

REACHING IN

Strengthening

Children's Participation in the Child Guarantee



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For more information contact Prof Cath Larkins Clarkins@uclan.ac.uk or Mieke Schuurman mieke.schuurman@eurochild.org

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Introduction

The European Child Guaranteeⁱ aims to secure access to basic services for vulnerable children, and commits to do so by involving relevant stakeholders, including children, in the preparation, implementation and monitoring of the National Action Plans.

Despite the commitment to enabling children's voice and influence within plans to implement the Child Guarantee, to date there has been very little progress on this commitmentⁱⁱ. Our aim was therefore to understand what might be needed in order to make the provisions of the Child Guarantee a reality for children in Roma communities in marginalised conditions, for children who have experience of alternative care and seeking asylum and to demonstrate how it might be possible to respond to the concerns of children in the most marginalised situations.

This paper summaries what has been learned about children's perspectives on important factors to consider in implementation of the Child Guarantee. The learning comes from nine pilot projects with Roma community groups in two countries (Spain and Bulgaria), and with Eurochild members (in Spain, Croatia, Portugal and Belgium)ⁱⁱⁱ. Further details of these pilots are available in [The Reaching In approach](#) and '[Reaching In: Inclusion and Influence in Children's Participation](#)'. Collaborating organisations conducted activities at grassroots community level on issues related to the Child Guarantee and sought children and young people's views^{iv}.

This position paper outlines the nine Reaching In pilot projects then reports perspectives on:

- **Education and activities**
- **Healthcare and healthy nutrition**
- **Housing**
- **Involving children in planning and monitoring National Action Plans**

This paper does not address early childhood education and care as the children and young people who took part (aged 3-25) chose which topics to focus on.

CORE RECOMMENDATIONS OF THE CHILD GUARANTEE

*“Para 4. Member States are recommended to guarantee for children in need:
(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;
(b) effective access to health nutrition and adequate housing.*

*Para 5. Member States are recommended to identify children in need and within this group take into account [...] specific disadvantages experienced, in particular, by:
(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;*

1. The Reaching In Pilot Projects

Nine pilot projects, hosted by a range of different organisations, worked with **Roma communities** and with children and young people who were **refugees**, or have grown up in **alternative care**.

Each project took place from April 2022 to November 2023 and each lasted between 3 and 12 months.

The nine projects involved **371 children and young people** aged 3-25 in Spain, Croatia, Portugal, Bulgaria and Belgium.

Using the skills of children, young people and adults at local levels, the projects started from children and young people’s own concerns (and sometimes the concerns of organisations involved) and then working outwards from these to connect their views to the European policy arena^{vi}. This approach was guided by previous research^{vii} which found that starting from children’s everyday lives can help European policy become more relevant, and promote engagement from children and young people who have less exposure to public participation opportunities.

Rather than provide organisations with consultation activities related to the Child Guarantee, these pilots provided information about the Child Guarantee. This information was provided in a variety of forms including online discussions with professionals and interactive cocreated child friendly materials.^{viii} In some projects professionals also took part in ongoing peer dialogues or mentoring, to consider how they could best respond to children’s concerns to provide opportunities for voice and influence. Information about the Child Guarantee was therefore introduced at different stages in different places.

For these reasons, the pilot projects used a variety of approaches to identifying priority issues, investigating children’s views on these and taking action. For example, in some places this process was experiential, giving children access to taster activities (that might be provided for were the Child Guarantee to be implemented in their community), enabling them to vote on their preferred ones, experiencing what they had voted for, and then reflecting on their experiences in relation to this in order to start sharing their views and making demands of local municipalities. In other places, with more experienced young people, the starting point was a more discussion-based participatory approach. Teenagers discussed which aspects of the Child Guarantee were important to them and then took action to move forward with their concerns. Action in these situations tended to be direct intervention (to provide awareness raising or information to their peers) as well as communicating concerns to teachers and decision-makers (locally and sometimes nationally).

Consistency of data collection across the different projects was achieved through a rapid assessment reporting form^{ix} tailored to fit this policy area.

2. What did we find out about implementing the Child Guarantee?

A recent EU wide review of implementation of the Child Guarantee^x has shown that in the vast majority of EU member states, there are mechanisms in place to promote access to almost all areas of service delivery included in the Child Guarantee. However, ‘these mechanisms vary considerably in reach, and all 27 countries have challenges to meet’ (p.9). The report describes how access is limited by finance and geographical location:

‘challenges related to costs (including sometimes “hidden” or even “illegal” costs) and geographical disparities are the most frequent’. (p.9)

Our research echoes these concerns about the ongoing barriers to access and provides detail of how some of these barriers to access can be addressed through collaborations with children, young people and communities.

Education and Activities

The concerns children raised about education and activities connected to three aspects of the Child Guarantee related to effective and free access to education and school-based activities. These are the actions that member states are recommended to develop and implement:

- **Prevent and reduce early school leaving**, taking into account a gender perspective, to re-engage children who are at risk of dropping out or have dropped out of education or training, including by providing personalised guidance and strengthening cooperation with families (Para 7 (b))
- **'Put in place measures to support inclusive education and avoid segregated classes'** (Para 7 (e))
- Ensure there is a **framework for cooperation** between schools, other services and local communities **'to provide after school care and opportunities to participate in sport, leisure and cultural activities'** (Para 7(k))

As shown in the paragraphs below, our research suggests that to reduce early school leaving it would be beneficial to widen the curriculum, to inspire young people and increase their aspirations, and to develop participatory approaches to address how attendance is affected by expectations related to gender. Supporting inclusion and avoid segregation involves challenging stigma and bullying. Better frameworks for cooperation with local communities can be cocreated through participatory alliances to enable access to learning through sport, leisure and cultural activities.

Widening the curriculum and engaging with aspirations

In Croatia and Belgium teenagers who had experience of foster care and forced migration discussed how the relevance of education can be increased through *'extra courses and educational programs which will help them to prepare for the employment process and make finding a job easier'*. For example:

They would like to see more hands-on skills taught at school, which would prepare them better for the future. This could be skills that are directly marketable, or practical skills that would smooth the path in other ways (such as cooking, how to pay bills, etc.).

Financial literacy classes were seen as particularly important for young people who, after the age of 18, have to leave the foster system. Young people also suggested extra courses such as driving lessons, foreign language classes.

getting a driver's license in Croatia is very expensive. Within the group, it was discussed how a driver's license could also really help them with job opportunities, especially as a first/ part-time job.

In Croatia, Bulgaria and Spain, children and young people also talked about what would be needed to raise motivations to attend school and give them hope that they achieve a better life through education. Some of this is related to **making it possible to attend university**, which could be enabled through provision of free specialised courses that enable access to university – which in some countries are very expensive.

Additionally, in Croatia after you finish the four years of high school you need to take exams to enroll into university, and there is a Croatian course you can take to help you in this process, but it is very expensive – this would, however, vastly improve their chances at getting into university.

Access to university for children who have experience of discrimination and ill-treatment would also require a lot of social and psychological support, scholarship programmes, and free student dorm housing.

Another mechanism for increasing motivations to remain in education, frequently repeated by children from Roma communities, was the need to **be inspired by role models**. Indeed, two of the Reaching In projects had this as their main focus.

CASE STUDY: Increasing motivations to attend, Bulgaria

In one of the projects, connecting over 50 children in two school settings, young leaders realised there was high levels of school dropout. The young people identified the need for access to role models who could help them imagine success and different careers. So, they organised information sessions within the school, providing information about potential careers and starting a campaign with the slogan on mugs 'It's not shameful not to know. It's shameful not to study'. The goal is also to reach newly elected local municipality representatives with high numbers of requests for better education policies and opportunities for vulnerable children.

Participatory approaches to addressing gender differences in attendance rates

In Bulgaria, some girls and their workers described the issue of attending school as linked to early marriage.

When a girl marries, she moves into the house of the boy or his family, she stops attending school. She may be ashamed to attend school ...or she already has some duties at her new home. ...and the other thing is that her husband, the boy, doesn't usually let her go to school because there are other boys that could be interested in her and for him this is not OK.

Caring obligations can also be a factor, as some girls described responsibilities to care for their younger siblings or ill family members.

Support from someone who advocates for girls who wish to remain in education can make a difference:

The family of one of the girls ...they have stopped her from attending school because she had to take care of her youngest sibling and it was a big fight really. And the health mediators succeeded [in advocating for her to remain in education]. The father let the girl come back to school. ...There is the need for somebody to be there and to address all these issues.

Conversations with trusted adults are very important, as through creating spaces for dialogue with children about this issue it is much easier to try to support girls and boys who have challenges related to gendered expectations. **Peer-to-peer education** may also be effective, as one Reaching In project demonstrated:

CASE STUDY: Addressing gendered expectations, Bulgaria

25 young women (aged 15-21) attended a residential event and spent time reflecting on these issues. They heard from role models and they learned how to set personal goals and overcome challenges, how to advocate and how to mediate. After the residential, they received personal support, and sometimes conversations with their family members. They also established two advocacy campaigns focused on gender norms. This included one group independently deciding to make a video against early marriage and then sharing it with teachers and boys in their school, to explain the pressures, the consequences and what would help. The film explained the expectations that are placed on boys and girls and boys were able to see how girls feel hurts and should not be put in the position of service provider for a family.

Intensive residential events, such as summer camps, were seen as an important part of this process because they helped girls develop the strength and confidence to believe in themselves and challenge gendered norms.

They are now the fighters, the fighters who can say openly with their faces, with their voices to [other] younger people... 'that's not good guys, you should not do it 'cause you can fall in a trap'.

Addressing stigma and bullying

Schools creating safe and welcoming atmospheres can promote attendance. In Belgium, Portugal and Croatia, Roma and care experienced children and young people reported experiencing stigma and bullying from teachers and from fellow pupils. The children from Roma backgrounds stated that they were often facing discrimination at school. And one care experienced child described this experience:

"Once I couldn't turn in a paper that the teacher had asked me to bring signed and she told me "it's not my fault if you don't have parents, now manage."

In discussions with teachers who were part of their participatory activities, one group in Portugal suggested that *'it is important for those working in the school to have **knowledge about the consequences of adverse childhood experiences** and the implication that this may or may not have on a young person's behaviour'*. Lack of understanding was seen, for example when teachers made assumptions about the reasons for children to grow up in care:

Some young people reported that because they were in foster care, they sometimes needed to miss school to attend children's services, court, or to another appointment, and that teachers stigmatized them, considering their absences as a sequence of their experience in foster care and possible "maladjusted behavior."

This lack of understanding of the care system was described across different staff roles, not just teachers.

Children and young people who had experience of care and migration said it helps to have **support from a key teacher who encourages them to share their honest views**. These key teachers' services for care experienced children are available in some places but not in others, or if they are in place, they were not effective.

Children who had experience of migration repeatedly raised concerns about bullying and racism.

Although their school had clear anti-bullying rules, some felt that there was not much accountability or follow-up: those bullied did not always know where or who they could turn to for help, or felt that the school did not do anything when the bullying was reported.

The teenagers taking part in this group recommended a more **prominent school anti-bullying policy and clear reporting and follow-up action** as well as support.

Racism was encountered at the school but also in wider society, Islamophobia in particular. So some children recommended that:

"more information and knowledge needs to be shared within communities so that "people don't see only differences."

In some groups, dealing with causes of bullying was difficult as there was not easy access to pastoral care. In one group, teenagers implied that it would be good to have **someone to reach out to consistently**, including when they have questions about sexuality. In another

country, professionals highlighted that a culture of listening to children was absent in schools.

the teacher is up there and the children are below and communication goes in one direction and many teachers are not able to have discussions with children, to let children express their opinion. A change of attitudes should take place.

One professional suggested that the dynamic of teacher–child relationships could be changed by **informal meetings in school with primary aged children, to ensure that they know about their rights.**

Participatory alliances to cocreate extra-curricular educational activities

In all five countries, children and young people involved in Reaching In projects spoke about their wish to have greater access to educational activities, including sports, leisure and culture. Due to challenging economic circumstances, some families are not able to provide these opportunities. But, *‘school also cannot deal with everything because it’s not easy, and then you need something that is outside’*. Engagement in out of school activities was seen to promote school attendance as well as health and wellbeing.

the Child Guarantee has the focus of supporting children to stay in education and in order to do that, a useful thing to do would be to fund camps and activities.

Through the Reaching In activities in the different countries, children, young people and grassroots organisations identified elements of a framework that can enable provision of these activities for and with children in marginalised communities. These include:

Remove financial barriers

Lack of family income or lack of funding limited the range of activities that were available to most of the children involved in Reaching In. For children in alternative care in Portugal, basketball and football was relatively accessible, but unavailable or expensive sports were: swimming, boxing, dancing, emotional and mental health activities.

Socio economic aspects include the fact that there are foster homes that cannot keep up with what society and families gives to their children: that specific backpack, the sneakers... he wants judo, but then he wants swimming...

For teenagers in Belgium, who had experience of migration, every Wednesday, every local municipality offers after-school activities, something which has become very much a part of the social fabric. They are often subsidised. But the children did not participate in such activities. Lack of income is hard for children to talk about in group settings, but there were hints that cost (100 – 300 euros per year) was a part of the reasons why.

For children and young people, including young Roma, in Spain and Bulgaria, **provision of funding to their participation group or grassroots organisation** enabled educational activities to be provided free of charge. For example, in Bulgaria, building on previous participatory work, one municipality provided repeated funding.

These activities that we had with the girls were very good. And this is why we see policy attention to this. And in fact the municipality supports a lot this work and including the

municipality gave some funding. You know the girls went to the seaside [a request they developed in a previous participatory project] and this was paid by the municipality.

During the course of the Reaching In projects, for one group, **funding that is longer term and more secure** was made available.

Building participatory alliances within communities

Some families were cautious about allowing their children to become involved. But grassroots organisations and community leaders managed to **build alliance with families** (who needed to have confidence in the community organisations providing the activities). Providing information about opportunities to families was also important, including for families with experience of forced migration:

if you are not reading French or Flemish as a parent, it is very well possible that you are not aware that these opportunities/ extra-curricular activities exist.

Providing access to leisure activities was difficult in some localities in which Reaching In worked as there was a lack of access to public facilities. However, **grassroots organisations and community leaders** managed to negotiate access to public venues or rented private spaces. This was achieved sometimes **in collaboration with schools and with municipalities**.

Community-based professionals with the relevant sporting or cultural experience were then sometimes recruited, to facilitate activities. This engagement with local experts helped create trust with families too.

Children themselves were a key part of these alliances. They can provide clear guidance on what activities would be appropriate to provide. Their positive experiences in these activities can help increase family confidence in the benefits. Their feedback can also help refine and reshape activities that are not working.

Co creating and revising activities

As demonstrated in the case study below, and repeated in many countries, groups of children who do not already have access to educational activities may **need taster opportunities, so that they can express an informed view** about what would be enjoyable and appropriate.

Case study: Cocreating sports and cultural activities in participatory alliances

Reaching out through well-established links with families, a community organization invited children and parents to a 'Health Gymkhana' in a park close to their community centre building. This activity (like a Discussion Carousel) offered children 15 minutes taster activities through which they could try out different activities as a way of learning and talking about health. Children voted and four activities they chose were provided (arts, dance, kickboxing and nutrition). They held a public closing event, inviting parents and other children and families as well as a local public administration representative and this was covered by local media. The leader of this organisation also used the children's concerns to advocate for the changes children had asked for and further funding was secured from the municipality to continue their activities.

Making sure available activities are optional and age- and culturally- appropriate

In projects with Roma children in Bulgaria and in Spain, professionals, including health mediators, were very careful to **listen to what children were communicating about what activities were effective and engaging**. This meant that in some places, older girls opted for informal discussion groups rather than organised activities. These groups were nonetheless educational. They enabled access to culture and leisure activities, provided a space in which to situate their own experience of discrimination in the contexts and raised aspirations. For example, through these groups some girls were able to share their views, including wishes to meet with inspirational leaders and to learn about different global cultures.

Language barriers were an issue for some – not being able to read or access information about the available opportunities. But also, educational activities needed to **specifically address and value ethnic and cultural diversity**, rather than expecting children to just fit in.

Once the language barrier to public opportunities is overcome... the bigger problem is that the children do not feel assimilated ... and therefore do not feel comfortable joining in.

Activities that enabled children and teenagers to **express their cultural identities appeared to encourage parental consent**, even if children themselves later resisted and changed these activities.

Healthcare and healthy nutrition

In all countries, children, young people and professionals working with them described concerns and effective mechanisms related to healthcare and healthy nutrition. These were connected to three aspects of the Child Guarantee, namely the recommendations that member states develop and implement plans to:

- Facilitate early detection and treatment of diseases and developmental problems, including those related to mental health, ensure access to periodic medical, including dental and ophthalmology (Para 8 (a))
- Implement accessible health promotion and disease prevention programmes targeting children in need (Para 8 (c))
- Provide adequate information to children and families on healthy nutrition (Para 9 (d))

Detection and treatment of mental health and dental health

Mental health, and in one instance dental health, was addressed in Reaching In projects in three countries. Workers described a lack of **capacity to discuss, identify and address health issues**, the presences of high-levels of post-covid trauma and depression and the lack of connection between many families, children and health services.

In Bulgaria, young people discussed the mental health implications of early marriage. In Spain, in one project, children received emotional coaching, to learn how to talk about feelings. Also, their boxing trainer had competencies in detecting signs of psychological

issues. In this project, children were also made aware of a local counselling service and dental examinations were offered to all children. We learned from these examples that **detection and prevention can be effectively built into out-of school hours activities**. We also learned that **these activities can form a bridge, enabling access to local healthcare service provision**.

In Croatia

Case Study: Health care in alternative care, Croatia

The pilot connected to children through a foster care provider organisation. Children met online and face to face and used creative activities to discuss how to realise their rights in the context of alternative care. When discussing access to healthcare they highlighted the need for further mental health support after they leave the foster care system, with some of the children having certain stressors which need special attention. They want available free mental health support, including accessibility of it in rural areas. Also, the need for yearly dental check-ups and full systematic exam which includes blood work test, urine culture test, hormone tests, lung capacity test etc.

They decided to create an online space to provide information to children about rights for other children and to create a leaflet about rights within the Child Guarantee. They also created a guide for professional practice about how to promote children's rights in relation to the Child Guarantee, which was distributed to government ministries and other policy makers.

Promoting exercise and sexual health

The need to create spaces for health promotion was raised in three countries. In Spain, one project noted the lack of **advocacy on a child's right to health in the region** and the **lack of professional time to communicate about health**. In Belgium, young people did not discuss healthcare as **'they did not have a frame of reference'**. The fact that they lack a frame of reference highlights the need to **create spaces in which to talk about health**. In Bulgaria they described a **lack of health education at school**.

in the Bulgarian schools adequate health and sexuality education is missing. Children are not prepared for topics e.g. challenges in puberty, hygiene, drug use, safe Internet, sexual exploitation and trafficking

To address these concerns in Bulgaria and in Spain Reaching In activities embedded health promotion into their work. In Bulgaria, a Reaching In project provided **'a special session on health cause kids do not know how to take care of themselves'**. This also included information about sexual health. In Spain, one project focused on **promoting physical activity through educational activities** – in this case flamenco. The children involved described this as a healthy and enjoyable activity, which was good for them:

I enjoy it, and it is healthy!
I move more, I don't stay sitting down.

Promoting exercise through enjoyable activities enabled some Roma teenage girls to address their self-image:

Teenagers expressed that their initial source of motivation was to challenge body-complexes, embarrassment of not dancing well enough, shame of their bodies, and to learn something about healthy eating (though the latter, was not the main issue)... The COVID 19 pandemic and the restricted access to health services brought this problem to the forefront.

For children in alternative care in Croatia, health promotion was related to control:

Regarding active participation and taking care of their own health, the children expressed their desire to be more in control of their medical decisions and overall be more aware of how these decisions are made.

Learning about healthy nutrition

A lack of understanding of healthy nutrition was apparent in three countries. In Belgium, although young people were aware that there were posters promoting certain forms of nutrition – salads not hamburgers – but they could not readily explain what these posters were about. However, they did express **enthusiasm for healthy culturally appropriate cooking lessons** and made a strong connection between health and the labour market and their future security.

The school runs some basic information sessions on nutrition during the school year, so everyone had a small amount of knowledge of nutritional needs and how to meet them. Some expressed interest in organised cooking lessons that would focus on nutrition, international cuisine and skills.

In Spain, some children had a striking **unfamiliarity with some fruits**.

Some could not recognise the whole variety of fruits that was on the table.

Children made the link between healthy eating, time and resources. Some children considered that their parents did not have time to cook healthily. This highlighted the need to ***‘teach them affordable healthy and quick recipes they can make at home’.***

For children and young people in alternative care, awareness of healthy nutrition started from concern about control over and access to food. In Portugal and Croatia, rather than being concerned about healthy eating, children’s first priority was greater influence over the timing and content of meals.

Specific for alternative care, a problem is the fact that children are not allowed to make their own food. Not so much an issue in foster care, as in other types of alternative care, but still present. The children asked for cooking classes and/or their foster parents showing them how to cook and also to be more involved in the decisions of what food they will eat.

Housing

Housing was not a priority concern for many of the children and young people we worked with. In Spain, primary aged children chose not to talk about housing, as they considered that this was an issue for their parents. In Belgium, young people who had experience of forced migration discussed homelessness and visible vs invisible examples of poverty, and how the status of homelessness could impact someone's access to good nutrition, healthcare, education and jobs. But they did not discuss their own relationships to housing.

For children in alternative care (PT, CR), housing was however a significant issue. Their concerns related to the Child Guarantee recommendations that member states:

- take into account the best interests of the child as well as the child's overall situation and individual needs when placing children into institutional or foster care; ensure the transition of children from institutional or foster care to quality community-based or family-based care and support their independent living and social integration. (para 10 (d))

Improving housing when coming in to foster care or institutional settings

In Croatia, children discussed the poor condition of housing before coming into care.

Most of them had really bad housing conditions before they came into the foster care system. This was particularly prominent with the children with a Roma background.

For some children, as previous practice has shown,^{xi} improving housing can be enough to keep children out of alternative care and safely within their families.

In Croatia, some children also noted their experience of poor housing within alternative care. This included:

The lack of space - some foster homes having a high number of children and less than sufficient space.

In Portugal children also discussed their current living situation, when they enter care, and how to improve this. They suggested:

- changing certain things in foster homes, so that they would truly feel at home, for example, the rules regarding the use of mobile phones, not having collective punishments, the rules being adapted to the age of each young person.
- On entering a Home, honesty about how long they would be there
- Increasing policymakers' awareness of what happens in the Residential Homes.

It may appear that these issues of rules and transparency are not directly related to housing. However they are crucial to promoting the homeliness of housing and the best interests of the child in terms of conditions that enable rights of self-expression and development.

Increasing policymakers' awareness was seen as a way of creating improvements. They also sought to improve their current children's homes through using the forums that already existed or creating children's meetings.

Most children feel that they don't have much of a voice in the Residential Homes. They would like to have more assemblies and for their ideas and opinions to be heard and implemented.

There was resistance to this however in some children's homes, where scepticism about the benefits of such meetings was expressed through expressions such as:

"they already have power"; "do you still want them to decide more?"

Improving housing when leaving care

In Portugal, children and young people also suggested there is a need for '*Positive discrimination in housing after leaving care*'. In Croatia there was also significant discussion on these issues. One concern was the age at which young people are expected to leave care:

They have to leave the foster family at 18, or they can stay a bit longer if they do higher education

Some children who would rather **stay living with foster carers** were having to leave home because they could not afford to access the expensive courses which help young people get into universities, which is the only opportunity to stay longer in a foster family.

A further problem is the **lack of available housing** that is appropriate for care leavers.

There are not enough 'organised housing' options, where young adults get a chance to live in an apartment without having to pay rent, helping out in other ways, and having mentor to support them.

As the cost of housing is high in Croatia, this **lack of affordable housing** options led some young people to return to abusive or toxic situations. They suggested a **cocreated solution**:

they came up with ... the model of organized housing in which the city, state or the country would give them an apartment in which a few of the care leavers can live together with the daily help and supervision of a mentor.

In that model they would be provided with housing and support, but they would also be in a situation in which they would be motivated to learn all of the necessary adult skills and be prepared for an independent life along the road. That would be sort of a transitioning model between foster families and living on their own which they recognized as an important one.

Involving children in planning and monitoring national action plans

In all five countries where we worked, there were some concerns about the development and monitoring of national action plans. These related to three aspects of the Child Guarantee:

- with a view to most effective targeting of measures to children in need and taking into account national, regional and local organisations and circumstances, **involve relevant stakeholders in identifying children in need and barriers they face** in accessing and taking up the services covered by this Recommendation (para 11 b)

- **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 action plan;** (para 11 e)
- **review the progress** made in the implementation of this Recommendation and report to the Council by five years after its adoption; (para 12 e)

Involvement in identifying needs and barriers

In every country where we worked there was a feeling that, at municipal and grassroots levels, little is known about the Child Guarantee. This was true even in situations where there is provision of services related to the concerns of the Child Guarantee, which are described as part of the Child Guarantee Action Plan and sometimes funded through EU finances.

In one country, one of the participating organization had been asked to contribute to the process of developing the national action plan. But this experience was not shared by any of the partners in Croatia, Spain, Portugal and Belgium:

Under the Guarantee there are no listening mechanisms, even less a year ago.

None of the children knew of the Child Guarantee beforehand; when the teacher presented it to the class; it was also news to her.

There is little awareness about the Child Guarantee. Many people know that there are laws protecting children's rights, but the Child Guarantee is giving a different, bigger perspective on what should be done.

And in Bulgaria, more awareness of the Child Guarantee was still needed:

“In my point of view, the municipality should be aware that this is a policy which should be implemented and not only like stay on paper and have it there, a sheet of paper”.

This report demonstrates that involvement is possible and could be beneficial in designing services to fit contexts and to improve accessibility.

Participation in the national action plans

In all countries, the children and young people involved in Reaching In, and the professionals working with them, were keen to **participate in the process of preparing, implementing and monitoring national action plans**. They also wanted this **involvement to be**

meaningful, as many of them had previous negative experiences:

“They don’t care about what we think.”

“They [school, commune, parents] ask our opinions, but then nothing happens.”

“We don’t matter to [decision makers].”

Most of the children often feel a lack [of voice and influence] not only due to their age but also social and cultural conditions that place them as “marginal” groups and can affect their self-esteem. Most of the children, however, ... wish to take on a more leading role in society.

Some groups described the need to learn more about political structures and processes:

Young people do not believe that their voice counts. They do not know the decision-making process, do not know how the local municipality is functioning, who is responsible for solving some local problems or how they could change the situation as a young citizen. In general, the civic education is missing ... They also don’t know how to fundraise and find resources and support for their ideas.

Professionals working with the children and young people in participation groups suggested that meaningful participation processes might be facilitated through:

Opportunities and pathways to making their voices heard, and also some assurance that their opinions matter and are needed, and not simply given lip service because it is “politically correct” to do so.

A questionnaire created by [a national group of children] was a success, to help less experienced children give their views on education [through a national consultation].

The existence of an interlocutor in the EU who would be responsible for these matters to whom we could present all these.

seeing examples of youth-led campaigns and how young people could provoke real changes - this helps them feel very motivated and inspired.

interactive trainings ... artistic activities like Photo Voice, graffiti, storytelling, exhibitions... constant support from mentors to move their ideas forward... Young people enjoy outdoor, artistic, and participatory activities (different than online communication).

Children themselves valued opportunities to influence decisions. This included voting on how resources are used:

“We were able to choose between boxing and dance. I chose both, first dance, then boxing”.

“I have chosen boxing, because I always wanted to do boxing and that was an opportunity. We wanted something new”.

“One time the coach had to leave and asked me to lead the training”.

And care experienced children and young people wanted involvement in making policy:

They would also love to have been more included in the decision making process, especially when it comes to making and passing laws and other legal documents which directly influence them. And nobody asked for their opinion and contribution.

Monitoring Progress

The Child Guarantee sets out clear recommendations for action. Our research confirms the relevance of the Child Guarantee for children, young people in marginalised conditions and their allied professionals in grassroots organisations. These are children who have limited access to formal spaces of participation in relation to public decision making. To understand how to implement the Child Guarantee effectively, and whether it is making a difference, monitoring needs to explicitly reach in to the spaces where these children and young people live their everyday lives.

The Reaching In projects also define, from the perspectives of children in marginalised situations, the diversity of issues that should be monitored to assess progress over the next five years.

These issues might be explored through a list of questions that are cocreated indicators of the likely mechanisms that need to be put in place to achieve the implementation of the Child Guarantee goals:

Cocreated Indicators: Education and Activities

- i. Does the curriculum promote attendance by catering to the diverse interests, needs and future career and life goals of children and young people?
- ii. Are children introduced to peer and adult role models who can help inspire their sense that continued attendance and better careers are possible?
- iii. Is it possible for all children to access free courses that provide the best chance of accessing universities?
- iv. Are gendered norms being challenged, for example through provision of
 - a. Trusted people who girls can confide in and who can advocate for girls who wish to remain in education
 - b. Peer-to-peer education
 - c. Residential events where children gain confidence and new experiences
- v. Is stigma, bullying and discrimination being challenged, for example through:
 - a. Clear anti-bullying policies, backed up by designated teachers who are consistently available and encourage children to speak up and whole school approaches to challenging discrimination?
 - b. Increasing education professionals' understanding of alternative care systems, the consequences of adverse childhood experiences and trauma

informed approaches by including this in teacher trainings and capacity building

- c. Informal meetings, starting in primary schools, informing children about their rights
- vi. Are participatory alliances forming and cocreating educational activities, for example through:
 - a. Removing financial barriers and providing secure funding for community based provisions
 - b. Building trust with families and providing accessible appropriate language information
 - c. Collaborations between grassroots organisations, community leaders, schools, community-based sports and arts professionals, and municipalities?
 - d. Providing taster opportunities for children, so that they can express informed views?
 - e. Designing and providing age- and culture- appropriate activities based on children's perspectives of what will work, and monitoring and revising the activities offered in response to feedback?
 - f. Valuing diversity and enabling the expression of different cultural identities?

Cocreated Indicators: Healthcare and healthy nutrition

- vii. Is detection and treatment of disease being promoted through:
 - a. Building the capacity of community-based professionals to detect, talk about and address health issues?
 - b. Embedding health prevention and provision (for example mental health services and dental checks) into out-of school hour activities?
 - c. Making free mental health support, dental examinations and annual medical check-ups available for children in alternative care and in rural areas?
- viii. Is health being promoted through:
 - a. encouragement to physically exercise?
 - b. accessible community- or peer-led sexual health education?
 - c. provision of activities through which teenagers can explore self-image and develop self-confidence?

- ix. Are children being informed of how medical decisions are being made about their care and are they getting consistent opportunities to influence decisions about their own healthcare?
- x. Are children, including children in alternative care and others, being offered healthy, culturally appropriate, cooking lessons?
- xi. Are children being offered opportunities to become more familiar with healthy food?
- xii. Are children in alternative care getting opportunities to access healthy food and to make decisions about their meals?

Cocreated Indicators: Housing

- xiii. Is poor housing being addressed alongside family safety, in order to reduce the number of children unnecessarily coming into alternative care?
- xiv. Are children in alternative care given enough private space, and do they feel that foster carers and residential staff respect them and understand their individual interests and needs?
- xv. Are policymakers aware of the quality of the places where children live when in alternative care?
- xvi. Are house meetings or forums consistently available for children in alternative care, and are the housing related recommendations of these structures acted upon?
- xvii. Are young people leaving care because they turn 18 able to stay with foster carers until they are ready to leave?
- xviii. Is there sufficient, affordable, good quality leaving care accommodation?
- xix. Are young people being involved in designing and monitoring leaving care housing provision?

Cocreated indicators: planning and monitoring national action plans

- xx. Are children, young people and community groups involved in identifying needs and barriers?
- xxi. Are children, young people and community groups meaningfully participating in and influencing the design, implementation and monitoring of national action plans?

3. Recommendations

Recommendations to European decision makers

- ⇒ Use the draft indicators developed in this report to help define how progress towards achieving the Child Guarantee will be assessed.
- ⇒ Encourage member states to fund local alliances to cocreate community level activities with children to identify and address barriers to implementation.
- ⇒ Create mechanisms and coordinate with intermediary organisations to ensure that the views of children and young people in marginalised situations and their perspectives on the Child Guarantee can be reported to the EU.

Capacity Building

- ⇒ Build capacity of education professionals to enable them to have a stronger understanding of discrimination, care systems and implications for children's behaviour.
- ⇒ Build capacity of grassroots organisations and of children in marginalised situations to enable them to be involved in decisions on issues that are affecting them.

Recommendations that bring about change in local communities

- ⇒ Support the creation of participatory community alliances to deliver educational activities with children in marginalised communities. This means providing sufficient funding and time, and learning and adapting.
- ⇒ Review current strategies for reducing school drop-out and cocreate solutions with children.
- ⇒ Review current strategies for promoting quality in housing for children in and leaving alternative care, and cocreate solutions with children and young people.

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For more information contact Prof Cath Larkins Clarkins@uclan.ac.uk or Mieke Schuurman mieke.schuurman@eurochild.org

ⁱ [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#)

ⁱⁱ [Children's Rights: Political will or won't? Eurochild 2023 report on children in need across Europe](#)

ⁱⁱⁱ The process for commissioning and evaluating these pilots: [The-Reaching-In-Approach.pdf \(eurochild.org\)](#). Initial ideas about the barriers to inclusive and impactful participation, and strategies for overcoming them: [Reaching In: Strategies for inclusive and impactful participation | CP4Europe](#)

^{iv} Children and young people expressed their views through a variety of experiential and creative methods and observations. Their perspectives were collected by professionals using a reporting framework, and by researchers who collected field notes and conducted informal interviews. Data was analysed in English and Spanish and emerging themes in the data were discussed in face-to-face meetings in Spanish and online meetings with professionals in English.

^v [Council Recommendation \(EU\) 2021/1004 of 14 June 2021 establishing a European Child Guarantee](#)

^{vi} Larkins, C. (2016) Making the critical links: Strategies for connecting marginalised children's action research with European citizenship. *Revista de Asistență Socială*, (2), 11-23. [Making the Critical Links: Strategies for Connecting Marginalised Children's Action Research with European Citizenship | Request PDF \(researchgate.net\)](#)

vii Larkins 2016 – see endnote v; Bereményi, B.Á.; Larkins, C; Percy-Smith, B; Roth, M. (2017) *Key Learnings from the PEER PROJECT. A Combined Research Paper. FOCUS 4*. UAB, CER-Migracions. Available online:

https://ddd.uab.cat/pub/lilibres/2017/174652/Focus_Beremenyi_a2017n3.pdf

viii <https://www.eurochild.org/resource/eu-child-guarantee-game-and-child-friendly-explainer/>

ix [Reaching In -reporting-form 2023.docx](#)

x Baptista, I., Guio, A., Marlier, E. and Perista, P. (2023). *Access for children in need to the key services covered by the European Child Guarantee: An analysis of policies in the 27 EU Member States*. European Social Policy Analysis Network (ESPAN), Luxembourg: Publications Office of the European Union.

<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8563&furtherPubs=yes>

xi Bilson, A., & Larkins, C. (2013). Providing alternatives to infant institutionalisation in Bulgaria: How gatekeeping can benefit from a social development orientation. *Children and Youth Services Review*, 35(9), 1566-1575.

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