



# Supporting early childhood development and care: the role of the European Social Fund Plus (ESF+)

ESF Transnational Cooperation Platform  
Community of Practice on Social Inclusion

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## Contents

<b>Introduction .....</b>	<b>6</b>
Aim and objectives.....	6
<b>1. Past experience of using the ESF for early childhood development and care .....</b>	<b>7</b>
1.1. Overview of practices .....	7
1.1.1. Active Labour Market Projects .....	7
1.1.2. Child-Centred Projects.....	8
1.2. Practice Examples .....	9
<b>2. Potential use of the ESF+ to contribute to early childhood development and care .....</b>	<b>17</b>
2.1. ESF+ Regulation .....	17
2.2. 6 Key findings from reflections on the practices .....	18
2.3. Eight recommendations to ensure the ESF+ supports early childhood development and care .....	19
<b>Conclusion.....</b>	<b>22</b>

## Introduction

With a specific focus on inclusive early childhood development and care, this paper discusses the use and potential of the European Social Fund Plus (ESF+) to improve social inclusion for children in or at risk of poverty and social exclusion. It maps the use of the European Social Fund (ESF) in previous rounds to draw lessons for the future use of ESF+. It complements the 'Mini Toolkit: Use of the European Social Fund to combat poverty and social exclusion of children' which was also produced by the ESF Community of Practice on Social Inclusion. While the mini-toolkit provides a comprehensive checklist to use in the process of planning ESF+ projects, this paper is developed on the basis of reflections on past practices of using ESF.

The specific focus of the paper is on inclusive early childhood development and care and, in particular, interventions that are directed towards children at risk of poverty or exclusion, their families, and their communities. Inclusive early childhood development and care<sup>1</sup> refers to the nurturing care that is necessary for all children to survive and thrive and have the best start in life - namely health, nutrition, early learning, responsive caregiving, and safety and security. Inclusive early childhood development and care requires integrated interventions to ensure the availability and accessibility of nurturing care, especially for children facing poverty and exclusion, and their families and caregivers.

The paper draws primarily on exchanges organised by the Community of Practice (CoP) Social Inclusion as part of the ESF Transnational cooperation platform.<sup>2</sup> In particular, [the peer-to-peer training on programming actions to counter child poverty](#) (January 2021), [the webinar on national and international commitments to address child poverty and the use of ESF](#) (March 2021), [the peer review on creating supportive environments through integrated working to fight child poverty](#) (September 2021) and, [the study visit on early support and 'experts by experience'](#) (January 2022).

Based on the broad range of experience and expertise shared and discussed at these events, the purpose of the practices presented in this paper is as follows:

- To provide an overview of the ways that the ESF has been used to invest in early childhood development and care, supporting children in or at risk of poverty and social exclusion;
- To highlight the relevant lessons learnt discussed during exchanges at the Community of Practice events; and,
- To draw conclusions relevant to the future investment of the European Social Fund Plus (ESF+) in inclusive early childhood development and care actions that support children in or at risk of poverty or exclusion.

## Aim and objectives

This presentation of practices aims to support the effective use of the ESF+ funds to support inclusive early childhood development and care. The targeting of support for children most

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<sup>1</sup> Nurturing care for early childhood development <https://nurturing-care.org/>

<sup>2</sup> The ESF Transnational Cooperation Platform comprises four Communities of Practice (CoP): 1) Employment, education and skills, 2) Social inclusion, 3) Results-based management, and 4) Social innovation. These CoPs enable ESF managing authorities (MAs), intermediate bodies, expert and sectoral stakeholders to exchange knowledge, practices and experiences, and to deepen cooperation. The Social Inclusion CoP promotes social inclusion and combating poverty in a holistic manner. It works to integrate marginalised communities, tackle discrimination, enhance accessible, affordable and quality community-based services, and promotes the social economy and community-led development strategies.

in need is a core objective of the [ESF+ Regulation](#).<sup>3</sup> Such support also contributes to the implementation of the [European Child Guarantee](#). The Child Guarantee adopted by the European Council in 2021 aims at preventing and combating social exclusion by guaranteeing access for children in need to a set of services, including the following:

- Early childhood education and care
- Education (including school-based activities)
- Healthcare
- Nutrition
- Housing

The paper aims to be a useful tool for practitioners involved in the design, delivery, and monitoring of the ESF+, including managing authorities, intermediate bodies, relevant ministries and public bodies, policy and country desk officers in the European Commission, service providers, users of services, and civil society representatives concerned with addressing child poverty and the social inclusion of children.

## 1. Past experience of using the ESF for early childhood development and care

### 1.1. Overview of practices

Inclusive early childhood development and care projects which are aimed at addressing poverty and exclusion (presented within the activities of the CoP Social Inclusion) fall broadly into two categories:

- Active labour market projects: projects with a primary focus on helping parents, particularly mothers, integrate into the labour market, and which recognise that a lack of quality, affordable childcare is one of the key barriers to their participation.
- Child-centred projects: projects focusing more directly on supporting the development of the child.

#### 1.1.1. Active labour market projects

The ESF has long been considered a labour market fund. However, a shift in past ESF Regulations has widened the use of the ESF for social inclusion projects where labour market outcomes is not the primary objective. Nevertheless, despite this shift, the exchanges in the Community of Practice highlighted that active labour market projects represent the majority of projects funded via the ESF.

For instance, as part of a presentation of their members' practices, COFACE Families Europe<sup>4</sup> highlighted a prevalence of active labour market approaches and projects aimed at improving work-life balance for parents. This was illustrated in ESF-funded projects, such as, the Czech Republic's Kindergarten for children of staff in the General University

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<sup>3</sup> A number of the specific objectives of the ESF+ Regulation (EU) 2021/1057 are relevant, in particular article 4 (1) (l) promoting social integration of people at risk of poverty or social exclusion, including the most deprived persons and children.

<sup>4</sup> COFACE Families Europe is a network promoting the well-being, health and security of families and their members in a changing society. For further information: <https://coface-eu.org/>.

Hospital<sup>5</sup>, the Service vouchers scheme for reconciliation between work and family life in Italy<sup>6</sup> which aimed to reduce the cost of care to incentivise parents back to work, and a project in Ireland which developed a 'Maternity and Parenting Toolkit'<sup>7</sup> supporting parents to return to work after maternity or paternity leave.<sup>8</sup> Projects such as the 'Whole Family' project in Sweden and the 'Creative Child Centres' in Greece (both presented in the practice examples below) also had a strong active labour market approach.

The use of the ESF to support inclusive labour markets is central to the mission of the ESF and essential for addressing a key aspect of social inclusion. However, this focus may result in the exclusion of those parents furthest from the labour market, and their children. In addition, the active labour market focus tends to measure success in terms of labour market integration and is less likely to emphasise a more holistic approach which addresses the poverty and exclusion of children.

### 1.1.2. Child-centred projects

The broadening of the objectives and investment priorities in the ESF Regulation for the period 2014-2020 and, in particular, the introduction of an investment priority relating to the 'reconciliation of work and private life' (Article 3 (a) (iv) Regulation 1304/2013), has encouraged the funding of projects in the area of early childhood intervention and support. Exchanges in the CoP Social Inclusion showed that the ESF also funded projects primarily aimed at early childhood development and care.

A presentation from the Polish Ministry of Development Funds and Regional Policy outlined how regional ESF programmes funded childcare for children up to three years of age and the development of kindergarten and foster care services. Further, a presentation from Portuguese members of the CoP Social Inclusion highlighted the use of the ESF to consolidate the national system for early intervention in childhood by upskilling local teams and professionals. Such professionals include medical and nursing staff, psychologists, therapists, and social workers who respond to the diverse needs of children and their families. In addition, the Ministry of Labour, Social Affairs and Family of the Slovak Republic showed in their presentation how the human resources programme under the ESF provided support for the transformation and deinstitutionalisation of childcare.

In addition to the theme of child poverty, the CoP Social Inclusion also shared practices on using ESF to address homelessness and deinstitutionalisation (i.e., moving from institutional to community-based care). Aspects of Housing First projects<sup>9</sup>, which were highlighted in these exchanges, brought significant benefits to children in families who received the Housing First support. Likewise, as part of the move to community-based care, children who were institutionalised, including children with disabilities, have benefited from this aspect of ESF support.

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<sup>5</sup> Project "Kindergarten for children of staff in the General University Hospital in Prague". For further information: <https://ec.europa.eu/esf/main.jsp?catId=46&langId=en&projectId=1165>

<sup>6</sup> Service vouchers for reconciliation between work and family. For further information: <https://fse.provincia.tn.it/Opportunita-per-le-persone/Buoni-di-servizio-per-la-conciliazione-tra-lavoro-e-famiglia>

<sup>7</sup> Maternity and parenting toolkit. For further information: <https://www.ibec.ie/employer-hub/hr-management-guide/leave/maternity-leave/implementation-guidelines/ibec-parenting-toolkit>

<sup>8</sup> European Commission, 2019, Work-life balance for all: best practice examples from EU Member States, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8212&furtherPubs=yes>

<sup>9</sup> Please see [Housing first checklist](#) produced as part of the work of the CoP Social Inclusion.

## 1.2. Practice examples

The practice examples set out in this section elaborate upon the general approaches to the use of the ESF for early childcare development and care. They are drawn from those that were shared during the activities of the CoP Social Inclusion, mentioned in the introduction. They are presented as ‘interesting practices’ where outcomes and lessons learnt can inspire future use of ESF+ for early childhood development and care. They also cover many of the following criteria for early childhood development and care to achieve social inclusion which were identified in the [‘Mini Toolkit: Use of the European Social Fund to combat poverty and social exclusion of children’](#) as crucial for funding practices addressing child poverty<sup>10</sup>:

1. Setting clear objectives for the project
2. Clearly identifying target groups
3. Fostering a comprehensive approach
4. Developing and delivering the project through partnership
5. Linking the project to key strategies at local, regional or national level to address child poverty
6. Building in monitoring and evaluation of the project
7. Including sustainability considerations from the beginning



### Practice 1. Greece: The centres of creative activities for children (KDAP)

#### **Brief Description**

The centres of creative activities for children (KDAP)<sup>11</sup> is part of a broader set of childcare services in Greece. The centres aim to provide quality care for children of primary school age (5 to 12 years) outside of school hours. The use of the ESF to support the participation of children in the centres was funded under both the ESF 2007–2014 and the 2014–2020 periods. The centres will continue to be supported during the ESF+ 2021-2027 period.

#### **Impetus for the practice**

The KDAP centres owe their existence to European initiatives in the 1990s, particularly in the field of promoting equality and employment opportunities. The ESF was used to fund the centres as part of an active labour market approach for parents, mainly mothers, while addressing the social inclusion of children in need at a national level in Greece, in addition to a desire to improve family protection policies. Funding incentives will change under the ESF+ as projects respond to commitments under the Child Guarantee. The target group are children from families where mothers need support to maintain or to search for work.

<sup>10</sup> European Commission (2021), Mini-Toolkit: Use of the European Social Fund (ESF) for actions to combat poverty and social exclusion of children, Directorate-General for Employment, Social Affairs and Inclusion. Available at: <https://ec.europa.eu/european-social-fund-plus/system/files/2021-08/Mini%20toolkit%20use%20of%20ESF%20KE-08-21-169-EN-N.pdf>

<sup>11</sup> See <https://kyttea.gr/en/educational-services/creative-employment-center>

### ***How was the practice justified in terms of the ESF requirements?***

The action was developed under the investment priority 'reconciliation of family and working life'. A key element of the negotiations with the European Commission in relation to the use of the ESF for the support of the centres was that a 'phasing out' model of support would be used. This means that the percentage of funding from the ESF used to support this practice should decrease over time and be replaced by national resources. The ESF support for this practice was included in the Regional Operational Programmes, with the aim of improving childcare so mothers who live below the poverty line can find employment. The ESF support for these centres was also included in the National Human Resources Development Programme, where broader criteria for the target group were used. Under the new ESF+ regulation the support for the centres will follow the logic of the implementation of the Child Guarantee, which should bring a stronger focus on the needs of the children and on inclusion; however, there is some concern that the focus on mothers might get lost.

### ***Description of the action and what was new in the proposed action***

The centres of creative activities for children are operated by private and public operators and can also be part of wider childcare provision centres. The ESF support provides vouchers to eligible parents who use them to pay for childcare in a centre of their choice. The voucher covers the full cost for the child to participate in the centre. Eligibility is determined on the basis of the financial situation of the parents, with priority given to lower income families, large families, single parents, and families and parents with physical or mental disabilities. The mothers in the families who receive the voucher must register and seek employment or be in employment, however, the participation of the child in the centre is not conditional on the mother obtaining employment. The provision of vouchers that enable the parents to choose the service that best meets their needs and the needs of their children was a significant new element of this practice funded by the ESF, as well as the support it provided for mothers to seek or maintain work.

The Hellenic Company for Local Development (connected to the Ministry of the Interior) is the beneficiary of the ESF support. They apply the criteria that enables the selection of mothers eligible to participate in the scheme and allocates the vouchers to them. The company then reimburses the centres for the vouchers they have received from the parent using childcare in their centre. The Hellenic Company for Local Development also ensures that the centres in the scheme comply with the regulations necessary to provide such a service.

The centres are divided into two types: a) centres for children aged five to twelve years, including children with mild motor or sensory disabilities and b) centres for children and adults with disabilities which can provide the necessary attention and care needed. The centres are open daily from 13.30 to 21.30, working in two four-hour shifts - the parents choose which shift is most suitable to their needs. The centres can be linked to educational units, social services of local authorities and their cultural, sports, and environmental activities. Often there is a long-term relationship built up between the families supported and the personnel in the centres as the children may participate from age five until they reach age twelve. These long-term relationships are crucial for the success of the project.

At the centres, children can enjoy recreational activities in groups or individually. These activities aim to improve the physical, mental, emotional, and social development of the children. The aim is also to familiarise them with new technologies and forms of expression and communication, through play, singing, painting, music, dance, sports, arts, and debate clubs. Each child engages on a weekly basis in at least three of these different creative activities. Children and mothers from migrant families may also be eligible for support, and assistance to integrate into the Greek society is included in the education provided.

In addition, the centres aim to promote social development by cultivating and respecting diversity, providing information and training on tackling violence and bullying, promoting the

values of volunteering, and environmental awareness, among others. The centres also provide the children with study support for school lessons.

**Have or could elements of the practice be transferrable?**

At the time of writing there are in Greece almost 1 300 KDAP centres for children of primary school age and over 170 centres for children and adults with disabilities. In recent years there has been increased interest in the use of vouchers in the provision of social services.

**Table 1 – Overview of Greece’s Centre of creative activities for children (KDAP) against common criteria of early childhood development and care to achieve social inclusion**

Key criteria for early childhood development and care to achieve social inclusion	Presence of the criteria in the Practice
1. Setting clear objectives	The objectives are both for the child’s development and to support the parents to access or maintain work.
2. Clear identification of target groups	Clear criteria in relation to income, employment status as well as social criteria were put in place to help select participants.
3. Fostering a comprehensive approach	The practice responded to the multi-faceted approach needed for children’s development as well as the wider needs of parents especially in relation to jobsearch and retention.
4. Developed and delivered through partnership	There was a strong partnership with other childcare services and cooperation with the Ministry of Labour and Social Affairs and the Ministry of the Interior. From 2010 the programme has been implemented by the Hellenic Agency for Local Government and Local Development (EETAA SA).
5. Linked to key strategies	These centres were part of a wider national childcare strategy.
6. Built-in monitoring and evaluation	From the outset, an electronic system to monitor participation in the centres was developed.
7. Sustainability considerations from the beginning	The use of a ‘phasing out’ model of the ESF support meant that the expectation of increased national support to sustain the practice was present from the beginning.



**Practice 2. Sweden: Whole Family 2.0 (Hela Familjen 2.0)**

**Brief Description**

The Whole Family (*Hela Familjen*) is a project that was developed in the city of Malmö, with support from the ESF during the period October 2016 to February 2019. The project provided intensive social work support for families with children who had received income support for at least 24 months and are distant from the labour market. The whole family approach works with each individual in a family, identifying their needs in several areas of life. Hence, the needs of people who may have previously been overlooked are identified and matched with appropriate interventions. The project works within the dual aim of preventing child poverty and exclusion and increased parental participation in the labour market.

**Impetus for the practice**

In its 2015 [annual report](#)<sup>12</sup>, Save the Children identified Malmö as the municipality in Sweden with the highest level of children growing up in economic deprivation. The Malmö City Commission in its report 'Breaking the Social Legacy - Investing in Children's Future' recommended the whole family approach to promote social inclusion and combat child poverty. A key pillar of this approach involved the provision of early childhood interventions and support for parents to access employment. Malmö City's Individual and Family Services Department, in cooperation with the Labour Market Department, responded by establishing the Whole City 2.0 project, which was run by the social services departments in five city district councils.

### ***How was the practice justified in terms of the ESF requirements?***

The project had a clear labour market activation logic which facilitated the link to the ESF. It was jointly funded by the City Council and the ESF.

### ***Description of the practice and what was new in the proposed action***

The project aimed to give children, young people, and adults the conditions for an independent life with stronger attachment to society. The project focussed on families with children who have received income support for at least 24 months to ensure the project reached people in or at risk of poverty and exclusion. However, the [final evaluation report](#)<sup>13</sup> of the project by Ramboll Management Consultants pointed out that some confusion existed as to whether the project was focused on all families in this category or families within this category who were 'relatively close to the labour market'.

The project was novel in funding more intensive social work support for the families involved, with approximately 30 households assigned per social worker. This allowed for more in-depth contact with the individuals in the households to build trust and enable a more holistic assessment of the needs of the household. It was recognised that support was needed to address broader aspects such as health, household finances, housing, and social networks, as they can impact on the ability to access the labour market. The reduced number of households per social worker also permitted a faster response to needs and facilitated follow-up with a broad range of services to respond to the diverse needs of families. The development of a realistic plan for the parents to access work and steps to be taken in relation to the implementation of the plan was also a key element of the project. A 'step movement tool' was developed in the project which enabled measurement of progress made towards self-sufficiency. The evaluation points out that by making the results for families more visible the tool helped to increase the motivation of both participants and social workers.

More than 800 participants were assigned to take part in the project, which was more than 200 above the targeted 600 participants. In general, the project exceeded its objectives. The results of the project highlighted in the evaluation indicate that labour market activation was the primary goal of the project, with the expectation that labour market participation would improve the situation for the whole household. While 185 parents achieved self-sufficiency, 197 got employment or took up studies. In addition, 479 had completed at least one step to become closer to the labour market.

The evaluation highlighted the importance of the commitment of individual social workers involved in the project, but also showed some challenges to achieving a more systematic

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<sup>12</sup> Save the Children (2015), *Barnfattigdom i Malmö. Tillägg till Barnfattigdom i Sverige Årsrapport 2015*. Available (in Swedish) at: [Barnfattigdom i Malmö: tillägg till Barnfattigdom i Sverige Årsrapport 2015 | Save the Children's Resource Centre](#)

<sup>13</sup> Ramboll (2018), *Slututvärdering Hela Familjen 2.0* (Final evaluation report of the project 'Hela Familjen'). Available at: <https://motenmedborgarportal.malmo.se/welcome-sv/namnder-styrelser/arbetsmarknads-och-socialnamnden/mote-2019-04-26/protocol/rambolls-utvardering-av-hela-familjen-20pdf?downloadMode=open>

engagement in the range of partners needed to facilitate the work of the social workers. A lack of focus on outcomes for children and young people in the evaluation would suggest that there is need for a stronger ‘children’s rights’ approach in the future operation of the project or that key outcomes other than labour market participation need to be valued, measured, and highlighted.

The recognised success of the project meant that at its close, the project was transferred in its entirety to regular service provision in the city of Malmö.

***Is the practice transferrable?***

It is interesting to note that this project was inspired by a previously tested concept that originated in the UK. The project built on a similar first-phase project that ran in Malmö from 2012-2015 and scaled up the practice to the whole city.

**Table 2 – Overview of Sweden’s Whole Family 2.0 (Hela Familjen 2.0) practice against common criteria of early childhood development and care to achieve social inclusion**

Key criteria for early childhood development and care to achieve social inclusion	Presence of the criteria in the Practice
1. Setting clear objectives	There was a clear recognition that an holistic approach was needed and that addressing child poverty was central to the objectives of the project. However, activation of the parents to the labour market seemed to be the clear overall objective of the project.
2. Clear identification of target groups	There was a clear target group for the project - families with children who have received income support for at least 24 months. This ensured a strong social inclusion approach. However, there seems to have been some lack of clarity as to whether it was for all families in this situation or just for families in that situation who were ‘relatively close to the labour market’.
3. Fostering a comprehensive approach	Adopting an holistic and comprehensive approach and lowering the number of clients per social worker was central to this practice.
4. Developed and delivered through partnership	The need for a partnership approach, including the active engagement of the families, seems to have been recognised, but it is not evident if this was systematically put in place or happened more informally.
5. Linked to key strategies	The placing of the projects within the social services department of the district councils linked the project to strategies to address child poverty. The project was also clearly linked to an employment activation strategy.
6. Built in monitoring and evaluation	Investment in on-going monitoring and evaluation was in place early on during the project. However, the elements highlighted in the evaluation do not seem to correspond to the holistic aspirations of the project.
7. Sustainability considerations from the beginning	The strong investment of the City of Malmö from the beginning would seem to have been key to ensuring sustainability for the successful elements of the project.



**Practice 3. Hungary: Sure Start Children’s House Programme**

***Brief Description***

The Hungarian Sure Start Children’s House Programme has undergone some revisions and development. In 2003 the Sure Start Children’s Houses were adapted from a British model

and tested in six settlements experiencing deprivation. The intention was to provide access to early childhood care and education and welfare services for children and their parents experiencing poverty and exclusion and living in disadvantaged localities. For the purposes of this report, the interest is in how the ESF funds in the period 2009 to 2013 enabled the development and enlargement of the practice. Since 2013 Sure Start Centres have been included in Hungarian child protection legislation and today there are over 180 Sure Start Children's Houses and more than 2 500 children regularly use them with their parents.

### ***Impetus for the practice***

In the period of the EU Lisbon strategy, severe levels of child poverty in Hungary were highlighted, as well as a recognition of the concentration of child poverty in villages in micro-regions experiencing high levels of disadvantage. This led to the adoption in 2007 of the Government's National Strategy 'Making Things Better for our Children' and the Hungarian National Social Inclusion Strategy in 2011 gave political impetus for key developments including support for the Sure Start Children's Houses. The Europe 2020 Strategy also gave new impetus to the fight against poverty and social exclusion in the EU. Child poverty emerged as a strong sub-theme under the strategy focusing attention to this issue and leading to the [2013 Commission Recommendation on 'Investing in children: breaking the cycle of disadvantage'](#). In this period, NGOs defending the rights of children at EU and national level played a key role in generating demand and visibility for responses addressing child poverty.

### ***How was the practice justified in terms of the ESF requirements?***

The ESF Thematic objective 9 on social inclusion provided the base for this ESF support for the Sure Start programme. The ESF support was delivered through the Human Resources Development Operational Programme and the Territorial and Settlement Development Operational Programme in Hungary.

### ***Description of the practice and what was new in the proposed action***

The Sure Start Children's Houses were established in settlements designated as having high levels of disadvantage (and the 8<sup>th</sup> district of Budapest), providing support for early childhood development and child welfare. The programme was aimed at social inclusion of both socio-culturally disadvantaged children younger than three years old and their parents by providing preventive services. Services support the healthy development of children, compensating for developmental delay, and strengthening parental competencies. From the beginning, the centres focussed on engaging parents to develop their parental skills and to enhance their participation in their communities, including support to access employment.

The Sure Start Children's Houses are delivered by local municipalities, civil society organisations or church-based organisations. There is a great deal of autonomy in the services provided, adapting to the local situation. Services provided include early childhood development programmes, parent-child play sessions, gymnastics, painting, language skills development, health check-ups, and informal parent forums to link them to local service providers. The centres also provide meals for children and parents who attend.

In 2012 the Sure Start Children's Houses were mainstreamed into the national system for child-welfare services and funding is provided by the government. Since then, there have been many changes in the design and delivery of the centres.

The early childhood programme coupled with the engagement of the parents and the 'place-based' approach have been considered as innovative in the approach of the Sure Start Centres. By developing a 'place-based' approach in micro regions of high levels of disadvantage and children living in poverty, the centres have the potential to be key in addressing child poverty and regional disparities. Such settlements and micro-regions were also often areas with high concentrations of Roma population. However, from the beginning,

the centres were open to all children irrespective of their socio-economic background. The inclusion of children with disabilities was also a focus for the Sure Start Children's Houses. The service was specifically designed for settlements or areas where no other services are available for children aged 0-3 years. However, some studies<sup>14</sup> have indicated that without additional resources the level of investment could reinforce rather than address the socio-spatial inequalities experienced in such settlements or areas.

### ***Is the practice transferrable?***

As noted above the development of the Sure Start Children's House programme in Hungary took its inspiration from the original UK model. Currently, through the cross-border cooperation programme (INTERREG), European funds are supporting cooperation between cities and districts in the Hungarian and Ukrainian border region. This will respond to the needs of families with new-born and young children (0-3) living in the Ukrainian border region through developing their Sure Start Services as well as helping to develop the services of three Sure Start Centres in Hungary. Hungarian Interchurch Aid is the lead partner in this project in association with their Ukrainian partner ADVANCE Transcarpathian Advocacy and Development Centre. In addition, several neighbouring countries are interested in the Sure Start Children's House Programme and transferring of the Programme is enabled by the fact that the operation of Sure Start Children's Houses is based on legislation and professional recommendation, and works with a defined methodology that can be adapted to local needs.

### ***Overview of the practice against common criteria of early childhood development and care to achieve social inclusion***

As the practice has undergone many changes and the ESF funding is from an earlier period of EU multi-annual funding, it is difficult to present a simple table that assesses the practice against the criteria used above. As an ambitious example of a practice tested with support by the ESF that has being mainstreamed as a national programme, it has received wide scale attention.



## **Practice 4. Poland: Parents, you are not alone**

### ***Brief Description***

'Parents, you are not alone' was a project developed in the Polish city of Kraków with support by the ESF during the period October 2017 to March 2020. The project sought to strengthen the provision of support for pregnant women and for parents of babies from birth to 12 months. The project was led by the Municipal Social Welfare Centre in Kraków and had a strong transnational cooperation component with the model of support based on one developed by social services in Frankfurt, Germany.

### ***Impetus for the practice***

The 'Parents you are not alone' project recognises that the birth of a child creates new social roles for women and men as parents. The project responds to evidence that certain challenges, such as movement to larger cities, migration, or smaller family networks, can leave new parents without family or close networks of support. The popular media portrayal of parenthood is often far from the reality but still can have an influence and create false expectations and pressures for new parents, particularly those living without close family

<sup>14</sup> See study by Judit Zsuzsanna Keller and Alexandra Szoke - [A Sure Start? Implementing Early Childhood Prevention Programs under Structural Constraints](#)

and social support. The project set out to address these realities for new parents. Family setting plays a decisive role over the long-term in shaping the child's personality, influencing attitudes, values, and a vision of society. Therefore, the project aimed to support parents in order to create the best possible conditions for the child's development.

***How was the practice justified in terms of the ESF requirements?***

The project was developed under the Polish Operational Programme Knowledge, Education, Development priority axis social innovation and was implemented under the Measure 'transnational cooperation'.

***Description of the practice and what was new in the proposed action***

Based on the model of support developed for new parents by social services in Frankfurt, the project sought to develop and test a model of support for parents of children up to 12 months old in the city of Kraków. There was a particular emphasis on help for parents with a migrant background and parents of children with disabilities. The project sought to build a model of early, comprehensive, and interdisciplinary care for pregnant women and parents with a young child. The types of support envisaged included the following:

- Parents' education in relation to care and parenting
- Promotion of health information in relation to the mother and child
- Dissemination of information on the availability of financial and non-financial benefits for parents of young children
- Promotion of information on services available for children with disabilities
- Assistance in the implementation of required legal or organisational procedures

The target group and the testing institutions for the project consisted of hospitals operating in the Municipality of Kraków with maternity wards. The project sought to develop a model of interdisciplinary care and established an Expert Team consisting of representatives of the Municipal Social Welfare Centre, the Department of Social Policy and Health of the City of Kraków, the Institute for Regional Development, and experts on family support in the testing institutions. The Expert Team was responsible for preparing a report on the current support provided in the Municipality of Kraków, a report on the German model, and the development of a revised model in Kraków and the testing and implementation of the proposed solutions.

The key role of a 'guide' in the project was to make individual contact with expectant mothers and fathers, establish their needs and expectations, and provide information about benefits, social, and health services. The guide works from a publicly accessible room on the gynaecological and obstetric wards in participating hospitals. Information about this service should be widely distributed to each expectant mother in the hospital as well as to the partner concerned. The guide also liaises with hospital staff, midwives, nurses, family support persons, and the families wishing to take part in the support practice both within the hospital and subsequently via follow-up support.

An important aspect of the project is the provision of basic training to hospital staff on the key elements of the support model and on informing mothers and partners about the support. More specialised training such as developing a family support plan, and support for families with children with special needs should be provided for the project staff.

Depending on resources and the potential for cooperation with an NGOs providing the service, a hotline service to allow for immediate support and responses to urgent challenges for the parents involved could be part of the practice.

***Is the practice transferrable?***

As noted already, this project was developed based on transnational cooperation and built on an existing practice in the German city of Frankfurt. As the project sought to build on and improve existing services this was a good basis to ensure that the results of the project would be sustained through the adaption of the existing services and experience. From the beginning, the project envisaged that its successful elements would be disseminated with a view to improving services for parents and babies in other municipalities in Poland. An evaluation process was put in place to test the success of transferring the model from the practice in Frankfurt. The evaluation also sought information from the parents and professionals involved in delivering the practice with a view to learning lessons and adapting solutions for future practice.

**Table 3 – Overview of Poland’s ‘Parent’s you are not alone’ practice against common criteria of early childhood development and care to achieve social inclusion**

Key criteria for early childhood development and care to achieve social inclusion	Presence of the criteria in the practice
1. Setting clear objectives	The objective to improve the services to parents and children up to 12 months old was clear and feasible.
2. Clear identification of target groups	The maternity hospitals were identified as clear, reachable, and suitable target groups for the project.
3. Fostering a comprehensive approach	A comprehensive and inter-disciplinary approach was seen as key to the success of the project.
4. Developed and delivered through partnership	An expert team involving key partners was developed for the project.
5. Linked to key strategies	There are key strategies relating to families and childcare to which it links, but these were not clearly elaborated in the documentation found.
6. Built in monitoring and evaluation	Evaluation processes were in place from the beginning of the practice.
7. Sustainability considerations from the beginning	As the project seeks to build on and improve existing services, its prospects for sustainability were good.

## 2. Potential use of the ESF+ to contribute to early childhood development and care

The mini-toolkit mentioned in the introduction outlines why it is important to invest in tackling all forms of child poverty. While the focus of this paper is on early childhood development and care, it is important to stress that the ESF+ Regulation enables investments to secure the social inclusion of children of all ages. It is also crucial to stress that more general social inclusion strategies supported by the ESF should also consider the needs of children, to have a comprehensive approach to address the poverty and exclusion of children. However, the purpose of this practice report is to build on past experiences in order to ensure that the ESF+ investments include early childhood development and care. This requires that ESF+ programming and calls for projects enables a focus on this aspect of addressing child poverty.

### 2.1. ESF+ Regulation

Before highlighting recommendations regarding the use of the ESF+ for early childhood development and care it is important to be reminded of the scope of interventions possible under the ESF+ Regulation. The mini-toolkit provides some detail on the elements of the

ESF+ regulation which enable investments to tackle poverty and the social exclusion of children. For the purposes of this mapping exercise the following aspects of the regulation are highlighted:

- The specific objective on active inclusion requires Member States to have national strategies against poverty and social exclusion (addressing child poverty and homelessness) if they are to qualify for funding under the ESF+;
- The requirement to support the transition from residential/institutional care to family and community-based care;
- The requirement to promote equal access to and completion of quality and inclusive education and training, including early childhood education and care;
- The promotion of social integration of people at risk of poverty or social exclusion, including the most deprived persons and children;
- Addressing material deprivation through food and/or basic material assistance to the most deprived persons, including children.

The Regulation also obliges all Member States to support structural changes and reforms to address the poverty and social exclusion of children. Member States with an average child poverty rate above the 2017-2019 EU average (23.4%), for example, Bulgaria, Croatia, Cyprus, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Romania, and Spain, must earmark at least 5% of their ESF+ financial resources for this purpose. In addition, the Regulation highlights the need to include disadvantaged groups, persons with disabilities, third-country nationals, migrants, and marginalised communities such as Roma in those who are expected to benefit for the ESF+ investments. This provides a strong framework to use the ESF+ for measures to support the early childhood development of children in or at risk of poverty and social exclusion.

## 2.2. Six key findings from reflections on the practices

From the exchanges and the projects presented in the CoP Social Inclusion, the following six **key findings** could help to inform the use of the ESF+ for investing in early childhood development and care:

- 1) There is a significant body of practice and projects supported with ESF investments to address **early childhood development and care**. These encompass projects where the primary target group are children, but also active labour market projects which recognise the absence of childcare as a major barrier to employment;
- 2) **Early childhood intervention** is essential for breaking the cycle of poverty and for giving children the best chance of development. There is ample evidence that early childhood experience has a lasting impact on the life chances of the child. Investment in early childhood interventions have long-term benefits for the children involved and for wider society. The ESF+ can play a significant role to invest in the development of **essential mainstream childhood services** and for the **leverage of national, regional, or local funds** to ensure the sustainability of the services. The ESF+ can also help to **upscale** successful past practices or to test innovations in childhood development and care services;

- 3) **Comprehensive approaches** are needed which look at the realities and needs of the whole family. Engaging the families in identifying needs is an essential part of the process, as is empowerment and capability-based approaches that build on the strengths of the children and families involved. Engaging **a broad range of service providers** in the project to ensure a coherent approach is essential for successful outcomes. Civil society organisations that are active on the ground and have a deep knowledge of local needs are important actors to include in an integrated working model.
- 4) It is important to have clear **objectives** and clear **target groups** for the project. Clear targeting of **children and families at risk of poverty or exclusion** to access mainstream services will be essential to address poverty including low-income families, children with disabilities, Roma, mobile EU citizens, and migrants. Place or area-based projects in **communities experiencing high levels of deprivation** and including all the children who live in the area can be a key way to reach children experiencing poverty and social exclusion;
- 5) For the development of early childhood development and care service integration, the **combination of the ESF+ and European Regional Development Fund (ERDF) investments** is an obvious need as both physical infrastructure and investment in people skills are needed;
- 6) Projects that are linked to the **implementation of wider agreed strategies** have a better chance of being sustained. Achieving political support and buy-in from the local, regional or national authorities is essential to have successful projects sustained and mainstreamed.

### 2.3. Nine recommendations to ensure the ESF+ supports early childhood development and care

The following recommendations draw on the exchanges in the CoP Social Inclusion and seek to ensure that the ambition and potential of the ESF+ to support early childhood development and care is realised.

- 1) **Reflect the potential of the ESF+ Regulation in Programmes and calls for projects:** Member States are in the driving seat to determine what priorities and areas receive investment from the ESF+. Unless the potential of the ESF+ Regulation for early childhood development and care is reflected in the ESF+ programmes and calls for projects, these will remain only aspirational. Managing authorities and implementing bodies have a responsibility to ensure that the ESF+ will be invested for early intervention to meet the needs of children in or at risk of poverty and social exclusion. They need to ensure clear child-related criteria are included in calls for proposals.
- 2) **Build on previous experience:** It is important that the ESF+ invests in following up on successful practices in previous rounds, including up-scaling, mainstreaming and transferring knowledge, insights, and lessons learnt. There is a range of practices supporting early childhood development and care using the ESF from previous rounds that have been identified and outlined in this report. These practices include investments to develop mainstream services, to leverage national, regional, or local funds for these services, to upscale previous pilot projects, and to test social

innovations. Challenges and lessons learnt in previous programming periods are extremely relevant.

- 3) **Ensure children and families at greatest risk are included:** Robust data and surveys, including participatory surveys involving relevant local agencies and bodies, should be developed to ensure the identification of the children and families in need and most at risk of poverty and exclusion. Children of single parent or large families, children in institutions, Roma/Travellers, migrants, families already in contact with social services, long-term unemployed, low-income families, families of prisoners, children with disabilities are just some of the children and families that were frequently identified in exchanges in the CoP Social Inclusion. ESF+ investments should be directed at supporting these children and families to access mainstream services.
- 4) **The importance of place-based approaches:** The discussions in the CoP Social Inclusion often highlighted that place-based approaches, in areas experiencing high levels of deprivation or in isolated rural communities, are a key way to reach families and children at risk of or experiencing poverty and exclusion.
- 5) **Adopt a holistic whole family approach:** While services need to be built on best practice in relation to child development, they need also to take a holistic and whole family approach if they are to enable children escape from the circle of inherited poverty. In the CoP Social Inclusion there were many exchanges about the importance of an integrated service approach that breaks professionals and services out of their silos and achieves better coordination across services. In projects with a clear active labour market logic, this holistic approach needs also to be adopted. While a job may be a crucial step in achieving empowerment, the end goal must be a substantial improvement in quality of life for the person and the family concerned.
- 6) **Ensure the engagement of a wide set of appropriate partners from the beginning:** Exchanges in the CoP Social Inclusion identified that with the right group of partners a solution to child poverty can be found. A broad range of actors can play a role in early childhood development and care including local authorities, childcare providers, NGOs, academics, specialist services, hospitals, maternity services, family liaison services, and the families and children concerned. A whole family approach can also involve employment, healthcare, and housing services. The right range of actors will also be important for setting and reaching measurable, achievable, and meaningful objectives for the project.
- 7) **Include monitoring and evaluation from the beginning:** Too often monitoring and evaluation are an afterthought. Monitoring and evaluation systems should be put in place from the beginning of a project. They can be a useful tool for keeping the project on focus and they will be essential for providing information on key indicators needed to secure the long-term sustainability of the project.
- 8) **Link projects to relevant strategies:** Projects linked to relevant local, regional, national or EU strategies are more likely to be sustainable. Such projects can also benefit from the strategic thinking and background work that was done to develop the strategies and therefore are more likely to have a strong analytical underpinning and foundation. The existence of such strategies are required as part of the enabling conditions set out in annex IV [CPR, Regulation 2021/1060](#), which requires the existence of strategies against poverty and social exclusion (addressing child

poverty and homelessness) and strategies to promote the transition from residential/institutional care to family and community-based care.

- 9) **Ensure a comprehensive approach:** The [Mini-Toolkit on the use of ESF to combat poverty and social exclusion of children](#) provides a useful checklist for ensuring that project proposals include clear objectives and target groups, a comprehensive approach, inclusion of partners, a link to key strategies addressing child poverty at local or national level, monitoring and evaluation, and sustainability.

## Conclusion

ESF investments have been an important support for the development of early childhood development and care services. In recent years the European Union has adopted commitments in relation to tackling child poverty, including the principle on childcare and support in the European Pillar of Social Rights: 'Children have the right to affordable early childhood education and care of good quality. Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities.' The commitments in the Child Guarantee have also raised expectations in relation to EU support for child development.

The ESF+ Regulation strengthens the possibilities to invest in order to meet the commitments of the European Pillar of Social Rights and the Child Guarantee. It would be reasonable to expect a rising increase in interest and use of the ESF+ for early childhood development and care services. ESF+ managing authorities and implementing bodies now can realise these expectations.

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