

# Delivering the EU Child Guarantee

Practical lessons for effective interventions

A synthesis of findings of operational research on 15 pilot models of intervention for children and families in need in Bulgaria, Croatia, Greece and Italy



## UNICEF INNOCENTI – GLOBAL OFFICE OF RESEARCH AND FORESIGHT

UNICEF Innocenti – Global Office of Research and Foresight tackles the questions of greatest importance for children, both current and emerging. It drives change through research and foresight on a wide range of child rights issues, sparking global discourse and actively engaging young people in its work.

UNICEF Innocenti equips thought leaders and decision makers with the evidence they need to build a better, safer world for children. The office undertakes research on unresolved and emerging issues, using primary and secondary data that represent the voices of children and families themselves. It uses foresight to set the agenda for children, including horizon scanning, trends analysis and scenario development. The office produces a diverse and dynamic library of high-level reports, analyses and policy papers, and provides a platform for debate and advocacy on a wide range of child rights issues.

UNICEF Innocenti provides, for every child, answers to their most pressing concerns.

The findings, interpretations and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNICEF.

Extracts from this publication may be freely reproduced if accompanied by the following citation: Delivering the EU Child Guarantee: Practical lessons for effective interventions. UNICEF Innocenti – Global Office of Research and Foresight, Florence, 2023. Requests to utilize larger portions or the full publication should be addressed to the Communications Unit at: [researchpublications@unicef.org](mailto:researchpublications@unicef.org).

Correspondence should be addressed to:

UNICEF Innocenti – Global Office of Research and Foresight  
Via degli Alfani, 58  
50121 Florence, Italy  
Tel: (+39) 055 20 330  
Fax: (+39) 055 2033 220  
[innocenti@unicef.org](mailto:innocenti@unicef.org)  
[www.unicef-irc.org](http://www.unicef-irc.org)

@UNICEFInnocenti on Twitter, LinkedIn,  
Facebook, Instagram and YouTube

© 2023 United Nations Children’s Fund (UNICEF)

Cover photo: © UNICEF/UNI276636/Cosic

Graphic design: Small World Stories

Editorial production: UNICEF Innocenti

# **Delivering the EU Child Guarantee**

## Practical lessons for effective interventions

A synthesis of findings of operational research on 15 pilot models of intervention for children and families in need in Bulgaria, Croatia, Greece and Italy

## Acknowledgements

This report was written by: Sabbiana Cunsolo, Gwyther Rees, Maja Tadić, Raya Mihaylova, Argyro Karakosta, Valentina Mutti, Cristina Pozneanscaia and Emanuela Bianchera.

The authors would like to acknowledge the contributions made to the completion of this report by: the key stakeholders who participated in interviews and contributed their views to make the research possible; UNICEF colleagues in the Bulgaria, Croatia, Greece and Italy offices and the Europe and Central Asia Regional Office; the research agencies that undertook data gathering – Global Metrics in Bulgaria, Ivo Pilar Institute in Croatia, Alma Economics in Greece, and Fondazione Iniziative e Studi sulla Multietnicità in Italy; and UNICEF Innocenti colleagues in the Social and Economic Policy, Operations, Communications and Editorial teams.

A particular thanks goes to Dominic Richardson (UNICEF Innocenti) who initiated this project and provided guidance throughout; and to Anne-Catherine Guio (Luxembourg Institute of Socio-Economic Research) and Hugh Frazer (Maynooth University) who acted as external peer reviewers for their valuable feedback and suggestions.

This research was funded by the European Commission as part of Phase 3 of the preparatory action for the European Child Guarantee.

## Abbreviations and acronyms used in the report

<b>AROPE</b>	At risk of poverty and social exclusion
<b>CG</b>	Child Guarantee
<b>CNCA</b>	Coordinamento Nazionale Comunità di Accoglienza (Italy)
<b>DG</b>	Directorate General
<b>DI</b>	Deinstitutionalization
<b>ECD</b>	Early childhood development
<b>ECE</b>	Early childhood education
<b>ECEC</b>	Early childhood education and care
<b>ESF</b>	European Social Fund
<b>EU</b>	European Union
<b>EU-27</b>	All 27 current member states of the EU
<b>FC</b>	Foster care
<b>ICH</b>	Institute of Child Health (Greece)
<b>IE</b>	Inclusive education
<b>INVALSI</b>	Istituto nazionale per la valutazione del sistema educativo di istruzione e di formazione (Italy)
<b>M&amp;E</b>	Monitoring and evaluation
<b>NGO</b>	Non-governmental organization
<b>OAED</b>	Labour Employment Office (Greece)
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PS</b>	Peer support
<b>SIL</b>	Supported independent living
<b>UNICEF</b>	United Nations Children’s Fund
<b>YE</b>	Youth employability

# Contents

Acknowledgements	4
Abbreviations and acronyms used in the report	4
<b>1. Introduction</b>	<b>6</b>
1.1. The European Child Guarantee	6
1.2. The UNICEF context	7
1.3. A brief overview of the 15 interventions	8
1.4. Operational research – methodology, methods and process	8
1.5. Structure of this report	11
<b>2. Working together: Planning, co-ordination and integration</b>	<b>12</b>
2.1. The integrated services approach	12
2.2. Overall co-ordination	13
2.3. Integrated working at the national level	15
2.4. Linking the national, regional and local contexts	17
2.5. The involvement of regional and local levels of governance in planning	18
2.6. The local co-ordination process	19
2.7. Structures, mechanisms and systems for integrated working	22
2.8. The social service workforce	22
<b>3. Putting things into action: Learning from the implementation</b>	<b>25</b>
3.1. Selecting models of intervention	25
3.2. Innovation	26
3.3. Assessment of the needs of beneficiaries	30
3.4. Challenges to implementation and lessons learned	34
3.5. Monitoring and evaluation	38
<b>4. Engaging beneficiaries: Participation and inclusion</b>	<b>39</b>
4.1. Participation	40
4.2. Inclusion	42
<b>5. Looking to the future: Sustainability, replicability and scalability</b>	<b>48</b>
5.1. Sustainable social services	48
5.2. Financial sustainability	49
5.3. Non-financial factors related to sustainability	51
<b>6. Key messages</b>	<b>53</b>
6.1. Laying the foundations	53
6.2. Developing interventions at the local level	55
6.3. Supporting the Child Guarantee at the EU level	56
Bibliography	59
Appendix 1: Summary of the models of interventions for each country	62
Appendix 2: Research methods	66

# 1. Introduction

How can we ensure that all children ‘at risk of poverty and social exclusion’<sup>1</sup> living in the European Union (EU) have access to services that meet their basic needs? That is the question set by the European Commission for the pilot phases of the Child Guarantee – its initiative to tackle child poverty and social exclusion. It is also a question that this report explores, by capturing learning from 15 pilot projects in 4 countries that have provided services to some of the most disadvantaged groups of children and families.

## 1.1. The European Child Guarantee

The European Child Guarantee (CG) aims to reduce and prevent child poverty and social exclusion. The concept of being ‘at risk of poverty or social exclusion’ (AROPE) refers to people who are at risk of poverty, or severely materially and socially deprived, or living in a household with a very low work intensity.<sup>2</sup> The Child Guarantee began in 2015 with a call from the European Parliament to take action “so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty.”<sup>3</sup> This initiative was taken up in 2019 when the European Commission President, Ursula von der Leyen, announced the creation of the European Child Guarantee.<sup>4</sup>

Alongside the above actions, three preparatory phases of work were commissioned.<sup>5</sup>

Phase 1 was a feasibility study that gathered data and information from 28<sup>6</sup> country experts in relation to four<sup>7</sup> key target groups: (a) children in institutions; (b) children with disabilities; (c) children with a migrant background (including refugee children); and (d) children living in precarious family situations. The study reviewed evidence on these children’s living situations under the five thematic areas of the Child Guarantee: housing, health care, nutrition, early years and education. The study was undertaken by Applica and the Luxembourg Institute of Socio-Economic Research in partnership with Eurochild and Save the Children. The final report (Frazer et al., 2020) and accompanying papers were published in 2020.

Phase 2 focused on the economic implementation framework of the proposed initiative and its financial foundation. It investigated the potential and cost estimates for free school full meals; free early childhood education and care (ECEC); removing school costs; free regular health examinations and follow-up treatment; and services aimed at preventing and fighting child homelessness. It also looked at cross-cutting initiatives to ensure integrated services. The study (Guio et al., 2021) was undertaken by the Luxembourg Institute of Socio-Economic Research and Applica in partnership with PPMI, Eurochild and Save the Children.

1. This is a term used by the EU and is explained in subsequent footnotes.

2. <[<https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At\\_risk\\_of\\_poverty\\_or\\_social\\_exclusion\\_\(AROPE\)>](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE))>

3. <[<https://op.europa.eu/s/x0iE>](https://op.europa.eu/s/x0iE)>

4. <[<https://ec.europa.eu/social/main.jsp?catId=1428>](https://ec.europa.eu/social/main.jsp?catId=1428)>

5. See <[<www.europarl.europa.eu/RegData/etudes/ATAG/2019/640130/EPRS\\_ATA\(2019\)640130\\_EN.pdf>](http://www.europarl.europa.eu/RegData/etudes/ATAG/2019/640130/EPRS_ATA(2019)640130_EN.pdf)> for a general explanation of how pilot projects and preparatory actions are conceived within EU processes.

6. The United Kingdom was at that time a member of the European Union.

7. The term ‘target group’ was used during Phase 1. The final Council Recommendation (EU) 2021/1004 does not use this term but identifies six disadvantaged groups that should be considered ‘wherever appropriate’ in developing national action plans: (a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care and (f) children in precarious family situations.

Phase 3 aims “to test how the [Child Guarantee] could work in practice and provide recommendations for its successful design and implementation.”<sup>8</sup> This phase includes:

- a rapid evidence assessment on policy integration and co-ordination;
- developing monitoring indicator frameworks;
- setting up organizational structures (e.g., interministerial steering committees) to develop ‘deep dive’ analyses;
- the development of national action plans<sup>9</sup> in seven EU member states (Bulgaria, Croatia, Greece, Italy, Germany, Lithuania and Spain); and
- pilot models of intervention in the first four of these countries.

During the course of this phase, the United Nations Children’s Fund (UNICEF) provided regular programmatic updates and hosted a number of online events<sup>10</sup> to share emerging learning. An external evaluation has been commissioned of this activity.

The pilot models of intervention are the focus of this report. It should be noted that the above activities were overlapping. That means, for example, that the models of intervention were not sufficiently well developed and tested to inform the national action plans; and at the same time, the national action plans do not always make recommendations related to the specific models of intervention piloted.

## 1.2. The UNICEF context

UNICEF works in over 190 countries and territories. In most countries, UNICEF has a country office which is responsible for activities at the national level to promote and protect children’s rights, working closely with national governments. These country offices are organized into seven regions, each of which is supported by a regional office. In addition, in 33 high-income countries and territories there are National Committees, which both raise funds for UNICEF’s work and undertake advocacy. The National Committees are independent entities affiliated to UNICEF but typically registered in their own country as not-for-profit organizations.

Within the context of the EU, at the time when the Child Guarantee work was initiated, UNICEF had country offices in four countries: Bulgaria, Croatia, Greece and Romania, and an ‘outpost’ in Italy set up to respond to the Mediterranean refugee crisis. (More recently, outposted operations providing refugee and migrant response have also been set up in Czechia, Hungary, Poland and Slovakia). There are also National Committees in 19 EU countries, including Italy. In four EU countries – Cyprus, Estonia, Latvia and Malta – UNICEF has no formal presence.

The particular configuration of UNICEF within the EU-27 explains the way in which Phase 3 of the Child Guarantee was designed. Following discussion with the European Commission, seven countries were chosen for this initiative as indicated in the previous section to represent a range of contexts across the EU-27. Among these seven, four were chosen to pilot models of intervention. These countries – Bulgaria, Croatia, Greece and Italy – were places where UNICEF already had a presence in delivering direct interventions to children and their families, and three of them (all except Croatia) were among the five countries in the EU with the highest rates of children AROPE in 2021.<sup>11</sup>

8. <https://ec.europa.eu/social/main.jsp?catId=1428>

9. This was part of the proposal for Phase 3, which was prior to the Council Recommendation that endorsed the development of national action plans as a standard process across the EU-27.

10. [www.unicef.org/eca/european-child-guarantee#highlevevents](http://www.unicef.org/eca/european-child-guarantee#highlevevents)

11. [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children\\_at\\_risk\\_of\\_poverty\\_or\\_social\\_exclusion](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion)

### 1.3. A brief overview of the 15 interventions

The 15 models of intervention studied in this report are based on an initial proposal as part of the agreement between the European Commission and UNICEF. They were designed to cover the key target groups<sup>12</sup> of children who are seen as particularly at risk of social exclusion and to address the key thematic areas<sup>13</sup> of the Child Guarantee. Given the short timescales of this pilot phase, the models of intervention were developed on existing services implemented previously by UNICEF across the four countries with some refinements and innovations in order to effectively work with the specific target groups of the Child Guarantee.

After the initial proposal was accepted, the models were then further refined through discussions between UNICEF, national governments and other entities within each country. This led to some changes in the configuration of the models. The detailed planning of the interventions was then developed at a local level by UNICEF country offices in collaboration with implementing partners and other relevant governmental and non-governmental organizations.

Table 1.1 summarizes the 15 interventions covered in this report and their target groups. Appendix 2 contains a more detailed description of each model of intervention and some basic information about their scale and reach.

The original timeline for Phase 3 of the Child Guarantee – including the above models of intervention – was 24 months, ending in July 2022. This was already an ambitious target, but the programme was disrupted by the COVID-19 pandemic, which had a major impact on the planning and implementation of the activities<sup>14</sup>. The restrictions introduced in all four countries created a number of logistical problems. In addition, the wait for a vaccine and sometimes low rates of vaccination among target populations made it very difficult or impossible to conduct planned activities ‘in person’. The requirement for vaccination certificates for people using the services created an additional barrier. As a result of the COVID-19 pandemic, together with some other challenges discussed in Chapter 3, the programme was extended to March 2023.

In addition to COVID-19, other national and international events and developments occurred during this phase of the Child Guarantee, all of which presented challenges for the implementation of the pilots – including national elections and changes of government in Bulgaria and Italy, the impact of the war in Ukraine, and the cost-of-living crisis throughout Europe.

### 1.4. Operational research – methodology, methods and process

The operational research described in this report was commissioned by the Europe and Central Asia Regional Office from UNICEF Office of Research – Innocenti<sup>15</sup> (UNICEF Innocenti). The defined aims were:

1. to provide timely feedback to the implementing teams in each country and to other relevant national stakeholders; and
2. to learn from the planning and programming experience in the four implementation areas of Phase 3 of the Child Guarantee, to generate generalizable evidence on the practicalities of implementing effective and efficient services and interventions for children in need in Europe.

This report focuses on the second of these aims. It does not represent an ‘evaluation’ of the 15 interventions. Neither is the purpose to compare the initiatives in each country. The objective is to extract key learning from this component of the Phase 3 initiative which can be of value to, and inform, the rollout of the Child Guarantee programme in all 27 EU countries.

12. It should, however, be noted that these evolved a little during the three pilot phases and the list of six target groups in the Council Recommendation had not been finalized at the time that the proposal for Phase 3 was developed. Thus, there were no pilot models of intervention targeted specifically at homeless children or children with mental health issues, as reflected in Table 1.1.

13. In the final Council Recommendation, these are:

- a) effective and free access to high quality early childhood education and care, education and school-based activities, at least one healthy meal each school day, and healthcare; and
- b) effective access to healthy nutrition and adequate housing.

14. The plan for this pilot programme was finalized in July 2020 after many of the initial lockdowns had ended. However, there were ongoing repercussions and restrictions in some of these countries during the second half of 2020 and during 2021.

15. The functions of the office are now merged into UNICEF Innocenti – Global Office of Research and Foresight.



Table 1.1: Interventions and target groups of the 15 models studied in this report

Intervention	Target group (within the Child Guarantee) and characteristics
<b>Bulgaria</b>	
1 Home-visiting services	Families in precarious situations with children 0–3 years old, including families and children from marginalized Roma communities
2 Early childhood interventions	Children (0–7 years old) with disabilities and developmental difficulties
3 Quality inclusive preschool education	Children 3–6 years old, including children with disabilities and learning difficulties
4 Child- and family-centred preventative and support services	Children (0–18 years old) in precarious family situations, with a focus on children in marginalized Roma communities
<b>Croatia</b>	
1 Integrated child protection and family support services	Children and their parents living in precarious family situations (including families living in poor households, with special focus on Roma children and families)
2 Inclusive pre-primary education (IE)	Children in pre-primary education living in precarious family situations
3 Early childhood intervention services	Children with disabilities up to the age of 7 and their parents (Roma and non-Roma children with developmental delay, disability or at risk of developmental delay)
<b>Greece</b>	
1 Supporting deinstitutionalization (DI) and strengthening community-based care	Children in institutional/alternative care, front-line workers (social workers, residential care workers, social service work force)
2 Strengthening the foster care (FC) system	Children in institutions/alternative care, social workers and other relevant personnel of community social services, children in precarious family situations, foster carers
3 Supported independent living (SIL)	Children in institutions/alternative care
4 Life skills and job readiness for youth living in precarious situations (YE)	Adolescents at risk, including unaccompanied children and children with complex needs (e.g., with disabilities)
5 Strengthening inclusive education (IE)	Children with disabilities, children and young people in migration, teachers
<b>Italy</b>	
1 Foster care for vulnerable minors (FC)	Unaccompanied and separated children and children with a migrant background
2 UPSHIFT, developing twenty-first-century skills that promote academic pathways and school-to-work transitions	Young people of upper secondary school age (14–19 years old), especially from disadvantaged backgrounds
3 Peer support (PS) between families through the actions of family centres	Families at risk of exclusion (with a focus on families with children with disabilities)

The initial planned methodology consisted of two waves of data gathering from key stakeholders and beneficiaries. However, as with other aspects of the initiative, the Wave 1 data collection plans were disrupted by the COVID-19 pandemic and it was not possible to do 'in person' data gathering from beneficiaries as originally envisaged. It also proved not to be possible to gather data from children and families who were beneficiaries of the interventions at Wave 2 (early 2023). Some focus groups, however, were conducted with professionals and kindergarten teachers who were the direct beneficiaries in some models of intervention. The outcomes of these focus groups will be published separately.

The key stakeholder interviews were conducted online by national research agencies commissioned by UNICEF Innocenti or, in some cases, by research staff at UNICEF Innocenti. The stakeholders were purposively selected from lists provided by each UNICEF country office to represent a range of professionals engaged in each of the specific models of intervention, together with some key informants (including national policy representatives) with a more overarching view of the initiatives within each country. More details of the design and outcomes of the sampling strategy is contained within Appendix 2. In total, 85 interviews were conducted at Wave 1 and 79 interviews at Wave 2. These interviews covered 121 stakeholders (as the majority participated in both waves). Participation rates were 73 per cent in Wave 1 and 71 per cent in Wave 2. This included some replacement participants, where the participants initially selected chose not to participate.

The interviews were semi-structured and lasted for around an hour on average. They focused on seven key themes: planning, implementation, integrated working, monitoring and evaluation, participation, inclusion, and sustainability. The interview guides for each wave are contained within Appendix 2. All interviews were audio-recorded and transcribed in the original language (which was the main language of each country).

The interviews were first coded in NVivo software by first-language speakers using a deductive framework based on the interview topics and research questions/themes; then, an inductive coding strategy was used to extract further themes from the interview transcripts. The coding framework was developed by the analysts in each country and then harmonized through regular online group discussions. The emerging themes and ideas from these analyses were developed further and refined during a three-day analytical workshop at the UNICEF Innocenti office in Florence. This report represents a synthesis of the material from both waves in all four countries.

To complement the material from the data analysis, a literature review was conducted using academic and 'grey' literature focusing on key conceptual themes from the report. Further details of the review process are provided in Appendix 2.

All aspects of the primary data-gathering research received approval from Health Media Labs, who hold an institutional contract with UNICEF Innocenti to provide independent high-quality ethical reviews.

### 1.4.1. Strengths and limitations

The data gathered through this research represent an insight into the lessons learned from an important set of pilot projects that were designed to test the idea of delivering interventions to some of the groups of children in Europe at highest risk of social exclusion. The detailed reflections of a carefully selected set of professionals working in different roles, from national policymakers to local practitioners, explore the types of challenges that may be encountered in the broader implementation of the Child Guarantee, and identify some potential solutions to these challenges.

The findings offer an overview, from a range of professional perspectives, of the implementation of these 15 specific models of intervention in four countries. As such, these findings are not directly generalizable to the wide range of other possible interventions and settings that will be encountered when the Child Guarantee is fully implemented. The key messages can inform such initiatives, however, while taking into account the importance of considering differences in contexts.

The research was not intended to evaluate the outcomes of the work with children and families, nor to compare the initiatives either at an intervention level or at a country level.<sup>16</sup>

16. In Italy, the UPSHIFT model has been evaluated by an external research agency subcontracted by the implementing partner Junior Achievement Italia. However, the report of the evaluation is not available at the time of writing (March 2023).

## 1.5. Structure of this report

The remainder of this report is divided into five chapters:

**Chapter 2** focuses on the network of working relationships that were required to plan and implement the models of intervention in each country. The analysis approaches this topic from the perspective of the concept of integrated working. It discusses the national, regional and local co-ordination of the initiative and explores a range of topics such as structures and institutions, national policy alignment, legislation, and workforce issues, providing a broad context for this initiative.

**Chapter 3** explores the process of putting the models of intervention into practice, some of the challenges encountered and the solutions developed. It describes and analyses the ways in which the models of intervention were conceptualized, the types of innovations introduced, how needs analysis was conducted, the process of implementation, and the monitoring and evaluation systems used.

**Chapter 4** then focuses on two key aspects of the initiatives related directly to beneficiaries: participation and inclusion. It presents key ideas related to each of these concepts and explores the ways in which these two aspects were tackled during the planning and implementation.

**Chapter 5** looks to the future by providing an oversight of research participants' hopes and preoccupations regarding the sustainability of the types of models of intervention piloted in this initiative, and the way they might be scaled up in the future.

**Chapter 6** identifies the key messages from this synthetic analysis and discusses a range of potential implications, including the overall vision of the Child Guarantee, lessons learned and action points for the future at the national and local levels, and the evidence requirements to support the full implementation of the Child Guarantee initiative in the years to come.

Appendices contain more information as follows:

**Appendix 1** supplies descriptions of the models of intervention.

**Appendix 2** provides details of research methods.

## 2. Working together: Planning, co-ordination and integration

This chapter focuses on the ways in which the Phase 3 initiative was initially developed in each country, with particular attention to the decisions made about the models of intervention which are the focus of the research.

### 2.1. The integrated services approach

This section introduces the concept of integration. The integrated services approach in social policy refers to the co-ordination and delivery of social services across multiple sectors and agencies. The aim of this approach is to provide a more holistic and efficient response to social needs, particularly for vulnerable and marginalized populations.

Promoting social inclusion and protecting citizens' rights, particularly for the most vulnerable and marginalized groups in European society, has been a key priority for both the EU and the Council of Europe in recent decades (Treaty of Lisbon, 2007; European Commission, 2015a, 2015b). There is a growing body of evidence highlighting the benefits of an integrated approach – as opposed to separate service provision – including improved speed of response to identified needs; simplified decision-making processes involving fewer people; better use of resources; improved communication; and increased user satisfaction and empowerment (Treaty of Lisbon, 2007; European Commission, 2015a; Montero et al., 2016). Integrated systems of care have therefore been regarded as a potential solution and alternative to the 'silo' approach and fragmented administration of national and local services, in favour of multi-agency teams at the national, regional and local level (Tesliuc et al., 2015; Treaty of Lisbon, 2007; European Commission, 2015a). Integrated systems of public services are particularly beneficial for the most disadvantaged and marginalized groups, who often face complex and multifaceted problems requiring joint and co-ordinated efforts and solutions across different sectors and levels.

Integration can be achieved in two ways: vertically, by promoting structured and collaborative efforts among different levels of government; and horizontally, by connecting services offered by distinct sectors (Organisation for Economic Co-operation and Development, 2015). On the macro level, vertical integration involves strategies to achieve effective collaboration on policies and services among various government levels (national, regional and local). On the micro level, vertical integration pertains to residential, community and home-based services aimed at addressing the distinct needs of user groups within different social services. On the other hand, horizontal integration implies bringing together public services which were previously separate, in the best interest of service users, such as combining health and social services (Treaty of Lisbon, 2007; European Commission, 2015a; Montero et al., 2016).

In the context of horizontal integration, a key element for successful integrated service delivery is the creation of multidisciplinary teams consisting of professionals from different agencies and sectors, along with approaches such as case management and one-stop shops (i.e., one single entry point to services). It is also one of the key elements of successful integration (Montero et al., 2016). Multidisciplinary teams are formed to meet the needs of service users and can be utilized at both the managerial and practitioner levels. Establishing multidisciplinary teams of professionals at the community level can be seen as the first step towards the realization of a formal integrated system of services (Tesliuc et al., 2015).

Other frameworks and models can be useful in conceptualizing and guiding integration of services across sectors. One such framework is the ‘integration ladder’ by Munday (2007) which refers to the continuum of service integration. The ladder consists of eight levels illustrating an upward progression – going from almost no attempt at integration through approaches of co-ordination, cooperation, and collaboration, up to the most comprehensive systems of integration:

1. Integration of central government ministries and policies: implementation throughout all levels of society
2. Whole systems working – not necessarily throughout country
3. Effective partnerships
4. Multiservice agencies with single location for assessment and services
5. Planned and sustained services cooperation and coordination
6. Multidisciplinary teams of professionals
7. Ad hoc, limited, reactive cooperation in response to crises or other pressure
8. Almost complete separation/fragmentation of services

The integration ladder provides a useful framework for understanding integration and identifying opportunities to improve it. However, achieving higher levels of integration requires significant investment in infrastructure, workforce development and policy co-ordination. This approach can be applied in a variety of service provision areas, such as healthcare, education, employment and social welfare. It requires collaboration and partnership building among government agencies, non-profit organizations, and community-based organizations.

## 2.2. Overall co-ordination

In each country, steering committees and working parties, including relevant national ministries, were formed to agree on the overall plan for Phase 3. This included consideration of the models of intervention.

- **Bulgaria:** UNICEF initiated a National Coordination & Monitoring Committee at the start of the Child Guarantee to provide overall guidance and support to the implementation of the project, with the main goal of developing a mechanism for long-term sustainability of the models at different levels. This committee was chaired by the Ministry of Labour and Social Policy and included representatives from UNICEF, the Ministry of Health, the Ministry of Education and Science, the Ministry of Finance, the Central Coordination Unit at the Council of Ministers, the State Agency for Child Protection, the Agency for Social Assistance, and the National Association of Municipalities in the Republic of Bulgaria. In addition, two other steering committees were promoted: a District Coordination & Monitoring Committee chaired by the district governors, in which regional structures of the line ministries and agencies participated; and a Municipal Coordination & Monitoring Committee chaired by mayors and representatives of service providers.
- **Croatia:** At the national level the programme was co-ordinated through a National Steering Committee, co-chaired by a representative of the Ministry of Labour, Pension System, Family and Social Policy and a UNICEF representative, with the participation of representatives of the Ministry of Finance, the Ministry of the Interior, the Ministry of Health, the Ministry of Science and Education, the Ministry of Justice and Public Administration, the Ministry of Regional Development and EU Funds, the Ministry of Foreign and European Affairs, the Croatian Government’s Office for Human Rights and Rights of National Minorities, and the Medimurje County governor. At the local level the programme was co-ordinated through the implementation committee in Medimurje County, chaired by the governor of Medimurje County and included the head of the Department for Human Rights, representatives of civil society organizations within the county, the UNICEF CG co-ordinator, the UNICEF county field co-ordinator, representatives of municipalities<sup>17</sup>, and the representative of the Roma Council for Medimurje County.

17. Namely Kotoriba, Mala Subotica, Nedelišće, Orehovica, Podturen, Pribislavec and the City of Čakovec.

- **Greece:** At the national level, UNICEF established a Steering Committee with representatives of the main ministries involved in child policies, such as the Ministry of Labour and Social Affairs, the Ministry of Education and Religious Affairs, the Ministry of the Interior, the Ministry of Justice, the Athens Public Prosecutor for Minors, and technical experts from public services such as the National Centre for Social Solidarity, the Public Employment Service, the Institute of Educational Policy Social Welfare Centre of Attika, the Hellenic Statistical Authority (ELSTAT), and the Deputy Ombudsperson for Children’s Rights. In addition, four technical working groups – including government actors, independent bodies, civil society organizations and research institutes – provided technical expertise on programmatic implementation and strategized on common advocacy asks.
- **Italy:** The initiative involved national authorities in the co-ordination process through the establishment of a Steering Committee, which was co-chaired by the Ministry of Labour and Social Policies and the Department for Family Policies under the Presidency of the Council of Ministers. It was composed of representatives with responsibilities for childcare systems, youth employability, poverty reduction and social inclusion.

Consultations were also held with stakeholders outside these groups.

Many comments in the interviews across the four countries related to this phase of the work and were positive about the quality of joint working, as this quote from Bulgaria indicates:

I believe that what we established in terms of the communication, interaction and confidence we have provided about what was to come, both to the municipalities and to the kindergartens, has had a positive effect because, as I mentioned, for some of them these were risky ventures.

In some cases, however, there were tensions at the national level which, as we will see later, also reverberated at the local level. Some had their roots in the formulation of the original bid to the European Commission to undertake Phase 3 – a process in which some national policymakers felt that they could have been more involved. The limited amount of prior discussion led to requests from policymakers to adjust some of the planned interventions to expand their reach – for example, by broadening the range of target groups covered within the country – and to strengthen from the outset the connection between the national plan and the pilot interventions:

We wanted the pilot to have concrete actions and this seemed to us an opportunity, in fact, to create a link and make an agreement between the European social funds projects and the pilot itself.

A second area of tension was the composition of the steering committees which, in some cases, participants felt did not include all the relevant parties – including some of the key ministries related to children’s policy and relevant regional bodies. We will return to the point of vertical integration and the regional dimension later in this chapter.

## 2.3. Integrated working at the national level

The issue of integrated working at the national level was raised in many interviews as a key contextual factor that either enabled or hindered the development and implementation of the models of intervention.

### 2.3.1. Alignment with national policy

One key aspect that emerged from the interviews was the level of alignment between the interventions and national policies. For the most part, it seems that this was a positive and successful component of the whole initiative, which stemmed from the co-ordination processes discussed in the previous section. A number of positive examples were cited:

- In Bulgaria, Model 3 – which focused on strengthening the role of the kindergartens to provide quality preschool education to children with special needs and disabilities, as well as children with developmental difficulties, and on enhancing the capacity of regional centres to support inclusive education – was seen to be well-aligned with legislation.<sup>18</sup>
- In Greece, the DI model was seen as clearly aligned with national and EU policies that focus on social integration, such as returning children to their family of origin where possible, and replacing residential facilities with foster care, adoption and supported independent living options. The relevant ministry was seen as having a clear strategy for deinstitutionalization and there were already other positive legislative developments. While the strategies were in place at the national level, however, these were not always implemented in practice. The Child Guarantee supported the introduction of new models of care and is seen as having the potential to guide future developments. Additionally, through the Child Guarantee, capacity-building initiatives were implemented for public sector social workers (mostly in municipal social services) including training on prevention, family support, early identification and response, assessment of children at risk, and family reunification (following removal and taking children into care), as well as the development of protocols and procedures. There is still a need to co-ordinate all authorities with responsibilities in relation to issues of child protection.

But we had the national plan, the national strategy and the national action plan in deinstitutionalization which includes a separate chapter for the child. There were some things clearly moving towards this direction. There is the National Action Plan on the Rights of the Child, which will be renewed and reviewed every two years. So there is also an expectation that it can become even more focused and be a real plan and not just a list of existing actions.

- In Croatia, key informants at the management, co-ordination, steering and county committee levels highlighted that the CG pilot programme<sup>19</sup> was well aligned with existing policies. Moreover, informants emphasized that the CG programme provided the resources and framework to pursue the structural changes needed to deliver better care and concrete support to children and families living in precarious family situations through building the Croatian Child Guarantee National Action Plan.

The purpose of this [plan] for Croatia is precisely to integrate in one place, and make visible, all those documents used by different systems that work on the protection of children from poverty and social exclusion. That will make this a unique document that contains everything that is being done in other national policies and strategies; it will then have indicators and monitoring and will have to be aligned with all that we already have in national documents, or parts that will be further elaborated.

18. Regulation on preschool education; law on school and preschool education; regulation on the status and professional development of teachers, principals, and other pedagogical specialists; as well as standards on inclusive education.

19. In this context, the CG pilot programme refers to the intervention models that were conducted in Croatia, as well as to the broader CG Phase 3 process in the country and the development of the National Action Plan.

- In Italy, the UPSHIFT model developed its activities within the existing national educational system and was viewed as being in line with the national policies which aim to develop soft skills through vocational training delivered in the school system. Within the framework of this programme, UNICEF established relationships with the regional education offices in Lombardy and Sicily (school year 2021/22), local municipalities and schools.

One of the challenges of the far-reaching and comprehensive aspirations of the Child Guarantee was to harmonize the initiative with other national plans for children that were already in place or in development. For example, Italy already had a National Plan for Childhood and Adolescence, guided and approved by the Department of Family Policies just before the Child Guarantee pilot was implemented. In the early stages<sup>20</sup>, there was a preoccupation with avoiding overlap and financial tensions between these two large initiatives:

I hope that the Child Guarantee plan is in line with the National Childhood Plan agreed by all. ... In terms of planning, what do we plan to do? Have two national strategic plans on children? That does not make sense over the next few years. Above all, ... there are no sources to finance them.

### 2.3.2. The institutional framework

Beyond the specifics of national policies, the general structure and functioning of national institutions relevant to children was seen as a key factor influencing the success of the initiative.

For example, in Greece, a recurring theme in the interviews was that service provision is fragmented and policymaking for child policies is spread across different ministries and government agencies. The state administration operates on the basis of a legal framework that is complex, fragmented and sometimes contradictory. This leads to a lack of common language about and understanding of the purposes of the CG pilot programme.

In this context, UNICEF's role was seen as helpful, as its technical input and focus on the children supported ministries to develop secondary legislation, protocols and tools aiming to adopt the pilot models and scale them up nationally; this support was appreciated and seen as helping to move things forward.

And one thing that has helped us in going further ... [is that] many things are delayed because there is no time or people to do them. So the fact that right now UNICEF is coming and saying to the Ministry that we will ... support you and help you, for example, to write something [or asking] ... Are protocols needed? [...] is actually something that really helps things go a little further.

The relationship and cooperation between ministries were also strengthened in Italy where, at a national level, the political and legal responsibilities regarding the rights of children and adolescents are divided among different ministries and administrative bodies. The Department for Family Policy has the role of co-ordinating policies for children within the National Observatory for Childhood and Adolescence. The Ministry of Labour and Social Policy co-ordinates activities regarding policies for the protection of unaccompanied and separated children within the framework of the General Directorate for Immigration and Integration Policies. The Ministry of Education is responsible for education and schools for all children. This complex institutional scenario represented a challenge to effective co-ordination of the planning of the pilot phase for the CG in Italy.

On the other hand, the CG was perceived by the stakeholders interviewed across the four countries as a positive initiative to create systematic interventions for the effective integration of services. In order for this to be continued after the end of the pilot, however, there is a need for the governmental and ministerial approach to change as well.

Because essentially ... the issue of child poverty and social exclusion ... is not only linked to education, not only to health, not only to housing. ... Essentially it has to do with responsibilities from many different ministries and local government agencies and bodies, so I think this is something that is very important to have a substantial commitment from all sides.

20. The above quote was from the Wave 1 interviews and subsequently these tensions were resolved by viewing the Child Guarantee plan as being nested within the broader National Plan for Childhood and Adolescence.



## 2.4. Linking the national, regional and local contexts

We now turn to the concept of vertical integration – i.e., the linkages between the different levels of national, regional and local governance. A well-structured and integrated set of institutions at the national level creates the framework for effective integrated working between organizations and professionals at the local level. Gaps and tensions in the national context render it much more difficult to achieve integration locally. In fact, one of the reasons for proposing pilot models of intervention as part of this phase of the Child Guarantee was to explore ways to overcome these types of systemic issues. Indeed, in this research study, many of the features which characterized the macro context in each country were also reflected, in more or less positive ways, at the micro level.

### 2.4.1. Hindering and enabling factors

Overall, in terms of interaction of existing services outside the CG, collaboration of different levels of organizations under the same target was seen as one of the strongest points of the programme.

In the working groups, which we have under the steering committee, there are not only our implementing partners, but also some other public bodies and organizations and NGOs and, I think, academia and the Children's Advocate. That is, there are various agencies, ministries, etc. that cooperate in this context without necessarily being principal partners or even being NGOs that are not implementing partners.

When there were institutional bottlenecks at the national level, however, these also cascaded down to the local implementation level. This sometimes produced a path dependency between the two levels with consequences in the implementation of the models of interventions.

More generally, fragmentation of responsibilities for children (as discussed in Section 2.3) was seen as a key institutional factor hindering the implementation of integrated responses to the needs of disadvantaged children. 'Political will' was seen as a key solution to some of the current challenges to integrated services linked to factors at the national level:

The first priority is political will. I would say that these are processes that partly go from top to bottom and partly from bottom to top. When I say 'top-down', I mean that you need political will. However, politicians and decision makers do not have professional expertise and therefore it is important that these expert solutions are prepared for them. They must have the interest and will to implement them into legal regulations and normative acts that regulate each activity.

This commitment also needed to cut across current divisions in responsibilities of different government departments. A lack of horizontal integration at the national level, as discussed in Section 2.3, could also represent a challenge for vertical integration. For example, according to interviewees in Italy, there was not a strong enough collaboration between relevant entities – the Ministry of the Interior (which manages reception centres for unaccompanied and separated children), the Department of Family Policy, the Ministry of Labour and Social Policy, the General Directorate for Combating Poverty and for Social Programmes, and the General Directorate for Immigration and Integration Policies – regarding policies for the protection of unaccompanied and separated children, or for children in general. This fragmentation at the national level had an inevitable effect at the level of local municipalities and social services.

The problem, then, is this: that the subject of childhood and adolescence is ... entrusted to many different entities. Each one intervenes in a small aspect and, very often, does not know the rest and they have primary competencies. I am thinking of education, justice, health ... but it is always very difficult ... because so many agencies intervene with primary competencies on the same subject.

### 2.4.2. Legislation and guidance

A second aspect of the macro context which directly affected the potential for integrated working at the micro level was the presence or absence of the necessary legislation, frameworks and guidance.

An enabling example in Bulgaria was the Law on Social Services, which is a recent piece of legislation that regulates the integrated services in which specialists from the social, educational and health sectors cooperate. According to stakeholders, integrated support for children and families is a part of the standards for service provision, which are related to the whole social service system in the country.

On the other hand, a perceived lack of clarity of guidance and procedures at the national level was also problematic for practice and ultimately for children. These systemic problems can contribute to major inconsistencies in service delivery. One stakeholder described these as amounting to an 'institutional deficit' in consistency of standards of practice which caused differences in how children were treated and was generally detrimental for children.

Improved procedures and protocols for foster care were seen as an essential stepping stone to enabling the success of the models of intervention being piloted in both Italy and Greece. In Greece, some steps had already been taken with a new foster care law introduced in 2018, though it had only recently become fully operational. Secondary legislation was needed in order to establish professional foster care, including financial support for professional foster care (which had not previously existed in Greece) and clarification of the roles and responsibilities of the relevant institutions in supporting foster parents.

As one stakeholder summarized, political leadership needs to adopt the philosophy of the Child Guarantee in order to promote a strong institutional background:

What is needed is the immediate development of professional foster care, which we are looking forward to as it will help children with higher care requirements to leave institutions when they are not the first choice of prospective parents – children with disabilities, children with possible delinquent behaviour, children with mental illness. There is little interest in taking care of these children.

## 2.5. The involvement of regional and local levels of governance in planning

There was a variable level of engagement of regional and local levels of governance in the planning stage for this work, but a much greater involvement in the implementation stage. It should be noted that the regional and local governance structures varied across the four countries (although it is not the intention of this report to compare and contrast between countries within this study). For some stakeholders in places where there had been a lack of regional and local involvement in the planning phase, this was viewed as a missed opportunity:

In the project planning, the regions have not been taken into consideration. ... When you create what is intended to be a fresh experiment, you cannot ignore the principal actors – that is, the regions – regarding the programme aspects and the local organization in terms of the management.

In Bulgaria for instance, local stakeholders were not involved at the planning stage; rather, communication occurred when there were issues at hand to be discussed in the implementation of activities. While UNICEF representatives spoke about the co-ordination mechanisms at the regional and local level and the involvement of local key stakeholders in them, this was not explicitly discussed by other respondents. In some cases, municipal representatives mentioned meetings with other stakeholders in which they participated to share good practices or monitor progress, but did not use the term 'co-ordination' – so, for stakeholders other than UNICEF representatives, it seems that this mechanism was unclear. Where it did occur, the involvement of regional and local institutions was recognized as beneficial both for programme planning and implementation. Local authorities in Croatia helped in providing logistics for programme planning and implementation, such as finding space for programme activities when community resource centres had not yet been built, providing information, and generally supporting the CG programme interventions and goals.

The interest of representatives of local authorities and their openness, cooperation and availability make things easier. Just this morning I had a situation where I needed some very specific information, and I called the county chief about it. So in some of these cases their openness is very important.

This example illustrates the importance of involving regional entities in the development of such initiatives.

## 2.6. The local co-ordination process

UNICEF took on a central co-ordinating role within the complex network of relationships at the local level. Regular co-ordination meetings, sometimes involving agencies and professionals at multiple levels, were one of the key mechanisms used for this purpose:

Co-ordination councils have now been formed within the project at the municipality and district level ... and a national one, within whose regular meetings the planning plus the reporting of the relevant periods and the planning of subsequent ones occurs. These councils have quarterly meetings. They involve all stakeholders at the appropriate level. For examples, at the regional level, several of the municipalities, the regional support centre, and the regional education department are involved; while the municipality level includes the kindergartens themselves with specific experts from the municipality. At the national level, representatives of the ministries also participate.

These co-ordination bodies monitored activities, identified challenges and lessons learned, and discussed and agreed on the next steps. Additionally, they were seen by stakeholders as an important mechanism to potentially strengthen cross-sector cooperation between social services, regional centres and other stakeholders.

In many cases, the implementation process was facilitated by existing working relationships between UNICEF and relevant organizations and agencies, which was seen as an important foundation on which to develop the implementations.

They are not new because we are working with other universities, as we are working with the ministry on many more things than the Child Guarantee. And that's why I believe that the Child Guarantee action is winning over the others and brings things together, in one context.

But UNICEF also reached out further, often with the help of existing partners:

Our good partnership with the regional education department allowed us to identify suitable kindergartens on the basis of specific criteria related to work on similar projects in order to be able to measure the effect, to have enough children with special needs using additional support who are direct beneficiaries, but still to have motivation on the part of the director to get involved in this endeavour.

Some stakeholders believed that these actions strengthened the network of organizations, institutions, municipalities, services, etc., which could be beneficial in the future.

In Croatia, UNICEF was often mentioned and emphasized as providing timely, efficient and adequate support. The quality of joint work between UNICEF, implementing partners and institutional partners at the regional and local level was mostly described as very positive and efficient.

As far as we and UNICEF are concerned, all is good. The officer allocated to us responds to our needs in a timely manner. We can call them, we discuss, upgrade and change things, and in general the support we get from UNICEF itself is something that – which I would evaluate as being at an extremely high level. I would definitely give it the thumbs up.

The choice of the right implementing partner, particularly those with extensive relevant experience and networks, was seen as fundamentally important to successful implementation. For example, the FC intervention in Italy was developed with the Coordinamento Nazionale Comunità di Accoglienza (CNCA), an umbrella organization comprising different non-profit entities and social cooperatives. This partner was able to liaise with diverse service providers ('cooperative sociali') across Italy, as well as with municipalities and social services in the regions in which the pilot was implemented (Veneto, Lombardy and Sicily).

Certainly the choice of the partner was key. ... The partner has been very involved in recent decades in all the campaigns to relaunch foster care in Southern Italy.

In summary, many stakeholders across the four countries perceived UNICEF as managing and communicating smoothly and reacting in a responsive way when there were issues that needed to be resolved. Within this broadly positive picture, however, there were some exceptions.

Some stakeholders noted that communication was mostly between the implementing partners and UNICEF, and between institutional partners and UNICEF, but less so between implementing and institutional partners. In some cases, the implementing partners worked directly in the field with the support of other municipal and not-for-profit organizations. This chain of relationships may explain the fact that some stakeholders said that they were not aware of being part of the CG pilot project or of UNICEF's management of the pilot phase:

We have not experienced the role of UNICEF, except on paper. We honestly didn't understand, that is. We understood it as a sponsorship and that's it.

In this context, key informants highlighted the insufficient direct collaboration and communication between partners and other stakeholders. More concretely, when challenging aspects of the relationships or the communication between implementing partners and UNICEF were mentioned, this mostly referred to insufficient direct communication about the activities of other partners. Although most of the participants described collaboration and communication between stakeholders in positive and efficient terms, a few key informants mentioned feeling excluded and not being informed of aspects of the planning of the implementation, particularly in the activities and processes conducted by other implementing partners.

Now we come to the information problem. I don't have a complete picture of what's going on inside the programme. Therefore I can only talk about those things that are happening, and that I'm familiar with through some other sources, not directly. ... The assessment of someone who manages the project (I don't know what to call that person or that team of people), they decide who will be performing which activities, they have some kind of system of their own that isn't always clear enough, and thus you don't get the necessary information. I mean, information is the key to everything and, if you don't have it, you can't contribute or be a true part of the project. And that's why I think that the lack of communication and information flow is an obstacle.

Specifically, several informants stated that more frequent joint meetings of all partners would be very useful for better communication and cooperation. These key informants mentioned that they would benefit from more direct collaboration and networking to share each other's perspectives, experiences and expertise, which would enable more in-depth understanding of the programme processes.

We were introduced to each other at one meeting, but in my opinion this is not enough because different partners have different experiences. This may have been somehow a little better co-ordinated right from the start, and throughout the process ... there was a lack of co-ordination between partners. From the outset we have had the impression that some things were done in secret instead of being communicated and agreed openly, with the people relevant to this programme sitting down together and agreeing on who will do what. This was first and foremost what was missing. ... This programme has a lot of partners and there are so many participants and different sides, and what we lacked was that all these parties ... at some point sat together to discuss exactly who will do what.

Alongside these above-mentioned challenges, key informants identified different solutions that were applied to manage the challenges. In this context, the most relevant aspect that stood out was collaboration – working together with relevant stakeholders to address specific challenges, and openly discussing the possible solutions in order to gain a better understanding of each other’s perspectives and priorities. For example, in Croatia:

Some things just can’t be done quickly or easily – they’re demanding, but they’re worth the effort. I have worked very autonomously for 40 years, and only towards the end of my career have I started to discover how much collaboration can offer good, practical solutions, but also how difficult and demanding it is. You learn that you shouldn’t call anyone out for things, because everyone works differently, and when they have ideas that you think are not the best, they have their reason for that. If you take the time to understand their reasons, to respect them and understand what they want, you will reach a joint solution. It takes a lot of energy, patience and focus on the problem. You discover that it’s not you that’s important, but rather the idea that contributes to the solution of the problem. I would even say there is a new value framework being created here.

Moreover, also in Croatia, the informants stated that they also managed to find solutions for the issues that emerged with the help of the UNICEF field co-ordinator or focal point, who provided efficient support directly in the field and fostered collaboration between different stakeholders.

The UNICEF staff member] really tries to secure these locations and keep them equipped. We always contact her when we run into problems in the field, and she really reacts quickly, contacts those in charge – you can really see that she is putting a lot of effort into it.

The nature and timing of the involvement of services and implementing partners was also quite variable across interventions and countries. One reason for this was that, for some interventions, implementing partners were selected through a bidding and contracting process after the planning stage was completed.

Where implementing partners were involved in planning, they were seen as an important part of the picture and played a role in supporting the attainment of goals and overcoming obstacles that were encountered along the way.

We had a pretty clear picture of who could be useful to us in planning to reach the set goals. Since our collaboration was mainly with experts, it went relatively well. At the initial planning stage, we had a lot of clear information from UNICEF. ... So we had the bigger picture and then within that picture it was not a problem for us to plan well the component that our organization took on.

In Italy, the embedding of partners in specific geographical contexts facilitated the implementation of this model. The planning phase for the FC model built on the existing project ‘Terreferme’ started by UNICEF and CNCA. New geographical areas were progressively included, such as Catania and Rome, and a new partner – the Borgo Ragazzi Don Bosco – was added to the intervention. The Borgo Ragazzi Don Bosco is a well-structured non-profit organization with strong networks in the municipality of Rome, including local social services, which works with vulnerable and migrant children living with or outside of families in fragile contexts.

Good collaboration at the local level was also emphasized in Bulgaria, since most of the existing services had already interacted outside the pilot project, either in the specific context or on the specific issues addressed by the project. The previous constructive communication between institutions and different other stakeholders provided a good basis for their work on the Child Guarantee. Although collaboration was already often happening before the Child Guarantee, some respondents believed that it was strengthened due to the project. Research participants did not recall specific challenges, issues or conflicts in this regard. They now believe the network of organizations, institutions, municipalities, services, etc. has been strengthened, which could lead to good future prospects.

## 2.7. Structures, mechanisms and systems for integrated working

Moving away from the impacts of the characteristics of the national context, either positive or negative, another major thread in stakeholders' responses on the theme of integrated working was the importance of the right foundations at the local level in terms of structures, mechanisms and systems.

For example, in Croatia in general, the integration of services is not formalized and, as such, stakeholders emphasized that integration of services relies on the personal motivation of individual professionals. This was not seen as a sustainable solution, and there was a desire for formal, efficient and appropriate continuous intersectoral collaboration and co-ordination, which would be highly structured, and which would have a team with a clear role to co-lead different services (e.g., different relevant public services, as well as NGOs or other services):

What certainly helps is the co-ordination mechanisms that we have established, or are in the process of establishing, where all the relevant stakeholders come together. ... [For example], as part of our cooperation with the Croatian Association of Social Workers and Centar za socijalnu skrb Čakovec, we organize interdepartmental co-ordination teams at the level of each municipality, so that they can connect with each other, get to know each other, to work out who is responsible for what, to start exchanging regular information and so on.

The Child Guarantee initiative was seen as contributing to this wish for greater formal structure:

Specifically, these interdepartmental teams have been developed within this project, and it seems to me that they are something that is positive and will significantly improve and be an example of good practice, and be a good incentive to continue with our work.

A potentially good practice that emerged in Bulgaria as a mechanism for improved intersectoral collaboration was the organization of co-led activities based on mechanisms for intersectoral collaboration (such as the co-ordination councils at the local and regional level) between different institutions and different sectors. This level of interaction has improved among stakeholders such as child protection departments and general practitioners. Stakeholders shared that cooperation and a good level of interaction were key to the achievement of an integrated approach.

This was reflected also in Italy, where some social workers of municipalities participating in the FC pilot for unaccompanied and separated children co-led the activities with implementing partners and continued using the methodology developed by the model itself.

Another suggestion was developing new comprehensive IT systems that would physically integrate data on children, families and their needs within different services.

In order to improve not only [cross-sectoral] collaboration, but also communication, speed of decision-making, and sharing of experiences and data, I think that a common IT platform would be very, very useful.

## 2.8. The social service workforce

Another key set of issues at the national level related to the social care workforce in terms of resources and capacity; professional attitudes and behaviours; and communication, roles and work cultures.

### 2.8.1. Resources and capacity

Lack of sufficient resources for and capacity within the workforce to provide services for children and families was an issue raised by many stakeholders across the different countries.

In Greece, a perceived challenge for the Child Guarantee initiative was funding, particularly relating to the public service social care workforce – in which shortages, lack of clear guidance, procedures and

accountabilities, and training needs were often mentioned. Some interviewees discussed the increased workload inside their own organizations/institutions, as well as the issue of short-term contracts which made it more difficult to build trust with children. In view of these considerations, it was felt by many that the short pilot timeline and the strict deadlines posed additional challenges for already overworked staff.

In Italy, which has a stronger regional structure than the other three countries, geographical disparities in the size of the social workforce and the level of public investment in foster care were noted. According to local stakeholders, the lack of funding and human resources limited the capacity of some municipalities to support the implementation of the CG pilot project of foster care for unaccompanied and separated children. Resolving this issue requires a systemic approach involving relevant bodies at the national level.

In Bulgaria, the lack of human resources or enough trained specialists was also an issue related mostly to shortages in public services. There was a high turnover of staff, especially in some regions, and this necessitated ongoing recruitment of new people and time spent on training.

Otherwise a particular challenge was the turnover in the teams, the changes in the staff, because we had to regularly hire and train new people who entered into the teams – and some of them, I can say a big part of them, left for justified reasons like pregnancies, which is normal. But there were people who said from the beginning that this is not for them and they cannot do it. They gave up due to the specifics of the work. That was in the beginning. It is normal – the new team you send to the Roma neighbourhood to see how they deal with this, how they feel, how they will be accepted, because if they are not accepted, they cannot work. And then whoever decides to quit, quits. There were those who really tried, but just weren't able to do the job. This is also normal, because there simply aren't enough trained specialists to work in the social services. Another challenge was that for some of these teams this was the first job.

### 2.8.2. Professional attitudes and behaviours

Professional attitudes towards collaboration and integrated working were regularly discussed in interviews as a key potential enabling or hindering factor. Within the context of some interventions, there were already well-functioning and positive collaborations between UNICEF and participating partners, as well as cooperation among organizations with different profiles (e.g., state and public bodies, NGOs, civil society). The common focus of all involved partners and stakeholders was a key enabling factor for integrated services in these contexts.

Yes, positively. I think it is very positive that they are moving and cooperating with bodies with different profiles. That is, state mechanisms, transnational, governmental, which are the political and scientific bodies, non-governmental organizations, civil society [and so on].

Similarly, previous positive experiences of integrated working, such as within family counselling centres, provided a model of integrated support between social and educational services and promoted the continuation of this style of working. On the other hand, there were indications of a feeling of inertia within current systems:

We have all learned to function in a certain way, and it is difficult to change it now, especially immediately and by necessity, but we have been working on it for a long time, and some concrete changes are not very visible. This is something that can really discourage you sometimes.

In addition, there was a perception that some professionals were reluctant to collaborate. Specialists in the social sector expressed a sense that it is sometimes easier to work separately on family cases instead of trying to cooperate with specialists from other sectors – so there is not a strong motivation to move towards integrated approaches.

The importance of an integrated approach has not yet been recognized at all. In practice, as far as we know, this has not been systematically resolved anywhere. There are some weekly meetings and the like, but in principle, no employer finds it cost-effective to spend an hour on a meeting with two more users. So that idea doesn't exist at all, it's not yet realized in our minds. I mean, the experts are aware of it, I just think their pressure, or whatever you want to call it, isn't enough to realize such a change.

Finally, in some models, the reluctance to collaborate was seen as stemming from people's fear of losing their jobs. This was linked to a wider systemic issue of employing the majority of those staff members on short-term contracts. For these reasons, capacity of implementing partners was lower than expected and programme deliverables needed for institutional formation required a lot of extra review and rewriting, which led to delays.

### 2.8.3. Communication, roles and work cultures

In some instances, institutional stakeholders experienced challenges with joint work, particularly around communication, differing work cultures and bureaucracy. UNICEF representatives working with national stakeholders also noted that bureaucratic processes represented a barrier to inter-institutional work. Furthermore, some stakeholders shared challenges in working together – as, for example, in Bulgaria, where home-visiting services were seen as potentially overlapping with general practitioners' responsibilities.

The idea of a 'team around the family' was evoked as a potential way to structure effective communication between professionals on individual cases:

What is crucial for such families and such children is that there is one family, one plan. It means that you have a team around the family, and not that your family walks from one expert to another and each has a plan of their own.

### 2.8.4. Training in order to promote integration

The pilot models of interventions included several examples of the use of training to promote integrated working. In Croatia, stakeholders said that, up until recently, the social, educational and health sectors had tended to work separately, but that this has started to change with the introduction of pilot programmes such as the Child Guarantee. They mentioned training on case management as important to achieving horizontal integration and talked about challenges related to limited understanding of this way of working. Strengthening communication among different stakeholders should be a priority.

As part of this UNICEF project, some training has been organized for this cross-sectoral co-operation. ... Representatives of all institutions will be invited, and I believe that people will listen, that there will be a desire and an understanding that without cooperation there will be no progress. One institution or two is not enough for the whole job – we all have to get involved. Everyone must give the maximum within their remit.

In Bulgaria, the activities implemented so far to enable the integration of services include training and supervision on early childhood intervention, as the need for capacity development and changing attitudes is seen as a potential mechanism to overcome hindering factors. Stakeholders talked about training in early intervention, as well as different specialists working either together or in new way (for example, home-visiting nurses in Model 1 who were used to working with doctors rather than independently), as preconditions for enabling the integration of services. Kindergarten representatives also viewed integrated work with children with special needs (Model 3) as important and have changed their way of working, now including children with disabilities more in their work with other children as well.

Within the Child Guarantee Phase 3 pilots there were different ways in which the integration of services was supported in a direct, intentional and focused way. Key informants reported that the implemented training and awareness-raising activities proved valuable and relevant.

The advantage of this is the actual workshop, the fact that it happens in person, for people to connect to each other, and then that cooperation continues later. They continue to talk to each other, they find it easier to connect the face with the voice. This is much better and much more effective than when communication only happens at official meetings.



## 3. Putting things into action: Learning from the implementation

In this chapter we consider a number of more specific aspects of the 15 models of intervention implemented in the four countries:

- How the models were conceptualized, including what informed their choice
- Innovation, in terms of new models, modifications to existing interventions and general approach
- Needs analysis
- Enabling and hindering factors encountered
- How monitoring and evaluation systems were implemented

### 3.1. Selecting models of intervention

The 15 models of intervention studied in this research can broadly be broken down into three groups:

1. New (within the country context) types of interventions
2. Replication of existing interventions with a similar target group, often including some form of refinement or innovation
3. Application or extension of an existing or known intervention to a different target group

The conceptualization seemed to be primarily guided by two factors. The first was national policy priorities. This factor was important for this type of pilot programme and for the success of the initiative, in terms of a high degree of alignment with national policies as well as ensuring the integration of the models of interventions into the national action plans (see also Chapter 2).

The second factor was more practical and linked to the fact that the programme was originally conceived to run over a 24-month period. Given this short time scale, in some countries it was logical to focus primarily on refining and extending existing known interventions where possible. This was well understood and acknowledged by stakeholders, although there was a perception that sometimes this was walking 'on the safe side' rather than representing something new or innovative.

Where the country offices proposed interventions that had previously been utilized in the country, by UNICEF and/or other organizations, these were often also supported by previous evaluative work (primarily undertaken within the same country).

The initial proposals were then discussed with the national (and, in some cases, regional and local) steering committees described in Chapter 2. This process often led to modifications or in some cases to more substantial changes in the selection and configuration of initiatives.

In many cases the development of the initiatives was also informed by needs assessments. The processes followed for this aspect of the work are discussed more fully later in this chapter.

A further step in the development of the conceptualization was the creation of theories of change. This was a task which was done by UNICEF country offices with the support of the Europe and Central Asia Regional Office, and also by researchers at UNICEF Innocenti who were working on this operational research. The theories of change for all 15 interventions are contained in Appendix 2.

Thus, in general, given the pace of the initiative, there was a systematic process of refinement of the models of intervention based on evidence, consultation and clarification. The process received few critiques from the stakeholders interviewed.

For a few interventions, stakeholders felt that the initial thinking had been too broad and that there was subsequently a need to adapt the plan to fit the specific national, regional and local context, or even that the context needed to change in order to enable the planned interventions to work:

Foster care doesn't work on its own, i.e., it's just a piece of the whole puzzle, so to speak. So, yes, I would say that the most important thing is child protection reform, which is something that does not exist in Greece and I think there is a lot of work to be done now to make that happen. And certainly UNICEF has a very important role to play in that, as long as there is cooperation and a shared vision in that regard.

This interplay between the pilot interventions and what might be necessary to achieve results through national action plans is an important theme running through this report.

## 3.2. Innovation

The research participants were asked in the Wave 1 interviews about their perception of the extent of innovation in the models of intervention. Despite the speed at which the initiative was delivered, respondents indicated a number of innovative aspects at various levels in many of the models of intervention.

### 3.2.1. Introducing new concepts

In Greece, the DI and FC models were viewed as presenting innovative aspects and being aligned with the new law on adoption and foster care. Specifically, the establishment of professional foster care is innovative, as well as activities under the pilot aiming to strengthen the foster care model (e.g., guidelines for professionals), and awareness-raising campaigns for foster care. Innovation in the DI model is mostly connected with its holistic approach. The aforementioned awareness-raising campaigns for foster care, as well as inclusive education for disabled children, were seen as particularly innovative actions. This was reinforced by institutional recommendations for professional foster care, supported independent living, improvements to mainstream fostering and improvements to operating specifications of private structures. The participation of children and administrative staff in the DI model was also considered an innovation, as it represents a 'good care' model, helping to move towards a more child-focused system.

In the case of the peer support between families in Italy there are no specific innovative features since the methodology was already used in some family centres even prior the CG pilot. Some stakeholders, however, see as innovative the effort to standardize the practice through a toolkit provided to family centres by UNICEF, as well as the concept of families with children with disabilities being resources, rather than being vulnerable.

One of the innovations in Bulgaria was the mapping of families in precarious situations through the outreach mechanism used in Model 4. This involved training the social service professionals to work with the most marginalized families and then providing them with tools to identify these families and the risks and the vulnerabilities they face.

Another example of an innovative approach, in Croatia, were the play hubs, which are meeting spaces for children and parents where they can play and do shared activities. These are designed as an alternative to the kindergarten experience, and are located within communal spaces (such as schools or community centres) where kindergartens are not available. The activities within play hubs are intended to improve conditions for children from diverse cultural, economic and social backgrounds and with different learning needs, in order to enable them to attend kindergarten. This model bases its implementation on the principles of inclusion and improvement of pedagogical practice in professionals, training them in inclusive education with the aim of changing attitudes and prejudices towards Roma children or children with disabilities. Many informants in the interviews in Croatia stated by through developing community resource centres and play hubs, the beneficiaries were strengthened through various forms of support. In this way, play hubs provided more availability of early childhood education in the form of pre-primary play and learning opportunities, as there are not enough kindergartens to absorb all out-of-kindergarten children. In addition, some of the key informants viewed community resource centres and play hubs as particularly innovative because they provide adequate

space where it is possible to work with children and families living in precarious situations to address and support various aspects of their needs.

Play hubs are innovative, they are relatively new throughout Europe. I think that in Europe in 2017, within the framework of the TOY for Inclusion project, the creation of these hubs began. At that time 8 countries were participants in that projects. Since then there are about 25 hubs in Europe, and if Croatia has 5 while there are 25 in Europe, that seems quite innovative to us.

### 3.2.2. Expansion of existing models to new target groups

In Italy, the UPSHIFT model was modified from its initial design to be enlarged to a specific target group of upper secondary school students from disadvantaged backgrounds, which was more in line with the overall concept of the Child Guarantee:

The focus of UPSHIFT, what makes it unique compared to the paths already presented by Junior Achievement, is the focus on a specific target group, which is precisely the target groups of Child Guarantee. So, at present, the main target is students with disadvantaged backgrounds.

Similarly, in Greece, the SIL model for children living in residential facilities was also an innovation in the national context; there was already a model for unaccompanied refugee/migrant children, but not for other children living in institutions.

A relevant example in Croatia is the parenting support programme conducted by the implementing partner Growing Up Together, which involves group work with parents of young children, providing them with parenting support. These programmes are regularly conducted for various groups. In the pilot Child Guarantee programme these were adapted specifically for parents who were beneficiaries in the programme. A particularly innovative aspect in the workshops with Roma parents was the preparation of special comics at the end of each workshop, representing a revision of the workshop's content. These had not existed before; rather, revision materials had always been written. This innovation was important because the parents in the programme often had limited literacy skills.

### 3.2.3. Screening and assessment

New approaches to screening and assessment were implemented in several models. In Bulgaria, screening for early identification of developmental difficulties was used in Models 1 to 3. In Greece, capacity building and on-the-job support were provided to staff in municipal social services in order to strengthen the assessment of children at risk. Within Model 3 in Croatia, a specialized instruments questionnaire was developed and used to assess children's developmental milestones and needs. In particular, the implementing partner Médecins du Monde in collaboration with the Centre for Early Intervention in Childhood – another implementing partner – established outreach teams that used a developmental screening tool called 'Ages & Stages', after which, if needed, the child and their family were referred to a more comprehensive assessment, and additional assistance was provided to the parents on how to support their child's development. This was seen as enabling the assessment and detection of the greatest number of children living in precarious family situations and/or with families who need support on different levels, and who would otherwise be neglected or missed by the existing system and interventions, mostly because their needs are normally not identified.

We talk about dislocated multi-member families, about geographical segregation, where they often do not have access to services, and children also do not attend early educational programmes. They only attend one year of preschool, and that's nothing for such children – they should be included in educational programmes much earlier. ... When you have such a high-risk setting, and they still slip through the system, then there has to be a back-up system that will identify them. And that's where our other partner comes in, who identifies the needs of children in the field and in the family and then directs towards [name of service], which provides an early intervention.

### 3.2.4. Modes of delivery

In Model 4 in Bulgaria (child- and family-centred preventative and support services), stakeholders discussed innovations in terms of outreach approach and mobile work in the homes of direct beneficiaries, as well as work on prevention, and holistic approach and systematic work with the family. The mobile work in the field was seen as an innovative approach since traditionally this type of support was delivered more often in social services premises.

In Croatia, informants particularly highlighted the outreach programme and the movement towards the 'one child one plan of services' ideal, which was enabled through the pilot CG programme in the context of early child intervention services. Specifically, service providers went directly to the families' communities and homes where they worked directly with children and families, relying on locally based service providers and experts and on data on local situations and needs.

### 3.2.5. Training

The provision of specific forms of training was also seen as an innovation by a number of stakeholders.

- In the FC model in Italy, training was provided for foster carers, and 'tutors' followed up with foster families and adolescents after the initial matching. This is something that the existing social services in Italy often do not have the capacity to provide.
- In Greece, the training and supervision provided by the Institute of Child Health to practitioners in order to help them handle challenging cases was something offered for the first time to the front-line staff.

So, in my opinion, training events have a double benefit both in terms of knowledge and specialization and training in new things or new sounds, but also in terms of networking.

- In Model 3 in Bulgaria, kindergarten representatives discussed innovative approaches to working with children with special educational needs in a group, rather than individually.

### 3.2.6. The involvement of cultural mediators

Cultural mediators were used in a number of interventions.

In Bulgaria, cultural mediators were used as a solution to overcoming mistrust of services by families in precarious situations.

The good thing about our teams is that they are mixed – we also have representatives from the communities. These mobile teams consist of a social worker and two social assistants, and we looked for – we didn't manage everywhere, but we tried to find people from the community, so that they would be the natural 'bridge' to them.

In Croatia, one of the aspects of Growing Up Together's programme was empowering Roma community members to become Growing Up Together activists – Roma helpers known as RAZA. These helpers comprise actively included and empowered Roma women acting as cultural mediators for the Roma national minority, using their knowledge to provide parenting support to other members of their communities. These Roma helpers worked within Growing Up Together's parenting support workshops for families living in difficult circumstances to support the workshop leaders, motivate the potential participants to join the workshops, and support the participants of the workshops, both parents and children (e.g., with translation).

### 3.2.7. A more inclusive approach

The IE model in Greece was viewed as containing a number of innovative elements in combination: a) bottleneck analysis, which is important especially when there is a transition from research to intervention; b) conceiving the school holistically, connected with the wider society and the job market, which is especially important with disadvantaged groups of children who have difficulties accessing the job market; c) research in schools to identify the need to achieve and sustain the inclusivity of education; and d) in-depth discussion with a number of children from each selected school, in order to enhance the team's understanding and identify the best solutions to the issues identified.

In the IE model one key innovation was that inclusion was conceived within a systemic model, where the school operates as part of the wider community. It's a project, which is one of the first ... that really sees inclusion as a whole. And the school as a whole, that is, the school as something that happens [inside] and outside. That is, connected to society, to the community, to the labour market. Which for some special groups, such as those that are our goal, is critical.

### 3.2.8. Innovations in integration and inter-agency working

Another innovation that was mentioned by some of the respondents is the intersectoral collaboration between the social, educational and health services, especially with a focus on health services collaborating systematically with different kinds of specialists.

For instance, most of the stakeholders in Bulgaria considered the country still to be at the beginning of the process of development of integrated services, with services not yet working in an integrated manner. This is sometimes due to child protection departments or other services competing for cases, instead of working together. Progress has been made in the past few years, however, in the interaction between services from different sectors. For instance, the regional education department works well in partnership with the regional directorate of social assistance, regional health inspectorate, municipalities and social services. At the same time, there is still much to be improved in the co-ordination between the social, educational and health sectors regarding the provision of integrated services in the country. One of the steps that has been taken to improve cooperation between sectors is the development of the National Framework for Quality in Early Childhood Education and Care, which was created as a part of another project of the Ministry of Education but was piloted and tested in the kindergartens included in Model 3 of the CG. Stakeholders believe that it is important to continue the development of this quality framework since it is a very strong instrument for self-assessment that can not only support all services and institutions providing care for children, but also upgrade the existing services so that every child can access quality care.

In Croatia, key informants mentioned several innovative features of the planned activities, among which their comprehensive nature stood out the most. Many informants mentioned that this was the first programme that simultaneously included multilevel aspects, risk factors and targets, while taking into account and respecting cross-cultural differences. Specifically, the programme included: delivery of integrated and co-ordinated child protection; pre-primary and early childhood intervention services through supporting mobile teams; establishing community-based resource centres; strengthening capacities of various professionals (e.g., social workers/case managers, psychosocial professionals supporting families at risk, educators, early childhood intervention specialists); ensuring an enabling home environment; raising awareness among parents and professionals; and ensuring data gathering and evidence-based planning and delivery of services. Some informants mentioned that the direct involvement of Roma people and communities in planning and implementation of the interventions together with community centres being built in the settlements themselves represent innovation compared to previous interventions.

In Greece also, stakeholders identified the holistic/integrated methodological approach as the most innovative element of the Child Guarantee, and as a solution to issues of fragmentation of services. The Child Guarantee was seen as changing the philosophy of how the needs and rights of the children are promoted, although there remains a need for more resources to reach this potential.

Within the foster care model in Greece, protocols and guidelines for professionals were produced in collaboration with partners to support foster care procedures, which helped to harmonize the stages of the process. The inclusion of civil society in the implementation was also regarded as an exemplary good practice.

So basically, there we are doing a two-way transfer of know-how. We bring them the experience of what it is like to work with these people, what it is like to counsel a person with a disability. And they bring a successful programme, mostly embedded in different groups, and we are trying to make these two things work together. This is innovation.

### 3.2.9. Innovations in the overall approach

Finally, aspects of the overall approach adopted to develop the interventions in each country were also viewed as innovative.

#### Deep dives

The way UNICEF approached the practitioners and organizations was productive and seen as innovative in Greece, as it was the first time that all involved stakeholders cooperated under a common target. A 'deep dive' that holistically captured the state of things, and the monitoring protocols created for the DI and residential facilities, were both considered innovative as no such initiatives were previously in place in Greece.

First of all, I think UNICEF did the deep dive. They basically drafted it, so there was a holistic view of where we were in terms of service delivery. Secondly, I repeat, UNICEF has done an excellent job of, you know, sometimes, evaluating the smallest details. For example, the way of approaching professionals. So, UNICEF has approached the professionals and institutions in an extremely diplomatic and productive way. Therefore, it also ensured their knowledge, their experience, and the sharing of their experience in real time.

#### Participation

The fact that children participated in designing the legal and normative framework and their opinions were considered (e.g., focus group discussions, interviews to gather feedback from children regarding the transition to SIL and the operation of apartments) was also an element enhancing innovation within the CG.

The topic of participation is discussed at more length in Chapter 4.

## 3.3. Assessment of the needs of beneficiaries

Effective intervention and decision-making processes involving children and families require a comprehensive assessment of their needs. Needs assessment refers to a systematic process of gathering information on social issues or problems from multiple sources and on a continuous basis, to analyse needs and determine appropriate actions to improve the child's outcomes. A quality needs assessment process in children's services is characterized by a child-centred approach and is conducted in partnership with families, whose strengths and resources are taken into consideration to design the best course of action to ensure the child's safety, access to a permanent living situation in a timely manner, and overall well-being (Smart, 2019; Virginia Department of Social Services, 2018; Oxfordshire Safeguarding Children Board, 2021).

Conducting a needs assessment brings numerous benefits, such as designing programmes and services that are more efficient, credible and pertinent to the needs of the community, and facilitating a more structured and transparent allocation of resources (Smart, 2019; Sleezer et al., 2014). A needs assessment can facilitate more preventative and early intervention work by making policies, programmes and services less reactive and more proactive (Smart, 2019; Oxfordshire Safeguarding Children Board, 2021). In addition, the needs assessment process can foster relationships among stakeholders and support citizen empowerment by involving the community in defining their needs (Sleezer et al., 2014; Ife, 2002). Lastly, Rossi et al. (2004) suggest that a needs assessment can also facilitate evaluation by establishing an understanding of community needs, which can then be measured to determine whether they were met.

The Wave 1 interviews asked stakeholders about the extent to which assessment of beneficiaries' needs had been a feature of the early stages of the development of the models of intervention. Some clarifications were needed because in some cases stakeholders tended to think of needs assessment at the individual level as part of case work. There was a broad understanding, however, of the importance of needs assessment as an aspect of planning the interventions.

*First and foremost you have to have data, about the most vulnerable groups, and what you intend to do. ... You need to know the situation on the ground, to have certain data, to know, within the system, what are the challenges that you can then come up with some potential solutions for.*

There was an overlap here between definitions of needs assessment and of participation (a topic which is discussed in Chapter 4). One option for conducting needs assessment is to do participative work with beneficiaries to construct understandings of needs. Many participants mentioned the importance of involving beneficiaries throughout all stages of the programme, providing a view of how these groups reacted to these activities. Open and public dialogue preceding such programmes could be helpful to inform the development of needs assessments. The dialogue could include, for example, parents, current and former teaching staff, and children themselves.

On the other hand, needs assessments can also include the evaluation of existing statistical evidence, the secondary analysis of existing data sets, or the gathering and analysis of new data. That is the focus of this section.

### 3.3.1. Utilization of existing evidence and knowledge

#### Expert knowledge

An example of the use of expert knowledge was the approach taken by UNICEF in Greece. The office did a mapping of the child protection system with a focus on unaccompanied children in 2018 with the Institute of Child Health. They also made use of UNICEF's cooperation experience with other organizations. In the past, the Greece Country Office's work had to do mostly with refugee and immigrant children, but there was some useful learning from this work that can be applied to all children.

- For the DI model, needs assessment was based mainly on previous working experience of participating organizations – which helped familiarize them with the needs of children – and existing data from national and international programmes that had been implemented. Additionally, the Roots Program conducted a mapping of closed child protection structures for children with or without disabilities, as well as their needs.
- For YE, the Public Employment Service had previous experience with young refugees via cooperation with DG REFORM and the World Bank; through this work, they also had prior contact with the Ministry of Migration and Asylum. They used their knowledge and experience from that programme to inform the UNICEF pilot.

- For the IE model, children were not directly involved in needs assessment procedures. They were subjectively represented through the previous working experience of the University of Thessaly and other actions assessment. They were then included during the implementation stage through working groups and consultations. During these working groups, children led the co-ordination of the discussions.

Children themselves, no, not directly during the planning phase, to be honest. That is, the children were represented a little in a subjective way, but not objectively. I cannot say that we included children in the planning. But indirectly, as I mentioned before, having worked on many projects with children, we have an evaluation of other actions and a good picture of the situation. But no, I cannot say that we involved children in the design.

- For the FC model, the children were not involved specifically during the planning phase, although there had been previous engagement activities with children – e.g., the Deputy Ombudsperson for Children Rights has a group of ‘Teenage Consultants’ and SOS Children’s Villages has discussion groups with children, but not for the purposes of CG.

### Existing analysis and reports

In considering needs assessment for the initiatives in Bulgaria it is important to acknowledge the substantial situation analyses that had already been conducted prior to the start of the Child Guarantee project (UNICEF, 2018b). UNICEF representatives felt that these analyses already provided good evidence on the needs of target groups. This evidence base was used for planning Model 2.

In addition, UNICEF Bulgaria conducts a biennial needs assessment of attitudes of professionals towards inclusive education for children with special needs in the preschool system, which is relevant to Model 3.

National authorities and UNICEF mostly undertook needs assessment based on existing data reports to plan the interventions with final beneficiaries. For example, the Ministry of Labour and Social Policy periodically publishes statistical reports on poverty for some specific groups of children (e.g., unaccompanied and separated children and care leavers).

In Croatia, existing situation analyses were used to inform the development of the interventions:

Every few years, UNICEF conducts a situational analysis of the state of children’s and women’s rights in the Republic of Croatia. ... It serves as information and a basis for our design of programme activities, i.e., what it is that UNICEF will do. Through this analysis we also gained very clear indicators and information in terms of the level of development of services in individual counties, the number of children living at risk of poverty. ... Even before the working group was appointed – not only in Croatia but in all the countries participating in the pilot, namely Greece, Bulgaria, Italy, Lithuania, Spain, Germany – we agreed on this at the level of our regional UNICEF office, identifying the expert team that helped us in creating this in-depth analysis, defining and identifying certain priority measures that should be recognized.

Most key informants stated that the pilot CG programme was planned in a coherent and well-co-ordinated way, which was built upon detailed situation assessment (e.g., needs, priorities, state of relevant services). Although the pilot Child Guarantee Phase 3 programme did not involve new data collection for detailed situation and needs assessment prior to the planning and implementation, the goals and activities of the pilots were based on the existing data sets and insights from various official sources, a fact which was essential for coherent planning. The programme did, however, develop a deep dive analysis of policies, programmes, services, sources of financing, and mechanisms aimed at preventing poverty and social exclusion of children in Croatia, which became the basis for the development of the National Action Plan for the implementation of the European Child Guarantee in Croatia.

For us, it was useful that we had just completed a study on the financing of early preschool education. So we knew approximately how much it costs for all children to enroll in kindergarten; so it was something that we could offer to the Ministry, and that the Ministry later used. Then they had questions about what kind of kindergarten, how much does it cost to build a small, medium and large kindergarten.



## International evidence

Additionally, international practices for approaching Roma people and enhancing their integration, implemented by participating partners, were adapted to Roma children's needs in CG.

Yes, it already existed and applied in the Greek context, because there are corresponding mediators in structures, which exist for these groups – just for children we are specifically talking about, there will be training in a specific context, so it will be more targeted, in this sense. And already, in other actions that are not exactly within the framework of the Child Guarantee, they exist. That is, school mediators are used for this specific group, people who can intervene in Roma communities and exist within schools.

For the UPSHIFT programme in Italy, while there was not a specific needs assessment with students during the planning phase, schools were selected based on specific criteria of vulnerability (e.g., number of students with a migrant background, results of INVALSI, school dropout rate). Other reports taken into consideration for the selection of the schools were the self-evaluation reports produced within the school system. For this model, UNICEF also took account of broad findings from *The Future We Want* – a research study undertaken with children during the COVID-19 pandemic – to inform the macro themes of the programme.

Regarding the PS model, the national authorities proposed this intervention based on previous literature<sup>21</sup>, and on internal political considerations animated by the will to continue supporting some programmes implemented in the past for the family centres in Italy (i.e., Programma Operativo Nazionale inclusion projects). The interviews did not yield any information about needs assessment in the planning phase of this model.

The lack or scarcity of existing data was also noted as a problem. For example, in Greece, there was seen to be a lack of evidence base on the achievement of children's rights. There has been ongoing discussion about this since the implementation of the United Nations Convention on the Rights of the Child and its national monitoring bodies. This hindered the planning phase.

### 3.3.2. New data gathering

Concerning needs assessment pertaining to professionals, UNICEF representatives and partners in Bulgaria mentioned a specific focus on the needs and attitudes of professionals in the existing social services regarding new working approaches. Therefore, a needs assessment was conducted for the training needs of professionals in social services and mobile teams in Model 4. The training needs of the teams in the community support and early childhood development centres, as well as of the newly hired mobile teams, were assessed with a variety of instruments. The aim was to understand their key issues, training needs and – to some extent – their attitudes, although it wasn't an assessment focused on the attitudes. However, some attitudes of the teams were determined and had to be addressed through trainings, messages, materials, etc.

In Croatia, informants mentioned using existing official public data on the needs and priorities of the beneficiary target group and the environment and circumstances in which they live, as well as conducting focus groups with beneficiaries and with professionals who work with them.

We conducted a needs analysis where we collected information and experiences ... at several points in time from participants in various events and asked them about their needs, their difficulties so far, the challenges they encountered, what they thought was important, which topics they thought were important, which ones should be worked on, and so on. When we had these different educational workshops, mostly online since they were during the pandemic, we had participants from all over Croatia, even the wider region.

21. Not yet obtained at the time of writing.

These needs assessments enabled continuous programme refinements to be better suited to the beneficiaries' needs.

It would be very important that once this methodology is developed to then apply it in all these counties, in order to clearly identify the needs, with what social services, the number of those in need, the groups of children and families at risk, what difficulties they face and, then, based on evidence, to plan and prioritize the development of those social services that are missing in each county.

### 3.4. Challenges to implementation and lessons learned

In addition to the challenges of integrated working outlined in the previous chapter, several other types of challenges to implementation were identified by the stakeholders interviewed.

#### 3.4.1. COVID-19

One major issue was the impact of the COVID-19 pandemic. This caused significant delays in the implementation of the pilot and meant that alternative ways had to be found to implement the programme (e.g., distance learning) as many facilities were closed for a long time. This was a very difficult situation especially for implementing organizations in the YE and IE models. Implementation challenges, however, forced innovations in models of delivery, which had advantages and disadvantages.

For example, in the case of UPSHIFT in Italy the workshops shifted entirely online. On the one hand, this was appreciated by the teachers, as the possibility of undertaking the project online was one of the reasons why they decided to engage in the UPSHIFT trainings. On the other hand, for the partners, the online trainings were more difficult to implement in some specific schools and for some specific activities.<sup>22</sup>

In other cases, the online environment was perceived as hindering the co-ordination and communication process, while activities which relied centrally on face-to-face interaction had to be cancelled entirely.

#### Prejudice and discrimination

A key challenge to the development of the Child Guarantee initiative, which resides at a societal level, is prejudicial attitudes. In this research study it was clear that this applied both to society at large and to the attitudes of specific communities and of professionals working with children and families.

In social services, as everywhere in society, discriminatory attitudes exist ... but that's part of the process, it's not unusual. ... At some point discriminatory attitudes are ... gradually overcome.

In some cases, the issues discussed related to particular target groups. In terms of children with disabilities, professional attitudes were seen as a key obstacle to inclusive provision:

Professionals argue that the place of children with special needs is not in mainstream kindergartens. ... Often, the parent, of course, goes through different phases until they agree to the child being supported. This still involves a lot of misunderstanding, stigma and labelling of children with special needs.

Prejudice towards the Roma population was also noted. There were instances cited of implementing partners being reluctant to go to Roma neighbourhoods and communities because they feared for their own safety. Other informants stated that the non-Roma population in the county sometimes expressed dissatisfaction because the Roma minority were perceived as 'getting more attention' and resources within the Child Guarantee programme.

22. In fact, in this intervention, a longer term perspective from the Wave 2 interviews indicated lower involvement due to the online modality and the programme has shifted back to an 'in person' modality.

In addition, even when professionals (e.g., preschool education students) were motivated to work with the Roma minority, they often lacked the language and the knowledge on cultural specifics to feel competent to do so. These issues were addressed within the programme with training on multicultural education aimed at tackling stereotypes, changing attitudes, diminishing prejudice and better understanding the needs of children and families in the target population.

This problem that we have in [this area] – I don't know if it exists elsewhere, but I can speak for us – this great animosity and hatred and discrimination against Roma, which is expressed by 90 per cent of the inhabitants ... they are not even aware of how much discrimination they actually show, and how much the Roma are victims of discrimination. I'm not talking about those cases of really inappropriate behaviour; there are young Roma that are committing criminal acts ... but it is still a small number. We can't generalize about all young Roma, nor the whole community.

A link was made between these discriminatory attitudes and more generalized prejudicial attitudes towards groups living in precarious situations within societies:

Because there is a general sense of crisis in society that dealing with vulnerable groups, in the eyes of a section of society, sounds like something, you know, non-priority, luxury, and so on. There are such reactions. That is, there is a cautionary ... treatment of these groups and their inclusion.

### 3.4.2. The complexity of the Child Guarantee programme

The complexity of implementing the models of intervention of the pilot Child Guarantee programme as a whole was described as both an enabling and hindering factor. In Croatia, informants described the programme complexity as an essential aspect of its efficacy – “the first time that something works” in the words of one stakeholder – precisely because of the complexity that encompasses intersectoral collaboration and co-ordination of many relevant stakeholders. The programme was seen as holistic, comprehensive and innovative because it involved different sectors and stakeholders working together, directly coming into the beneficiaries' neighbourhoods and communities, addressing their needs and perspectives, and supporting them on their own terms. On the other hand, the complexity of the programme was sometimes described as a hindering factor because it was challenging to navigate and co-ordinate stakeholders and beneficiaries in different contexts.

What I feel ... is a lot to handle is the intention of UNICEF and the Ministry – a key collaborator in the implementation of this project in Croatia – to involve a large number of participants in this project. There are many elements and levels in that local area that are affected; on the one hand, that is important and how it should be, but on the other hand, there is the problem of successful co-ordination of all these stakeholders. And making the connection within the short deadlines that are given to us. The problem is not the fact that there are a lot of us involved, but it does all need to be co-ordinated.

### 3.4.3. Motivation

Key informants often distinguished high personal motivation of stakeholders, co-ordinators and implementing partners as an important factor for efficient and successful planning of the programme implementation, which was reflected in partners' readiness to participate, to take action, to be available for meetings and to provide their own ideas and expertise. This was an enabling factor in the sense that it fostered project development and better understanding of the shared set of expectations, values and social processes that took place in the target community.

What seems to me the most important thing about this is that there is a very high level of motivation of those who participate. ... That definitely helps in planning a project – when we have highly motivated partners who are always ready to talk or to meet, to be there when needed, to make something happen, etc. So, as far as planning is concerned, high motivation is definitely in the first place, in my view.

### 3.4.4. Ambition and timelines

Balanced against the above positive impacts of high motivation was a limitation raised across countries related to the timelines for this pilot. The plan was often described as quite 'ambitious' – and the processes necessary for the realization of the pilot were perceived as lengthy. Some stakeholders felt that, on reflection, perhaps the inception phase of the pilot should have been longer:

The way the Child Guarantee was designed was quite ambitious ... because essentially these procedures take quite a long time. That is, just building the partnerships and dealing with all this fragmentation that exists right now in the child protection sector and really being able to achieve results. Because ... there are specific results and transformation plans in institutions for support to foster carers and parents. It is not something that can be done in a year.

An example of this issue was the plan to build resource centres in rural areas in Croatia to provide community-based services and facilities in Roma settlements and the poor areas of five municipalities. These resource centres are meant to be used for workshops on parenting and other projects aimed at supporting children and families living in precarious situations, as well as training for professionals. After the implementation of the CG programme, the centres were supposed to be run by the municipalities for provision of various services and interventions from health, education, social welfare and law enforcement sectors. The planned development and construction of the resource centres, however, were significantly delayed because of bureaucratic and structural issues, and COVID-19 pandemic-related delays. Specifically, the paperwork and administrative processes related to the planned building sites were complicated and resulted in delays in conducting the planned workshops. Many informants stated that the lack of the resource centres was a major hindering factor because it made many activities logistically more challenging.

The resource centres have not been built, so then they had to carry these workshop materials to the settlements, that is to the school or to the Roma Centre in [name of place] where the workshops were conducted. We also had to find funds that were not planned earlier, because we expected that there would be a resource centre. You know, children's books, [toy] balls, whatever you normally need in a space for very young children. But there was none of that here. So we had to find additional financial funds to equip the family centre.

Although these issues brought additional work and required more time, material resources and effort from the counties and implementing partners (e.g., transportation, carrying and bringing educational materials for the workshops back and forth between spaces, changes in spaces), the key informants stated that, overall, the planned activities were conducted as intended, also thanks to the supporting role of policymakers (the UNICEF county field co-ordinator worked in co-ordination with local institutions and municipalities) who found alternative spaces for the CG programme activities.

### 3.4.5. Working with beneficiaries

Direct work with beneficiaries was mentioned as a challenge due to the need for professionals to build relationships with families in the target groups, including the Roma community, parents of children with special needs, etc.

In relation to working with Roma families and communities, some stakeholders felt that the specificity of the context was the main reason why it is better to involve local experts – who are well acquainted with the local situation and their beneficiaries' needs and circumstances – as these experts have skills in approaching and working with the beneficiaries to gain their trust and motivate them.

I live through what happens in Roma settlements on different levels every day. ... But it's very difficult to explain to someone who is not experiencing this first hand.

On the other hand, other informants held the opposite view: that it is better to have external professionals and experts working on the planning and with beneficiaries precisely because they are external. This could enable them to be more open, to come up with different perspectives and ways of working, and, most importantly, to be less prone to prejudice against the Roma minority, which was a relevant hindering factor in the CG programme implementation.

In addition, a few key informants stated that participation of the beneficiaries – in the sense that experts actively and intentionally take into account beneficiaries' experiences and perspectives – is important because it enables better alignment between services and beneficiaries' needs.

What helps is that experts understand the needs of users and can 'walk in their shoes', i.e., become empathic to them, and then modify their way of providing services in a way that makes it as convenient as possible for users. ... So experts start changing their way of working, and start to cooperate with each other, to achieve a more integrated approach.

#### **3.4.6. The need for connections with the EU and broader networks**

There was also perceived to be a need for more investment in upstreaming work with policymakers and better connection with EU programmes/policies.

We need more work with the decision makers, policy planners, etc., a much more systematic work. We want a greater connection, which is lacking, with the European environment.

[There is a] need to institutionalize a high-level mechanism, not the existing mechanisms, for monitoring the Action Plan on Children's Rights. ... You cannot imagine how many ministries are involved in implementing even the Child Guarantee. ... It is so complicated and so difficult to co-ordinate these agencies. ... Even the report sent to the UN for the country alignment with the United Nations Convention on the Rights of the Child is too poor, too fragmented.

#### **3.4.7. Regional and local inequalities**

Another important issue reported in Italy was the substantial variation in the quality of services across regions and within municipalities, with substantial gaps in provision between the north and the south. This is a broader aspect of the regional variations in workforce capacity discussed earlier. Indeed, most of the key informants have identified this variability as something critical both for the implementation of the CG pilot and for the elaboration of systemic change at a national level to enable the integration of the models of intervention.

#### **3.4.8. Concerns about sustainability**

The topic of sustainability in general is discussed more fully in a separate chapter. An example of the potential impact of this issue on implementation, however, was noted by relevant stakeholders with regard to the SIL model in Greece. Although the Ministry of Labour and Social Affairs had supported the creation of the SIL pilot and intended to ensure its continuity using the Recovery and Resilience Plan European funding scheme, there was the risk of a gap during the transition in funding. Some stakeholders thought that unless the sustainability of the apartments could be guaranteed, it was best not to launch these activities at all as it would be 'the worst thing' for young people to have to return to residential facilities if the operation of the apartments were to lapse. Some interviewees recalled similar situations in the past and stressed the negative impact that short-term interventions can have on the lives of those they are intended to help. At the time of writing the UNICEF office and implementing partners are trying to identify further funding to ensure the continuity of the model until the government is able to take ownership of it.

### 3.5. Monitoring and evaluation

The monitoring and evaluation (M&E) process for the models of intervention in each country was led by the UNICEF team and based on a well-developed set of protocols. This system was primarily targeted at monitoring activities. Almost all partners had their own reporting mechanisms for their daily activities, programmes implemented, etc., but often these were primarily oriented towards internal reporting on outputs and activities. Some of them have since started incorporating elements of the UNICEF M&E. Outcome evaluations of interventions were not planned as part of Phase 3 of the Child Guarantee. This would have been very challenging given the short time scale for the planning and implementation of the interventions.

The process involved regular programme meetings with each partner and a quarterly monitoring and financial reporting system. Some implementing partners were already familiar with the UNICEF approach to M&E from previous collaboration. In other cases, UNICEF provided training and meetings to address any issues and to support partners in these processes:

For example, we have specific forms related to financial reporting and financial monitoring ... and whenever we have a partnership with someone for the first time we do that introductory training where we go through in great detail, introduce them to the forms, what is expected, and we also give feedback. [Through this] I think we have overcome these beginner's challenges and difficulties.

The monitoring and reporting mechanisms were generally viewed positively by implementing partners, with comprehensive and well-structured processes and support:

The forms aren't that complicated. But we've always had UNICEF support. ... Nothing was complicated, everything was very clear. We had one introductory workshop through which we became familiar with the whole procedure and, up until now, I really can't say that I have encountered any difficulties.

Stakeholders saw the added value of the system in terms of gaining an overview of their work:

You constantly follow the corresponding activities and eventually shape it and then you actually see how many activities we do. I think it's good and useful for those who implement – implementation partners – and UNICEF, to unify all the activities that have been carried out.

The principal negative comment was about the amount of time involved and the administrative burden, but it was recognized that this was a necessary process to undertake for this particular initiative.

I understand [UNICEF], they also answer to the European Commission for these funds that have been given ... and for the results. There is a lot of paperwork. I personally do not encounter it because I do not do it, but colleagues in the family department often comment on the amount that needs to be put in writing. But that is understandable.

The need for outcomes evaluation was also recognized, as at the moment there is insufficient evidence in this respect:

What will also be important is to see how this particular group reacted to these particular actions. How did they react, what did they finally get, how useful did it seem to them, how did they evaluate it? So that hasn't been seen yet.

## 4. Engaging beneficiaries: Participation and inclusion

In this chapter we consider several aspects related to the intended beneficiaries of interventions. As outlined in Chapter 1, we can distinguish between direct beneficiaries and indirect (or final) beneficiaries. Given the aims of the Child Guarantee, the intended final beneficiaries will always be children. While some of the interventions, however, did work directly with children (particularly adolescents), others worked with parents or with professionals. This is summarized in Table 4.1 below:

Table 4.1: Direct beneficiaries of the 15 interventions

Intervention	Direct beneficiaries of intervention
<b>Bulgaria</b>	
1 Home-visiting services	Pregnant women and parents/caregivers of children (0–3 years old), with a special focus on parents in marginalized Roma communities
2 Early childhood interventions	Parents/caregivers and children with disabilities or developmental difficulties (0–7 years old); healthcare professionals and professionals in ECD services
3 Quality inclusive preschool education	Teachers and pedagogical specialists working with children with special needs or disabilities (3–6 years old) and their families; professionals in regional centres for supporting the process of inclusive preschool education
4 Child- and family-centred preventative and support services	Social service workforce and social workers in child protection departments working to support parents, children and young people, with a focus on Roma marginalized communities
<b>Croatia</b>	
1 Integrated child protection and family support services	Parents and children in disadvantaged families; professionals and decision makers
2 Inclusive pre-primary education	Professionals (i.e., kindergarten teachers)
3 Early childhood intervention services	Parents and children with developmental delays; professionals and decisionmakers
<b>Greece</b>	
1 Supporting deinstitutionalization (DI) and strengthening community-based care	Front-line workers (e.g., social workers, residential care workers, social service work force)
2 Strengthening the foster care (FC) system	Children in institutions; professionals in residential institutions; foster carers
3 Supported independent living (SIL)	Children and young people in institutions
4 Life skills and job readiness for youth living in precarious situations (YE)	Adolescents and young people at risk, including unaccompanied children and children with disabilities
5 Strengthening inclusive education (IE)	Children with disabilities; teachers
<b>Italy</b>	
1 Foster care for vulnerable minors (FC)	Unaccompanied and separated children and children with a migrant background; foster carers
2 UPSHIFT, developing twenty-first-century skills that promote academic pathways and school-to-work transitions	Young people of upper secondary school age (14–19 years old)
3 Peer support (PS) between families through the actions of family centres	Vulnerable families (including families with children with disabilities)

This chapter focuses on the direct beneficiaries. It considers:

1. The participation of beneficiaries in the planning and refinement of the interventions; and
2. The concept of ‘inclusion’ as it relates to these interventions and the Child Guarantee more broadly.

## 4.1. Participation

Participation is a universal principle and a fundamental right for all children and young people guaranteed by several articles of the United Nations Convention on the Rights of the Child (UNCRC, 1989). The Convention operationalizes participation by recognizing children’s rights to express their views on any matter that affects them, and by requiring that these views are given due consideration in any judicial or administrative proceeding about them, in accordance with their age and level of maturity. The right to freedom of expression additionally implies “the freedom to seek, receive, and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child’s choice” (art. 12 and 13). The International Bureau for Children’s Rights defines participation as “both a guiding principle of children’s rights and an active practice of citizenship” (2018, p. 11). It is by exercising their participation rights that children and young people become active agents of their communities and nations at large.

Participation, additionally, represents one of the driving principles of the human rights-based approach – widely implemented across the United Nations – which advocates for children’s views to be heard and taken into account at each phase of the decision-making process, and that this be balanced with considerations of their best interests (UNCRC, 1989; United Nations Convention on the Rights of Persons with Disabilities [UNCRPD], 2006; UNICEF, 2018a; International Bureau for Children’s Rights, 2018). The participatory aspect of this approach implies that children and young people should be actively involved in the design, implementation and evaluation of interventions that aim to benefit them. It also recognizes children as experts of their own lives and that their input is essential for the development of effective interventions that lead to long-term positive well-being (Crowley et al., 2020; UNICEF, 2018a).

In line with this view, participation is seen as a key guiding principle of the European Child Guarantee which calls on member States to “ensure the participation of regional, local and other relevant authorities, children and relevant stakeholders representing civil society, non-governmental organisations, educational establishments and bodies responsible for promoting social inclusion and integration, children’s rights, inclusive education and non-discrimination, including national equality bodies throughout the preparation, implementation, monitoring and evaluation of the [Child Guarantee national] action plan” (Council Recommendation 2021/1004, 2021, sect. 11.e). The initiative recognizes the key importance and numerous benefits – for both children and adults – of involving children in the process, in areas such as capacity development, greater accountability and ultimately improved services and policies (UNICEF, 2018a).

There are several conceptual frameworks and models of participation that can guide adults to better understand the perspective of children and young people and involve them in the decision-making process. A few examples are Hart’s Ladder of Participation (1992), Treseder’s Degrees of Participation Model (1997), the RMSOS (right, means, space, opportunity and support) framework developed by the Council of Europe (2015), and the Lundy Model of Child Participation (2007). Each framework presents both strengths and weaknesses, and selecting the most appropriate one depends on the applicability to the context and goals of a specific project or initiative.

For the purpose of this report, we have selected Hart’s Ladder of Participation (1992) as a reference framework. Hart’s ladder has been widely used in the fields of child rights, child participation and child-friendly city initiatives, and has been adopted as a tool by various organizations, governments and communities around the world. The ladder serves as a visual representation of different levels of participation that children can have in decision making. It highlights the importance of moving away from tokenistic and adult-dominated approaches to participation, and towards more genuine and meaningful participation of children. This includes ensuring that children and all beneficiaries are informed about the decision-making process, that their input is valued, and that they have a sense of ownership and agency over the decisions that are made.



This participation framework is extended in the context of the operational research of the Child Guarantee Phase 3 to all the final beneficiaries involved in the interventions across the four countries, which include not only children but also adults (e.g., professionals, parents, family members, foster families).

Based on the above discussion, within the context of this research study, 'participation' refers to the different ways in which beneficiaries were involved in the planning or refinement of the models, with the intention to better understand their ideas, experiences, needs and perspectives. We note that there was also an element of child participation in national co-ordination and action planning, but this is outside the scope of this research study.

High-quality participative work with beneficiaries takes time and careful planning. Given that Phase 3 was originally intended to be completed over a 24-month period and was then severely disrupted by the COVID-19 pandemic, there were substantial barriers to doing extensive participation as part of this initiative. Nevertheless, there were some good examples which can be illustrative of the ways in which participation could be developed over longer time scales in the future development of the Child Guarantee and similar initiatives.

In Model 1 in Croatia (integrated child protection and family support services), key informants talked about having conducted focus groups with parents and children to assess their needs and to check the alignment of the programme activities with the beneficiaries' priorities and perspectives. The data gathered within these focus groups were used to refine the programme and were described as very valuable.

What's great for me with the focus groups is that we actually heard the attitude of these Roma, these parents, that they feel discriminated against as members of the Roma national minority, in the place where they live.

For the SIL model in Greece, focus groups with children and staff in residential facilities were conducted at the planning stage in order to determine their needs and the programme's requirements. This feedback contributed to decision making about the design of the model of intervention.

And that is why it was very important that we first had the discussion with the social workers and the children's caregivers. Because we wanted their opinion, based on their own criteria, which we left very open.

There was also a component of seeking young people's opinions during the implementation stage for the YE and IE models in Greece through child-led workshop discussions. These meetings included representatives of Roma children/young people.

They expressed their opinion, which was very good, and we want it anyway. All this has been integrated into our Roma strategy, because it is necessary to ensure their participation at all stages, in whatever actions we implement.

In Bulgaria, some stakeholders mentioned consultations and participation in project activities such as youth consultative councils, community programmes or online resources for parents. A municipal representative shared that these youth consultative councils were created within the framework of the pilot project, with children and youth from the three pilot regions actively involved in partnership with the National Network for Children. Teams of young people and adults worked in each region to conduct research on the main themes of the Child Guarantee.

In some contexts, the involvement of relevant adults was mentioned as having an important role in the planning phase. This was seen as supporting the development of positive relationships and trust with beneficiaries.

The feedback from the parents involved in the programme, which then the presenters would convey to us, acted as a source of support for us. The approach and the enthusiasm of the workshop leaders who ... first went into it with caution and some anxiety ... and the effect that the workshops had on the parents, came to the fore, and we received feedback from those parents on how much this changed their way of looking at parenting or their parental relationships and partnerships.

Some challenges to participation were identified by interviewees. These related primarily to professionals' attitudes about the idea of participation in programme development:

We didn't go into [participation], and ... if we went to ask one child or one parent what you need, we would only get anecdotal data, which might give us a better picture, but I don't think we would get much in the way of having a decisive effect on something that we plan within the model. Also, what we were going to do was already outlined anyway.

Even where professionals did not hold such attitudes, they did not necessarily feel that they had the skills to do participative work. Therefore, several interviewees emphasized the need for development and training so that professionals were equipped to interact with children and vulnerable families, and to be aware of power dynamics. Such training should also highlight the potential for very young children to participate. As an example, specialists working in kindergartens and play hubs in Croatia were trained to encourage children to create their own rules, which allowed the expression of their needs and preferences.

## 4.2. Inclusion

Inclusion is both a universal principle and a right guaranteed to all children and young people by major legislative initiatives and treaties. It has been considered the primary goal by policymakers and decision makers across the EU and around the world over the last decades (UNCRC, 1989; United Nations Educational, Scientific and Cultural Organization [UNESCO], 1994; UNCRPD, 2006; Treaty of Lisbon, 2007, art. 3 and 9; G. A. Res. 70/1, 2015; United Nations, 2016; European Commission, 2020). The 2030 Agenda for Sustainable Development includes a specific goal on reducing inequality and promoting social inclusion. Goal 10 specifically aims to "reduce inequality within and among countries" and to "ensure social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status" (G. A. Res. 70/1, 2015, goal 10. and 10.2). Therefore, in the context of childhood, inclusion means meeting the needs of all children, with particular attention to those in need of special support – such as children with disabilities, in precarious family situations, or with a minority, migrant, or other disadvantaged background.

In broader social policy discourse, inclusion emerges as a principle contrasting social exclusion and poverty. United Nations Department of Economic and Social Affairs defines social inclusion as "the process of improving the terms of participation in society for people who are disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, or economic or other status, through enhanced opportunities, access to resources, voice and respect for rights" (United Nations, 2016, p. 20). Inclusion is additionally seen as the core principle of the new EU Roma strategic framework 2020–2030 (European Commission, 2020).

Regardless of the context, promoting inclusion in social services means working to tackle social exclusion by removing barriers to and ensuring meaningful participation for all, which starts with building inclusive services (G. A. Res. 70/1, 2015; UNESCO, 2017; United Nations, 2016). Inclusive social services are programmes and services that are designed to provide equal access and support to all members of society, regardless of their race, gender, sexual orientation, religion, age, or disability status.

Despite many interventions and legislative initiatives adopted in the light of the major conventions and other treaties promoting inclusion in social services (UNCRC, 1989; UNESCO, 1994; UNCRPD, 2006; G. A. Res. 70/1, 2015; United Nations, 2016; European Commission, 2020), many children from disadvantaged backgrounds continue to face barriers to accessing early years care, education, healthcare and other basic services. Common barriers are related to mobility or communication, lack of provision of services, inaccessible or segregated environments, and negative and discriminatory attitudes towards specific groups, such as Roma children or children with disabilities.

Creating an inclusive environment by ensuring equitable access to quality essential services is the first step towards achieving inclusion (UNESCO, 2017; European Agency for Special Needs and Inclusive Education, 2017; European Commission, 2020). Historically, social policy has always involved some decision making regarding whether public service provision should prioritize universalism or selectivity through 'targeting'. Indeed, targeted services lead inevitably to social exclusion of some other marginalized groups, but at the same time targeting is sometimes necessary for particular marginalized groups with specific cultural characteristics (for example, Roma children).

Indeed, in the last decade, social policies have been characterized by a shift towards ‘progressive universalism’ – seen as the guiding principle behind universal social protection (World Bank Group [World Bank] & International Labour Organization [ILO], 2015; World Bank, 2019; International Development Association, 2022; ILO, World Health Organization [WHO], & World Bank, 2019). Originating from the notion that social inclusion and justice can be attained by providing equal access to opportunities and high-quality services for all, the ‘progressive’ path to universalism implies providing additional support to the most marginalized groups (Hatherley, 2011; World Bank & ILO, 2015; ILO et al., 2019).

Based on the above discussion within the context of this research study, the material in the interviews on the topic of inclusion showed some hindering or enabling factors directly related to the context of the beneficiaries with whom the models aimed to work, which are discussed first below; but a much larger number of structural, institutional and attitudinal barriers were encountered within the contexts in which the interventions were implemented.

#### 4.2.1. Contextual challenges to inclusion

Focusing first on the context of the beneficiaries: When working with disadvantaged or marginalized target groups, issues related to the intended beneficiaries’ past experiences may be a barrier to engagement, and therefore ‘inclusion’ in the model of intervention.

The topic of beneficiaries’ motivation was somewhat complex because implementing partners encountered different levels of responsiveness, ranging from being very motivated to participate in CG programme processes, to being very resistant. Hence, one of the challenges was developing trusting, positive and motivating relationships with beneficiaries that would be sustainable. When this type of motivation was present, it was a strong enabling factor that facilitated the planning as well as implementation, and key informants mentioned that they put a lot of effort in different ways to achieve this.

The biggest challenge is to motivate the users themselves and get involved in workshops, motivate them and keep them motivated. This is one of our biggest challenges.

The cultures of the target groups were also sometimes perceived as creating barriers to inclusion.

I am primarily referring to the inclusion of Roma women because Roma women – because their role, and this is the tradition in Roma families, their role is to be in the house, to take care of the children, and this is such a learned behaviour and part of a long-standing culture, so I would say that is one reason that it is a little harder for women to be involved.

The trust of the intended beneficiaries was another key issue affecting the potential for inclusion. One solution found to build up trust, particularly in the models working with Roma children and families, was the use of cultural mediators. In Croatia, cultural mediators were also seen as playing an important role based on their knowledge of the ‘most disadvantaged’ in the target population. On the other hand, a few informants expressed concerns that this could also place the mediators in the role of ‘gatekeeper’ to services.

In Bulgaria also, mistrust of services was identified as a barrier to including the most disadvantaged families:

Yes, this is probably applicable not only to our model, but also to other similar services, which try to enter the communities. ... In the beginning it is very difficult to clarify the difference between the service and the child protection departments. ... [They think,] ‘These people are coming to take our children, we do not want them and we will not speak to them,’ and often people lock their doors.

The solutions utilized to attempt to overcome these barriers, as in Croatia, were cultural mediators as well as the engagement of young Roma – who knew the beneficiaries and how to communicate with them – as social assistants in the mobile teams in Model 4, which contributed to building trust and relations between Roma communities and institutions. In connection with trust, specific prior experiences of the particular child or young person could also be a barrier to inclusion; several examples were provided in Italy relating to the FC model and the inclusion of unaccompanied and separated children. There is a strong drive in Europe to move away from institutions and provide family foster care for children and young people, as this is seen as promoting

better well-being and improved prospects for a future independent life as an adult. Many respondents, however, agree on the fact that not all the unaccompanied and separated children are comfortable with family life arrangements, especially those that have spent a lot of time on the migratory journey and could find some family rules and expectations quite difficult to meet. In this case it was not a question of providing services for the 'most disadvantaged' but for those for whom the service might be appropriate:

And I'm not going to answer you, that is, I'm not answering the question 'How we identified the most disadvantaged children' because it was not our way of identifying the boys. So we did a whole job to identify which are the [ones] who can go to the family, because not everyone can, and we did a whole job with some cards that we then shared with the foster homes that always ask us, 'But how do we figure out who to report?'

In this context, past trauma was an important potential barrier to integration in a family:

For example, one of the criteria is that the young person can trust adults, because if the relationship with adults has been an excessively traumatic or excessively violent relationship they cannot trust, the relationship is compromised, so maybe that young person would need it more but we cannot put them in a family ... and a different intervention is implemented.

In response to the above issues, some solutions were found in Italy to use foster care in a more flexible way through part-time solutions. An example is when working with victims of trafficking:

We did not give up when we were all told that putting girls who were former victims of trafficking in foster families was too complex an operation and we did it ... with the possibility of it being part-time. So for example, these girls that we are still supporting in [name of the city] continue to live in their reception facility, so they have a specialized support of the operators, but they spend part of the week with their foster families.

This highlights the paradox that those beneficiaries on which the models are and should be most strongly targeted are also the most difficult to engage with. The example also shows the complexity hidden behind concepts such as 'inclusion', and the need for services to adapt their working model according to the needs of the child, young person or family if they are to be truly inclusive.

Several other 'inclusion' issues relating to the characteristics of the beneficiaries were mentioned in interviews. According to some of the key informants, the most vulnerable children in the target population were from families where parents had high levels of issues and resistance to any treatments, and/or no motivation or willingness to work towards better practices to support their children (e.g., parents with substance abuse issues, parents who neglect or abuse children, parents who have limited education and cannot read). These families were most difficult to reach and engage and, in those instances, often other modes of actions are needed (e.g., social work interventions and measures).

A few key informants mentioned underage pregnant women as one of the most disadvantaged groups of beneficiaries, who are also often very hard to reach. Within the Child Guarantee programme, one of the implementing partners purposefully included them in activities.

#### 4.2.2. Structural, institutional and attitudinal barriers to inclusion

It was possible to delineate a larger number of barriers to inclusion within the context of the interventions. Some of these were relatively concrete issues for which solutions could be found, such as language barriers (for which interpreters and cultural mediators can provide a solution), or transportation.

They do not respond for the reasons I mentioned, because they do not have transportation, they are far away, so we're letting them down a bit. ... So this is where I see a little difficulty in implementing this programme at the moment.

The difficulties with transportation were one of the motivations for providing services within the communities of the target populations. However, this introduced another paradox of inclusion in that the effort to be inclusive by providing localized services could also strengthen divides when populations were also already quite segregated. The following quote from Croatia illustrates these tensions in relation to targeted service provision:

The main problems stem from having limited space, which is something that we always have to face. ... In one settlement we created a Roma centre that has been functioning now for a good 12 years, where programmes and projects related to the Roma national minority living in the city of [name] are held. But that centre is already used [very intensively], so we have hit a spatial barrier that we can't overcome. We would like all projects and programmes concerning the Roma national minority to take place in or near their communities, not because we want to separate them from the rest of the population, but on the contrary, to bring them closer together. We think they will participate in greater numbers if we bring everything to their doorstep.

Other infrastructure issues beyond transportation were also identified. In the SIL model in Greece, although the target population of children with disabilities living in precarious family situations was already regarded as, by definition, 'in need', assessment tools were used to specify the children living in the most precarious family situations among those children, i.e., children with more complex disabilities. However, in some cases these children could not practically be supported for SIL due to lack of specialized infrastructure and staff.

In Croatia, in addition to access difficulties for Roma families who live far from services and where public transport is sometimes limited to one bus a day, there is also a lack of services within reach and sometimes kindergartens and physicians do not want to accept them. Moreover, sometimes the beneficiaries are not well-informed about the services and rights available to them and how to get them. To resolve these problems the CG programme made progress by going directly into homes.

Some of the models of intervention were located within other services – such as schools. In these cases, the policies and practices of the host institution could act as a barrier to fully reaching the intended target group for the intervention. For example, in Greece, the devolved nature of responsibilities regarding school admission means that each school can decide its criteria, including if they are going to accept children with specific backgrounds:

Everyone talks about inclusion, the rhetoric is about inclusion, but you go to the neighbourhood school and they tell you 'I do not accept Roma children, they can go to the neighbouring school'.

The vast majority of refugee children are out of formal education. Or when they are in they are only formally in, that is, they are enrolled but not attending. And there is a framework that has been developed in recent years, from 2016 onwards, the so-called DIEK, which are afternoon classes for these children, that is, ... you know, if we're talking about inclusion and building separate schools, well ...

Similarly, foster care services are dependent on the willingness of families to accept children and, in Greece, professionals within the FC model reported greater difficulties in finding foster families for children with disabilities within an already limited pool of foster carers. The responses of foster carers were also an issue in the FC model including unaccompanied and separated children in Italy. The issue was not so much these young people's migrant status as that they were typically older adolescents with a strong relationship with their families, with many experiences and responsibilities, and – most of all – who had not been removed from their parents because of neglect. This implies the need of a different approach to build a trusted relationship and overcome the expectations of foster parents about what a 'foster child' should be. As a result of these expectations, different criteria of inclusion have been used to choose the beneficiaries, according to both social workers from the municipalities and implementing partners. This includes focusing on the younger side of the age spectrum, because these young people are considered more adaptable to family contexts and a foster care option could reduce their risk of spending many years in reception centres. There is also a consideration of young people's willingness to be part of the programme, including their explicit request. This reinforces the point made earlier that, for a number of reasons, it may be difficult for models of intervention to effectively include the 'most vulnerable of the vulnerable'.

Because of the difficulties in finding interested foster parents in the model in Italy, there was a reluctance to implement planned outreach activities (e.g., meetings in the reception centres) to gauge the interest of the young people in the target group:

There was this sort of embarrassment between proposing, reasoning about this possibility, with everyone, and maybe soliciting a response to which we could not respond, because probably there were more children than families.

In the YE model in Greece a number of systemic problems were found to act as challenges to inclusion, although solutions were found to some of these problems. Migrant youth who did not speak the Greek language were not accepted by companies for work. For this target group, the Special Secretariat for the Protection of Unaccompanied Minors facilitated access to children living in precarious family situations. Intercultural mediators were trained and also facilitated the inclusion of those refugees and migrants living in the most precarious situations, as well as Roma young people. During the project implementation, the standard working hours of public services also emerged as a barrier. UNICEF therefore developed training in the evenings, which was more convenient for children attending school. One further problem in this model was that young people with disabilities were reluctant to start working because they could lose their disability allowance.

In Bulgaria, the extent of inclusion in the interventions of the children in the most precarious situations was considered high by most respondents. These children were selected based on criteria such as low socio-economic status of the family, bad living conditions, children or parents with disabilities, underage parents, drug/alcohol addictions in the family, or families without general practitioners or identity documents. These groups were reached through outreach mechanisms and information from different services or assessment tools for children with disabilities. The work of Model 4 was focused on local areas with a high concentration of families at risk of poverty and social exclusion from marginalized (including Roma) communities. The choice was made on the basis of expertise and knowledge of the specifics of the city. The teams were trained on how to assess the level of risk of poverty and social exclusion of families. Families that were assessed as 'high' or 'medium' risk were included in more intensive support, and information was submitted to the Child Protection Department. Many of the cases identified by the mobile teams were previously unknown to the Child Protection Department. In addition, the teams tested and developed effective ways of reaching the families most in need. The initial door-to-door method did not work well. The mobile teams now rely on institutions (e.g., hospitals, general practitioners, kindergartens) to refer families in need to the service, and on dissemination of information among the families themselves. The teams have also begun to receive 'word-of-mouth' referrals from other families linked to families who have accessed the service and found it useful.

Some of the models of intervention were not targeted but inclusive in the sense of having a more universal, or at least broader, reach. The UPSHIFT skills-building programme in Italy has specific criteria to include marginalized secondary schools as outlined earlier. The activities are, however, open to all students in the selected classes where the programme is implemented. Staff involved pointed out that inclusion means not to exclude anyone, which is the reason the activities are open to all students; the selection in this case regards only the schools, which should match specific criteria of vulnerability:

Precisely because we believe that at the base there must be inclusion, in its precise sense, ... we do not make a selection upstream, so within the classes there are children who are more disadvantaged, just as there are children who do not have any of these difficulties. It is precisely there that the fight against marginalization takes place.

In this model, therefore, inclusion depends on the selection of schools rather than of the final beneficiaries. It is also connected with the willingness of the teachers to be part of the programme, since a part of the activities should be carried out by the teachers and this is seen by some of them as a burden or a challenge on top of their existing responsibilities.

Most interviewees linked to the peer support between families model in Italy did not see the 'most disadvantaged' families as the main target of the programme. Instead, the intervention was aimed at the level of prevention, especially because of the nature of peer support, which is not a specialized service:

It is, however, a model that identifies vulnerability as any condition of need and temporary support by the family, so it does not necessarily address families with levels of vulnerability that mean that they cannot benefit from peer support.

This model (still at the planning phase) aims to promote inclusion through an awareness-raising campaign:

The model then starts with the first part of raising awareness in the area in order to generate interest on the part of families to participate in activities related to the model and obviously in this case there are two levels. There is clearly a general awareness to include all the families, but also a targeting by the operators of family centres who in all their other projects know the families, who have contacts with the families, to bring them together, refer them directly to the model.

Finally it is relevant to the conceptualization of 'inclusion' that for a few key informants in Croatia the location-based programme was viewed as 'exclusive' – i.e., it was seen as being for Roma minority children, and hence missed children living in precarious family situations who are not from that minority, but who need support (e.g., children at risk of poverty, children with disabilities who lack adequate support from parents and experts), are invisible in different ways, and are not recognized. Once again this highlights the complex nature of discussions about 'social exclusion' and 'inclusion' in circumstances where there are diverse needs.

## 5. Looking to the future: Sustainability, replicability and scalability

I think funding is the biggest obstacle to any integration of sustainable programmes. You can design different short-term projects and programmes to involve users – children and parents; however, if you do not have a reliable economic structure for the sustainability of the whole story, it will not become self-sustaining.

### 5.1. Sustainable social services

Sustainability can be broadly defined as the ability of a programme or a service to maintain its intended outcomes and benefits over time, even after the initial funding or support has ended (US Agency for International Development, 1988; Bamberger & Cheema, 1990).

In the context of service provision, sustainability involves ensuring that families and children continue to receive the necessary support and resources needed to achieve positive outcomes (National Center on Substance Abuse and Child Welfare [NCSACW], 2021; Office of Population Affairs, 2019). In other words, sustainable social services are those that can maintain their effectiveness and impact over the long term, without being compromised by factors such as funding constraints, changing policies or shifting priorities. Indeed, service sustainability goes beyond the simple notion of having a consistent flow of funds. It implies that an innovation must be refunded, replicated, expanded or institutionalized within larger systems (NCSACW, 2021). Ensuring sustainability of services for children and families – with particular attention to the most disadvantaged groups – is crucial for tackling social exclusion and breaking the vicious cycle of poverty (Shediac-Rizkallah & Bone, 1998; Hämäläinen et al., 2020).

The long-term viability of services has been both a concern and an objective of policymakers and funders. Although little consensus exists on the definition of sustainability as applied to public services/human services provision (Hämäläinen et al., 2020; NCSACW, 2021; Office of Population Affairs, 2017, 2019), several frameworks and guidelines have been suggested, aiming to bring conceptual clarity and operational guidance related to the term.

In an attempt to conceptualize socially sustainable child and welfare service provision, Hämäläinen and colleagues (2020) offer a conceptual framework that builds upon the United Nations Convention on the Rights of the Child (1989), the United Nations Sustainable Development Goals (G. A. Res. 70/1, 2015), and the ecological model. The framework highlights the importance of considering both individual and systemic factors in achieving sustainability. In the context of this framework, individual factors, such as parenting skills and family dynamics, must be strengthened to improve child welfare outcomes, while systemic factors, such as policy and resource allocation, must be addressed to ensure sustainable change.

From an operational perspective, sustainable interventions are defined as those producing long-lasting effects on children and families by meeting basic needs, building social capital, supporting family relationships, promoting family empowerment and valuing diversity (Hämäläinen et al., 2020). This can be achieved through a range of interventions, including financial assistance, community development and family support programmes.

The Exploration, Preparation, Implementation, Sustainment framework (Aarons et al., 2011) involves ensuring the long-term sustainability of evidence-based practice. This includes monitoring and maintaining practice implementation fidelity, building capacity within the organization to support the practice, and continuously evaluating the effectiveness of the practice.

In order to become part of the existing public services for children, interventions such as those related to the Child Guarantee Phase 3 should include stable funding and ongoing monitoring and/or quality assurance processes. This aspect of sustainability is crucial when looking at the possible continuation of the CG models of interventions. Indeed, sustainability was covered in both waves of interviews and was a major preoccupation for many stakeholders.



## 5.2. Financial sustainability

Naturally, a key area of focus was how the funding would be secured to maintain the initiatives in the longer term. Optimism on this point varied and a difference was noted – for example, during Wave 1 in Croatia – between interviewees who were more or less centrally involved in the initiatives.

On the one hand, representatives of steering and county committees and UNICEF co-ordinators had more detailed in-depth insights into the programme as a whole, and into all of the programme's processes, activities and defined sustainability strategies. Hence, their reports were more optimistic, and included specific actions and directions. These include, in some cases, planning for sustainability from the outset of the pilot; and in other cases, actions that were being taken, or were being planned to assure sustainability.

A key point of focus was the national action plans that were also generated through the Child Guarantee Phase 3 implementing process:

That is why the goal is to develop this national action plan as a guarantee for every child, that everything that has been shown in the pilot projects as an example of good practice will be implemented somewhere in that central document; and that we, in all the activities we do with UNICEF – UNICEF has specifically invested significant funds in the social welfare system – we must ensure sustainability. The idea is to incorporate all this into this national document, and then, to really ensure long-term sustainability through the use of the European Social Fund or from the state budget, depending on the priorities.

This quote highlights the strengths of this phase of the Child Guarantee preparatory actions in terms of the synergies between the different components working at practice and policy levels.

References were also made to other national actions that were relevant to specific groups:

In the national plan for Roma inclusion, these community service centres have been put in place. So these measures are included inside the national programme. It means the provision of services in the community and we sincerely hope that it will be as agreed, that as soon as the project is completed to announce a tender to which counties and municipalities can apply. It means to ensure the further implementation of these activities, i.e., to ensure all the necessary funds and conditions for people to continue working on these activities.

On the other hand, the informants who were less central to the CG project and more focused on implementation of activities seemed to be less informed on the concrete sustainability plans and were less optimistic. This was reflected in an often more pessimistic overview on the sustainability of the programme during the Wave 1 interviews.

At this first wave, although sustainability was definitely desired, it was not clear for many participants whether and how it could be achieved, so they used words like 'hope' and 'think' to talk about sustainability. They talked about overbearing plans on continuing after the end of the project or explained that they were unsure of how it could work financially.

I think it's difficult to be sustainable at this stage because it's too early. It has only been a year now. ... It's unlikely that the local public institutions will now take over, as our politics lacks that type of approach. However, I think that slowly they have started to notice the benefit of it a little. They see that it is useful, so I believe that with the support of UNICEF we now have the opportunity to advocate for it, for it to continue and for it to be taken over by the system, or at least partly, so that they will implement these services along with us.

For the early intervention teams, I sincerely hope so. They haven't been through that much training, we're at an earlier stage. I really wish we could continue in that direction.

A concern at this point was that, although the interventions were perceived as being beneficial, the length of time of the programme was insufficient to see the full benefits and to be able to demonstrate these:

It's a challenge whether it will continue, or here's the extent to which it will continue. Now we have to think about it. Will anyone offer further funding? The project really does some good. All the people who participate in it are satisfied. ... You can never see such results immediately. A child enters the programme, the family enters the programme, but it takes a while for these results to be seen. Will this be able to continue?

At Wave 2, sustainability continued to be one of the priority issues for stakeholders – in some cases the most important concern. The difference of perspectives between those at the management level and those at the more detailed implementation level described above was still evident. However, among the latter group, there was also some evidence of optimism. For example, in Croatia, the parental support programme had already ensured a continuation of activities and funding bids were in process for several other aspects of the intervention<sup>23</sup>. Nevertheless, some informants at this level felt that they were not receiving sufficient information about the steps that were being taken to achieve sustainability.

Sustainability across all models was seen as first and foremost being linked to secure funding and particularly to the successful and timely handover from the pilot to the national CG. The national action could guarantee the sustainability and facilitate the scale-up. After that, each ministry would need to set its respective associated targets, timelines and costs.

Key informants tended to focus their discussion on funding at the national level, because sustainability depends on national decisions. Indeed, in most cases municipalities were not seen as being equipped, either financially or in terms of skills, to ensure the long-term sustainability of the initiatives.

In Bulgaria, the plan for sustainability and replication of the models is related to the new 'Future for the Children' operation launched by the Ministry of Labour and Social Policy under the Human Resources Development Programme, which is funded by the European Social Fund Plus (ESF+). It will provide funding to municipalities and other service providers for three implemented models – Models 1, 2 and 4. Moreover, the sustainability and replication of Model 3 will be ensured through another new operation to be launched in 2023, the 'General and additional support for personal development in preschool education' funded by ESF+ under Programme 'Education'. This will also depend on municipalities' motivation and commitment to apply. Some of the municipal representatives had already shared their plans to submit their applications.

The good thing is that the national implementation plan for the Child Guarantee has been adopted, and the models that were piloted have found their place in this plan. The financial instrument for implementing the plan, as a start, is now the 'Future for Children' operation under the Human Resources Development Operational Programme. That is, not only the municipalities that were pilots under the project, but all municipalities in Bulgaria, have time to apply under this procedure and receive funding to develop services from the models of foster care, early intervention, community work, mobile teams and programmes for children.

However, in Italy, which has a substantial level of regionalization, the regions were also seen as an important potential source of funding. In Model 3 in Italy, for example, the activities of one family centre involved in the pilot programme was funded by municipal and regional funds for the next 3 years to ensure continuity of the services offered by the family centre.

Some stakeholders also identified private foundations as a potential source of financial support to continue the models.

23. The UNICEF Croatia Country Office provided additional information that, for example, the curriculum to train workers for family outreach services in Croatia has been already secured by Recovery and Resilience Facility funding.

A separate financial concern was the extent to which the high-quality but also high-cost-per-case interventions would be affordable at a larger scale. There was some evidence already of cost analysis being undertaken to explore this issue:

We are doing this cost analysis ... which will serve as a basis to talk with the CG co-ordinator and with the steering committee on the integration of the model within the [national action plan]. This is something we discussed with them and they are aware of.

Some of the key issues regarding sustainability varied considerably from model to model. For example, in Italy, the family-centred model involved considerations on sustainability from the outset:

Otherwise we would not start with the project [with the current resources]. In short, it will be part of our network activity, also in terms of personnel hours, our commitment, etc., so for us it is one of the actions of the family centre, because the objective is to improve the quality of life of families, reduce exclusion, in short.

### 5.3. Non-financial factors related to sustainability

Beyond the principal focus related to funding, other aspects of sustainability, replicability and scalability were also identified and discussed.

One issue was the difference between enabling success in a pilot initiative – where motivation and commitment is high, as discussed in Chapter 3 – and being able to maintain that success when a project is continued in the longer term and attempts are made to scale it up. Some participants felt that there was already some evidence of ‘burn-out’ as many providers had made a substantial effort to try to make the pilot activities successful and this level of effort may not be sustainable.

A second issue was the shortage of specialists within the social care workforce – for example, social workers, psychologists, paediatricians, speech therapists – as discussed in previous chapters. This meant that, even with sufficient funding, there may not be enough professionals with the required skills to sustain and expand the work in the short to medium term. Clearly this hindering factor could be overcome in the longer term through expanded training programmes for the required specialisms. Thus, advocacy is needed to encourage national governments to invest in the level of training that would ensure future specialist provision (e.g., professional foster carers) for the target groups covered in this initiative. This issue was seen as more problematic for some models of intervention than others – for example, sustainability in terms of hired specialists in kindergartens in Model 3 in Bulgaria was seen as a challenge, since a minimum number of children with special needs is required for kindergartens to be eligible to apply for the ‘General and additional support for personal development in pre-school education’ programme.

And, of course, as I said, funds are already committed within the framework of the new education programme to ensure the continuation of these activities. The most difficult thing will be the sustainability at the level of a particular kindergarten in terms of, say, the retention of specialists.

The need to embed some of the practices developed through the pilot interventions at the national level was also seen as an important mechanism to facilitate sustainability. For example, in Greece, the protocols that had been developed in the DI, SIL and FC models during the pilot were perceived as filling an important gap in the operation of residential facilities in Greece. The sustainability and expansion of these practices could only be secured if they are adopted and endorsed by the relevant ministries and incorporated into the work of front-line staff. This will also require further training of practitioners to use these protocols appropriately.

Very similar points were made by key stakeholders in Italy. The procedures tested in the FC model were specifically created to facilitate the inclusion of unaccompanied and separated children within the ordinary foster care system in Italy. The sustainability and continuity of their implementation within the national social service system, after the conclusion of the CG programme, depends on ministries and national policies

including these procedures in the national guidelines for the foster care system and investing in hiring specific staff to implement them.

As well as specific procedures related to the models of intervention, some broader policy and legislative issues were identified that would need to be resolved to ensure sustainability. For example, in Croatia, there is no legal obligation for children to attend kindergarten before preschool; and parents who work have priority in ECEC provision, thus often deprioritizing children in the more vulnerable families that are the focus of the Child Guarantee initiative. In the institutional context in Bulgaria, stakeholders from municipalities also saw a need to develop local legislation that is in line with the future plans for CG.

Some stakeholders saw expansion at the national level as a necessary step to guarantee the sustainability of the models of interventions piloted within this programme. Concerns were expressed, however, in several countries about the reality of this. These included questions about whether smaller municipalities would have the infrastructure or human resources to support initiatives initially piloted in large localities under more favourable conditions. In Italy, the regional inequalities discussed in Chapter 2 were also seen as a potential barrier to wider implementation of models. The issue of contextual differences was also raised in some interviews. It was noted that, as models were implemented within specific local contexts, adjustments might be needed for other contexts. This would represent a challenge for scaling up to the national level. Some key informants stated that it is crucial to conduct deep needs assessments before planning the continuation of the activities and strategies. This is a topic that was covered more fully in Chapter 4.

Sustainability and scalability were also linked to issues of inclusivity (discussed above in Chapter 4.2). For example, in the YE and IE models in Greece, there was a focus on training professionals based not only on the training material produced during pilot implementation, but also on the integration of innovations of the programme into their main activities. The implementing partner (OAED), in collaboration with UNICEF, had further developed one of its tools (the portfolio platform) to make it accessible to refugees and people with special needs. The intention was to keep piloting this beyond the Child Guarantee and finally to integrate it into their main platform currently used by unemployed people across the country.

Another route to sustainability identified by respondents was the embedding of interventions within mainstream practice. For example, in the UPSHIFT model in Italy, UNICEF staff believed that the training that teachers received during the programme could help them continue to undertake the same activities independently after the end of the pilot programme.

Yes, the idea is to equip schools more and more, [and] in the meantime make them aware of courses of this type and in addition give them the tools to be able to manage it autonomously. Certainly teacher training is one of the main tools.

It was suggested that the school system should also be trained and encouraged to make calls for proposals in order to attract similar projects to the schools, even if some informants argued that it is difficult to find the specific skills needed to manage a funded programme in the schools (for example, reporting skills), and that co-planned interventions are not eligible for some regional funding opportunities.

On the other hand, teachers interviewed did not envisage this project as something likely to happen independently at this stage, and anticipated the continuing need for an external agency to support the sustainability of the initiative.

These ideas of embedding practices as a means of sustainability were also evident in other models of intervention, such as the community support centres in Bulgaria:

Well, basically, as far as I know, for the future, yes. This will be an activity that is worked on in collaboration with the community support centre. In the future, work on this activity will continue. So, now, for how long we will be able to keep like this is a separate question. But I think that mapping and community work should remain part of the activities under these services.

Apart from the will of stakeholders, other factors on which sustainability depends are related to the availability of financial and human resources. Another factor for achieving sustainability is the awareness of the institutions of their role in the process and a commitment to the implementation of the activities.

## 6. Key messages

This final chapter distils the key messages from this research study for policymakers (at all levels) as well as those developing and implementing services for children and families, in order to achieve the aims of the EU Child Guarantee.

As outlined in Chapter 1, the intention of this study was to capture the key learning from the models of intervention and present it in a way that can be of value to inform the future implementation – across the whole of the EU – of this strategic and important Recommendation, which has the potential to improve the lives of tens of millions of children.

In this chapter, connections are made, where possible, between the messages and material contained within the deep dive analyses, and the national action plans for the Child Guarantee published in the four pilot countries covered in this report.

The messages comprise three groups of six themes each:

1. Laying the foundations for the Child Guarantee work at the national level
2. Developing interventions at the local level
3. Supporting the Child Guarantee at the EU level

### 6.1. Laying the foundations

#### 6.1.1. Working together

The pilot models of intervention studied in this report took place within the existing national institutional structures. While progress was made working within this national structural context, the research has also highlighted some of the challenges that this poses when institutions with different areas of responsibility are not fully aligned to work cohesively on policies for children due to different mandates, accountabilities and structures. Tackling these issues involves integrated working – horizontally at the national level, and vertically to connect the national, regional and local layers of governance. The experience of the pilots has highlighted the fundamental importance of strong and effective national co-ordination of the Child Guarantee project moving forward. The national action plans for each of the four countries make clear provision for such co-ordination. It will be important for this to be followed through, and any structural difficulties to be resolved quickly and effectively. For this to happen, a specific process and high-level political leadership is likely to be needed.

#### 6.1.2. Improving and filling gaps in policy and legislation

In Chapter 2, the close alignment of the models of intervention with existing national policies was noted as a strength of this pilot initiative. On the other hand, some gaps in policy and legislation were noted by stakeholders as hindering factors to implementing effective integrated services. The deep dive analyses and national action plans confirm the existence of these gaps, and the latter include some proposals to fill them.

In addition to filling legislative gaps, changes and replacements to existing legislation are also likely to be necessary. Making progress with this aim is a key prerequisite to the success of the Child Guarantee. A crucial first step in achieving such progress will be a detailed analysis of the adequacy of the existing legislative framework as a foundation for the Child Guarantee. This work has not yet been fully achieved in the national action plans produced for the Child Guarantee. The analysis could also be informed by a consultation with key stakeholders. Moreover, to reach the full implementation of the necessary new policies and legislations, there is a need to commit appropriate public funding and to have an ongoing system for monitoring implementation and resolving challenges.

### 6.1.3. Enhancing the workforce

The interviews with stakeholders suggested important workforce issues which are directly relevant to achieving the ambitious goals of the Child Guarantee at the national level. In some cases, there appears to be a numerical shortage of personnel available within the social care workforce, in particular within more specialized professions. Second, there are gaps in the skills and knowledge of the existing workforce that need to be filled. In addition, attention needs to be paid to regional and local variations in the availability of trained workforce as well as high staff turnover, contractual conditions and workforce security of employment, as there are indications that concerns over these issues may be a barrier to integrated working. Therefore, programmes and funding schemes to ensure further workforce recruitment and trainings for capacity building need to be built into the national action plans. The long-term nature of the Child Guarantee provides an opportunity and a stimulus to make substantial progress in tackling these issues in a structured way and creating an enhanced workforce.

### 6.1.4. Changing attitudes and tackling prejudice

An important factor for the success of the Child Guarantee, in terms of its goal to tackle social exclusion, will be the ability to tackle prejudicial attitudes towards people in disadvantaged groups. This arose in the research in relation to children with disabilities, Roma children, and children with a migrant background, but also applies to other disadvantaged groups. There is a challenge here at a societal level to continue to tackle prejudice. But there is also the issue raised both in the research and in the deep dive analyses of prejudices also being present within the social workforce. This can lead to discriminatory practices and works against inclusion of disadvantaged groups. The pilot models of intervention included some initiatives to raise awareness and tackle prejudice among professionals working with children and families. As envisaged in some of the national action plans, this will be an important type of action to promote further as part of the Child Guarantee rollout.

### 6.1.5. Strengthening the evidence base

There are gaps in the evidence available at the national level to support needs analysis and the development of target interventions for disadvantaged children and families. These gaps also mean that it will be difficult in the future to track progress in improving the situation for these target groups. These issues are raised in all four of the deep dive analyses for these countries – with gaps including those relating to some groups of children (e.g., children in institutions, children with disabilities, Roma children, children and young people with mental health problems) and to some aspects of effective access to services (e.g., costs of access, inequality in availability at the local level, take-up, quality of delivery). Strengthening the evidence base is an essential requirement to setting realistic and achievable targets to improve services, and to monitoring the extent of achievement of the Child Guarantee objectives to ensure that all children's basic needs are met.

### 6.1.6. Achieving sustainability

Sustainability emerged as a key concern of professionals involved in the pilot models of intervention; this is a fundamental challenge for the EU member states to address in order to meet the high goals set for the Child Guarantee. Inevitably this is partly an issue of financing, thus it will be vital to ensure that the national action plans are followed through in terms of allocating sufficient funding to support the effective delivery of programmes and projects in the long term. There are, however, also non-financial building blocks needed to ensure sustainability. The issues raised in the first three points above – relating to effective horizontal and vertical integration and collaborative working, the reform and improvement of legislation and guidance, and strengthening the social workforce – are all prerequisites for the sustainability of existing and new models of provision.

## 6.2. Developing interventions at the local level

### 6.2.1. Strengthening regional and local co-ordination

The role that UNICEF played in regional and local co-ordination was commented on positively by many of the stakeholders interviewed. UNICEF was able to utilize existing working relationships, draw in new partners and act as a focal point for implementation. This extended to providing monitoring systems, training and ad hoc support and guidance to implementing partners during the course of the work. The national action plans tend to be stronger on the provisions for national co-ordination than at the regional or local levels. It is important that the continued commitment to co-ordinate at all levels – vertically as well as horizontally – is maintained, building on the lessons from this pilot phase in order to ensure co-ordinated action and promote integrated working. Given the important role that UNICEF played in fulfilling these functions during the pilots, it will be important to carefully consider how this type of role will be replicated as the Child Guarantee is implemented more extensively in each country.

### 6.2.2. Conceptualizing and developing interventions

As outlined in Chapter 4, the pilot interventions were developed primarily on the basis of a combination of previous experience and national policy priorities. Some of the interventions had been previously evaluated within the respective countries, while there were also examples of the use of broader learning (e.g., from other countries in Europe). As the Child Guarantee develops it will be important to encourage extended use of international evidence on promising practices and to build up the conceptualization of interventions in a way that maximizes the potential benefits for beneficiaries within resources available.

### 6.2.3. Conducting effective needs analysis

The stakeholders interviewed saw how a strong analysis of beneficiaries' needs was a key requirement for the successful development and implementation of interventions. There were good examples of this in the pilot interventions, mostly utilizing existing evidence and publications. However, evidence gaps were also noted and, for the future, these gaps will need to be filled, as discussed above, in order to facilitate a full and effective needs analysis to inform service development.

### 6.2.4. Reaching the most disadvantaged

While the Child Guarantee is focused on disadvantaged children, this and other research indicates that it remains a challenge to ensure that the most disadvantaged children are reached. The pilot models of intervention discussed in this report provide a number of practical examples of how this can be achieved. These include the location of services within disadvantaged communities, specific forms of outreach and mobile working, and the development of needs assessment frameworks to identify those children who are living in the most precarious situations. It will be important to continue to develop these kinds of approaches, tailored to each specific context, in order to ensure the comprehensiveness and full inclusiveness of the Child Guarantee initiative.

### 6.2.5. Improving participation

Stakeholders saw the participation of beneficiaries in the planning and subsequent refinement of interventions as an important activity; in some cases, there were innovations in this respect within the pilot initiative. This is an aspect that is also emphasized in the national action plans. The implementation of participation was, however, variable across the 15 models, with one of the potential hindering factors being the time available to do this to a high quality given the speed of implementation. It is also important to recognize the voluntary nature of beneficiaries' participation and allow sufficient time to enable participants to build the necessary skills and confidence. There were also some indications of lack of professional awareness and skills in participative practices. These should be a priority for future workforce training initiatives to improve skills and practices around participation. There is also a need to go further and embed the role of participation more strongly in ways of working throughout the sectors engaged with children and families within the Child Guarantee. There is some evidence of this already in the national action plans.

### 6.2.6. Monitoring and evaluation

As discussed earlier, UNICEF's support in terms of the provision of expertise and systems for monitoring the interventions was broadly welcomed by implementing partners and emerged as a strength of this pilot initiative. On the other hand, for pragmatic reasons there was no plan – within what was originally a 24-month programme – to undertake detailed process or impact evaluations of the initiatives. This is another aspect of the initiatives where there is inevitably a trade-off between speed and quality. This is something that will need to be considered further as the Child Guarantee develops, to ensure that evidence on 'what works in what contexts' is generated and shared across the EU-27 countries. Impact evaluations are crucial to providing information on the effects of interventions which aim to make a difference in the lives of children and families, through an impartial and credible assessment of what works and in what contexts. Impact evaluations can be conducted on programmes, policies or upstream work like policy advocacy and capacity building<sup>24</sup>.

## 6.3. Supporting the Child Guarantee at the EU level

### 6.3.1. Communicating the ideas and importance of the Child Guarantee

Some of the concepts contained within the final EU Council Recommendation for the Child Guarantee (Council Recommendation 2021/1004, 2021) are complex and multifaceted, and it was clear from the interviews that stakeholders did not have a shared understanding of them. There were a range of understandings of the terms 'poverty' and 'social exclusion'. The exact specification of the Guarantee in terms of provisions and target groups are also complex and subtle, and are not always accurately replicated in the national action plans. A lack of understanding of the underlying concepts among professionals involved in the work could lead to 'mission drift' and a diffusion of energies and initiatives. And if professionals lack this understanding, it is certain that awareness and understanding of the Child Guarantee among the general public will also be limited. There is therefore an ongoing communication task to be led at the EU level to ensure a good understanding at a broad level of the ideas and importance of this initiative.

<sup>24</sup> See, for example, Rogers (2014).



### 6.3.2. Maintaining focus and coherence

Alongside this communication task, there will be an ongoing need to maintain the focus and coherence of the Child Guarantee initiative. One of the factors that stakeholders in the interviews highlighted as having enabled this pilot phase was the high degree of focus and motivation of people involved. This is not something that can necessarily be replicated at national scale and in the longer term. Linked to this, there is evidence in the national action plans of some divergence of concepts and definitions. The definition of a 'child in need' in the Council Recommendation refers to all children "at risk of poverty and social exclusion". The EU's AROPE indicator is based on income poverty, material deprivation, and household low work intensity. The Recommendation also lists target groups<sup>25</sup> with specific disadvantages whose needs should be met 'in particular'. However, these are not the sole focus for the Child Guarantee as any child living in relative income poverty<sup>26</sup> meets the definition of 'in need' in the Recommendation. It will be helpful for the European Commission to maintain an overview of how these ideas are implemented at a national level and to provide feedback where appropriate to promote the range of measures that are required to tackle poverty and social exclusion of all children in Europe.

### 6.3.3. Balancing targeted universal service provision

Building on the above point, there is also a need to promote coherence with regard to the relationship between universal and targeted service provision. The 15 models of intervention studied in this research are targeted at specified groups within the Child Guarantee initiative. The research did not explore the existence of universal provisions, but it was clear that some of the pilot interventions were filling gaps in the network of basic universal services. That is useful for a pilot initiative, if the learning from these pilots can then be fed back into improvements in the universal network, but there are risks if this approach is scaled up to the national level; providing separate services to fill gaps could work against the aspiration of social inclusion. This risk of over-specification of target groups and fragmentation of services may be exacerbated by the sixth category of target groups defined in the Council Recommendation – 'children in precarious family situations' – which creates the possibility of a diverse and infinite enumeration of target groups. There is a delicate balance to be struck so that targeted services and specialist interventions are contained within a broader framework of 'progressive universalism'. The Council Recommendation talks about identifying "the barriers [that children in need] face in accessing and taking-up [...] services"; and it may be helpful for further guidance to be developed at the EU level on the benefits of 'progressive universalism' to avoid fragmentation and ensure that targeted services are fully integrated into the universal provisions.

### 6.3.4. Supporting sustainability

In view of the substantial concerns about sustainability of the pilot models of intervention expressed by the key stakeholders interviewed, and the discussion of sustainability above, it is clear that the use of EU funds to support the implementation of CG and lever additional national funds will be crucial for the maintenance and rollout of the pilot interventions and the development of new sustainable interventions. There is therefore a role for the Commission to monitor how EU funds are being used to support implementation of the Child Guarantee and to encourage greater use to the extent possible.

25. a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care; (f) children in precarious family situations.

26. I.e., in a household with equalized income below 60 per cent of the national median.

### 6.3.5. Improving the evidence base

The European Commission can also play an important role in helping to improve the evidence base. There are at least three ways in which this can be done at an EU-wide level:

- The first is to provide support and guidance to fill the gaps in evidence for some subgroups, which hampers needs analysis and analysing progress. Support in harmonization of data-gathering initiatives for specific subgroups would strengthen the comparative nature of evidence and support pooling of data for analysis.
- Second, there is a substantial shortage of comparative data within the EU-27 countries gathered directly from children and young people. Ideally this gap would be filled in a cross-national and harmonized way, and would include both a repeat cross-sectional survey to track trends over time and a pan-EU longitudinal cohort study<sup>27</sup> to learn more about the factors that influence the quality of childhoods and children's future life prospects.
- The third area is to continue to support and stimulate the generation of high-quality evaluative research about 'what works in what contexts' through process and impact evaluations which incorporate the views of beneficiaries including children and young people. The current evidence basis in EU countries in this respect appears to be limited and this gap needs urgent attention. Priority should be given in future pilot initiatives to ensuring that high-quality evaluation is embedded into programmes, that there is adequate funding for these activities, and that there is sufficient time to ensure the generation of the required evidence to support decisions about replicability.

### 6.3.6. Co-ordinating and encouraging the exchange of learning

Finally, there is a need, at the EU level, for the co-ordination and exchange of learning between countries. This would include sharing evidence from the high-quality evaluation activities discussed in the previous section. It could also include sharing more specific learning on practices in a range of areas covered in this report, such as integrated working, needs analysis and participation. This cross-national exchange of evidence and learning can play a major role in maximizing the aspirations of the Child Guarantee to improve the lives of children in the EU.

27. Such a longitudinal study has been under development for some time, with funding from the EU, and is currently in the final stages of planning: <https://www.guidecohort.eu/>.

## Bibliography

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011, January). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4–23. <https://doi.org/10.1007/s10488-010-0327-7>
- Bamberger, M., & Cheema, S. (1990). *Case studies of project sustainability: Implications for policy and operations from Asian experience*. World Bank Group. <http://documents.worldbank.org/curated/en/601151468760543920/Case-studies-of-project-sustainability-implications-for-policy-and-operations-from-Asian-experience>
- Council of Europe. (2015). *Have your say! Manual on the Revised European Charter on the Participation of Young People in Local and Regional Life*. <https://rm.coe.int/16807023e0>
- Crowley, A., Larkins, C., & Pinto, L. M. (2020). *Listen – Act – Change: Council of Europe handbook on children’s participation – For professionals working for and with children*. Council of Europe. <https://edoc.coe.int/en/children-s-rights/9288-listen-act-change-council-of-europe-handbook-on-childrens-participation.html>
- Council Recommendation 2021/1004 of 14 June 2021, Establishing a European Child Guarantee, 2021 O.J. (L 223) 14 (EU). <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1004>
- European Agency for Special Needs and Inclusive Education. (2017). *Inclusive early childhood education: New insights and tools – Final summary report*. <https://www.european-agency.org/sites/default/files/IECE-Summary-ENelectronic.pdf>
- European Commission, Directorate-General for Employment, Social Affairs and Inclusion. (2015a). *Literature review and identification of best practices on integrated social service delivery: Part I*. <https://data.europa.eu/doi/10.2767/35529>
- European Commission, Directorate-General for Employment, Social Affairs and Inclusion. (2015b). *Literature review and identification of best practices on integrated social service delivery: Part II – Country case studies*. <https://data.europa.eu/doi/10.2767/723690>
- European Commission, Directorate-General for Justice and Consumers. (2020). *The new EU Roma strategic framework for equality, inclusion and participation (full package)*. [https://commission.europa.eu/publications/new-eu-roma-strategic-framework-equality-inclusion-and-participation-full-package\\_en](https://commission.europa.eu/publications/new-eu-roma-strategic-framework-equality-inclusion-and-participation-full-package_en)
- Frazer, H., Guio, A-C., & Marlier, E. (Eds.). (2020). *Feasibility study for a Child Guarantee: Final report*. European Commission, Directorate-General for Employment, Social Affairs and Inclusion. <https://op.europa.eu/en/publication-detail/-/publication/c312c468-c7e0-11ea-adf7-01aa75ed71a1/language-en>
- G. A. Res. 70/1, Transforming our world: the 2030 Agenda for Sustainable Development (25 September 2015). <https://www.refworld.org/docid/57b6e3e44.html>
- Guio, A-C., Frazer, H., & Marlier, E. (Eds.). (2021). *Study on the economic implementing framework of a possible EU Child Guarantee scheme including its financial foundation: Final report*. European Commission, Directorate-General for Employment, Social Affairs and Inclusion. <https://op.europa.eu/en/publication-detail/-/publication/fb5ea446-ad4e-11eb-9767-01aa75ed71a1/language-en>
- Hämäläinen, J., Pihlainen, K., & Vornanen, R. (2020). Sustainable family life and child welfare: A conceptual framework. *Sustainability*, 12(21), 9112. <https://doi.org/10.3390/su12219112>
- Hart, R. A. (1992). *Children’s participation: From tokenism to citizenship – UNICEF Innocenti essays no. 4*. UNICEF International Child Development Centre. [https://www.unicef-irc.org/publications/pdf/childrens\\_participation.pdf](https://www.unicef-irc.org/publications/pdf/childrens_participation.pdf)
- Hatherley, S. (2011). Sustainable public spending: The choice between universalism and targeting. In O. Roberts (Ed.), *Key issues for the fourth Assembly* (pp. 80–81). National Assembly for Wales Commission. <https://senedd.wales/NafW%20Documents/11-026.pdf%20-%2020102011/11-026-English.pdf>
- Henderson, L., Bain, H., Allan, E., & Kennedy, C. (2021, July). Integrated health and social care in the community: A critical integrative review of the experiences and well-being needs of service users and their families. *Health and Social Care in the Community*, 29(4), 1145–1168. <https://doi.org/10.1111/hsc.13179>
- Ife, J. (2002). *Community development: Community-based alternatives in an age of globalisation* (2nd ed.). Pearson Australia.

- International Bureau for Children's Rights. (2018, March). *Guidelines for the participation of children in the IBCR's project management and programmes*. [https://www.ibcr.org/wp-content/uploads/2018/06/Lignes-directrices-participation-AN\\_WEB.pdf](https://www.ibcr.org/wp-content/uploads/2018/06/Lignes-directrices-participation-AN_WEB.pdf)
- International Development Association. (2022). *IDA20 final replenishment report: Building back better from the crisis – Toward a green, resilient and inclusive future*. World Bank Group. <https://ida.worldbank.org/en/replenishments/ida20-replenishment>
- International Labour Organization, World Health Organization, & World Bank Group. (2019). *Universal social protection by 2030: A joint statement by ILO, OECD, UNDP, and WHO* [Press release]. World Health Organization.
- Lara Montero, A., van Duijn, S., Zonneveld, N., Minkman, M., & Nies, H. (2016). *Integrated social services in Europe*. European Social Network. [https://www.esn-eu.org/sites/default/files/publications/IntegratedServicesReport\\_FINAL.pdf](https://www.esn-eu.org/sites/default/files/publications/IntegratedServicesReport_FINAL.pdf)
- Leichsenring, K. (2004). Providing integrated health and social care for older persons: A European overview. In K. Leichsenring & A. M. Alaszewski (Eds.), *Providing integrated health and social care for older persons: A European overview of issues at stake* (pp. 9–52). Ashgate. <https://www.euro.centre.org/publications/detail/297>
- Lundy, L. (2007, December). 'Voice' is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927–942. <https://doi.org/10.1080/01411920701657033>
- Minkman, M. M., Vermeulen, R. P., Ahaus, K. T., & Huijsman, R. (2011). The implementation of integrated care: the empirical validation of the Development Model for Integrated Care. *BMC Health Services Research*, 11, Article 177. <https://doi.org/10.1186/1472-6963-11-177>
- Munday, B. (2007). *Integrated social services in Europe*. Council of Europe. [https://www.coe.int/t/dg3/socialpolicies/socialrights/source/Publication\\_Integrated%20social%20services%20in%20Europe%20E%20\(2\).pdf](https://www.coe.int/t/dg3/socialpolicies/socialrights/source/Publication_Integrated%20social%20services%20in%20Europe%20E%20(2).pdf)
- National Center on Substance Abuse and Child Welfare. (2021). *Sustainability toolkit: Five steps to build a sustainability plan for systems change*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://ncsacw.acf.hhs.gov/files/sustainability-toolkit-508.pdf>
- Office of Population Affairs. (2017, November). *The OPA framework for program sustainability*. U.S. Department of Health and Human Services. <https://opa.hhs.gov/sites/default/files/2021-02/framework-for-program-sustainability.pdf>
- Office of Population Affairs. (2019). *Resource guide for building sustainable programs*. U.S. Department of Health and Human Services. <https://opa.hhs.gov/sites/default/files/2021-01/sustainability-guide-revised-2019.pdf>
- Organisation for Economic Co-operation and Development. (2015). *Integrating social services for vulnerable groups: Bridging sectors for better service delivery*. <https://www.oecd.org/els/integrating-the-delivery-of-social-services-for-vulnerable-groups-9789264233775-en.htm>
- Oxfordshire Safeguarding Children Board. (2021, July). *Oxfordshire's threshold of needs*. <https://www.oscb.org.uk/wp-content/uploads/2021/09/Oxfordshire-Threshold-of-Needs-2021.pdf>
- Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme – Version 1*. Lancaster University. <http://dx.doi.org/10.13140/2.1.1018.4643>
- Rogers, P. (2014). Overview of Impact Evaluation. In *Methodological Briefs: Impact Evaluation 1*. UNICEF Office of Research – Innocenti. [https://www.unicef-irc.org/publications/pdf/brief\\_1\\_overview\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/brief_1_overview_eng.pdf)
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systematic approach* (7th ed.). Sage Publications.
- Shediac-Rizkallah, M. C., & Bone, L. R. (1998, March). Planning for the sustainability of community-based health programs: Conceptual frameworks and future directions for research, practice and policy. *Health Education Research*, 13(1), 87–108. <https://doi.org/10.1093/her/13.1.87>
- Sleezer, C. M., Russ-Eft, D. F., & Gupta, K. (2014). *A practical guide to needs assessment* (3rd ed.). John Wiley & Sons.
- Smart, J. (2019). *Needs assessment: Families and Children Expert Panel practice resource*. Australian Institute of Family Studies. [https://aifs.gov.au/sites/default/files/publication-documents/1902\\_expp\\_needs\\_assessment\\_0\\_0.pdf](https://aifs.gov.au/sites/default/files/publication-documents/1902_expp_needs_assessment_0_0.pdf)

- Snyder, H. (2019, November). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339. <https://doi.org/10.1016/j.jbusres.2019.07.039>.
- Tesliuc, E. D., Grigoras, V. A., & Stanculescu, M. S. (2015). *Background study for the national strategy on social inclusion and poverty reduction: 2015–2020 (English)*. (Report No. 103191). World Bank Group. <http://documents.worldbank.org/curated/en/290551467995789441/Background-study-for-the-national-strategy-on-social-inclusion-and-poverty-reduction-2015-2020>
- Treaty of Lisbon Amending the Treaty on European Union and the Treaty Establishing the European Community, 13 December 2007, O. J. (C 306) 1.
- Treseder, P. (1997). *Empowering children and young people: Training manual – Promoting involvement in decision-making*. Save the Children.
- United Nations Children’s Fund. (2018a). *National human rights institutions (NHRIs) series: Tools to support child-friendly practices*. <https://www.streetchildren.org/resources/presentation-of-the-tool-kit-and-child-rights-approach/>
- United Nations Children’s Fund. (2018b). *Situation analysis of children and women in Bulgaria: 2017*. <https://www.unicef.org/bulgaria/media/2821/file/BGR-situation-analysis-children-women-bulgaria.pdf.pdf>
- United Nations Children’s Fund. (2023). *UNICEF evaluation of impact: Strategy and action framework 2022–2025*. <https://www.unicef.org/evaluation/documents/unicef-evaluation-impact-strategy-and-action-framework-2022-2025>
- United Nations Convention on the Rights of Persons with Disabilities, 13 December 2006. <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>
- United Nations Convention on the Rights of the Child, 20 November 1989. [https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg\\_no=IV-11&chapter=4&clang=\\_en](https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&clang=_en)
- United Nations Educational, Scientific and Cultural Organization. (1994). *The Salamanca Statement and framework for action on special needs education*. <https://unesdoc.unesco.org/ark:/48223/pf0000098427>
- United Nations Educational, Scientific and Cultural Organization. (2017). *A guide for ensuring inclusion and equity in education*. <https://unesdoc.unesco.org/ark:/48223/pf0000248254>
- United Nations, Department of Economic and Social Affairs. (2016). *Leaving no one behind: The imperative of inclusive development – Report on the world social situation 2016 (ST/ESA/362)*. <https://www.refworld.org/docid/5840368e4.html>
- US Agency for International Development. (1988). *Sustainability of development programs: A compendium of donor experience*.
- Virginia Department of Social Services. (2018, November). Conducting child and family assessments. In *Child and family services manual* (Chapter E, Section 5). [https://www.dss.virginia.gov/files/division/dfs/fc/intro\\_page/guidance\\_manuals/fc/11\\_2018/section\\_5\\_conducting\\_child\\_and\\_family\\_assessment.pdf](https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/11_2018/section_5_conducting_child_and_family_assessment.pdf)
- World Bank Group, & International Labour Organization. (2015, 30 June). *Joint statement by World Bank Group President Jim Yong Kim and ILO Director General Guy Ryder* [Press release]. World Bank Group. <https://www.worldbank.org/en/news/press-release/2015/06/30/joint-statement-world-bank-group-president-ilo-director-general-guy-ryder>
- World Bank Group. (2019). *World development report 2019: The changing nature of work*. <https://www.worldbank.org/en/publication/wdr2019>

## Appendix 1: Summary of the models of interventions for each country

### Bulgaria

#### Home-visiting services

This model delivers home visiting and individualized support for families of young children (0–3 years old) with an enhanced focus on families in precarious situations, including families from marginalized Roma communities. Home-visiting nurses and midwives, mediators, and social workers from a centre for maternal and child health provide individualized counselling and information to pregnant women and parents of young children on healthy behaviour and access to health services, nutrition and breastfeeding, child safety, caregiving and child development. The intensity of support depends on the individual needs of families. The home-visiting service started a systematic monitoring of child development milestones for early detection of developmental difficulties with the help of the newly introduced screening tool. When a risk is identified, the family is referred to the newly established early childhood intervention service – Model 2.

#### Early child interventions

This model supports the introduction of early childhood interventions, which include: (i) enhancing the monitoring of child health development through the introduction of a universal screening tool for early identification of developmental difficulties, which is implemented by the primary health care providers (i.e., general practitioners, paediatricians and nurses); (ii) timely referral to community-based early childhood intervention services and provision of family-centred support in the child's natural environment by early intervention teams; (iii) supporting the transition from family to early childhood intervention services.

#### Quality inclusive preschool education

This model aims to strengthen the capacity of kindergartens to provide quality preschool education services for children with disabilities and learning difficulties, through training for pedagogical and non-pedagogical staff, hiring additional specialists, and financing small-scale projects aimed at building an inclusive environment. The staff of the kindergartens have completed a multi-modular training programme on inclusive education, and 45 additional specialists – speech therapists, psychologists, and special education teachers – have been hired to provide early needs assessment through screening tests and specialized support to children with disabilities. In parallel, the capacities of the regional centres for supporting the process of inclusive education have been strengthened to introduce and use assistive technologies for augmentative and alternative communication for children with communication needs and more severe difficulties, and to provide methodological support and supervision to kindergartens on specific cases.

#### Child and family-centred preventive and support services

This model aims to strengthen the prevention capacities of existing social services (community support centres) by establishing mobile teams for outreach work with children and families in precarious situations, with a focus on Roma children from the most marginalized communities. The mobile teams provide integrated support to hard-to-reach children and families by assessing their specific vulnerabilities and providing information, counselling, referral to specialized services, and measures to prevent school dropout; facilitating access to health, educational and social services as well as social benefits; and implementing community-based programmes to prevent early marriages, provide health education and information on family planning, and prevent family-child separation.

## Croatia

### **Delivering improved family support and child protection services to children and families living in precarious and deprived environments**

The integrated child protection and family support services model is directed towards early identification of children and families living in precarious and deprived environments. The model strengthens the capacity of local decision makers and service providers to plan, budget, oversee and deliver social services and parenting support activities to prevent child violence, abuse and social exclusion. This enables the delivery of more high-quality and integrated services to at-risk families and children of families living in precarious and deprived environments. It also strengthens the capacities of professionals for effective and high-quality case management and family interventions, cross-sectoral cooperation and integrated service provision, as well as high-quality parenting support programmes.

### **Early childhood intervention services**

This model is intended to test an early childhood intervention within a service already delivered by different NGOs working as service providers in Medimurje County. In particular, the model was designed to improve the access of children (0–7 years old), mostly in Roma communities, with developmental disabilities or at risk of developmental disabilities, and their families, to integrated and co-ordinated services that respond to their developmental needs in a timely and adequate manner. Through the establishment of outreach teams composed of health professionals and a cultural Roma mediator, the model was intended to directly identify children in Roma communities or remote and poor neighbourhoods who have or are at risk for developmental delays or disabilities, in order to provide timely support by referring them to family-centred early childhood interventions services in the municipalities.

### **Inclusive pre-primary education to disadvantaged children**

The aim of this model is to provide support to Roma children (3–6 years old) and vulnerable families by providing pre-primary play and learning opportunities more widely, as there are not enough kindergartens to absorb all out-of-kindergarten children. Play hubs are located within communal spaces (e.g., schools, community centres) and represent meeting spaces for children and parents where they can play and do activities together as an alternative to the kindergarten experience. These activities are intended to improve conditions for children from diverse cultural, economic and social backgrounds and with different learning needs, in order to attend kindergarten. This model bases its implementation on the principle of inclusion and improvement of pedagogical practice in professionals, training them in inclusive education with the aim of changing attitudes and prejudices towards Roma children or children with disabilities. Moreover, play hubs are established in Roma communities and remote neighbourhoods/municipalities where kindergartens are not available.

## Greece

### Deinstitutionalization

Through this model, UNICEF is supporting the national authorities in Greece to shape the children's component of the country's deinstitutionalization strategy and action plan as part of a broader process of comprehensive childcare system reform. Within this broader framework, the project concentrates efforts in the Region of Attica and works to strengthen the capacities of local authorities in select municipalities (including Athens) to plan appropriate care and protection of children living in precarious family situations by supporting the development of integrated social services for children and families. The model is intended to ensure that national authorities have a clear strategy for deinstitutionalization. Main target groups are children in institutions, social workers and professionals of institutions, and children at risk.

### Foster care

This model is intended to enable an effective national foster care operational framework through the evaluation, training and support of potential and registered foster families in all stages of foster care. The main aims of the model include: supporting the drafting of relevant secondary legislation, policies, procedural frameworks and guidelines on foster care in Greece; delivering training for social workers and other front-line professionals on foster care; screening and training new foster parents; monitoring children's well-being while in foster care placement; supporting foster families and children; and supporting the child's reintegration into their biological family or adoption. The target groups are foster families, children in institutions and professionals in residential institutions.

### Supported independent living

Through this model, UNICEF aims to develop and establish the supported independent living model of care as a standard alternative care modality of the national child protection system for children and young adults living in institutional care in Greece. In general, the action was composed of a set of activities such as: conducting an independent assessment of the SIL model to inform further refinement and provide recommendations on how to adapt and expand the model to accommodate Greek children as part of the mainstream child protection system; supporting the drafting of relevant secondary legislation, policies and guidance, to expand the supported independent living model and integrate it within the broader protection system; and launching the supported independent living modality to accommodate Greek-born children without parental support. The programme has supported the establishment of two apartments with four children and four young people.

### Inclusive education

Through this model, UNICEF is developing and piloting a way of providing access to inclusive education for students from minority or disadvantaged/marginalized groups, including children with disabilities or special needs, refugee and migrant children, and Roma children. The activities focus on supporting schools, civil society organizations, children and their parents to strengthen the school culture. The model delivered teacher training on inclusive education, specifically developing and implementing teacher capacity-building programmes on inclusive pedagogic methodologies; developed a methodology for supporting schools to become more inclusive through a capacity-building programme for inclusive education for all children, with a focus on children with disabilities as well as unaccompanied refugee and migrant children; developed quality training programmes on inclusive pedagogy; and supported schools (elementary) to implement such approaches in practice.



## Life skills, job readiness, transition to adulthood

This model is intended to introduce a vocational training/employability component to support young people's employability through Generation Unlimited. Specifically, the model has carried out a set of activities including: a feasibility study and skills needs assessment to inform the design of the programme; a skills building and job readiness programme for marginalized adolescents, including unaccompanied children, in light of market analysis and ensuring that adolescents received effective job counselling and mentoring support and acquired transferable skills needed for future work through active, participatory methodologies. In addition, 51 adolescents and young people have participated in job orientation workshops, including workplace visits (i.e., job shadow), in direct contact with specific enterprises' operations.

## Italy

### Foster care

This model of intervention is designed to provide alternative care to roughly 50 unaccompanied and separated children, young migrants and refugees, and to enable said alternative care to be mainstreamed within the national childcare system and legislation. The model is intended to strengthen local capacity to offer diversified foster care options to children with migrant backgrounds (including unaccompanied and separated children and accompanied children) and link them to a broader network of services to support their social inclusion. The model is intended to provide quality tailored solutions for children in need and from disadvantaged backgrounds, to improve the living conditions of children in out-of-family care growing up in trained protective foster families, and to increase social inclusion of children with migrant backgrounds.

### Enhancing life skills, job readiness, transition to adulthood – UPSHIFT

This intervention builds on UPSHIFT, UNICEF's flagship twenty-first-century skills-building programme, to improve marginalized youth and adolescents' access to education, ensure effective school-to-work transition of disadvantaged adolescents (including students with both Italian and migrant backgrounds), and empower them to become social innovators and entrepreneurs. The model is being implemented in formal education systems (upper secondary schools) and is intended to support young people to identify problems and design innovative solutions (such as start-ups with social impact). Through workshop activities and teamwork, students have been supported by expert trainers and young mentors to analyse concrete social challenges and to create innovative solutions in the form of products or services with a social impact.

### Peer support between families

This model aims to strengthen the range of services offered by family support centres with a specific focus on families with children with disabilities, in a monitored and systematized way for a potential nationwide scale-up. The aims include: mapping services already offered by the family support centres; the pilot development of a methodological tool/guidelines on how to involve families in peer support and training the staff of the family support centres in the use of the methods and the accompaniment in the implementation of the activities for their improvement and systematization. The main target group is vulnerable families, including those with children with disabilities.

## Appendix 2: Research methods

### Methods and data collection tools

The operational research applied a qualitative approach to the data collection framework. The data collection was divided into two phases. Wave 1 aimed at understanding the implementation at the earliest stages, focusing on specific research questions. This phase was crucial to inform the countries on planning and management issues, on the relationship with partners and on the enabling and hindering factors which have influenced the pilot projects.

Wave 2 focused instead on understanding the processes and added value of service delivery in each country, their barriers and enabling aspects, the level of inclusion and participation of final beneficiaries in the service delivery, the level of integration of services and cross-sectoral cooperation, and opportunities for replication and sustainability within the public system.

The work plan has involved:

1. Preparatory work in which the researchers worked with programme staff in each country to draw up theories of change and to undertake a mapping of services and networks related to the applied initiatives.
2. Wave 1 of data collection (November 2021 to March 2023) involved interviewing professionals and decision makers working in the projects or in the local services, including regional and national authorities involved in the programme in the four participating countries. The aim of the interviews was to understand their experiences and opinions on issues primarily related to programme development, set-up and early implementation.
3. Wave 2 of data collection (December 2022 to March 2023) involved interviews with professionals and decision makers involved in the selected initiatives up to the end of the CG programme.

In each country, semi-structured interviews with key informants were used as the main data collection tool, responding to seven topics of research: planning, management, implementation, participation, inclusion, integration and sustainability. Key informant interviews involved people who had particularly informed perspectives on aspects of the programme and who were able to provide a broader picture of the pilots and models of interventions across Bulgaria, Croatia, Greece and Italy.

Local research agencies and local researchers were hired in each country to conduct the data collection in the field, while research consultants in UNICEF who spoke the main language of each country conducted the analysis of the data in English.

Table 1. Data collection tool, target groups, tasks

Data collection tool	Target groups	Tasks during data collection
<p><b>Key informant interviews (KIs).</b> In collaboration with UNICEF staff in each country office, we identified relevant informants among target groups.</p> <p>The interviews were mainly one-on-one, semi-structured, and used agreed questionnaires/interview guides developed based on the main lines of inquiry.</p>	<ul style="list-style-type: none"> <li>■ Representatives from local/national authorities</li> <li>■ Managers and professionals of services in each project covering the different components of intervention.</li> <li>■ UNICEF representatives and implementing partners</li> </ul>	<p>UNICEF Innocenti developed KI interview guides.</p> <p>External research agencies and UNICEF consultants conducted semi-structured interviews.</p> <p>UNICEF Innocenti supervised and supported each research agency and consultant during the conduction of KIs and ensured the quality of interviews and resulting notes.</p>

## Sampling strategy and outcomes

The operational research has adopted **a purposive approach** as a sampling strategy to determine the number of participants to involve in the key informant interviews. Purposeful sampling in qualitative research is widely used to identify and select information-rich cases related to the phenomenon of interest. This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest.

In this specific context, considering the research questions and objectives of the operational research, a wide range of perspectives and points of view were included in the selection of stakeholders from different groups. Indeed, professionals were selected from each UNICEF country office and from implementing partners, service providers, decision makers and institutional stakeholders.

A sample of 170 stakeholders in total was interviewed between Wave 1 and Wave 2. These were selected to equally represent the models of interventions and the types of stakeholders involved in the pilots, such as professionals, service providers (including implementing partners) and policy decision makers who were directly involved in the planning, managing and implementing phase of the programme in each country. A reserve list of 40 stakeholders was included (10 for each country).

In total 85 interviews were collected in Wave 1, and 79 in Wave 2, for a total of 164 interviews involving a total of 121 stakeholders, as the majority participated in both waves. The average response rate was 72 per cent (73 per cent in Wave 1 and 71 per cent in Wave 2).

Below, a detailed table for each country is presented containing the outcomes of the sampling strategy.

Table 2. Sampling strategy outcomes

OUTCOMES OF THE SAMPLING STRATEGY				
Country	Sample of stakeholders	Reserve list sample	Participants interviewed at least once	Interviews realized
Bulgaria	50	10	33	51
Croatia	40	10	24	39
Greece	40	10	25	36
Italy	40	10	39	38
<b>TOTAL</b>	<b>170</b>	<b>40</b>	<b>121</b>	<b>164</b>

### Ethics

Before undertaking Wave 1 and Wave 2 of data collection, the research team submitted a full ethical review to Health Media Labs to provide independent high-quality ethical review. The ethical approach has been informed by:

- UNICEF's Ethical Standards in Research, Evaluation, Data Collection and Analysis, including the fundamental importance of the principles of respect, beneficence and justice
- The Ethical Research Involving Children compendium produced by UNICEF and partner agencies
- Ethical practices in other similar and relevant research

It has included a careful consideration of issues of benefits and harms; informed consent; confidentiality and privacy; anonymity; participation; dissemination; and data storage.

## Semi-structured interview guide for key informant interviews

Two cross-cutting interview guides were developed, one for Wave 1 and one for Wave 2 of data collection.

### Interview guide Wave 1

#### Introductory questions

Role of the participant within the Child Guarantee programme

Detailing the main agencies, local services or authorities the participant is working with in the implementation of the programme

#### Planning

Hindering and enabling factors during the planning phase

Innovation of the interventions planned and their evidence base

Level of alignment with subnational policies, plans and programmes to tackle child poverty

Relationships between partners during the planning phase

Involvement of partners and local stakeholders in the planning phase

Value of needs assessment preceding the planning of the programme (addressing needs of children)

#### Participation

Involvement of beneficiaries to participate in the planning phase

#### Management

Quality of joint working between UNICEF, implementing partners and institutional partners

Challenges encountered in managing the initiative and solutions adopted

M&E and reporting mechanisms, status, challenges and positive factors

#### Integration

Enabling and hindering factors to building effective integrated services for the target population

Activities implemented so far to enable the integration of services delivered

Priorities for implementing and building effective integrated services for the target population

Interaction of existing services outside of the project in this specific context

#### Sustainability and replicability

Plans/strategies to assure the sustainability of the models designed after the conclusion of the project

#### Reflections and recommendations

Any changes in plans with respect to the implementation of the pilot

Strategies adopted to make any changes to the implementation

Key learning points from the initial phase of the implementation

Recommendations for further actions in similar sectors of implementation based on the results of the action

## Interview guide Wave 2

### Introductory questions

Understanding of the concept of child poverty and social exclusion

Role of the participant within the Child Guarantee programme

Detailing the main agencies, local services or authorities the participant is working with in the implementation of the programme

### Service delivery

Strengths and weaknesses of the service delivered (contexts and mechanisms)

Consistency of objectives of the intervention with beneficiaries' needs and priorities

Challenges encountered during the implementation

Level of innovation of the project in its approach (compared to existing services for this target group)

### Inclusion

Level of inclusion of the most disadvantaged children and families

Barriers to using and accessing the service

Solutions to overcome barriers

### Participation

Involvement of beneficiaries to participate in the implementation phase

### Integration

Level of integration of services for children and families

Level of embedding of the initiative in the existing services for the target population

### Sustainability and replicability

Plans/strategies to assure the sustainability of the models designed after the conclusion of the project

Factors to support and/or hinder sustainability

Potential for this initiative to be replicated in other contexts within or outside the participant's country

### Reflections and recommendations

Any changes in plans with respect to the implementation of the pilot and strategies adopted to make any changes

Key learning points from the initial phase of the implementation

Recommendations for further actions in similar sectors of implementation based on the results of the action

for every child, answers

UNICEF Innocenti – Global Office of Research and Foresight  
Via degli Alfani, 58  
50121 Florence, Italy  
Tel: (+39) 055 20 330  
Fax: (+39) 055 2033 220  
innocenti@unicef.org  
www.unicef-irc.org

@UNICEFInnocenti on Twitter, LinkedIn,  
Facebook, Instagram and YouTube

© 2023 United Nations Children's Fund (UNICEF)

unicef   
for every child