/01/2016).



409 Scottish Government, Children's advocacy. Available at: <http://www.gov.scot/Topics/People/Young-People/families/advocacy> (last accessed on 25/01/2016).

410 Who Cares? Scotland, Speaking out for young people in care. Available at: <http://www.whocaresscotland.org/> (last accessed on 25/01/2016).

411 UK Government (2013), Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417669/Archived-Working_together_to_safeguard_children.pdf (last accessed on 25/01/2016).

In recent years, the importance of easing the transition into adulthood for young people leaving care has been recognised. From April 2015, under new provisions in the Scottish CYPA, young people turning 16 and already living in foster, kinship or residential care, have been entitled to remain in their care setting until the age of 21. The Act extends entitlement to aftercare support to all care-leavers up to the age of 26.

[Specific mechanisms to listen to and record the voice of the child within the child protection system](#)

There are different approaches in England and Scotland to ensuring independent advocacy or representation for children in care.

In Scotland, the commitment for children's voices to be heard is embedded in Scotland's Children Act 1995, Scotland's Children's Hearings Act 2011 and Scotland's Children and Young People Act 2014. The Scottish Government has produced an online guide on advocacy for children⁴⁰⁹. It provides funding support for independent advocacy organisations, such as Who Cares? Scotland⁴¹⁰, which is also commissioned by local authorities to provide advocacy for young people in care.

In England, there are duties on local authorities for children's voices to be heard in proceedings through the Children Act 1989, the Children Act 2004 and the 2010 statutory guidance Working Together to Safeguard Children⁴¹¹. Local authorities set up councils for children in care and commission independent advocacy, usually from the non-government sector.

Scotland has a unique system for overseeing decisions on care and protection of children and young people: the children's hearings system – not replicated anywhere else in the UK. Children's hearings are lay tribunals that are empowered to place supervision orders on children and young people, where necessary with restrictions on habitation and contact. They represent a more child-friendly approach to bringing children into the legal system for the reason of offending behaviour or for their care and protection.

The children's hearings system places the child at the centre of proceedings and ensures that the child's views are of paramount importance during a hearing. All panel members receive pre-appointment training. There is a statutory obligation through the Scottish Children's Hearings Act 2011 to ensure that, as far as practicable, the child is given an opportunity to indicate if they wish to express their views. In the case that they do, children should have a suitable forum to do so and regard should be given to the views expressed.

The Scottish Children's Reporter Administration, who administers the hearing system, sends a package of information to children who will be attending a hearing, including a form called All About Me, which allows children and young people to record their feelings and opinions in advance of the hearing. This is given to panel members. It is also a statutory requirement that every hearing considers whether it is necessary to appoint a person to safeguard the best interest of the child. The appointment of a 'safe-guarder' provides an additional mechanism to ensure the voice of the child is listened to.

Monitoring needs





Investing in Children's Services

Cross-country analysis

Cross-country analysis

Principle 1: Reduce inequality at a young age by investing in early childhood education and care (ECEC)

The Commission Recommendation stresses the key role of ECEC in ensuring children's participation and promoting their wellbeing. This is particularly true of high-quality, inclusive and affordable ECEC services that incentivise the participation of children from disadvantaged backgrounds, and work with parents and other services to identify any potential problems or any signs of neglect or abuse.

Most countries have a dual ECEC system, split between services for children younger than three and services for children between four and the age of compulsory schooling. Whilst care for children aged 0 to 3 is usually regulated by the Ministry of Social Affairs, education for children aged four-plus is the responsibility of the Ministry of Education, since this is usually considered the first phase of education. As highlighted in the different country profiles, this poses a number of challenges in terms of coordination and transition phases. In Sweden, however, preschool for children aged 1 to 6 is part of the Swedish education system.

In regards to the organisation of childcare services for children aged under four, they are most frequently divided into two types: day care centres and home day care. Day care centres are professionally run and employ fully qualified childcare staff. Home day care is run by a self-employed childminder who legally can take care of a maximum number of children, either in their own home or in the parents'/guardian's home.

Decentralisation

Decentralisation is a key theme in ECEC services provision. In several countries (BE, ES, UK, DE), the regions or the states are responsible for the implementation of national policies or frameworks. For example, in Spain there has been a national framework since 2008 aimed at increasing the number of places in preschool education for children under three. The implementation of the plan was to be carried out by the regions, but the latest cooperation agreement between the national and the regional governments was signed in 2010, and each region has approached services for children aged 0 to 3 in a different manner. In Andalusia and Catalonia, there is a network of early childcare centres for children with developmental difficulties; in Galicia, preschool centres have been developed with co-funding from the European Regional and Development Fund. Across Europe, there are disparities between the regions, but also within the regions themselves. Even in more centralised countries like France, legal and policy provisions for ECEC delivery rely on agreements between the national government, the National Family Allowance Fund and local authorities.

Financing

In terms of funding, there are significant variations. In most countries, care for children younger than three is usually based on co-payment of fees by parents for meals or for running certain activities. For example, in the Walloon Region in Belgium, fees are regulated for public providers but not for private providers, which represent 22% of home-based care and 33% of care provided in centres. In Bulgaria, municipal crèches and children's kitchens are financed through the local authority's budget, but parents and guardians pay an amount determined by the local authority. However, there are no financial provisions regarding private nurseries and kindergartens. In Germany, in some federal states ECEC is free, while in others it is not. In those federal states where ECEC is not free, the municipalities are responsible for determining the fees and possible exemptions. Fees often depend on socio-economic criteria (e.g. parental income, number of children, children's special needs), though these criteria vary from one municipality to another. In Spain, regional authorities might establish exceptions to parents' financial contributions.

In other countries, like France, there is in theory universal access to ECEC services, which is granted through state funding. However, the number of families is capped, so, in practice, families are not guaranteed access. Furthermore, in formal childcare, financial benefits are only provided to working parents, employed or registered as unemployed, and only parents with at least two children qualify for child benefits.

Finally, there is a third group of countries where the government recognises a (partial) entitlement of children to free ECEC (e.g. IE, SE, UK). In Ireland, under the free preschool year scheme, introduced in 2010, all children aged between 3 years 2 months and 4 years 7 months are entitled to free preschool in the year prior to starting primary school. However, the services are only free for three hours per day. In Sweden, every child is entitled to

525 hours of preschool per year from the age of 3. The Scottish government recognises a minimum of 600 hours per annum for children aged 3 and 4 as well as for 27% of children aged 2, from August 2015. In England, children aged three and four are entitled to 570 hours per annum of free early education or childcare. This entitlement is also available for children aged two who meet specific criteria, e.g. their parents are in receipt of certain welfare benefits such as Income Support or Jobseeker's Allowance, or the child is looked after by a local authority, has special educational needs or is a child with disabilities.

Coverage

Countries still lag behind when it comes to ECEC coverage for children in the 0 to 3 age range. In Bulgaria, there are few crèches in big cities, which in practical terms means that they cannot accept children under the age of one. In Romania, ECEC for children between 0 to 3 was provided in just 350 crèches and specific units within kindergartens in the school year 2014/2015. In Italy, the participation of children aged 0 to 2 in ECEC services is very low. In fact, the offer of places in nurseries is 155,404 for an estimated 737,000 potential users. Overall, only about 12% of municipalities in Hungary provide ECEC services for children younger than three. In France, 13% of children aged two are attending a nursery school, as opposed to 90% of children aged three. However, other countries have progressed considerably. In Germany, with the extension of the service to children under 3 in 2005, the German average for this age group is currently at about 40%. There has also been an increase in the percentage of children covered by ECEC services in Portugal – from 35% in 2010 to 42% in 2012 – whilst in Sweden 84% of all children aged 1 to 5 were enrolled in preschool in 2012.

The situation is much better when it comes to children aged three or older. In Bulgaria, during the school year 2013/2014, 83.6% of children aged between 3 and 6 were enrolled in kindergartens, whilst in Hungary the percentage reaches 96% and more than 90% in Germany. In Romania, even though progress has been made at national level, differences still exist throughout the country. Urban areas present an enrolment rate of 81.1%, whereas rural areas present a rate of 75.5%.

Inter-services cooperation

We have identified examples of good practice in inter-services cooperation across the countries analysed. In Flanders (Belgium), the Houses of the Child are local networks of services working for, and with, parents-to-be and parents with children in 55% of local communities and cities. In Catalonia (Spain), the regional government has produced protocols to strengthen coordination between education and health; for instance, to promote health in preschools through joint agreements with the Association of Municipalities. Since 2002, 'early childhood committees' have been set up at local level in France. These committees have been in charge of bringing together all the relevant actors (local authorities, representatives of the Ministry of Education, the National Family Fund, trade unions and family associations) to enhance coherence, service coordination, provision of information to families, improve access to services and support innovation in early childcare services. The Early Years Collaborative is a coalition of Scottish Community Planning Partnerships (CPPs) – including education, social services, health services and the police, responsible for local planning within each local authority area in Scotland.

Principle 2: Improve education system's impact on equal opportunities

The Commission Recommendation stresses the key role of education systems in breaking the cycle of disadvantage. This is particularly true of education systems promoting inclusiveness; the participation in mainstream education of children with disabilities and children with special educational needs; addressing barriers for the participation in education of children from poor, migrant and ethnic backgrounds; the implementation of desegregation policies and strategies to fight early school leaving.

Inclusive education

All the 14 countries that have been analysed have legislated in favour of inclusion. According to education laws, the schools have the duty to create the conditions for the inclusion of children with chronic diseases, children with disabilities and children with special educational needs in mainstream education.

For instance, in the Walloon Region in Belgium, the Decree of 30 January 2014 on inclusive education aims to remove all physical, educational, cultural, social and psychological barriers to education. As a consequence, all primary and secondary schools should accommodate students from special education and integrate them into mainstream education. In Flanders, the 2014 M-Decree for students with special educational needs aims to make education more inclusive. Students with special needs can now attend mainstream schools and teachers from special education can also work now in mainstream schools. In Germany, the Bonn Decree passed in March 2014 resulted in renewed emphasis on the provision of inclusive education and implemented a system to finance inclusive education through cooperation between the national government, regional governments and local authorities. On 9 October 2012, the Dutch Senate adopted the Act on Inclusive Education, which came into effect in August 2014.

In general, there are three main arrangements for children with special needs: their integration into ordinary schools, integration into ordinary schools with the help of special carers and special schools for children with severe disabilities. These three arrangements may also go further; for instance, in Galicia (Spain) children with special needs have the option to attend ordinary schools on a part-time basis. In addition, the role of professionals working with children with special needs in schools is key. In Italy, the presence of specialised teachers – distributed at a ratio of one specialised teacher per 138 students, both with and without disabilities – is the main form of support to ensure that the needs of children with special needs are met.

Despite progress in legislation and policy, there are several implementation challenges and large differences across countries, and within the countries themselves, when it comes to inclusive education. In the Netherlands, between 2000 and 2012, the number of children with special educational needs, who were excluded from mainstream education, increased by 16.4%. In Italy, the main criticism of the network of specialised teachers is that the number is not related to the number of children with special support needs and therefore, demand may not be adequately met. In Germany, during the 2012/13 school year, 4.8% of all full-time students attended special schools (this is known as the exclusion rate), while the percentage of students with special needs attending regular schools was just 1.9%. There are significant differences across the states (regions) with inclusion rates ranging from 14.7% (Lower Saxony) to 63.1% (Bremen). The provisions of the UK Equality Act 2010 apply to all UK schools and prevent direct and indirect discrimination due to disability, amongst others. However, the four UK nations have different approaches: 94.7% of pupils with additional support needs learn in mainstream schools in Scotland. In England, although the presumption is that children attend mainstream school, there is also provision in special schools with 44.4% of children with statements of special educational needs attending state-funded special schools.

In Hungary, the 2011 Act on National Public Education states as a priority the provision of support in schools to ensure the optimal development of children with special needs. These services are increasingly available, but they still reach only a fraction of children. Approximately 5% of students have special needs, and only half of those receive additional support. There is a need for additional financing and to train teachers and schools' professionals on early intervention to make sure that schools are ready for the task. In Romania, the education system is inclusive in principle and in purpose, but actual implementation needs improvement; to be successful, it must involve changes in the collective consciousness. Public authorities need to work with parents from all vulnerable backgrounds and especially Roma to make sure that children participate actively in school. In addition, they should work with teachers to improve awareness of the importance of acting early in cases of risk of school drop-out.

Children from migrant and ethnic backgrounds

The picture varies with some countries implementing specific policies and services to support the integration of newly arrived migrant students in schools (BE, DE, IT), whilst others do not (FR, SE). In Belgium, in the Walloon Region a Decree (DASPA) was voted on 18 May 2012 for the reception, integration and schooling of newly arrived students. The aim is to provide students from foreign countries (refugees, stateless citizens or people from a developing country), who lack the necessary language or educational skills, targeted support for a period ranging from one week to 18 months. In Germany, migrant children are assisted through special integration and language lessons while integration guides visit parents and offer them support with the education system and related issues. In Italy, at the beginning of 2014, the Ministry of Education approved the 'Guidelines for the reception and integration of foreign students', proposed as a vehicle for dissemination and sharing of best practice to facilitate the integration of a growing number of non-Italian children.

However, in other countries, there are no national provisions for the inclusion of migrant and ethnic minority children. This is the case in France, where any provisions targeting ethnic minorities would actually be against French law. In Sweden, there are no national provisions, but the Swedish National Agency for Education has been working on a project to support pupils, who have just arrived in the country.

Regarding Roma children, the figure of Roma assistant was introduced into the Polish education system in 2001. There is a similar position in Romania – the school mediator. These are specialists working mostly with Roma or disadvantaged communities to support children to better understand the importance of education and prevent school drop-out.

Schools and socio-economic factors

The correlation between school attainment and socio-economic factors has been identified as an issue across a number of countries (BE, NL, ES, FR, SE, HU, UK). A number of measures have been implemented to address this issue. The Swedish National Agency for Education notes in a report of May 2013 the need for a strategic allocation of local resources to schools based on socio-economic and other relevant factors to guarantee inclusiveness in the education system. The allocation of funds for schools is in some countries partially dependent on the students' socio-economic background. This may include the parents' level of education, whether the family receives benefits and the child's mother tongue.

This is the case across the regions in Belgium and the Netherlands. In Andalusia, Spain, there is a programme to identify 'areas with social transformation needs'. In France, there are education priority areas, where public schools receive additional funding, have fewer children per class and more teachers (who also receive a salary's top-up). In Hungary, there is a programme called the Integrated Pedagogical System (IPR) that aims to promote quality education among disadvantaged and Roma children in elementary schools. An impact analysis of the IPR showed that students achieved higher grades, had better reading skills than their peers in control schools and were more likely to pursue further education. In England, a benefit called the 'pupil premium' exists for publicly funded schools to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

In regards to desegregation policies in school, no specific mention has been made in most countries' legislation, despite segregation being an issue acknowledged in a number of countries. For instance, in the Netherlands there has been an increase in ethnic segregation in school. In Sweden, it has been reported that freedom to choose school has impacted negatively on inclusion in education for children from families without, or with low, qualifications and immigrant families. In cases where there is some mention to desegregation policies, there are challenges when it comes to implementation. In Hungary, a desegregation policy is mentioned in the National Inclusion Strategy and a roundtable for desegregation was established but the roundtable was not convened and some experts resigned. In practice, segregation is actually increasing in schools. In Romania, there is a specific legal framework, accompanied by a relevant methodology that prohibits school segregation of Roma children. However, geographical segregation still exists, due to the existence of cities and neighbourhoods with predominantly Roma population.

Early School Leaving

Early School Leaving is recognised as a problem in most countries. Many have actually legislated to combat it (e.g. BE, IT, BG, HU) but others do not have a specific strategy (PL, PT, RO, SE, UK) though they may implement prevention mechanisms, usually financial benefits and second chance programmes for reintegration in the school system.

In Flanders, there is an action plan on early school leaving involving prevention, intervention, compensation and monitoring activities through a comprehensive approach in line with the European Commission's Recommendation on Early School Leaving. Bulgaria has been using Structural Funds for reintegration programmes for early school leavers and is now preparing a specific strategy. In Hungary, the Strategy to Combat Early School Leaving is also being prepared. In Ireland, the programme Delivering Equality of Opportunity in Schools (DEIS) offers a range of additional support to schools in disadvantaged areas, including teacher support and higher grants. DEIS also includes the Home School Community Liaison Scheme (an initiative to prevent early school leaving), and the Schools Completion Programme.

Principle 3: Improving health systems' responsiveness to address the needs of disadvantaged children

The Commission Recommendation stresses the relevance of responsive healthcare services to address the needs of disadvantaged children. However, in this analysis, several challenges have been identified around lack of healthcare professionals for children, regional disparities in service provision, healthcare costs and the lack of preventive and mental health services for children.

Lack of healthcare professionals and regional differences

In Hungary, healthcare is free and municipalities are responsible for basic health services, including general practitioners, paediatricians, health visitors, school healthcare and basic dental care. However, the main problem is that positions for general practitioners, paediatricians, health visitors and dentists remain vacant and it is therefore difficult to reach those who need healthcare the most. An EU-funded healthcare programme for children aged 0 to 7 provides a package of support for children, particularly those with developmental difficulties. However, in 2013, only 1,654 children were screened. There are also large regional differences with the ratio of family doctors and family paediatricians being lowest in Northern Hungary. In Ireland, the Health Service Executive established a programme on Progressing Disability Services for Children and Young People aimed to address a number of key issues in relation to children's disability services, including inequity of access due to inconsistent development of these services across the country.

Lack of specialist services

There is a limited offer of services in some countries. In Romania, there is a limited offer of preventive services within the basic service package and therefore it is challenging to identify health risks, particularly in children coming from disadvantaged communities. The 2014-2020 National Child Protection Strategy aims to improve children's access to services and raise coverage at local level so that by 2020 at least 95% of children benefit from national health prevention programmes. In Bulgaria, the reality for children with disabilities is that there are not enough community-based services to support them. In addition, existing services are not distributed according to the needs of the target groups. This makes the prevention of abandonment and the quality of support for children with disabilities and their families difficult.

A serious problem of health services for children at risk, children with emotional and mental health problems is the lack of mental health services, which is the most under-developed area of healthcare in Bulgaria. Since 2012, the Ministry of Education had been financing a national mobile group of psychologists that supported kindergartens and schools in their work with children and students at risk; however, their work was stopped in 2014. In Romania, mental health care for children and young people is mainly concentrated in psychiatric hospitals. There is an excessive orientation towards medical and curative care instead of prevention. In Italy, there are no specific mental health provisions for children, though some regions have legislated on specific disorders; for instance, autism.

Costs

An issue identified in countries most affected by the crisis is costs. In Ireland, the Programme for Government 2011-2016 identified the strengthening of provision and the removal of costs as the key measures to improve access. In the 2013 budget, the first phase of universal free GP care was announced for all children under 5. However, currently only families who are eligible for a state medical card have access to a GP for free. To qualify for a medical card, applicants' weekly income must be below a certain figure for their family size. In Italy, it was reported that 1.43% of children aged 0 to 13 were victims of health poverty in 2013, meaning that they did not have access to medications and treatment. On a similar note, as a result of the crisis, families with children have often reduced their food expenditure.

Promising examples

Several positive examples of the responsiveness of healthcare services for disadvantaged children have also been documented. In Spain, though in 2011 the national government took away the right to healthcare for irregular immigrants, this has now been reinstated in many regions. In Portugal, as of 2014, pregnant women, women who are giving birth and all children under 18 are exempt from paying any fees to access national healthcare.

The role of prevention has been underlined as particularly relevant and various examples have been identified. In Flanders, the Child and Family Agency has 63 regional teams of social nurses that carry out a programme of preventive care. They deliver parental support, screen children's development up to the age of 6 and undertake vaccinations reaching about 98% of every new-born. In France, the PMI, the national health prevention services for children and mothers, are integrated in nursery schools. They consist of a multidisciplinary team, including a doctor and a psychologist. PMI services are organised at local level to ensure the implementation of universal access to healthcare from pregnancy to the age of 6. They are responsible for health prevention, screening and vaccination for all children and also include mental health services. Also in France, the CAMSPs (Centres for early health and social intervention) are responsible for monitoring children aged 0 to 6, who have been identified as having special needs. In Andalusia, Spain, there is a specific early intervention programme for children aged 0 to 6, with, or at risk of, developmental difficulties focusing on the family as a whole.

In Hungary, there is a network of health visitors that play a vital role in identifying potential health problems and provide healthcare for children. The Family Nurse Partnership (FNP) programme, developed in the US, is an intensive, preventive, one-to-one home visiting programme for young, first-time mothers and their children, implemented in England and Scotland with positive results. In the Netherlands, a comprehensive package of preventive interventions has been developed for children of parents with substance abuse disorders. With the 2015 childcare reform, this programme is now delivered by local authorities, as part of initiatives to prevent separating children from their parents.

Principle 4: Providing children with a safe, adequate housing and living environment

The Commission Recommendation stresses the importance of providing children with an adequate housing and living environment. However, a shortage of affordable homes and social housing for low-income families has been identified in several of the countries participating in this project. Indebtedness and the risk of evictions have also increased during the crisis.

Different approaches in promoting access to housing

Some countries have implemented plans aimed at promoting access to housing for families (BE, NL), underpinned by lending at a very low interest rate, establishing quotas or developing a rental housing stock for families in an insecure economic position. In Belgium, there is a market of social housing rentals and agencies that make it possible for vulnerable families to rent properties in the private market. In the Netherlands, registered social housing organisations have the duty to prioritise housing for low-income households.

In Spain and Germany there is not a national housing policy, and the regions or the states may take different paths. Galicia and Andalusia in Spain provide economic assistance for low-income families with children. Catalonia has a housing agency responsible for funding organisations that maintain the housing stock. A registry for social housing applicants has also been established. In Germany, the federal government committed to increasing the rate of social housing built each year. Since the states are responsible for social housing, by the end of 2019 they should have received an annual EUR 518 million in subsidies for the construction of public social housing and the renewal of the current housing stock.

There is a severe shortage of social housing in a number of European countries. In Bulgaria, public housing amounted to 2.6% at the last census in 2011, compared to 16.2% in 1985. In France, social housing should represent 20% of all housing in any given municipality. However, this is not the case in many of them, despite the financial sanctions that have been applied. In Poland, the number of households exceeds the number of homes, forcing families to cohabit and causing frequent overcrowding of properties. There has not yet been a specific government response except for subsidies for young families to buy flats in the private market. In Romania, with the highest percentage of home owners in the EU, there is a very low rate of available properties for renting. The 2015-2020 National Strategy on Social Inclusion and Poverty Reduction has a specific chapter on housing accessibility, specifically for young people and vulnerable groups.

We also identified an example of an explicit commitment to ensure that the needs of children are taken into account when allocating housing. In Ireland, the 2012 State of the Nation's Children reports that in 2011 there were a total of 43,578 households with children identified as being in need of social housing. Among the key actions included in the National Housing Strategy for People with a Disability, there is a commitment to ensure that current and future needs of children with disabilities are made central considerations during the process of allocating housing to families.

Preventing evictions

Since the economic crisis began, high levels of long-term unemployment and unsustainable levels of personal debt have meant that now more people than ever are at risk of losing their homes. Specific measures to support families at risk of eviction have been introduced in several of the countries analysed in this project (e.g. BE, IE, SE, and some Spanish and Italian regions). The Rental Guarantee Fund for preventing evictions was introduced in Flanders in 2013 to intervene financially in the case of default but this intervention is limited to a maximum of three months' rent or EUR 2,700. The situation across Spain varies considerably, with no unified countrywide regulation and a significant increase in evictions due to families being unable to afford mortgage payments or rent arrears. In the region of Galicia, the programme RECONDUCE seeks to prevent evictions through an institutional cooperation framework between the regional departments of public administration, justice, social policy, infrastructure, economy and the Treasury as well as the College of Social Workers, judicial bodies and the banks. This programme provides specific social assistance, psychological support, legal assistance, and housing mainly for low-income evicted families with children. In Catalonia, the regional government works with county councils and local government to act as a mediator between banks/landlords and tenants, and provides financial support for families unable to pay their mortgage or rent.

In France, as a preventive measure, no eviction can be carried out during winter (usually from 1 November to 31 March). Despite this, homeless shelters have seen a significant increase in the number of families requiring their services. In Ireland, an action plan was launched in December 2014 to tackle emergency and short-term homelessness, especially in the Dublin area, where most homeless people live. Its measures included assistance offered to families to ensure that they can stay in their homes, and setting up a hotel under the control of NAMA (National Asset Management Agency) for homeless families in Dublin. In Sweden, the Government appointed in 2013 a national homelessness coordinator with a specific assignment to prevent evictions of families with children.

In other countries, there is no specific policy addressing evictions for low-income families. In Bulgaria, the situation is critical because there are still many Roma families living in extremely poor conditions in urban slums. The government launched the 2012-2020 Strategy for Roma Inclusion that had housing as one of its priorities and four pilot projects (funded by EU Structural Funds) for about 300 housing units. However, progress has been reported to be slow. Also in Romania a pressing issue is the evictions of Roma and other vulnerable families; as the housing law does not contain any protection against eviction, they only have night shelters. In Poland, the Ombudsman for Children has raised the failure of some municipalities, which are legally responsible for housing provision, to offer evicted debtors (including pregnant women and minors) temporary accommodation. In Portugal, there was an increase in evictions of 12% between 2010 and 2012. However, no specific mediation or prevention programme between local social services, legal services and the banks has been identified.

Principle 5: Enhancing family support and the quality of alternative care settings

The Commission's Recommendation emphasises the importance of assessment protocols, ensuring that children are placed in alternative care and have access to services as well as mechanisms to listen to and record the voice of the child as key features of integrated child protection services.

Risk and safeguarding

Across the countries analysed, a number of protocols have been developed to ensure children's protection. In Flanders, Belgium, the Decree on Integral Youth Support introduced the concept of 'distressing situation', meaning that child protection services must intervene when the development opportunities or the physical, mental or sexual integrity of the minor are threatened. In Spain, the concepts and meaning of neglect and risk have been carefully constructed in normative terms, which has led to the development of specific action protocols across the regions in cases of neglect, emotional abuse, sexual abuse, gender violence and abuse in schools. In England, the emphasis has been on 'safeguarding', a term that is intended to be broader than that of child protection and also includes concepts related to growing up safely, effective care and outcomes.

The role of local authorities

Legislation in several of the countries that have been analysed sets out the specific responsibilities of local authorities to assess the needs of children and young people and to look after them. Specialist social services in the field of child protection – in cooperation with other statutory services, such as health, education and the police – undertake a multidisciplinary assessment of the family's situation, parenting skills, their impact on the child and the potential threat to the child. In all countries analysed, child protection services (at different government levels) may implement measures around family support, financial benefits, parental support, family mediation and personalised work with children and families. Child protection services may also apply to the courts for a number of different orders about the type of care necessary and parental and relatives' contact with the children. These orders may involve a supervision order, involving the child being visited and monitored in their own homes, or a consensual or compulsory order involving the child being taken into care.

Assessment and coordination

Specific assessment protocols have been developed across Europe. In Catalonia, Spain, there is a software application with two-tier access – one for the public to log any possible suspicion of child neglect or abuse, and one for professionals to facilitate case management. In Hungary, there is guidance on child abuse, which also serves as a protocol describing risk factors, the professionals participating in the assessment and the actions to be taken when child abuse is detected. In Sweden, the National Board of Health and Social Welfare has developed a methodology called BBIC to be used by social services for children and young people (aged 0 to 20) and their families for assessment, support/care-planning and follow-up. In Scotland, there is a nationally available risk assessment tool to ensure a consistent and effective approach to assessing child protection risks.

A number of coordination mechanisms and programmes have been set up to foster interservice cooperation. In Hungary, all municipalities must monitor and identify children at risk with the help of a common tool called the signalling system, which outlines the reasons causing the risk and the type of support that is adequate for each risk. In Italy, a programme is currently being experimented – P.I.P.P.I. (Programme for the Prevention of Institutionalisation of Children), promoted by the Ministry of Labour and Social Policy. This project is a multifaceted intervention for vulnerable families, its primary goal being to prevent child placement through collaborative working with families in the low to moderate risk category. In Portugal, there are child and youth protection committees with two functioning modalities – a restricted committee and a plenary committee. The restricted committee is responsible for direct intervention after a situation of risk or danger has been signalled. The plenary committee integrates various members of the community, including representatives of the city council, social services, education, health services, civil society, parents and the police.

Progress in alternative care

In several countries, there are no national statistics in regards to the reasons as to why children may be placed in care (e.g. BE, BG, HU, DE). However, in most countries where there are, the main reason to take children into care was neglect or risk to the child. In others, the inadequacy of parenting skills and relationship problems (IT), and parents' addictions (PL) were also relevant. Parental poverty was still identified as the main reason to place children in care in Romania, whilst unaccompanied children have become an increasing group requiring state care in Sweden.

Across the 14 countries assessed, there have been developments to ensure that children are not placed in institutional care, though there is still room for improvement. In the French community in Belgium, the Decree on youth support clearly states that priority is given to preventing children from being placed in care, and a specific instrument was created – the district councils for youth support, which are responsible for promoting and monitoring

the implementation of preventive measures. However, placement in residential care is still much larger than family placements in Belgium. Significant progress has taken place in Bulgaria with the implementation of the national government's strategy Vision for the Deinstitutionalisation of Children in Bulgaria. All 24 old-type institutions for children with disabilities, 12 of the old institutions for children without parents and eight of the infant homes have now been closed, and 1,500 children without parental care, or at risk, have been accommodated with foster families. Still, there is a need for expanding abandonment preventive services, parental and family support and improving foster care.

There has been progress across countries in foster care provision. In Hungary, residential facilities have been transformed into small children's homes for 10 to 12 children. Children aged under 12 can only be placed with foster families and steps have been taken to increase the number of foster families; for instance, by recognising fostering as a (paid, pension-earning) and with better training now being provided. In Poland, with the implementation of the Act on family support and foster care there has been an increase in the number of family assistants with responsibility for working intensely with families to prevent children from being taken into care. Though principles are similar in the whole of the UK, the four nations have adopted different approaches. The government in England, for example, has supported greater and more accelerated use of adoption in the last few years, while there has been increasing emphasis on the use of kinship care in Scotland.

Despite progress, there is room for improving foster care provision. For example, in France, according to 2013 estimates, 53% of children, who are placed outside their family, are in foster care but 38% are still in residential care. In Italy, 28,449 children had been removed from parental care in 2013 with almost a split in two halves between those in residential care and those in foster care. Portuguese legislation favours keeping the child within the family but still, when implementing placement as a last resort, there is a worrying trend to place children in long-term residential facilities, with kinship care and professional foster care still under-developed.

Most countries have developed a number of provisions to ensure that children without parental care have access to services. In Belgium, children without parental care and unaccompanied minors have a legal guardian. In Italy, the government is drafting guidelines for those working with children in care, with the aim to promote a care system based on children's rights and needs. In Germany, children and young people often have their own legal entitlement to services, regardless of whether they have parental care. Young people who have been brought up in a foster family or a residential facility, and are unable to cope with issues related to everyday life, can be supported to ease their transition into adulthood, and several countries have now regulated in that respect. For example, in Poland young people in care reaching 18 are provided with an empowerment guardian. In Portugal, protection extends up to the 21st birthday; in Romania, it is up to 26 if the person is in education or is considered to be vulnerable to marginalisation.

[Developments promoting children's participation in the care system](#)

Most countries have provisions stating the right of the child to be informed, to be heard and to obtain their consent for any support measure. This is the case for children aged 16 or more in Italy, 14 or more in the Walloon Region in Belgium and Germany, 12 or more in Flanders (Belgium) and Portugal, and 10 or more in Romania. We have also identified a number of child-friendly justice measures. In Bulgaria, there has been an increase in specially equipped rooms for children's hearings. In Italy, an inter-professional working group has been set up to put in place specific and appropriate training for lawyers and judges working on children and family matters to ensure uniformity of listening methods and procedures. Scotland has a unique system for overseeing decisions on care and the protection of children and young people: the children's hearings system — not replicated anywhere else in the UK. They represent a more child-friendly approach to bringing children into the legal system for the reason of offending behaviour or for their care and protection.

A number of developments have also taken place to foster the participation of children in care in decisions affecting them. For example, in Germany, there are provisions encouraging residential facilities to promote the participation of children and young people in consultations, decisions within the facility and complaint procedures. In Catalonia, Spain, the Department for Social Welfare & Family published a study on the situation of young people leaving care, with testimonials of young people themselves. In France, each child in the child protection system has a personal plan according to their needs, and children actually participate in the definition of their plans' goals and measures. In Romania, children in residential care have the possibility to make complaints; for instance, through a toll-free line set up by General Directorates for Social Assistance and Child Protection at local authorities. In Sweden, the Health and Social Care Inspectorate supervises children's residential facilities and there is also a special telephone line, an e-mail address and chat for all children who want to contact the Inspectorate to raise issues about the care they receive. In Hungary, a national system of child-rights representatives has also been set up. These representatives and the children's guardians deal with children's problems, protect their rights and represent their interests. In England, there are duties on local authorities for children's voices to be heard in legal proceedings. Local authorities set up councils for children in care, and independent advocacy is commissioned, usually from the non-government sector.

Child-centered services





Investing in Children's Services

Country recommendations

Country recommendations

Belgium

Principle 4: Implement measures for families at risk of homelessness due to eviction

The Belgian government should seek to agree cooperation protocols with the courts, private owners, social services and the banks as a preventive measure against evictions of families with children. In addition, a system for the uniform registration of the number of evictions must be deployed at federal level in order to get a better idea on the number of evictions across the regions as well as on the profile and the composition of the households that have been evicted.

Principle 5: Enhance the quality of alternative care

There is not a federal agency with responsibility for collecting child protection data across the three regions. Therefore, it is advisable that the federal government assigns a national/federal agency with the statutory duty of improving national statistics in child protection with data from the three regions of Wallonia, Flanders and Brussels. Information should include the reasons to place children under child protection measures, mechanisms implemented, the numbers of children under each measure and differentiation between residential and foster care.

Bulgaria

Principle 3: Improve health systems' responsiveness to address the needs of disadvantaged children, specifically children with disabilities and mental health problems

There is a lack of mental health services, which is an under-developed area of healthcare in Bulgaria. Therefore, it is recommended that the Bulgarian government:

- reinstates financing of national mobile groups of psychologists, because of their key role in supporting children at risk in kindergartens and school;
- finances psychosocial services for children at risk beyond projects to ensure service sustainability;
- invests in increasing the number of child psychiatrists and psychotherapists and enhancing their qualifications.

Principle 4: Make it possible for vulnerable families with children to access affordable housing

There is a shortage of social housing across the country, especially in big cities. Public social housing amounted to 2.6% at the last census in 2011, compared to 16.2% in 1985. Therefore, there is a need to invest in a national programme of affordable accommodation in cooperation with local authorities to ensure that vulnerable families have access to housing.

Principle 5: Enhance family support and the quality of alternative care

Efforts have been made to ensure that professionals at hospitals recognise the initial signs of risk. Increasing the knowledge and skills of health professionals, who are at the front line of interaction with children and families, to provide appropriate and timely support to children at risk is key to prevent institutionalisation. We also recommend investment in multidisciplinary teams consisting of health professionals, psychologists and child protection social workers at the hospitals to prevent child abandonment.

France

Principle 1: Invest in early childhood education and care, specifically incentivising the participation of children from disadvantaged backgrounds

Though formal childcare providers (crèches and childminders) are subsidised and fees are income-related, for low-income families these services still remain too expensive, as shown by the fact that almost all children under three from the lowest income families are cared for mainly by their parents. Therefore, there is a need to improve formal childcare provision to lower costs in order to improve access to ECEC for low-income families with children under the age of three.

Principle 4: Make it possible for vulnerable families with children to access affordable housing

There are difficulties for disadvantaged families to access social and affordable housing located in areas well served by public transport and in an adequate living environment. Therefore, it is recommended that the French government develops a comprehensive housing strategy tackling both issues — the supply of public social housing and incentives to promote access to affordable housing in the private sector.

Germany

Principle 2: Improve education systems' impact on equal opportunities

The evaluations of the German school system have repeatedly come to the conclusion that the German school system shows a high degree of social selectivity. The school performance of pupils is greatly dependent on the economic, social and educational status of their parents. Having recognised the difficulties experienced by children from ethnic or migrant origin, it is recommended that as part of national integration efforts, the school performance of children with a migrant background is improved and the results are monitored.

Principle 4: Avoid segregation by promoting a social mix in local housing planning

Several research studies have come to the conclusion that social segregation is currently increasing in German cities. Children and young people are particularly affected by worsening housing and living conditions in certain city areas. Therefore, the implementation of integrated urban strategies is recommended between the federal government and the states at local level to tackle the issue of segregation in cities.

Hungary

Principle 2: Improve the impact of education on equal opportunities

Approximately 5% of students have special needs, but only half of them receive specialist support. There is a need to invest in early intervention and detection, improving teachers' training and allocating further resources to ordinary schools so that they become ready to integrate children with special needs.

Principle 2: Improve the impact of education on equal opportunities, specifically desegregation policies to strengthen comprehensive schooling

Segregation in Hungary has been increasing in schools. Although a desegregation policy is mentioned in the National Inclusion Strategy and a roundtable for desegregation was established, the roundtable has not been convened and some experts have resigned in the face of its ineffectiveness. Therefore, it is recommended that a desegregation toolkit is developed, including the reasons and consequences of school segregation and measures to address it.

Principle 3: Invest in preventive health services, particularly during the early years

Positions for general practitioners, paediatricians, health visitors and dentists remain vacant. This poses a problem in reaching out to children who may be at risk of developing health problems. There are also significant regional differences in healthcare provision. The development of overarching provisions aimed at improving the number of specialists is recommended, and reducing territorial inequalities in healthcare provision. The implementation of the early childhood intervention programme could contribute to this purpose.

Principle 5: Enhance the quality of alternative care

Several cases have revealed holes in the signalling system, which aims at identifying children at risk. In order to improve the detection of problems, it is recommended that investment is made to assess and reinforce cooperation between the specialists.

Ireland

Principle 1: Invest in early childhood education and care, specifically ensuring its affordability

OECD figures indicate that early education costs in Ireland as a proportion of family income are among the highest internationally, and for lone parents are the highest in the OECD. For many families, particularly families on low income or experiencing poverty, the cost is a significant barrier to participation. Therefore, it is recommended that the Irish government puts in place appropriate measures to increase the number of early education and childcare services to lower the costs and increase participation.

Principle 3: Address the obstacles to accessing healthcare for children, specifically costs

Healthcare costs have been identified as a key barrier to healthcare for low-income families with children. It is recommended that the Irish government extends free GP access to all children under the age of 18.

Principle 5: Enhance the quality of alternative care

An investigation by the Ombudsman for Children found significant gaps in the approach to registering, inspecting and monitoring of children's residential centres (run by private and voluntary agencies). As suggested by the Ombudsman for Children, it is recommended to assess the possibility of transferring the inspection of these centres to HIQA (Health Information and Quality Authority).

Italy

Principle 2: Improve education's impact on equal opportunities, specifically professionals' profiles

The presence of specialised teachers — distributed at a ratio of one specialised teacher per 138 students, both with and without disabilities — is the main element of support for children with disabilities in schools. It is recommended that the number of specialised teachers is determined according to the number of children with disabilities in each local area to ensure that the demand is adequately met.

Principle 2: Improve education's impact on equal opportunities, specifically train teachers for social diversity

There is a need to differentiate the forms in which foreign children born in Italy, foreign children reunited with their families and unaccompanied minors are supported in schools. It is recommended that investment is made in improving teachers' training, as it is central to the reception and integration of children and families with different cultural origins.

Principle 3: Address the obstacles to accessing healthcare for children, specifically costs

The crisis has had an impact on children's vulnerability. In 2013, 1.43% of children aged 0 to 13 were victims of health poverty, meaning that they did not have access to medication and treatment. On a similar note, as a result of the crisis, families with children have often reduced their food expenditure. From 2007 to 2012, there was a reduction in food spending of 66% by families with children, a phenomenon that was more common in the south of the country. It is recommended that this phenomenon is researched with the aim of developing specific measures to address it and mitigate consequences in children's future health.

The Netherlands

Principle 2: Promote desegregation policies that strengthen comprehensive schooling

There has been a significant increase in the number of 'ethnic schools', where over 60% of the school population has a minority ethnic background. It is recommended that specific measures are implemented to promote the participation in schools of children from mixed backgrounds.

Segregation in the Netherlands has been increasing in schools. It is recommended that a desegregation toolkit is developed, including the reasons and consequences of school segregation and measures to address it.

Poland

Principle 1: Provide access to quality, inclusive and affordable early childhood education and care

In view of the lack of services for children aged 0 to 3 and that all these services are paid for by parents themselves, the development of specific measures to improve provision is recommended, and also financial incentives to promote the participation of children, especially the most disadvantaged.

Principle 4: Provide families with safe, adequate housing addressing overcrowding

The number of households exceeds the number of homes, forcing families to cohabit and frequently properties are overcrowded. It is recommended that the Polish government develops a comprehensive response to address this issue in cooperation with local authorities to increase social housing supply, rental housing in the private market and the share of affordable accommodation.

Principle 4: Support families with children at risk of eviction

There is a need to ensure that local authorities have the necessary means to provide families with children at risk of eviction with temporary accommodation and that there are mechanisms in place to make sure that the municipalities fulfil their legal obligation to do so.

Principle 5: Enhance the quality of alternative care

There has been progress in placing children in alternative care, but the recommendation is to improve training for professional foster carers, counselling and support services for foster families and to work with prospective foster parents to increase the number of caretakers for children with disabilities.

Portugal

Principle 2: Develop and implement a comprehensive policy to reduce early school leaving

Early school leaving, which was 20.8% in 2012, remains a social and educational concern. Therefore, it is recommended that a specific early school leaving strategy is developed, focusing on prevention, intervention and compensation measures along the lines of European recommendations.

Principle 4: Support families with children at risk of eviction

The number of new processes for eviction increased by 12% between 2010 and 2012. It is recommended that the Portuguese government develops a comprehensive strategy to address housing problems, including mediation between local social services, legal services and the banks as well as targeted housing benefits, increase in supply of social housing and affordable accommodation.

Principle 5: Enhance the quality of alternative care

As recognised by the annual report of the situation of children in care, it is worrying that when children need to be placed in care the response most commonly applied is long-term residential care, whilst kinship care and professional foster care are hardly used (4.5% and 0.4% of cases respectively). Therefore, it is recommended that the Portuguese government invests in supporting and promoting alternative forms of family care as part of a wider strategy to deinstitutionalise child protection.

Romania

Principle 1: Invest in quality, inclusive and affordable early childhood education and care

Due to the lack of specific legislation before 2011, a number of ECEC services for children aged 0 to 3 were set up without adequate quality standards. Therefore, the implementation of the 2011 legislation is recommended and coordinated efforts with local authorities to enhance provision of ECEC and improve participation of children aged under three.

Principle 3: Improve health systems' responsiveness to address the needs of disadvantaged children, specifically children with disabilities and mental health problems

There is a limited offer of preventive services within the basic package of health services and therefore it is challenging to identify health risks, particularly in the case of children coming from disadvantaged communities. Mental health care for children and young people is mainly concentrated in hospitals, with an excessive orientation towards medical and curative care instead of prevention. Therefore, the development of a network of children and adolescent mental health services at local level is recommended, as part of an integrated strategy to promote access to healthcare for disadvantaged children.

Principle 4: Provide children with a safe, adequate housing and living environment

There is a need to develop an overarching housing strategy with two key pillars: address housing accessibility and prevent evictions. Addressing housing accessibility is especially relevant for young people and other vulnerable groups. Improving the access of vulnerable groups to housing should be accomplished through a better coordination mechanism at national level and reinforcing the capacity of local authorities to improve the housing stock. Therefore, the development of specific safeguards for vulnerable families and preventive services, such as mediation, is recommended.

Principle 5: Enhance family support, specifically tackling family's material deprivation

Parental poverty still represents a reason to take children into care in 44% of cases. Therefore, there is a need to invest in prevention and financial support for parents in socio-economic difficulties as part of a wider strategy to address issues around the stress that poverty can also pose on parenting.

Spain

Principle 1: Invest in early childhood education and care, incentivising the participation of disadvantaged children

In a hugely varied context of ECEC provision across the regions, it is recommended to develop a similar framework to Educa3 that was implemented until 2012 with the aim of having a framework across the whole country, specific actions and territorial coordination on the basis of an implementation agreement between the national and the regional governments. This should pay specific attention to improving access for children from disadvantaged families, currently under-represented.

Principle 2: Provide for the inclusion of all children and adequately monitor results

In general, the regions have developed specific plans to foster equal opportunities in education, but show limited implementation and lack of evaluation of normative programmes with regards to achieving their objectives. It is recommended that a national monitoring mechanism is established at national level, accompanied by specific resources for this purpose, to encourage evaluation of inclusive education at regional level.

Principle 3: Improve health systems' responsiveness to address the needs of disadvantaged children

There are significant differences in regards to care provision for vulnerable groups across the regions. This applies to irregular immigrants or pregnant teenagers. It is therefore recommended that a national coordination mechanism is established to work with the regions in the homogenisation of standards.

Principle 4: Support families and children at risk of eviction

The number of evictions has increased significantly during the crisis, but no national responses have been deployed. The development of national minimum provisions is recommended, including the establishment of a share of subsidised housing for disadvantaged families with dependent minors and a statutory duty for local authorities to accommodate families at risk of eviction.

Sweden

Principle 2: Provide for the inclusion of all students and adequately monitor results

It has been reported that freedom to choose school has impacted negatively on inclusion in the education system in Sweden. It is recommended that desegregation policies are coupled with devoting further resources to schools in vulnerable desegregation as part of a comprehensive schooling strategy.

Principle 2: Create the conditions to foster the inclusion in schools of migrant and ethnic minority children, strengthening the role of teachers and training them for diversity

There are no provisions to foster the inclusion of migrant and ethnic minority children at national level. In light of the current migration crisis, the development of an integrated strategy is recommended, to support pupils who have just arrived in the country, including local planning, a systematic assessment of children's needs and to enhance competences of professionals working in education.

United Kingdom

Principle 2: Improve education's impact on equal opportunities

In countries where the freedom of school principle has been applied for a number of years, like Sweden and the Netherlands, it has been reported that the freedom to choose school has impacted negatively on inclusion in education. It is recommended that the UK government conducts a study on the impact of freedom of school choice on segregation and disadvantaged families in England, where it has been applied for four years.

Principle 2: Improve education's impact on equal opportunities and

Principle 3: Improve health services' responsiveness to address the needs of disadvantaged children

No specific actions have been identified for vulnerable children, such as the Gypsy/Traveller and Roma communities, and children of imprisoned parents. It is recommended that the UK Government and the decentralised administrations develop specific strategies to address the social inclusion of vulnerable children, who face multiple disadvantages.

There are no specific provisions for undocumented minors either. Therefore, it would be helpful if there was an assessment of unmet needs amongst this group of children and young people in order to identify if there are any gaps in service provision. This should include consideration of the needs of children and young people from these groups who have experienced, or are at risk of, sexual exploitation.

Investing in Children's Services

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The European Commission's Recommendation 'Investing in children' acknowledges access to quality services as a key pillar of comprehensive children's policies. Between 2013 and 2016, the European Social Network (ESN) has been working with agencies at various governance levels to map the implementation of children's services in 14 European countries. This has helped us to identify strengths and gaps and suggest proposals for children's services development in line with the European Recommendation.