

Deep Dive Child Guarantee

Analysis of politics,
programmes, budgets
addressing child
poverty and social
exclusion in Italy

Policy Brief

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When citing this report, please use the following wording: *UNICEF, Basis for a European Child Guarantee Action Plan in Italy*

This report was prepared for the European Commission.

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The material in this report was commissioned by UNICEF Europe and Central Asia (ECARO). UNICEF assumes no responsibility for any errors. The findings, interpretations, opinions, and views expressed in this publication are those of the authors and do not necessarily reflect the policies or opinions of UNICEF.

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Acknowledgements

The authors wish to express their gratitude firstly to the members of the Steering Committee composed of representatives of the Ministry of Labour and Social Policies (department for the fight against poverty and for social planning, and DG for immigration and integration policies), the Department for Family Policy of the Presidency of the Council of Ministers, and UNICEF. The Steering Committee was established to oversee the implementation of the Child Guarantee pilot phase in Italy and for the scientific supervision of this research. We wish to thank Adriana Ciampa, Stefania Congia, Alfredo Ferrante, Elisabetta Cimellaro, Chiara Curto, Elena Falcomatà, Marta Fiasco, Ivan Mei, Ileana Piazzoni, Tullia Passerini, Anna Riatti, Valentina Rossi, Nicola Sannazzaro. We also thank Pamela Dale, Sarah Martelli, Maria Margherita Maglietti, Stefano Rimini, Sara Di Salvo, Elena Maranghi, Enza Roberta Petrillo, Silvia Li Quadri Cassini Finaurini, Valentina Alice Mutti, and Laura Baldassarre for their contributions. The authors are grateful to Pilar Bolognesi of the Cattaneo Institute and Maja Marsic of Matter Group for their contributions. We also thank Lorenzo Benussi, Valentina Chindamo, Andrea Pastorelli, and Giulio Veggi for their inputs. Finally, we are thankful to all the experts who were consulted through individual interviews or focus groups.



Introduction

The Child Guarantee is the European Commission's policy to ensure that every girl and boy throughout the European Union (EU) has access to the rights and services of early childhood education and care, quality education, health, nutrition, and housing. The European Council adopted The Child Guarantee on 14 June, 2021, and EU governments involved in the pilot phase are now proposing, in collaboration with UNICEF, National Action Plans for its implementation. This policy brief summarizes the 'Deep Dive Analysis of Policies, Programmes, Services, Budgets and Mechanisms addressing Child Poverty and Social Exclusion in Italy', which looks at public policies and programmes on children's rights. It was commissioned by UNICEF with the aim of informing the National Action Plan in Italy.

Executive summary

The Deep Dive analysis explores the current state of services designed to guarantee the rights of children and adolescents in Italy. It assesses the main challenges in the fight against child poverty and social exclusion and lays out priorities for interventions for the coming years. On the one hand, the analysis finds that many existing interventions, initiatives, experiments and innovations introduced by public administrations and civil society are responsive to child poverty and social exclusion in Italy. On the other hand, this research also finds gaps in provision and several obstacles to children's rights to health, nutrition, education and housing.

Firstly, at the systemic level, **poverty in Italy is still strongly linked to age and to the number of children per family**. Being a child in Italy is unfortunately still a greater risk factor for exposure to poverty than belonging to other age groups. In other words, young people, children and adolescents have a higher risk of poverty than the elderly. Not only that, but poverty is highly correlated with the number of girls and boys in each household. This challenge is already being addressed by recent important monetary transfer measures to combat poverty, such as the *Reddito di Cittadinanza* (RdC), and of support for families with children, such as the *Assegno Unico Universale per i Figli*. These measures will contribute in a significant way to decreasing the rate of absolute poverty and social exclusion among people under the age of 18, and will help to mitigate differences in the incidence of poverty between age groups. However, without further action, children will remain the age group most at risk of poverty in the coming years.

Secondly, **public spending in Italy on children and adolescents is still below the overall European average and that of most Western European countries**. Most of the policy areas covered by the Child Guarantee, therefore, have considerable room for improvement, both in terms of financing and in terms of quality, coverage and accessibility of services. Some categories of beneficiaries are particularly marginalized due either to the lack of universal services or to obstacles to accessing those services. There is also a significant gap between investments in monetary transfers and investments in services: most spending on childhood and adolescence in Italy is made through monetary transfers, while **only 26% of total spending on childhood and adolescence goes towards investments in services**. This is the third lowest proportion in Europe after Greece and Ireland.

In light of this initial analysis, two broad systemic challenges emerge:

- 1) **The management and development of an integrated and connected system of social, health and educational interventions** that put the child and his/her rights at the core. These services need to maintain a gender perspective (thus differentiating interventions according to gender, while guaranteeing universal access to quality services without discrimination), and to implement both horizontal (between different institutions) and vertical (between different levels of government) coordination.
- 2) The strengthening of actions at the regional and local levels of government, aimed at facilitating access to services by children (especially those at greater risk of social exclusion) and supporting the planning and design capacity of regional and local administrations.

Two macro groups of potential beneficiaries of the Child Guarantee emerge from the Deep Dive. Intervention priorities must balance the need to respond to the juvenile social exclusion of certain large groups, while also paying attention to the extreme inequalities faced by groups that are numerically smaller but have a higher intensity of need. In detail, these are:

- a) **Numerically very large groups**, often with medium or high intensity of need, which include:
 - a. Children residing in the regions of Southern Italy
 - b. Children with a migrant background
 - c. Children with mental health issues
 - d. Children in single-parent families
 - e. Children with disabilities
- b) **Numerically smaller groups**, generally with a very high intensity of need and care, which include:
 - a. Children outside the family of origin
 - b. Young care leavers
 - c. Children belonging to ethnic minorities, in particular, Roma, Sinti and Caminanti
 - d. Unaccompanied foreign children
 - e. Children born to underage mothers
 - f. Children with at least one parent incarcerated

Based on the Deep Dive analysis, the identification of potential target groups, and the main challenges to guaranteeing and promoting the rights of children and adolescents, especially for those in poverty and social exclusion, the following pages summarize the main recommendations related to the five policy areas of Child Guarantee. The recommendations are designed to support and inform the National Action Plan.



Early childhood education and care

In the area of education and preschool services, the priority that emerges from Deep Dive is to **better promote access and close regional gaps**. Indeed, attendance at educational services is low but rising, and coverage of early childhood education and care (ECEC) varies significantly by region. The National Recovery and Resilience Plan (PNRR) is funding 228 new places in kindergartens, thus more than doubling the places available today. The PNRR also presents an opportunity to introduce targeted initiatives for children with disabilities. Integrated management of daycare and preschool services, the introduction of a quality assurance system and, above all, the reduction of families' financial contributions, can accelerate access to early education and care.



CURRENT SITUATION AND MAIN CHALLENGES

Italy lags behind other European countries in overall access to early childhood services, with large regional and income disparities. The Child Guarantee should focus on facilitating access to these services for the most economically disadvantaged families.

Educational services:

- **Attendance is low**, but slowly increasing: 25% of girls and boys aged 0-24 months are enrolled in kindergartens, compared to 33%

of the EU target¹ (including private schools; school year 2018/19).

- **Attendance frequency increases with household income level**: only 14% for the lowest income quintile, and 35% for the highest quintile.
- **Attendance increases with age**: many parents simply prefer to enroll their daughters and sons later in life.

¹ EU target group also includes girls and boys aged between 24 and 36 months

- **Coverage is highest in northern Italy** (over 35%) with large regional differences.
- The access criteria give **priority to families with two working parents**.

Preschools:

- **Participation is high but declining**: from 96% coverage in 2010 to 89% in 2019.

- Attendance **frequency increases with parental income level** and is directly related to Italian citizenship status.

- **Full-time is not always guaranteed**.

- The **cost of school meals** (735 euros on average per year) discourages attendance.



CURRENT POLICIES

Early childhood education services in Italy are organized and administered differently according to age group.

Nidi d'Infanzia provision for girls and boys from 0 to 3 years of age is highly decentralized, with different regulatory and management responsibilities delegated to the three levels of government. Regions and municipalities are responsible for the management of the *nidi*, for which the State provides a partial contribution. As a result, **there are deep territorial differences in the provision of early childhood education services**. In 2018/2019, spending on *nidi* amounted to €1.5 billion, of which €1.2 billion was borne by municipalities and €288 million (19.8% of total spending) by parents.

Kindergartens, or *scuola dell'infanzia*, for girls and boys aged 3 to 6 years, are centrally managed by the Ministry of Education, together with the private sector and municipalities. Kindergartens fall under the jurisdiction of the Ministry of Education and can count on stable state funding.

New legislation (Decree-Law 65/2017), currently being implemented, mandates the creation of so-called *scuole polo* (school poles) for 0-6-year-olds. These are integrated early childhood development services in which infant-toddler centres and preschools function as one. This legislation is experiencing delays in implementation due to the Covid-19 pandemic. Additional resources have been dedicated to subsidizing low-income families, with strategies varying by region. In 2019, about 290,000 users (21.5% of 0-3-year-olds) benefited from subsidies, a percentage very close to those attending daycare provision. Spending on preschools was about €6.4 billion in 2017.

The PNRR's planned investment in early childhood could have very positive effects. 2.4% of the total resources committed – that is, €4.6 billion – will be allocated to early childhood education. This will permit the creation of 228,000 new crèche places, thus more than doubling public coverage for 0-3-year-olds.



RECOMMENDATIONS

Increase coverage of early childhood services (0-3 age group) to 33% (in line with

EU targets)

This result could be achieved, as foreseen in

Actions 1 and 2 of the Fifth Childhood Plan¹, by progressively reducing families' financial contribution for public and private childcare services, and introducing some free services, especially for the target groups of the Child Guarantee. There is also a need for investment in the construction and management of educational services, especially kindergartens, in the regions of southern Italy where they are currently lacking or absent. The increase in places in educational services must be accompanied by ongoing training of educational personnel, and better pedagogical coordination. However, the priority must be opening new services.

Increase public coverage of early childhood schools (3-6 age group) to 96%

This can be achieved by incentivizing enrolment for groups of children, such as those with a migrant background, for whom ad hoc outreach efforts are needed.

Set regional goals

While the PNRR defines national targets, it is necessary for more specific objectives to be defined at regional level.

Implement the integrated 0-6 age group system through:

- Full implementation of *scuole polo*. This will facilitate access and create a longitudinal 0-6 process
- Unified entry-level training, professional accreditation, and the creation of a national quality system for 0-6 (currently, there are two types of university-based teacher education pathways: one for nursery and one for preschool)

Enhance access to education for 0-6-year-olds with disabilities

It is desirable to encourage free places for

children with disabilities in both *nidi* and preschools through a national ad hoc fund, as well as through the general strengthening of access to educational services through the elimination and removal of physical barriers. This is done to guarantee the complete usability of spaces and, therefore, increase the likelihood of attendance, especially for children with reduced motor or sensory capacity. Finally, policymakers should develop guidelines for the individualized education plan (IEP), and therefore to the provision of opportunities for therapeutic or rehabilitative projects in the school context, with periodic monitoring by the Child Neuropsychiatry service. In this regard, it would be important to strengthen in-service training and periodic consultancy for teachers who provide support or are part of a section with children with disabilities, as well as to strengthen peer support for families with children with disabilities by enhancing the role of Family Centres.

Enhance access to educational services for 0-3-year-olds and for 3-6-year-olds with who have a migrant background or belong to ethnic minorities.

This objective is attainable by ensuring greater free or reduced-cost places for the 0-3 age bracket (see above point) and by strengthening outreach services to immigrant families. These services have the important task of raising awareness about early childhood education services. Of course, the presence of cultural mediators and other supervisory professions are recommended, but children seem to be the best mediators in the educational context because they can use different languages and strategies to educate each other. To achieve this goal, documentation in multiple languages and addressing discrimination biases are also key factors.

² "Strengthen the diffusion of educational services for early childhood 0-3, to exceed the target of 33 percent and the achievement of the target of 50 percent for new nurseries and spring sections" and "Develop equitable and sustainable accessibility in 0-3 by intervening for the gradual cancellation of fees for the attendance of nurseries, according to the criterion of selective universalism."

Education



Access to primary and secondary education are characterized in Italy **by high rates of school dropout and poor school performance** (underachievement), as well as significant barriers to access and inclusion for Child Guarantee beneficiaries.

The school system is relatively decentralized: schools have more autonomy in teaching than in most EU countries, but little autonomy in self-financing and personnel management. Although **public funding** has increased steadily in recent years, it has not reached pre-2008 levels and **remains among the lowest in the EU**.

The PNRR aims to decrease high dropout rates and school underachievement with €12.4 billion of investment. It is desirable for the Italian Action Plan to focus on **decreasing dropout rates in Southern Italy**, among girls and boys with **migrant backgrounds and of Roma, Sinti and Caminanti** origin, by increasing full-time education – as envisaged in the PNRR – and by strengthening the legislative framework and funding for local community support mechanisms ('community education pacts'). Underachievement in mathematics and literacy can be targeted by establishing a mapping system that leverages data from the National Institute for the Evaluation of the Education and Training System (INVALSI).

It is also vital to **overhaul teacher recruitment, training, and development practices**, prioritizing innovative pedagogies, the teaching of life skills and the Italian language, and science, technology, engineering and mathematics (STEM) teaching methodologies. Children with disabilities or specific learning disabilities (SLDs) should be more systematically included in school through targeted investments in physical infrastructure and improvements in the training and hiring practices of support teaching staff. An early detection system should also be established to identify children most at risk and direct them to appropriate services.



CHALLENGES



CURRENT POLICIES



RECOMMENDATIONS



CHALLENGES

Italy has one of the highest dropout rates in Europe and achieves poor outcomes in terms of school inclusion, though the latter are difficult to measure. Moreover, Italian students' school performance is below the European average (underachievement), as shown by international comparative assessments such as the OECD's Programme for International Student Assessment (PISA) study. The Child Guarantee should prioritize systemic solutions to early school leaving, which is an issue strongly linked to poverty and social exclusion. Monitoring of the categories of student most exposed to this risk needs to be strengthened. To improve the quality of education, structural reform of teaching is also desirable.

- School dropout rates in Italy are among the highest in the EU, particularly in the southern regions of the country where the dropout rate exceeds 16,3 and also among Roma, Sinti and Caminanti children, and students with a migrant background.

- Even among female students completing secondary school, underachievement is well above the EU average, particularly at the upper secondary level; 44% and 51% of female students are unable to complete basic exercises in Italian and mathematics respectively.
- School completion and educational attainment are particularly low among female students with migrant backgrounds.
- Access to education for female students with physical disabilities is lower due to lack of adequate physical and digital infrastructure.
- Access to education for students with disabilities and developmental disorders (including SLDs) is lower due to a lack of specifically trained teaching staff.
- Care leavers and children outside their family of origin are not explicitly considered by the education system.
- Lack of adequate support for children with mental health issues (including anxiety, depression, and eating disorders).



CURRENT POLICIES

The Italian education system is highly decentralized in some respects, including greater teaching autonomy of schools and teachers than in most EU countries. However, schools and teachers have little autonomy in terms of funding, administration, and staff selection. Recent reform efforts have attempted to simplify the Ministry of Education's hiring practices for teaching staff and to improve the physical and digital infrastructure of schools, with mixed results.

Most funding for schools is allocated by the central government for the salaries of teaching staff. EU funding is made available to schools or school networks through micro grants managed at the central or regional level but is often used inefficiently. In addition, these grants are used disproportionately less by schools in poorer communities that often lack the administrative capacity to benefit fully.

The PNRR will allocate about €11.5 billion to

primary and secondary education, particularly to physical and digital infrastructure, measures against school dropout, and strengthening educational supply. Extensive reforms are also envisaged, including 1) aligning the curricula of technical and vocational

education and training (TVET) institutions with the demand for skills, 2) reducing class sizes, 3) streamlining recruitment practices for teaching staff, and 4) establishing new training schemes for teachers, headteachers and administrative staff.



RECOMMENDATIONS

Decrease the school dropout rate from the current 13.1% to 9% – the EU's 2030 target

Intervention is especially needed in the southern regions, where the target is a decrease from the current 19% to 13%. Achieving this result across the country would require:

- **Strengthening the legislative framework and financial allocation for actions to combat early school leaving.** It would be desirable for the Ministry of Education to increase funding for educational offerings both in the school curriculum and in the non-formal and informal learning paths provided in the three-year plans of the educational offer. The funding should cover PCTO skills training, civic education, plans for inclusion for students with special educational needs, and educational community pacts. To achieve all this, it is necessary to revise the maximum threshold of the calls for tenders made available to schools through the national and regional operative plans (PON and POR). In particular, it is important to strengthen schools' capacity to apply and to prepare those teachers in charge of implementing and monitoring the paths.

- **Increasing access to full-time schooling.** Currently, full-time education is provided in a small minority of schools, where demand is often lower due to the underutilization

of the female workforce, effectively depriving children of non-family educational experiences. For secondary schools of the second degree (13 to 18 years), it is proposed to increase the length of the school week to about 40 hours in total, dedicating the additional hours to reinforcement activities adapted to the children's interests.

- **Improving the quality of teaching.** Promoting forms of personalized teaching, incorporating the 21st-century competencies promoted by the Entrecomp and Lifecomp frameworks, and reviewing ongoing teacher training can all help improve the quality of teaching. It is necessary to strengthen inclusive teaching, supported in some cases by mediation figures, and to improve the supply of support teachers.

Increase the achievement rate

It is necessary to decrease the rate of children who do not reach basic levels in the INVALSI tests in Italian and mathematics at the end of secondary school, from the current 44% and 51%, to 30% and 40% by 2030. Here too, the priority beneficiaries are girls and boys in Southern Italy with migrant backgrounds. The following would be desirable:

- **Systematically mapping local areas that have higher rates of underachievement.** Using INVALSI data to proactively identify

the territories at greatest risk and providing them with intervention plans with a significant time-horizon, managed by local steering committees including representatives of schools, local administrations, and social and health services.

- **Improve the quality of the educational offer by reforming the methods of hiring, initial training, and ongoing development of teaching staff.** This should involve strengthening the skills of teachers in innovative teaching, teaching 21st-century skills and teaching Italian for newly arrived students, and by strengthening the offer of STEM subjects. It is also desirable to strengthen specialized training for mediation and support teachers.

Improve educational outcomes for students with disabilities and specific developmental disorder, intervening to:

- **Increase the percentage of schools accessible to students with mobility disabilities** from the current 34% to 50% by 2030 through priority resources for regions with lower coverage: Campania, Calabria, Liguria, Sicily, Trentino-Alto Adige, Lazio, and Molise.
- **Increase support teaching.** Most Italian teachers do not receive explicit, hands-on training in how to support students with disabilities and development disorders. There is also an absence of support teachers in the northern regions of Italy. Therefore, it would be necessary to decrease the percentage of unspecialized support teachers hired on an exemption basis, and to increase the number of

places available in teacher qualification courses.

Several of the more innovative structural policy proposals discussed during this Deep Dive consultation process include:

Increasing the degree of autonomy of school leaders. School leaders could be empowered to hire staff directly, create specialized teaching roles, and repurpose administrative, technical and auxiliary staff more freely than under current legislation.

Extending mandatory professional training to teachers on short-term contracts. Teachers on one-year contracts could be required to complete continuing professional development. This is already the case for tenured teachers, who also benefit from a voucher to fund their own learning.

Overhaul academic specialization

As recommended in the PNRR, the traditional categorization of upper secondary schools into professional institutes, technical institutes, and high schools should be reconsidered. Students could be required to specialize only in their final two years of studies rather than at the start of upper secondary schooling, as is currently the case. Elective courses could be introduced too, potentially discouraging school dropouts.

For these and other structural proposals, we do not necessarily recommend universal regulatory intervention but, where appropriate, experimentation in a limited sample of schools in free zones. INVALSI could be commissioned to conduct randomized controlled trials to test the trials' effectiveness before attempting region or country-level adoption.

Health



In the area of health, the Deep Dive highlights **four major priorities**:

- Strengthening **access to primary care paediatrics**
- **Mental health** diagnosis and treatment
- The enhancement of **disability services**
- The rebalancing of **regional disparities**

Although **the Italian public health system is universal and qualitatively superior to the EU average, access to and quality of services** (both general and targeted services for children and adolescents) **vary considerably according to the regions**, which enjoy broad financial and regional autonomy in the health sector.

The PNRR has promised €15.6 billion in health funding, largely to address the pandemic. It also envisages 1,226 'Community Homes' – local medical centres dedicated mainly to women, girls, and children.

Capacity-building and coordination between the State and regions are useful elements in overcoming regional disparities in the quality of services. Inequalities in access require a centralized approach to the recruitment and training of staff, including those trained to work with users with migrant backgrounds.



CHALLENGES



CURRENT POLICIES



RECOMMENDATIONS



CHALLENGES

Access to health services in Italy is in line with or above the EU average, however, mental health services for children and adolescents present some problems. The Child Guarantee

should focus on regional disparities in the quality of services. Improvements should concern both primary care at the local level and specialist care provided in hospitals.

- 15% of children aged 0-14 are referred to primary care physicians instead of paediatricians, due to regional shortages or personal choice.
- Only about half of children who need them have access to mental health services.
- Access to care for children with disabilities is a challenge, particularly for low-income families.
- A gap emerges due to limited data on prenatal diagnoses and disability in general.
- There are large regional differences in the

quality of health care, and especially perinatal care. In 2018, infant mortality was 3.6% in southern regions compared with about 2-2.3% in northern regions. The difference doubles in the case of children of non-Italian origin.

- The quality of service varies greatly from region to region. This phenomenon caused at least one million people to migrate for health care in 2017.
- Children are accessing general practice because of a shortage of paediatric primary care (PLS) services.



CURRENT POLICIES

Italy has a publicly funded national health service (SSN) that ensures the comprehensive delivery of health services. The SSN aims to provide equitable and universal access to health services, regardless of a patient's income or location. It also covers disease prevention programmes. Since 1978, three major reforms have reshaped the system by introducing elements of the internal market and granting management autonomy to local health agencies (ASLs) and public hospitals. However, the greater autonomy granted to the regions by the 2001 constitutional reform has accentuated the pre-existing inequalities between them in terms of type, quantity and quality of services provided. In the last two decades, the SSN has been primarily financed by the regional tax (IRAP)

and the income tax surtax (IRPEF surtax).

There are many services that address the health status of children and adolescents, but not exclusively. Services for children and adolescents are included in general government spending.

The PNRR includes about €15.6 billion earmarked for health, much of it allocated as a result of the Covid-19 pandemic. €7 billion has been allocated to local health networks and services. 1,226 Community Homes are planned for local health services, especially for women and children. Another €11.7 billion is earmarked for social protection. Detailed planning has yet to take place.

RECOMMENDATIONS

paediatrics of free choice

It is important to guarantee access to public health services for all children, especially

for children of non-Italian citizens without documentation, throughout the national territory. This would require, respectively, the

hiring of both medical and nursing paediatric staff, also enhancing the role of non-medical professions to serve remote areas, and the full adoption by all regions of national guidelines and laws governing access to children's health services. This should be accompanied by outreach services to facilitate access to quality care and community services, including education and family counselling, for all children with migrant backgrounds and all ethnic minority groups.

Strengthen services for the prevention of mental health disorders and the collection of monitoring data

In accordance with the provisions of the National Action Plan for Mental Health (NAPSM), the National Prevention Plan (PNP) 2020-2025 and the National Plan of Interventions and Social Services, it is important to create an integrated intervention that includes both prevention and treatment of mental distress in childhood and adolescence.

As far as prevention is concerned, it would be necessary to have a close connection between the educational, scholastic, and social spheres and with the different realities operating in the health sector. This can be done through integrated planning and a "regulated collaboration between the social system and the health system" as provided for by the National Plan of Interventions and Social Services. The school system should also be added to enhance psychosocial and community support interventions (for example, in schools or in reception facilities for children outside the family). It is also important to invest more in positive communication campaigns on mental health, to counter the stigma that can hinder requests for support.

In addition, it is hoped that the provisions of the PNRR to strengthen local social-health services will be fully implemented, including those related to psychosocial support and mental health and the activation of 1,226 Community

Homes by mid-2026, under the guidance of the Ministry of Health. Interventions to promote positive parenting for new parents – a crucial factor in the promotion of mental health – should also be considered, including through the work of Family Centres.

It would also be necessary to systematize the monitoring of mental health problems, based on specific and uniform information flows, focused on specific indicators, centralized at the Ministry of Health and with the contribution of the regions, allowing more precise planning of services based on the needs of the population.

Strengthen specialized services for diagnosis, treatment and rehabilitation of mental health disorders, including addictions

Strengthen psychosocial support services and specialized clinics, codifying the modalities of collaboration and establishing clear procedures valid in all regions for reporting cases. It is necessary to strengthen the territorial services of child and adolescent neuropsychiatry (NPIA) and activate integrated therapeutic day care centres, aimed at adolescent psychiatric disorders and serious neurodevelopmental disorders in the first years of life. At least one complex unit is needed for each territorial area, of a sufficient size to ensure all four different types of activities (neurology, psychiatry, complex disability, specific disorders). Services must also be made accessible to children with migrant backgrounds, ensuring the presence of cultural mediation and the dissemination of culturally competent approaches. NPIA services should be equipped with adequate IT network connections and platforms for telemedicine and tele-rehabilitation. They also need specific and uniform information flows and a centralized data-collection and monitoring system at the Ministry of Health based on data provided by the regions.

In order to promote the integration of social and health services, it is useful to activate shared local protocols, for example, between

NPIA, accident and emergency departments, paediatrics, addiction services, emergency services, social services, that can, in different ways, be involved in the management of the exacerbation of psychological distress and that can ensure a continuity of care and treatment even in the transition to adulthood and the related take charge by the services dedicated to the adult population.

Adapt the number and staffing of family counselling centres

The distribution of family counselling centres (CFs) throughout the national territory should be adjusted based on the potential user population and considering the lack of locations and personnel, which penalizes the supply, especially in areas at greater risk. CFs must be embedded in primary care, in the maternal-child area, to guarantee the full integration of operational strategies, planning, evaluation and training. The centres must be assigned functions, objectives, resources, and managerial autonomy with directive responsibility. In terms of staff availability, CFs must be able to cover the functions for which they were established. It is particularly important to ensure access to reproductive health services and to the birth path, including prevention and obstetrical monitoring, as well as support for parenting (including psychological support) and child development.

Strengthen health services for children with disabilities

It is necessary to strengthen interventions for prevention of disability, together with prenatal and early diagnosis, to encourage more homogeneous provision across the national territory. There are currently no national data on services for genetic counselling and early prenatal diagnosis for the prevention of genetic diseases that can cause disability. In addition, it appears necessary to strengthen support for families with children born preterm, among

whom the rates of severe disability are higher than for all newborns.

Strengthen professional social services dedicated to children

Social services should be strengthened quantitatively and should plan to support children aged 0-18. As much as possible, these services should coincide with health and educational services, to facilitate collaboration in areas such as maltreatment and disability, and benefits for families who are entitled to them. The co-location of services (such as health and social) facilitates both integration and operational collaboration, as well as use by families, and should therefore be pursued whenever space and staff allocation are reconsidered.

Enhancing the role of non-medical health professions in the field of children and adolescents

In the new structure of care, the role, and availability, of health professionals should be enhanced, both for local and hospital-based work, in order to rebalance the ratio of medical and nursing professions to other health professions. In Italy, this ratio is among the lowest in Europe (1.5 compared to a European average of 2.5). Some functions, particularly those that require complex and ongoing communication and care approaches, can be performed by non-medical professionals. They should be entrusted from time to time to professionals such as midwives, paediatric nurses (for whom a specific qualification path should be provided as it is for midwives), and community nurses. Further investment in nursing is needed, along with strengthening the epidemiological surveillance of the health care assistant role, which is already provided by the regulations but is almost non-existent in the territories. Authorities should also consider introducing an educator or community educator role to work both within services for parents of children up to six years old, and in local services.

Nutrition



In the Deep Dive, the need to **foster strategic action and an integrated framework for funding** in this policy area emerges. Law 234/2021 (Budget Law 2022) introduced a fund to combat Nutrition and Food Disorders, while a series of funds for targeted measures and initiatives are included in the EU-funded European Aid Fund for the Deprived. **School canteens are the main legislative priority at national level**, with regions and municipalities authorized to define procedures and access criteria.

The **PNRR allocated €400 million for the construction and refurbishment of 1,000 canteens**, especially in the southern regions of the country. It is to be hoped that the **Action Plan will direct this investment especially to elementary and nursery schools**.

Increasing access to full-time schooling would increase the impact of these measures. **Childhood obesity is also a major concern**, particularly in southern regions, and could be addressed through school-based nutrition education programmes.

Italy has a **low rate of breastfeeding**, which can be **addressed through stronger legislation on maternity leave** and breastfeeding breaks at work. Establishing right-to-food legislation, a national food strategy, and more integrated funding are some of the challenges related to this policy area.



CHALLENGES



CURRENT POLICIES



RECOMMENDATIONS



CHALLENGES

Current situation and main challenges Italian children are adequately nourished compared to their EU peers (no food deserts have

been found in Italian regions); malnutrition phenomena are linked to poor diets (for example, low protein intake) rather than

to malnutrition. Eating disorders, among which childhood obesity stands out, and low penetration of school canteens are the most critical issues.

- In 2020, food aid from the Fund for European Aid to the Indigent (FEAD) reached about 539,000 children aged 0-15 years – about 5.7% of the total number of beneficiaries of the fund. In 2020, 1, 346, 000 children (0-17 years old) live in absolute poverty (ISTAT 2021).
- In 2019, 20.4% of children in Italy were overweight, 9.4% were obese, and 2.4%

were severely obese.

- In 2018, only 23% of children aged 4-5 months were exclusively breastfed; those between 12-15 months were 31.3%. 11.7% of children 0-2 years old have never been breastfed. These numbers are lower in southern regions of Italy (ISS 2018).
- Food canteens currently serve 34.2% of children attending elementary school full-time; only 40% of elementary school have a regular school canteen, while in 60% of cases children eat school lunch in their classroom.



CURRENT POLICIES

In Italy, there is neither a national strategy nor a unified legislative framework to combat food poverty. Initiatives are mostly managed autonomously by different ministries (Health, Social Policies and Education) and regions. School canteens are the main national political priority for combating poverty and food insecurity among children: they are managed by the municipalities, which finance them mainly through a compulsory economic contribution allocated by parents.

Regions and municipalities have the power to define procedures, mechanisms, and requirements for access to school cafeterias, including their costs. The Department of Health has issued non-binding national guidelines to ensure high-quality basic nutrition for all students.

Italy also lacks a unified funding framework on nutrition and there is no budget line dedicated to combating malnutrition or childhood obesity.

Instead, there are targeted initiatives, mostly funded through the Fund for European Aid to the Most Deprived (FEAD), administered by the Ministry of Agriculture, to combat food poverty at all ages. From 2014 to 2020, the EU has allocated €595 million to FEAD funding in Italy. Additional national funds for combating food poverty include the Food Distribution Fund for Needy People (€40 million in 2021) and the Fund for Limiting Food Waste (€400 thousand in 2021). Both funds are managed by AGEA and the Ministry of Agriculture and distributed through tender procedures to the third sector. None of them is specifically directed to children. In addition, further funds come from the Ministry of Health Fund for Childhood and Adolescence, with the aim of financing high-quality food in school and hospital canteens.

The PNRR does not explicitly mention food but recognizes school canteens as a universal right and allocates around €400 million in funding for over 1,000 school canteens, of which €230 million (57.7%) is for Southern Italy

RECOMMENDATIONS

Strengthen breastfeeding awareness and support campaigns

Increasing breastfeeding rates could be achieved by strengthening legislation on maternity leave and lactation breaks in the workplace (Art. 60 para. 2 OLL 1) and reducing the causes that lead mothers to abandon breastfeeding, such as lack of information and lack of support in a period characterized by psychological fragility. In line with UNICEF's Baby Friendly Hospital (BFHI) and Baby Friendly Community programmes, the promotion, protection, and support of breastfeeding is only possible through effective support to the mother in the first days of her unborn child's life.

Ensure universal access to school lunch for all children

Providing school lunch for all children first requires the school canteen to be recognized as an essential service (not simply provided according to individual demand) for all educational services for children aged 0-6 years and in primary schools (6-11 years)(€230 million). Access to the service should also be guaranteed during the summer break period, during which schools carry out activities and recreational activities, to ensure continuity of service. This is in line with the provisions of Action 13 of the Fifth Childhood Plan, which has the following objective: "The progressive extension of the school lunch service in kindergartens and primary schools, to move towards universal access, starting from the territories where educational poverty is concentrated, through a rule that frames it as an essential level of social services (LEP), overcoming the logic of service to individual demand". Investing in an inclusive cafeteria for all girls and boys means guaranteeing access to the educational system in terms of full-time, free-of-charge provision

without excluding the children of families who are less well-off, non-resident or in arrears with payments.

Adopt a national framework law on the right to food

A national framework would make it possible to systematize the different sectoral regulations; identify existing gaps and strategically orient public policies towards realizing and protecting the right to food; and promote the adoption of framework laws at the regional level regarding respect, protection, and implementation of the right to adequate food.

Implement a national strategy to help re-think school menus

New school menus must avoid processed foods and transported meals and must guarantee the monitoring of the safety of the meal and, at the same time, the nutritional value of the food offered to children. Investing in prevention of disease means ensuring that food purchasing protocols evaluate not only economic parameters but also the benefits that nutritious food has in terms of the psycho-physical well-being of children.

Investing in nutrition education and sports education

Social services should be encouraged to support children and parents, in order to enhance the positive effects of sport on the psycho-physical health of the child.

Introduce awareness-raising and personalised social support to the PON to fight against food poverty

Special consideration should be given to the needs of children in terms of food security and the right to food. The objectives of food security

and the right to food should be considered a priority in the regional three-year and annual programmes for preventing and combating social exclusion and poverty.

Strengthen and re-think the management of Food Poverty Funds, through:

- The constitution of a National Food Solidarity Fund with adequate resources to ensure a more equitable distribution among municipalities, through a better balance between the criterion of population and income
- Coordination of European resources for food poverty, PON, and European Social Fund (ESF) funds and the use of funds for school canteens
- Support for local authorities, in full respect of the principle of subsidiarity and using multi-actor intervention, to provide the following:
 - *More flexible and effective access criteria and complementary measures (including those involving associations and third sector entities, mutual help groups, and neighbourhood associations) capable of intercepting all families in need, especially those with child dependents.*
 - *Guaranteed free access to the school canteen for all families. Eliminate, where present, any reference to the criteria of residence and/or citizenship as a requisite for access to measures to combat food poverty.*
 - *In the personalized projects for taking charge of the RdC, specific accompanying actions that take into consideration the issue of food quality and proper nutrition for children.*

- Strategies to combat food poverty coordinated among the various local authorities, for example by including them in the Area Plans. Support the innovation of food assistance models, for example through the creation of 'solidarity pacts' with local food actors to to strengthen local food systems and establish food assistance supply chains (for example, using supermarket surpluses) to run alongside traditional food supply channels

- *The adoption of rights-based food policies that consider children and include effective strategies to combat food poverty and promote the effective participation of all actors in the food system at the municipal and metropolitan levels, enhancing the role of civic networks and organized civil society.*
- *The encouragement of greater participation and empowerment of programme beneficiary groups.*
- *The promotion of food education programmes, not only in schools, but also in families, to promote awareness of healthy and sustainable diets.*
- *The integration of policies to combat food poverty with local health policies. In this regard, it is useful to facilitate the interception of vulnerable cases through the use of territorial health centres (for example, pharmacies, counselling centres, community houses).*

Adopt a strategy to combat food poverty

Clear objectives, strategies and indicators should be defined to guide policies at the national and territorial levels. These strategies should consider the specificities of the target group of children and the adoption of the Child Guarantee.



Housing

One of the priorities emerging from the Deep Dive is the **development of a national strategy to ensure the right to housing through dedicated funding for youth housing and homelessness.**

There are no data on child homelessness. The PNRR commits €175 million to increase the stock of housing, without a specific focus on children and adolescents. The Italian Action Plan could focus on increasing financial support to low- and middle-income families, possibly through a revision of the criteria for defining Citizenship Income.



CHALLENGES



CURRENT POLICIES



RECOMMENDATIONS



CHALLENGES

Italy lacks a housing policy for children. Regions and municipalities have programmatic and administrative responsibility for public housing but are unable to meet the demand for social housing. Italy, in fact, has only a 4% stock of

public and/or social housing (while the European average is 20%). The decentralized structure of the country's housing management means that there is little or no data available on trends in service coverage, particularly for children.



CURRENT POLICIES

In 2015, Italy officially adopted a 'housing first' approach that identifies housing as the starting point for pathways to social inclusion. However,

there is no national strategy to monitor young people's homelessness or their housing exclusion situation. To date, the only legislation

that addresses housing challenges is the 2014 Housing Plan. Regions and municipalities have the power to define procedures and requirements for access to public housing. Italian per capita public spending on housing is €6 per person, compared to €33 in Denmark, €206 in Germany and €272 in France. In 2017, total public spending on housing and territorial policies for children was €36.3 million. The funds allocated to support families in difficulty with rent are small. There are no specific funding lines aimed at reducing the housing hardship of children, although they indirectly benefit from the financial facilities provided for

families by the National Fund for supporting access to rental housing (FNS). The funds corresponding to the FNS vary by region, which means that families residing in different municipalities may or may not receive the subsidy or may receive different amounts.

The PNRR provides for interventions aimed at strengthening the supply of public housing, including temporary housing and social housing based on the housing first approach. The total expenditure is about €175 million. However, there are no specific references to the housing distress of children.

instead of the current 10; b) the equalization, on the equivalence scale, of children to adults; attributing to all, from the second family member upward, the coefficient 0.4 and bringing the maximum value of the equivalence scale to 2.8 (2.9 in the presence of persons with disabilities).

- Review the criteria for calculating the rent contribution, provided for in the RdC. This is currently the annual rent up to a maximum of €3,360 per year (€280 per month). In this perspective, it seems important to accept the indication contained in the Scientific Committee's report for the evaluation of the RdC to differentiate the contribution for rent based on the size of the family unit, increasing it progressively as the number of members increases.

Offer both financial and capacity-building support to local governments

Local administrations need support to promote the spread of Social Housing Agencies at the level of the *Ambit*, to strengthen the planning and coverage of measures to support

households in conditions of housing hardship. It is also necessary to strengthen interventions to recover for social purposes privately owned houses that are currently vacant and therefore excluded from the housing market.

Re-think and strengthen public and social housing with dedicated investments to ensure greater accessibility to households with children and a higher quality of housing for households with children living in public residential housing (ERP)

Starting from the estimate of the number of households that devote more than 30% of their income to housing expenses, it is estimated that another million affordable housing units would be needed to address the housing hardship of those suffering from serious affordability problems. This can be done both by expanding both public and social supply and by a system of access and management that makes the latter more 'social' and inclusive. The enlargement of supply can be achieved both through the recovery of existing housing stock that is unused due to structural problems, and through the conversion of public assets to other uses. It would also be necessary to re-think the mechanism of sustainability of public housing, currently out of balance, providing for the structural use of resources (for example, residual ex-Gescal funds) to expand and improve existing supply. It would also be necessary to expand wide-ranging programmes to increase the quality of public housing, along the lines of the National Innovative Programme for Housing Quality (PINQUA, financed through PNRR resources), to increase the supply of housing and improve housing conditions for households with children already living in ERP. In strengthening the supply of public and social housing, it would be necessary to estimate the needs of households with children under 18 to be able to guarantee adequate housing solutions. All these steps are vital, given the wide range of impacts housing problems can have on the enjoyment of multiple rights by children, such as the right to study and safety.

Implement a system of specific protections for situations of severe housing exclusion, with particular attention to children from ethnic minorities

Two principles must be established: the non-conditional nature of supply and the presence of structural safety nets. A welfare system with universal measures would, in fact, protect against the negative implications of ad hoc measures, such as the reduction of housing supply, stigmatization, residential segregation and further risks of marginalization that may accompany social policies. It is necessary to provide structured ways to provide access to services for children living in informal housing conditions, who might otherwise not meet the required residency requirements.

Improve the network of public intervention in case of eviction risk and evictions

In the case of evictions where children are present, professionals are expected to help with the delicate and dramatic transition. However, evictions sometimes occur without supportive measures. Therefore, it is necessary to reinforce the presence of the professional social service in this area of need, providing that the staff members in question are specially trained to accompany children and adolescents in these situations. In case of evictions, alternative housing should always be offered and family unity should be guaranteed. For this reason, authorities should monitor families in fragile situations regularly and take responsibility for the family staying together. The new housing solution should also be close to or near the educational and social services that the children of the household benefit from, with a view to guaranteeing educational and welfare continuity, but also to preserving relational capital.

Strengthen interventions in households with children with a migrant background

The integration of social and housing policies should be promoted, as well as safety net systems to reduce the burden of housing costs, and programmes to accompany work and social

RECOMMENDATIONS

Strengthen financially the set of economic contributions for rent.

At present, the set of economic interventions to support people struggling to pay the rent covers only a very limited number of potential users and the costs they incur. It is necessary to offer more extensive and consistent support to households potentially eligible for rent subsidies, starting with the poorest and most vulnerable, through the actions outlined below: **Offering more generous support to at least all families with children on the RdC** Taking up the considerations developed in the report of the Scientific Committee for the evaluation of the RdC, produced in October 2021, it appears necessary to act in two directions with respect to the current functioning of the RdC:

- Broaden the number of beneficiaries of the RdC, which would promote greater inclusion of families with children, as suggested by the Scientific Committee's report. This can be done through: a) the adjustment of the period of residence in Italy necessary to receive the *Reddito di Cittadinanza* to 5 years

inclusion that target the entire household. It is important to accept, as stated above, the indication of the Scientific Committee's report to increase the period of residence in Italy necessary to receive the Citizenship Income to five years. This change should be accompanied by the above proposal to increase the rent contribution depending on the number of household members.

Support the transition of Roma, Sinti, and Caminanti children residing in camps and informal settlements into housing

It is necessary for the transition from settlements to housing for families with children to be accompanied by competent and specially trained professionals (social workers, pedagogues, child psychologists). Particular attention should be paid to facilitating access to public housing or other housing solutions by supporting families to submit applications and follow processes. In addition, the transition

must take place only if adequate housing is available for the entire family nucleus, to guarantee family unity, continuity of the schooling process (through accommodation located close to any existing educational service), and proximity to territorial and social services that already support the child.

Expand the scope and beneficiaries of the National Care Leavers Trial

In order to ensure an effective transition to adulthood of all young adults coming out of out-of-home care, it is important to enhance the current National Care Leavers Experimentation promoted by the Ministry of Labour and Social Policies. It could be expanded to include the full range of young adults coming out of out-of-home care, including former unaccompanied foreign children. Interventions aimed at the acquisition of autonomy also in the housing dimension could accompany the programme.

Cross-cutting recommendations

This policy brief has highlighted how **the different policy areas related to children's rights are developed in a very heterogeneous manner in Italy**. Some, such as housing policies, are selective and mostly developed at the regional and local level. In other areas, despite strong regional disparities, Italy provides high-quality services: for example, the national public health service, which in some regions is among the best in the world. However, because of this heterogeneity, the **quality of and access to services vary significantly**. Therefore, it is possible and desirable to increase children's access to these services, not only **by intervening in each policy area individually, but also by encouraging coordination among government actors, as well as in specific interventions aimed at the most vulnerable groups**.

Inter-institutional proposals

For the Child Guarantee to be successfully implemented, it is necessary to have **institutional harmonization of policies related to child poverty and social exclusion**. To begin with, mechanisms for analysis and evaluation of needs should be strengthened through the centralization of data-collection, harmonization of databases, analysis of the main obstacles and gaps for monitoring.

The PNRR is a fundamental step towards combating child poverty and social exclusion. The Italian Action Plan for the implementation of the Child Guarantee should take account of the PNRR as much as possible, especially as more detailed budget targets continue to emerge.

1. Children's participation in Child Guarantee governance

The Recommendation on Child Guarantee calls for **mechanisms of participation integrated into national systems that can nurture the development and monitoring of the dedicated Action Plan**. This is in compliance with the European Strategy on the Rights of the Child, approved on 24 March, 2021. In line with the Recommendation, and also with the National Observatory for Childhood and Adolescence's guidelines for the participation of children and girls, **the Youth Advisory Board (YAB) was set up in Italy in December 2021**.

The YAB ensures the participation of children at risk of poverty and social exclusion in the strategic definition of all interventions related to the Child Guarantee Action Plan, as well as in the implementation, monitoring, and evaluation of the related National Action Plan. Participants representing the categories of children most at risk of poverty and social exclusion as identified in the Child Guarantee Recommendation, are aged 13-21, with equal gender representation and equitable geographic distribution.

The YAB was established to remain active until 2030 when its integration within the permanent institutional body for the participation of girls, boys and adolescents is envisaged. It must be provided with adequate funding to ensure its functioning.

2. Supporting capacity-building in local and regional programming and design

The Child Guarantee must be considered a strategic component of a broader national, regional, and local planning framework. It is essential to consider this frame of reference to **reduce the risk of fragmentation and ineffectiveness of interventions** since they are not coordinated with other sector policies. The challenges to be faced in Italy for an effective implementation of the Child Guarantee generally concern the **ability of local and regional administrations to plan and design interventions**. Often the geographical contexts in which there are more problems with accessing services provided by the Child Guarantee (from those dedicated to health to those dedicated to early childhood education) are precisely those areas where there is also greater difficulty in carrying out planning and design. Therefore, to be more effective, the investment of financial resources to strengthen services in these areas must be accompanied by capacity-building activities that can be organized in two ways, which can be integrated with one another:

- Planning and design support provided by the respective ministries to local and regional governments that are experiencing the greatest difficulties or are requesting such support.
- Support for planning and design carried out between regions and between municipalities, with the active involvement of the Conference of the Regions and Autonomous Provinces and the national association of Italian municipalities (ANCI), with regard to local and regional administrations that show greater difficulty or request support in this regard.

Italy is also among the EU countries with the lowest capacity to spend EU funds. Local authorities, non-profit organizations, civil society organizations and other entities often lack the planning and administrative skills needed to access and manage funding. Disparities in local capacity exacerbate existing spatial inequalities. For example, the ability of schools to apply for and benefit from ESF and European Regional Development Fund funds through the Ministry of Education's PON structures varies significantly based on available design and administrative capacity. The Child Guarantee should therefore **include targeted and proactive training initiatives in design and administrative areas**.

3. Services that ensure cross-sector integration and access for all children at the territorial level

The Recommendation of the European Council on Child Guarantee sets objectives for adequate access to certain basic rights by persons under 18 years of age, paying particular attention to various specific profiles of beneficiaries.

Alongside critical points and challenges concerning the exercise of each basic right for a multiplicity of beneficiary profiles, the work developed in Deep Dive has highlighted a twofold problem in the Italian case. First, there is inadequate integration at the territorial level among the sectors and institutions that deal with children in the various dimensions covered by the Child Guarantee (from school to health to municipal social services). Second, there is a lack of systematization of experiences, including those of excellence, in relation to tools for raising awareness and contact with children (outreach services) that ensure universal access to the services themselves. For these reasons, it becomes important to:

- Increase multidisciplinary and collaborative joint interventions for children between experts across fields of expertise, for example, social education and health
- Strengthen the Unified Information System for Social Services (SIUSS), with its components of the Information System for the Supply of Social Services and the Information System for Children, Adolescents and Families (SINBA)
- Introduce joint training, across the public and private sectors, for staff in direct services to juveniles
- To continue to define and guarantee essential levels of social services, also for services concerning the five key rights of the Child Guarantee, with a focus on the social groups most at risk of social exclusion

4. Outreach services

To provide adequate, universal, and comprehensive access to services for children and their families to ensure that they enjoy their fundamental rights, a comprehensive **coordination and advocacy mechanism** should be created with the following objectives:

1. Strengthen collaboration across different sectors and service domains
2. Improve communication about the rights and needs of children, girls, and families; identify barriers to accessing information about services available at the community level
3. Establish or enhance data-collection and analysis mechanisms for needs assessment
4. Create or strengthen territorial capacities to design policies and initiatives for children with an intersectional approach, considering how different levels of vulnerability and exclusion may intersect, leading to specific conditions of need; and consequently, propose intersectoral approaches with respect to health, education, early childhood, nutrition, and housing
5. Define and implement a minimum standard for children's services that covers the five rights of the Child Guarantee, with a specific focus on groups most at risk of social exclusion
6. Build the capacity of local service providers by jointly training public and private sector professionals and practitioners

5. Parent services

Within the outreach services strategy, a key role is played by parenting programmes and services. Parent support services based on local needs and rights have the potential to significantly improve the quality of care for children. Examples of parenting services include counselling on education, health, and nutrition; or the availability of centres where parents can meet and transfer expertise to other parents. These programmes are already operating in community health centres, health care facilities,

children's clinics, and hospitals, and in the home; provision can be expanded to formal and informal childcare centres and facilities, preschools, and elementary school.

6. Monitoring and evaluation

The collection and analysis of data, carried out at the national level by the National Institute of Statistics (ISTAT), is extremely heterogeneous at the territorial level both in terms of the existence of data-collection and analysis systems and for the quality of the data produced.

Bearing in mind the work done at the EU level by the Social Protection Committee and in particular the Indicators Subgroup (ISG) for Child Guarantee monitoring, it is recommended that a uniform national system of monitoring data and indicators be developed that will systematize and coordinate at the national level the data produced in the various areas of intervention at the national, regional, and local levels. Special attention may be placed on data from national sources that fill data gaps at the EU level to improve the availability, scope, and relevance of comparable data at the EU level.

In addition to coordination on databases on Child Guarantee target groups and beneficiaries, attention should be given to data and indicators that support more detailed monitoring of ongoing progress in eliminating various aspects of poverty and social exclusion among children in need, particularly those facing specific disadvantages. We also recommend the use of data and indicators to assess access by children in poverty and social exclusion to a specific set of services covered by the Child Guarantee.



Co-funded by
the Health Programme
of the European Union



In collaborazione con



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Aprile 2022