

Policy bulletin

November 2009

EUROPEAN CITIES
AGAINST CHILD POVERTY



Integrated approaches to tackling child poverty

European Cities Against Child Poverty is a network whose members exchange mutual learning among local and regional authorities, to form initiatives and policies that will successfully reduce child poverty.

London is the lead partner in the network, which is comprised of five core partners (London, Milan, Helsinki, Amsterdam and Budapest) and four associate partners (Uppsala, Sollentuna, Solna and Västerås).



Integrated approaches

The network held its fifth policy workshop in Amsterdam. Around fifty representatives of multiple disciplines and local or regional government from the partner cities attended.

The workshop focused on the theme of integrated approaches for tackling child poverty. A presentation was held by GLE, in which the European Cities Against Child Poverty project was introduced and an overview was given of the five cities involved (Amsterdam, Budapest, Helsinki, London and Milan). The European Commission presented the Commission's perspective on integrated approaches and The Netherlands Institute for Social Research (SCP) delivered a presentation on its investigations into social exclusion of children.

Delegates took part in a working visit to the *Indische Buurt*, a neighbourhood in the Eastern part of Amsterdam. Furthermore, a representative of each city delivered a presentation on a project or programme characterised by an integrated approach. Study groups engaged in identifying obstacles when fighting child poverty, as well as formulating recommendations on how to improve the fight against child poverty.

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Mutual Learning on Social Protection and Social Inclusion



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Definitions of Child Poverty

Definitions and measures of child poverty vary greatly between the countries where Network partners are based. The **UK, Hungary and Finland** measure poverty in the same way, namely they judge that children living in families whose income falls below 60 per cent of the median income for that country are living in poverty. This corresponds to the methods used by the European Commission and the OECD (Organisation for Economic Cooperation and Development).

In **Sweden** however, where four of the Network's associate partners are based, children in families who are in receipt of income support or welfare benefits are by definition living under the poverty line. The minimum level of social welfare benefits should cover common household expenses.

In the **Netherlands**, the Institute for Social Research has adopted a number of poverty indicators. The first is a low-income threshold - adjusted every year according to inflation and other factors. Corresponding to this are two variants of the budget-related threshold, based on amounts set by the National Institute for Budgetary Information. The lowest equates to the income required to purchase 'basic goods' such as food, and housing. The higher variant, 'modest but adequate', covers extra costs for social participation.

Italy does not have an official measure for child poverty. The latest figure for child poverty (16.6 per cent) is taken from a UNICEF report that calculates it according to household income that is 50 per cent of the national median income.

Rates of child poverty

According to the above definitions and based on the most recent figures, child poverty rates are 13.7 per cent in **Hungary**; 13.8 per cent in **Helsinki**; in **London** 23 per cent before housing costs and 39 per cent after housing costs; and 16.6 per cent in **Milan** (this rises to 26.5 per cent of children when the 60 per cent measure is applied); and depending on which criterion is used, there are about 150,000-500,000 children living in poverty in the **Netherlands**.

Child poverty is concentrated among ethnic minority groups in **Amsterdam, Milan and London**; in **Helsinki, London and Budapest**, child poverty is also concentrated among

children in lone-parent families. In **London**, disabled parents / children face a higher probability of being in poverty.

Rates of Employment

The most recent employment rates in our cities are as follows: 57.3 per cent in **Budapest**; 68.7 per cent in **Milan**; 68.9 per cent in **London**; 72 per cent in **Amsterdam**; and 74.2 per cent in **Helsinki**.

London had the highest unemployment rate, standing at 8.9 per cent followed by **Amsterdam** at 6.7 per cent, **Helsinki** at 5.6 per cent, **Milan** at 3.9 per cent and **Budapest** at 3.4 per cent.

There is great variety in the flexibility of the labour markets in our cities. Of those in employment in **London**, 13.8 per cent¹ work part-time while 39 per cent in **Amsterdam** work part-time².

Parents who have a foreign-language as their first-language have lower employment rates. In **London**, 60 per cent of non-employed fathers and 40 per cent of non-employed mothers have English as a second language. They are also more likely to be in low paying jobs.³

Ethnic minority and immigrant children, as well as those living in single parent families, are most at risk of poverty in **Italy**.⁴ The high level of child poverty in the city has been attributed to the high number of migrant children, as well as those born to new immigrants. Milan also has one of the highest youth offender rates in Italy, which is seen as closely related to the issue of child poverty.

According to the **City of Amsterdam**, the majority of children living in poverty come from immigrant or ethnic minority groups. Among these, families who come originally from Morocco, the Antilles, Suriname and Turkey are most at risk of living in poverty.

In **Hungary**, the poverty rate tends to increase with the size of the family; families with three or more children experience particularly high rates of poverty as do Roma families.

In **Finland**, groups most at risk of living in poverty include lone parent families and young families with children.

¹ Labour Force Survey, January – May 2009

² Amsterdam in Cijfers 2008

³ Capital Gains: London Child Poverty Commission Final Report (2008)

⁴ Second Italian Report on Childhood Rights

Fifth policy workshop: Amsterdam, 15 June 2009

Integrated approaches to tackling child-poverty

On 15 June 2009, representatives of local and regional services from London, Milan, Amsterdam, Helsinki, Budapest, Solna, Uppsala and Sollentuna came together to discuss integrated approaches to tackling the range of problems associated with child poverty.

This practical workshop featured presentations of projects running in five European cities which provide “holistic” support to families to assist them with overcoming barriers to social and economic inclusion:

- Integrated Team for Multi-dimensional Minors – Amsterdam
- Children & Youth Protection Programme – Budapest
- Welfare Plan for Children & Youth – Helsinki
- The Employability Blue Print Project – London
- Integrated Team for Multi-dimension Problem Minors – Milan

These presentations were discussed by delegates in smaller working groups, each facilitated by a representative from the City of Amsterdam. Each group discussed one question related to integrated approaches, first identifying obstacles to integrating services and then recommending some solutions to these problems.

Barriers to improving and strengthening the position of children in relation to their surroundings

- The involvement of numerous practitioners in a family’s affairs, each of whom provides support in a specific area (housing, health care, youth care, adult care, benefits etc) to a single member of that family, can distract attention from finding a workable solution for the family as a whole.
- This situation can also result in poor communication between all the professionals who are in contact with the family, a lack of clarity and no joint-responsibility – ultimately, nobody considers themselves accountable for finding a solution.
- Insufficient funding and the often heavy case load of most social workers can make it impossible to work intensively with children. Furthermore, confidentiality laws make the exchange of information between practitioners difficult.

Barriers to assisting frontline services (which work directly with children) to be more effective in identifying, diagnosing and making referrals on child poverty-related issues

- The lack of a common arena where professionals can share their knowledge and experience can lead to misunderstanding and ignorance among professionals of different disciplines and organisations.
- In turn, such ignorance of each other’s working methods and expertise is one of the causes of inefficient coordination and cooperation between partners.
- High turnover among frontline workers can cause inconsistency and poor communication due to: heavy caseloads, insufficient means and resources, lack of appreciation for their work and the risk of violent confrontations with families.
- Frustrations experienced among frontline workers who have little influence on policy making but who feel they are required to produce short-term results to satisfy policymakers and politicians.

Obstacles to interaction between partners and agencies in different sectors to fight child poverty more effectively

- Separate strategies sometimes fail to encourage cross-sector working.
- Disagreements among policy makers on the definition of the problem in question and the areas for priority action – this results in a lack of clarity for frontline workers.
- Differences in targets and priorities for agencies in particular sectors can lead to competition rather than cooperation between services.
- Strong focus on meeting targets rather than delivering the best quality service.

Obstacles to ensuring that integrated policies result in integrated services on the ground

- The distance between policy makers and frontline workers often impedes cooperation and effective communication.
- Tension between meeting short-term targets and producing long-term results. Most social problems linked to poverty are long-term issues and cannot be resolved by short-term projects; however policies implemented by politicians look for “quick wins” and evidence of immediate impact.
- Difficulties with finding balance between setting specific and measurable targets and giving frontline services the flexibility they need to provide high quality support
- Lack of evaluation and monitoring in which both short-term results as well as long-term results can be shown sufficiently and can support policy recommendations

Barriers to carrying out evaluations that will inform future policies, operational activities and ensure that lessons are learnt

- Resistance among project staff to collect and collate information needed to inform an impact evaluation due to the extra burden it can place on staff time and resources
- Reluctance among some clients to contribute to evaluations through interviews or focus groups, for personal reasons or because research techniques are not suitable for the client group in question
- Perceived lack of credibility of qualitative impact evaluation in favour of quantitative analysis that cuts out “soft indicators” of success in social initiatives
- Failure of some projects to record reliable and accurate evidence of impact
- A lack of expertise in applying adequate methods of qualitative, credible evaluation and a lack of funding to undertake effective evaluation

Study visit to Indische Buurt, Eastern Amsterdam

Delegates attending the two-day event also took part in a study visit to a neighbourhood in eastern Amsterdam. Indische Buurt's population is very ethnically diverse; around 100 languages are spoken there. The neighbourhood is home to both affluent, middle class families and poorer families, who tend to live in separate parts of the neighbourhood. Overall unemployment levels are high, at over 20 per cent in some areas. The study visit enabled the group to visit both sides. In particular, delegates visited projects which involve children in activities and heard about initiatives that work with young people and other residents to reduce social exclusion.

More information is available in Dutch on www.buurt-online.nl/amsterdam/indischebuurt/

Final conference: London, Monday 30 November 2009

Improving children's life chances: lessons from Europe

The European Cities Against Child Poverty will meet for the final time on Monday 30th November in London.

The free event will explore how our research and practical approaches can be transferred to other projects or local areas, and also look forward towards the 2010 European Year for Combating Poverty and Social Exclusion.

The key findings of the network will be presented at the event and delegates will also hear from:

- Helen Goodman MP, Parliamentary Under Secretary for Work and Pensions
- Michelle Kennedy, Head of Child Poverty Policy & Co-ordination, Government Office for London
- Tricia Griffiths, European Social Inclusion Team, Department for Work and Pensions
- Managers of best practice projects in Milan, Amsterdam and Helsinki

Delegates at the event will be able to:

- explore a portfolio of practical solutions to child poverty at the local level
- learn how the most successful European policy interventions for tackling child poverty can be implemented in your borough
- network with our European partners and discover potential collaborations
- be the first to see the Network's final report and electronic toolkit
- find out how the outcomes of the network will contribute to future policy making and EY2010

To register for this free event:

Please fill out the booking form at:

www.gle.co.uk/services/downloads/ECACP-Dec09/ECACPbookingFORM.htm

or alternatively call Rosie Maguire on +44 (0)20 7940 1559.

How can projects run in European cities promote integrated efforts to tackle child poverty?

The Network partners identified a number of best practice integrated approaches, illustrated by five case studies from five European cities below. Each brings together professionals from different services to work more efficiently as one and serve the needs of families and their children more effectively:

- Appoint single points of contact or a dedicated team of support workers who work with individual families and can help to coordinate all services working with the family and their children.

Case study: Multi-Problem Families support team – Amsterdam

In 2007, the city of Amsterdam developed a comprehensive strategy for improving care and support for families with complex problems, so-called multi-problem families. A multi-problem family is defined as a family that faces numerous social problems that parents are unable to solve themselves and which prevent them from raising their children and managing a household. Social services struggle to support these families and those services which they do access are inadequate or poorly coordinated.

A city-wide strategy was therefore developed to improve service delivery. Investigations into the deaths of children from multi-problem families caused by domestic violence and neglect brought to light the lack of cooperation and coordination between support services and the need for more management. It also became apparent that for support to be effective, the whole family and not just its individual members would need to be supported.

An analysis is carried out by all relevant parties; this results in an action plan for the whole family that focuses on careful coordination of care and supervision and allows for increases in the levels of support and care when necessary. The strategy demands clear-cut responsibilities for all practitioners involved; requires monitoring of the process; and establishes an overarching agreement on the definition of multi-problem families. A key characteristic of this approach is that supervision of the family is divided between a family manager and a process manager, who fulfil different roles. The process manager ensures timely exchange of information between relevant services; agrees responsibilities for all practitioners involved; and produces a needs analysis and corresponding action plan for the family concerned. The family manager is responsible for carrying out the action plan and coordinating the providers of care and support services for the benefit of the family.

The strategy for multi-problem families brings together key support services in Amsterdam: adult and youth support organisations; schools; parent and childcare centres; social services; housing associations; the city's Department of Employment and Income; the city districts and the city council. The development and implementation of this working method will run until the end of 2010, after which it will be standardised and is expected to end in 2011. The costs of the project are €1 million at city level. The city's districts are self-funding at local level.

- Train frontline staff to recognise the need for early intervention in a child's life and make more information available to them so that they can make suitable and supportive referrals to specialised services. This way, specialist providers have the skills to work better together and involve each other in order to support a family.

Case study: Integrated Team for Multi-dimension Problem Minors – Milan

The *Creation of an integrated team for multi-dimension problem minors* is a typical example of the cross-level approach taken in line with a *District Plan (Piano di Zona)* in Italy since 2000. These *District Plans* offer the opportunity to develop joint social policies on a local level and integrate them with health, education and employment services.

A new law passed in 2008 in the Lombardy region (surrounding Milan) particularly stressed the need for cooperation between social services (run by municipalities) and health services (run by public health agencies) in order to tackle health and social problems. The *integrated team for multi-dimension problem minors* successfully integrates social and health services, helps to reduce the fragmentation of services and coordinates case management and evaluation.

The project team is centralised at district level and involve professionals from all the relevant disciplines such as child psychiatry, psychology and social work. It aims to improve the effectiveness and efficiency of diagnosis and care of minors and their families who are affected by multiple problems such as poor parenting, substance abuse, poor mental health and the lack of appropriate access to health care services.

The team's main activities are evaluating, diagnosing or providing consultation; defining an action plan and assigning responsibility to the professionals involved; initiating therapies that are coherent with the team's evaluations and defining instruments for monitoring and evaluating the efficacy and punctuality of interventions.

The partners involved in the project are municipal departments such as the *Piano di Zona* Office, health care services such as family services, alcohol and drug addiction services and child psychiatric units of city-hospitals. The cost of this project is €200,000 and the estimated number of minors who access services through the *Integrated Team* amounts to about 300. The project was started in January 2009 and will run until June 2010.

- Invest in early diagnosis of potential social problems and in services which will prevent them from growing into problems that are more damaging to children's life chances and ultimately more costly to cure.

Case study: Children & Youth Protection Programme – Budapest

In 1992 the Sheltering Mothers Foundation in Budapest opened a shelter for lone mothers and their children. The shelter is part of the *Children and Youth Protection Programme* and aims at helping socially and economically excluded mothers and their children to improve their life conditions and counterbalance the multiple effects of social deprivation. Beneficiaries receive help to overcome the disadvantages they face and to develop life-management skills so that they are more able to find a place in society.

The project provides a range of support services: childcare so that mothers are free to work or find a job; legal aid services in order to advise mothers on divorce procedures, child custody and other relevant legal issues; a self-help group where mothers discuss issues, share ideas on childcare problems and support each other with their experiences; and a psychologist, mostly in order to give trauma therapy for victims of domestic violence. As most of the residents are susceptible to drug abuse, an interactive prevention programme was organized for both mothers and their children. Furthermore, a GP and district nurse, who provides consultation on health care of babies and toddlers, are available at the institution. The institution has engaged teachers who organise weekly after-school activities and provide individual tutoring for children with learning problems.

This project has provided shelter for 1,509 women and 2,725 children, and has helped mothers to resolve their most critical economic problems, by enabling them to find jobs and long-term accommodation. Both mothers and their children were also enabled to resolve their most pressing emotional problems, thereby developing a firmer basis for life management.

The partners involved are the local municipality, a GP, a district nurse, kindergartens, schools and a private lawyer. Service agreements and provisional contracts were made with the local municipalities in Budapest; and assignment contracts were made with the lawyer, psychologist and supervisor. Evaluation takes place during regular team discussion and supervision.

Financial support is provided by local government and by national and local project funds. Some of the services involved are supported on a long-term basis, others are not. Some of the practitioners are on the Foundation's payroll, others are subcontracted. Financing of the foundation is complicated and total running costs of the project cannot be estimated. The project is still running, but due to a lack of funds certain services might be terminated or put on hold, although regular services are ensured by contracts.

- Draw up and implement an integrated strategy that prioritises the need to support children in our cities. Such a strategy would allocate responsibilities to particular services, while at the same time put in place measures that bind them together to focus on the needs of a child and its family.

Case study: Welfare Plan for Children & Youth – Helsinki

In Finland, the reformed Child Welfare Act (2008) requires the municipality to create a welfare plan in which prevention, instead of protection, is the central focus. In Helsinki this resulted in the development of the *Welfare Plan for Children and Youth*. This plan will promote children's well-being through a range of projects and will organise and develop child welfare services by creating new forms of cooperation and evaluation. Its aim is to make child welfare a priority for every municipal department and institution.

The plan's main activities will involve: actively preventing drop-out by young people at various stages of education; stimulating the development of young people's social and emotional skills; and increasing parenting services and peer support. In order to ensure that these services are accessible they will be embedded within children's and other frontline services and will have a focus on meeting initial and early support needs. The Plan also intends to incorporate the ideas of children and young people in the design of services. Indeed, there is a strong emphasis on child-centeredness in the Child Welfare Act, and it is envisaged that children should be engaged with planning and conducting activities associated with the Welfare Plan.

This project brings together representatives from different departments and government levels, engaging them in creating new ways of leadership in each department as well as partnership between departments. The departments and institutions involved in the preparation of this plan are the Departments of Social Services, Education, Youth and Health and Helsinki University Hospital alongside the City of Helsinki's statistics office, Urban Facts. In order to devise the plan, these departments have collected information from different sources and consulted frontline workers, children and parents. They have also conducted and consulted surveys, studies and statistics on the city's population and living conditions.

Importantly, the Child Welfare Act requires the municipal councils to make a detailed plan of how to organise, monitor and develop child welfare and child protection services. Therefore the Welfare Plan's sub-projects will be regularly evaluated and the achievements will be reported to the city council. The evaluations are carried out by a full-time evaluation group, which is responsible for creating indicators in order to measure the achievements of the changes brought about by the Plan. The evaluators submit reports to a management group once or twice a year, which in turn submits regular reports to political decision-makers. In addition, conferences on the progress of the Welfare Plan are held for the benefit of stakeholders.

The *Welfare Plan* will be renewed every four years. Its costs are based on the subprojects and are covered by the municipality's budget.

- Make better use of common communication tools to increase knowledge and cooperation among frontline workers of a family's history and support needs. These might include shared databases, web-based discussion arena, peer-support networks or information-sharing sessions. Improving communication between professionals who might otherwise have little contact with each other helps to break down barriers to cooperation and facilitates joint working between staff.

Case study: The Employability Blue Print Project – London

This project works with parents, specifically lone parents, parents out of work and those in low-income families. It started between January and March 2009 and will run until April 2010. Its goal is to empower parents to move closer to the labour market and help them to overcome barriers to work such as low skills levels, little training and few qualifications, unemployment, no childcare and lack of take-up of the UK's Working Tax Credits (an income top-up for individuals and families on a low income or with dependent children) to which they are entitled.

Parents receive on-going support and mentoring whilst they train and look for work through this project. Importantly in London, the project makes sure good quality, accessible and affordable childcare is available to parents / carers through relevant funding or grants and parents are provided with information on welfare benefits and support with housing issues. This initial advice helps to create a more stable family life for the parent in question, who can then move on to look for training and employment.

Clients taking part in the scheme were offered a range of employability training options, which included Information, Advice and Guidance sessions (IAG) and work readiness workshops.

Clients were allocated a Key Employability Worker who offered support with regards to accessing local services such as welfare benefits, Jobcentre Plus (a public job brokerage organisation), housing and local colleges. To support this holistic employment brokerage service, the London borough of Merton and its partners developed an Employability Toolkit to help advisers, family support workers and others working with families to help parents on benefits into paid work. Parents were also trained in Basic Skills if they required this support and were offered confidence-building workshops to raise their aspirations.

The project set up an integrated Employability Tracking Database which allowed the Family Support and Employability Teams to monitor and track families accessing services and to ensure that the goals and targets for each client were met on time through coordinating different support services.

So far, the employability team has supported parents from 40 families into work and have helped 49 with accessing childcare funding. The employability toolkit helped to provide a framework for professionals to deliver the employability agenda and has led to a more streamlined service.

Summary points

The following policy recommendations for improvement are based on our findings:

- Invest in early diagnosis of potential social problems and in preventative services
- Train frontline staff to recognise the need for early intervention in a child's life and make more information available to them so that they can make suitable and supportive referrals
- Encourage specialised services and professionals to work together to deliver a truly holistic service to families.

- Appoint single points of contact or a dedicated team of support workers who work with individual families and can help to coordinate all services working with the family and their children.
- Make better use of common communication tools to increase knowledge and cooperation among frontline workers of a family's history and support needs.
- Draw up and implement an integrated strategy that prioritises the need to support children in our cities

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